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Thursday, 18th September 2025

SYMPOSIUM SESSION

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COGNITIVE, AFFECTIVE, AND NEURAL MECHANISMS OF DEPRESSION VULNERABILITY: EVIDENCE FROM HIGH-RISK STUDIES

Proposers

Claudio Imperatori [1], *Rita B. Ardito* [2], *Simone Messerotti Benvenuti* [3, 4]

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Discussant

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Abstract

Introduction: Depression is a global crisis due to its high prevalence, early onset, and associated impairment of psychosocial, physical, and emotional functioning. An estimated 5 % of the adult population in the world suffers from major depressive disorder and, globally, around 35 % of individuals experience elevated depressive symptoms. Therefore, early detection and prevention of depression is of critical importance. In particular, identifying the cognitive, affective, and neurophysiological mechanisms involved in the development and maintenance of depressive symptoms, especially in young adults, is essential for the prevention and treatment of depression. Studies with high-risk populations (i.e., individuals who are at high risk for the development of depression) offer a potentially valuable complementary source of information for researchers and clinicians and have been used as one of the most valuable approaches in the field.

Methods: This symposium aims to explore the complex nature of the cognitive, affective, and neural mechanisms that may be involved in the development and maintenance of depressive symptoms in individuals at high risk for depression.

Results: Cognitive, affective, and neurophysiological alterations detected in individuals at high risk for depression will be shown and discussed.

Discussion: The study of depression from this perspective could help clinicians and researchers to better understand the etiopathogenetic mechanisms associated with the onset and progression of this mental disorder.

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Familial risk for depression is associated with abnormal fronto-limbic connectivity: a resting state EEG study

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Abstract

Introduction: Previous brain imaging studies have suggested that abnormal resting state (RS) fronto-limbic functional connectivity, especially between the amygdala and the dorsolateral prefrontal cortex (DLPFC), may be considered a neurophysiological marker of major depressive disorder (MDD).

Despite this, the fronto-limbic circuit in at-risk individuals has been relatively understudied so far. Thus, the main aim of the present study was to investigate the RS-electroencephalography (EEG) functional connectivity in the fronto-limbic network in a sample of young adults at high risk for the development of depression (i.e., individuals who had a family history of depression, but not current clinically significant level of depressive symptoms).

Methods: Thirty-eight individuals with familial risk for depression and thirty-nine controls were enrolled. EEG was recorded during 5 min of RS. EEG analyses were conducted by means of the exact Low-Resolution Electromagnetic Tomography software (eLORETA).

Results: Compared to controls, individuals with familial risk for depression showed decreased theta connectivity between the right DLPFC and the left amygdala. Compared to controls, individuals with familial risk for depression also showed increased beta connectivity between the right DLPFC and the right amygdala. Theta connectivity between the right DLPFC and the left amygdala was negatively correlated with impulse control difficulties.

Discussion: The current results may underline several psychopathological processes (e.g., impaired top-down regulation of emotions) in young adults at high risk for the development of depression. These data represent a promising start for potential areas of intervention.

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Depressive Symptoms, Childhood Experiences, and Parental Bonding modulate the late positive potential neural index of emotional reactivity

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Abstract

Introduction: Young adulthood is a particularly high-risk period for the onset of major depressive disorder (MDD), which is reflected in attenuated neural responses - Late Positive Potentials (LPP) - to pleasant images. This study aims to establish a link between childhood experiences, parental style, and sensitivity to emotional stimuli in adulthood, as reflected by the LPP index.

Methods: Participants (n=65) without MDD completed assessments evaluating depressive symptoms (Beck Depression Inventory-II, BDI-II), adverse childhood experiences (Adverse Childhood Experiences, ACE), and parental bonding style (Parental Bonding Instrument, PBI), which includes the Care and Overprotection subscales. In the laboratory, participants passively viewed a randomized sequence of positive, negative, and neutral images while recording EEG data to compute the LPP component. The primary outcome was the amplitude of the LPP in response to positive vs. neutral images (LPP_pos/neu) and negative vs. neutral images (LPP_neg/neu).

Results: Linear mixed model analysis revealed significant interactions between image valence and BDI-II, ACE, and PBI Care subscale in predicting LPP amplitude. Specifically, higher BDI-II scores were associated with increased LPP_neg/neu and decreased LPP_pos/neu amplitudes. Higher ACE scores were linked to lower LPP_pos/neu amplitudes, while higher PBI Care subscale scores were associated with decreased LPP_neg/neu and increased LPP_pos/neu amplitudes. PBI Overprotection scale did not emerge as a significant moderator.

Discussion: The study highlights how childhood experiences and parental bonding shape emotional processing in adulthood.

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Affective processing in depression risk: insights from ERPs

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Abstract

Introduction: Depression is a pervasive and debilitating condition, making the early identification of underlying mechanisms and the development of preventive strategies a critical priority. One mechanism that might be implicated in the etiopathogenesis of depression is a blunted activation of the Positive and Negative Valence Systems, leading to a reduced elaboration of emotional stimuli in the environment. Yet, the different affective processing stages (e.g., cue engagement, anticipation, and elaboration) are still poorly studied in relation to depression risk. Event-related potentials (ERPs) represent a valuable methodology for studying distinct processing stages. Specifically, the Cue-P300 reflects the cue-evaluation and allocation of attentional resources toward the expected emotional stimulus, the Stimulus Preceding Negativity (SPN) is an indicator of affective anticipation, and the Late Positive Potential (LPP) reflects the process of motivated attention and elaboration of affective stimuli. The goal of this study was to explore multiple stages of affective picture processing in individuals at heightened risk for depression through the employment of ERPs.

Methods: Data was collected from young adults with a high vulnerability to depression, which was determined by the presence of a family history of the condition but no current symptoms (n = 20, 18 F), or the presence of subclinical depressive symptoms (n = 39, 25 F), and 30 (19 F) controls with neither a family history of depression nor current depressive symptoms. Participants performed an S1-S2 task, in which an emotional picture (pleasant, neutral, unpleasant) (S2) was anticipated by a cue (S1) that predicted its valence. During the task, the electroencephalogram (EEG) was recorded to obtain ERPs related to the processes of interest (Cue-P300, SPN, and LPP).

Results: At-risk individuals exhibit reduced Cue-P300 and LPP amplitudes in response to both pleasant and unpleasant stimuli compared to the control group. Finally, it was not possible to assess affective anticipation as the SPN was not identified in our data.

Discussion: These results suggest that attenuated initial engagement with expected emotional stimuli and diminished motivated elaboration of those stimuli might serve as early markers of depression

vulnerability. These results have important implications for the early identification and the design of prevention protocols.

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From risk to resilience: The moderating role of perceived social support in the relationships between adverse childhood experiences, emotional dysregulation and depression

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Abstract

Background: Adverse childhood experiences (ACEs) represent significant risk factors for the development of depression. Emotion dysregulation is recognized as a core mechanism mediating the relationship between ACEs and depressive symptoms. However, less attention has been given to protective factors that may mitigate this relationship. These factors include perceived social support —particularly from friends, family, and significant others— which can act as a crucial buffer against the negative effects of ACEs on mental health. As the university years are a high-risk time for the development of psychopathology, it is particularly important to understand this dynamic. *Objectives*: The aim of this study was to investigate the relationship between ACEs and depressive symptoms in university students, focusing on the mediating role of emotion dysregulation. We also investigated whether different forms of perceived social support moderate this indirect effect. In doing so, we hypothesize that higher levels of social support would reduce the strength of the relationship between emotional dysregulation and depressive symptoms.

Methods: A total of 674 university students (136 males; overall mean age 21.39 ± 2.70) from three Italian universities participated in the study. Participants completed self-report measures assessing sociodemographic and clinical variables including ACEs, emotion regulation, perceived social support, and depressive symptoms.

Results: Results showed that ACEs were positively associated with depression through emotion dysregulation. Perceived social support from significant others and friends moderated this relationship by attenuating the effects of emotion dysregulation on depressive symptoms at higher levels of support. In contrast, family support had no direct effect on depression but moderated the relationship between emotion regulation and depressive symptoms.

Conclusion: Results emphasize the crucial role of perceived social support in attenuating depressive symptoms in individuals with ACEs. Specifically, support from friends and significant others appears to buffer the effects of emotion dysregulation on depression. From a clinical perspective, these findings

highlight the importance of strengthening social relationships as part of therapeutic interventions. Strategies aimed at enhancing social networks and emotion regulation skills —such as cognitive-behavioral therapy and group interventions— may prove particularly beneficial for improving mental health during the university years, a time when vulnerability to psychopathology is heightened.

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UNRAVELING MALADAPTIVE DAYDREAMING: PSYCHOLOGICAL MECHANISMS, ONLINE NARRATIVES, AND COMORBIDITIES

Proposers

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Discussant

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Abstract

Maladaptive Daydreaming (MD) is a pathological form of immersive fantasy engagement that interferes with daily functioning and is associated with various psychological distress factors. This symposium brings together four studies examining MD's underlying mechanisms, psychopathological correlates, and online self-experience. The first study by Caffieri and Margherita explores the intricate relationship between MD, dissociation, emotion dysregulation, loneliness, and sensation seeking. Utilizing network analysis, the study reveals strong associations between MD and dissociation, highlighting the role of MD as a maladaptive escape mechanism that facilitates the exploration of idealized selves in online spaces. Ghinassi focuses on the role of psychological distress in MD among individuals with vulnerable narcissistic traits, stemming from parental overcontrol. Findings highlighted that maternal overcontrol significantly contributes to the development of vulnerable narcissism, which in turn fosters MD as a coping mechanism for psychological distress. The study highlights the importance of addressing childhood narratives and perceived parental control in clinical practice to mitigate the impact of MD.

Renzi and Mariani investigate the links between MD, hypersexuality, social network addiction, and narcissistic personality traits. Their study demonstrates significant associations between MD and addictive behaviors, with narcissism playing a mediating role. The results suggest that MD may function as an unconscious strategy to regulate negative emotional states, emphasizing the necessity for psychological interventions targeting narcissistic vulnerabilities and addictive behaviors. Sukhija and

colleagues' qualitative study examines the experiences of individuals engaging in MD within a private Italian Facebook community. Through content analysis of posts and comments, the study identifies key themes such as reliance on community support, the struggle to reconcile fantasy with reality, and the progressive severity of MD. These findings underscore the importance of community-based interventions and the need for further research into the lived experiences of MD. Together, these papers provide valuable insights into the role of narcissism, dissociation, loneliness, and online behaviors in MD, suggesting the need for psychological interventions addressing these underlying mechanisms. The symposium aims to foster a deeper understanding of MD and promote effective strategies for managing its psychological and social consequences.

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Selves displaced elsewhere: A Network Analysis on Maladaptive Daydreaming, Dissociation, and Online Self-experience

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Abstract

Introduction: It is well known that Maladaptive Daydreaming (MD) is associated with emotion dysregulation, loneliness, and some dysfunctional personality traits, as well as problematic internet use. Dissociation is a central core in the comprehension of MD. Recent research suggests positioning Maladaptive Daydreaming within the dissociative disorders, since it encompasses notable dissociative features, sharing some similarities with generic dissociative disorders, while not strictly falling under this category.

The aim of this study is to explore the relationship between MD and personality traits, dissociation, emotion dysregulation, loneliness, and sensation seeking. The study is focused on the connection between MD, *Quality of Self-experience* in daydreaming fantasies and in online spaces.

Method: A network analysis was performed. Data have been collected through an online survey from individuals aged 18-30 years. Preliminary results on a total of 206 participants (Mage=22.6) will be presented.

Results: The results confirm a strong positive association between MD and dissociation, in line with the scientific literature. MD also showed connections with emotion dysregulation and loneliness, which emerged as a network central node. The study showed that MD is also associated with tendency to prefer online Self-expression and the exploration of multiple Selves online.

Discussion: Some interesting results on the association between MD, dissociation, Self experience and online spaces, emerged. Results suggest that MD may serve as an unsuccessful attempt to escape reality, providing a more controllable space to explore idealized and multiple selves, as, it can happen with the presentation of the self in online spaces. Research and clinical implications on MD, dissociation and use of online spaces will be discussed.

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The role of psychological distress in maladaptive daydreaming among individuals with vulnerable narcissistic traits as a consequence of parental overcontrol

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Abstract

Introduction: Maladaptive daydreaming (MD) is a dysfunctional strategy characterized by recurrent and persistent absorption in vivid and complex fantasies aimed at alleviating emotional distress. Recent studies have shown that vulnerable narcissism, a trait arising from experiences with excessively controlling parents and characterized by a fragile self-image, hypersensitivity to the opinions of others, and an intense desire for approval and defensiveness, often leads individuals to resort to MD as a means of protecting their fragile core. So, this study aims to build upon previous evidence by exploring the role of parental overcontrol in the development of vulnerable narcissistic traits and examining whether MD serves as a maladaptive defense mechanism for managing the psychological distress associated with these traits.

Method: A sample of 325 participants (62.80%F; M_{age} = 27.09±8.05) was recruited for this study. The Italian versions of well-known self-report measures were used to assess levels of parental overcontrol (both maternal and paternal), vulnerable narcissism, psychological distress, and the tendency toward MD. To verify the proposed model, a path analysis was performed, and indirect effects were tested using the Monte Carlo simulation technique with 50,000 simulations.

Results: The tested model accounted for 20.20% of the variance of MD and showed good fit indices: χ^2 = 16.580, *df* = 8, *p* = .035; RMSEA = 0.057 (*90%C.I.* = 0.014-0.097), CFI = 0.966, SRMR = 0.043. The findings revealed the significant role played by maternal – but not paternal – overcontrol in the onset of vulnerable narcissism and that psychological distress fosters the tendency to engage in MD in such individuals.

Discussion: This study provides insights into the psychological mechanisms underlying MD in individuals with vulnerable narcissistic traits. Specifically, our results highlight the pivotal role of maternal overcontrol in shaping vulnerable narcissism, which, in turn, contributes to psychological distress and fosters MD as a maladaptive coping strategy. Given that MD is associated with various psychiatric problems, our results suggest that clinicians dealing with individuals with high vulnerable traits could help

them cope with their psychological distress in a more adaptive way also by addressing narratives related to perceived maternal overcontrol during childhood.

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Exploring the Links Between Maladaptive Daydreaming, Hypersexuality and Social Network Addiction: A Study on the Mediating Role of Narcissism

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Abstract

Background: Maladaptive daydreaming (MD) is a recently defined clinical condition characterized by an excessively immersive use of fantasy and imagination, which can significantly impact both professional and social life. The primary aim of this study is to examine potential associations between MD levels, hypersexual behaviour, social network addiction and narcissistic personality. Additionally, the study aims to test two mediation models to explore the direct and indirect roles of both hypersexual and social network addiction on MD levels through narcissistic functioning, respectively

Method: A total of 559 participants (mean age = 27.16 years; SD = 10.21; 68% female) completed an online survey comprising a socio-demographic questionnaire, the Maladaptive Daydreaming Scale (MDS), the Bergen Social Media Addiction Scale (BSMAS), the Hypersexual Disorder Screening Inventory (HDSI) and the Personality Narcissism Inventory (PNI).

Results: Data analysis showed that 29% of participants reported a score above the clinical cut-off for MD The MDS score was significantly related ($p<.001$) to HDSI ($r=.403$), BSMAS ($r=.281$), and PNI both total ($r=.401$) and subscales. A direct effect of both hypersexual and social media addictions on MD levels and an indirect impact through narcissism was respectively observed.

Conclusions: The significant associations found in this study support a link between addictive behaviour, as hypersexual and social media addiction, and MD where narcissistic functioning seem to play a relevant role. Present finding may sustain a common functioning among the different conditions, in which also the maladaptive escape into fantasy turns into an addictive behaviour unconsciously employed to regulate negative emotional inners states. A psychological intervention focusing on narcissistic vulnerabilities and addictive behaviours seems crucial, especially in the young adult population, to prevent the development of chronicity.

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Delving into Online Narratives of Maladaptive Daydreaming: A Qualitative Study across a Maladaptive Daydreaming Facebook Community

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Abstract

Introduction: Maladaptive Daydreaming (MD) can be conceptualized as a pathological form of daydreaming, which consists of an extensive immersion in fantasy and consequential problems in everyday functioning. Prior literature has found MD to be associated with different psychopathological impairments, and therefore the need to arrive at an overall understanding of MD is imperative. Thus, this study aimed to explore the experiences of MD shared on a private Italian Facebook Community by people who engage in MD.

Method: 266 posts and their respective 335 comments posted between 24/05/2020-10/01/2025 were collected from the Facebook community *Maladaptive Daydreaming Italia*. After filtering for posts that were not about MD, 255 posts and their respective 323 comments were obtained, thus arriving at 255 units of analysis where each unit contained a post, followed by the comments succeeding it (comments per post ranged from 0-9). Conventional content analysis was conducted across 2 independent coders to arrive at the list of domains and sub-domains that the units were categorized into.

Results: The 255 units were categorized into 11 domains and subsequently 31 sub-domains. The 4 most frequently occurring domains were *Leaning on the community (33.33%), Dealing with reality (16.86%), Progressive spiraling severity of MD (10.98%)*, and *Dream & Daydreaming characteristics (9.8%)* making up nearly 71% of the units analyzed. Nearly 10.7% of units mentioned an age of onset for this behavior whereas only 3.1% of units discussed a particular event that is believed to have led to developing MD. Chi-square analysis found no significant differences across domains or subdomains when compared with the number of likes or the number of comments.

Conclusions: The most predominant theme of discussion that was found during our analysis was the ability to rely on the *community* and talk to group members when necessary. Moreover, people who engage in MD pointed towards a strong need to establish a sync between their 'fantasy' and 'real' worlds. Findings

should be read in light of the Facebook community's peculiarities to better detail potential clinical implications. Nonetheless, future research is prompted to include lived experiences of people who engage in MD to better understand this behavior.

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BRIDGING PROCESS AND OUTCOME RESEARCH IN CLINICAL INTERVENTIONS

Proposer

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Discussant

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Abstract

This symposium explores the evolving dialogue between process and outcome research in clinical interventions, aiming to highlight how integrating different research approaches can enhance our understanding of therapeutic effectiveness and change mechanisms. While outcome research has long focused on measuring the results of psychotherapy, process research sheds light on the "how" and "why" of change—investigating the therapeutic relationship, mechanisms of action, and in-session dynamics. Bridging these two domains is essential for developing more effective and evidence-informed practices.

The contribution by Liccione, will present an artificial intelligence tool to analyze the evolution of topics within the process and outcome research literature, offering an innovative perspective on how research trends have shifted over time.

The contribution by Cotardo and colleagues will present a clinically grounded reflection on EMDR therapy, focusing on how process and outcome research can be jointly used to better understand and support its mechanisms of efficacy.

Rossini and colleagues will explore the clinical application of Control Mastery Theory, with specific focus on therapeutic alliance and perceived efficacy. His presentation analyzes the patient's movements within the therapeutic relationship, emphasizing how these can inform both the therapist's understanding and the overall outcomes of treatment.

Finally, Cavalera and Incerti will present a mixed-method study on a group EMDR intervention for parents of children with neuro-disabilities. Combining qualitative and quantitative measures, the study

offers insights into both subjective experiences of change and measurable outcomes, providing an example of how integrated research designs can capture the complexity of clinic interventions.

Together, these contributions illustrate the value of a multidimensional approach to clinical research, one that connects theory, process observation, and outcome evaluation. By bringing these perspectives into dialogue, the symposium aims to foster critical reflection and inspire future collaborative research that is both scientifically rigorous and clinically meaningful.

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Investigation of the Psychotherapeutic Process Through AI-Aided Topic Modeling of Therapy Sessions

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Abstract

Process-Outcome Research (P.O.R.) aims to identify which specific events within the semantic interactions between patient and therapist contribute significantly to positive therapeutic outcomes.

One of the most effective methodologies for exploring the psychological mechanisms underlying therapeutic change is the textual analysis of psychotherapeutic dialogues. This approach facilitates a detailed examination of the linguistic and semantic elements that characterize the therapeutic process. Topic analysis represents a hermeneutic technique designed to systematically extract the primary thematic content embedded within a textual corpus. In the context of psychotherapeutic sessions, salient topics typically encompass the patient's subjective distress, emotional states, interpersonal relationships, and related affective dimensions. Recent advancements in artificial intelligence have significantly enhanced the extraction of these topics from psychotherapeutic transcripts. These AIdriven methods allow for the quantitative assessment of topic frequency, their interrelationships, and other metrics, thereby providing a more objective and reproducible analysis of the therapeutic process, independent of the theoretical framework employed.

Methods: An entire psychotherapy consisting of 26 sessions was analyzed, within the framework of processoutcome research, using textual analysis methodology (topic analysis) supported by AI-driven tools.

This presentation will illustrate how generative AI tools, when adequately fine-tuned through tailored prompting methodologies, optimize the sensitivity and accuracy of topic analysis. This enhanced analytic capability significantly contributes to a deeper understanding of the psychotherapeutic process. The methodology outlined above will be further elucidated through a research study on the psychotherapeutic process, utilizing topic analysis applied to a single case study. (Liccione, D., & Siciliano, L., 2025, in press).

Results: The study of topic dynamics (e.g., frequency, proximity, and related metrics) demonstrates the potential to enhance the understanding of psychotherapeutic phenomena. Moreover, it enables the identification of novel topics that may not have been detected by experienced therapists.

Discussion: Recent advancements in AI do not replace the work of the psychotherapist; however, they can significantly enhance the analysis of the psychotherapeutic process through AI-assisted topic analysis.

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Evaluating Process and Outcome Factors in Eye Movement Desensitization and Reprocessing Therapy: The PROCESS-EMDR Study Protocol in Italy

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Abstract

Introduction: Eye Movement Desensitization and Reprocessing (EMDR) therapy is an evidence-based intervention for trauma-related disorders and other psychological symptoms. The efficacy of EMDR has been extensively validated in controlled settings, there have been a limited number of studies exploring the factors influencing its effectiveness and outcomes in real-world clinical practice. The PROCESS-EMDR study aims to identify key predictors and mechanisms for the effectiveness of EMDR therapy, focusing on patient characteristics, process of treatment-specific factors, and therapist-related variables. The study intends to establish a scalable and reproducible research framework for integrating real-world clinical practice data into EMDR research.

Methods: This longitudinal study employs an N-of-1 trial design involving certified Italian EMDR therapists and their patients. Eligible patients are identified during routine clinical consultations, with inclusion criteria ensuring clinically significant symptoms in at least one psychological dimension (e.g., anxiety, depression, post-traumatic symptoms, or dissociation) as assessed through validated tools. Pre-session and post-session assessments are conducted alongside follow-up evaluations at six months (T6), twelve months (T12), and up to eighteen months (T18). Meta-analytic techniques will aggregate data from multiple N-of-1 trials to generate robust estimates of treatment effectiveness.

Results: The PROCESS-EMDR study is expected to advance understanding of individualized responses to EMDR therapy, validate the feasibility of N-of-1 trials in routine practice, and inform evidence-based guidelines.

Discussion: By establishing a robust data infrastructure, this study provides a bridge between research and practice, advancing personalized care and improving outcomes for patients with a wide range of psychological conditions.

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Listen to me: the patient's conscious coaching communications from the perspective of the Control Mastery Theory

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Abstract

Modern research emphasizes the role of therapist attunement, with therapeutic alliance and empathy as key predictors of positive outcomes (Wampold, 2015; 2023). Control Mastery Theory (CMT; Weiss, 1993; Silberschatz, 2005) expands this by suggesting that patients contribute actively to their therapy through unconscious "plans" and coaching behaviors. Coaching can be proactive—patients drawing attention to critical issues—or reactive, where feedback helps redirect therapist interventions. This study investigates patients' awareness of such coaching behaviors and their perceived impact on the therapeutic alliance and treatment outcomes. Three hundred sixty-four participants from the UK, all with recent NHS psychotherapy experience, completed an online survey on Prolific Academic. The survey assessed the frequency and perceived effects of coaching behaviors, satisfaction with treatment, therapeutic alliance, therapist responsiveness, therapeutic agency, and psychological distress. Instruments included custom coaching communication items, the Therapeutic Agency Inventory (TAI), Working Alliance Inventory (WAI), PEAR scale, PHQ-9, and a newly developed Client Influence Scale (CIS), which showed strong internal consistency (α = 0.80). Patients frequently highlighted important issues (34.4% occasionally, 32.2% fairly often, 18.9% almost every session) and encouraged therapist focus (42.8% occasionally, 31.5% fairly often), generally reporting positive or neutral effects. Attempts to change therapist perspective or focus were less frequent and often perceived neutrally, though some reported both positive and negative effects. The least frequent behavior was trying to change the therapist's approach. CIS scores were positively correlated with therapeutic alliance (r = .454), agency (r = .468), session activity (r = .486), and satisfaction (r = .378), even after controlling for distress. Patients shape therapy through coaching communications, primarily by highlighting important issues—supporting the CMT view of proactive coaching. Less frequent directive influence attempts also showed adaptive potential. These findings

underscore the importance of therapist responsiveness and advocate for a patient-centered approach that values patient input as a therapeutic resource.

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Clinical Outcomes and Therapeutic Processes in Group EMDR for Parents of Children with Neurodevelopmental Disorders

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Abstract

Introduction: Parents of children with neurodevelopmental disorders often face prolonged psychological strain, navigating the daily challenges of caregiving in a context marked by emotional pain, uncertainty, and social isolation. This ongoing condition of stress may take the form of chronic trauma, beginning at the time of diagnosis and persisting throughout the child's development. Despite their central role in caregiving, these parents are rarely targeted by clinical interventions designed to alleviate their psychological burden.

Methods: This pilot study evaluates the feasibility and effectiveness of a group EMDR intervention tailored for this population. The intervention followed the EMDR Integrative Group Treatment Protocol (EMDR-IGTP) developed by Jarero and colleagues and was delivered over six sessions across three consecutive days. A total of 34 parents participated in the study: 19 received the intervention, while 15 were assigned to a waitlist control group.

Results: Quantitative data were collected pre- and post-intervention and at a 3-month follow-up, focusing primarily on stress-related symptoms. Between-group and within-group comparisons revealed significant reductions in stress levels in the intervention group, suggesting promising clinical efficacy. Additionally, qualitative feedback was gathered from participants after each session and at the conclusion of the program. These narratives offer a nuanced understanding of the subjective experience of therapeutic change, highlighting key moments of emotional relief, group cohesion, and reprocessing of traumatic experiences.

Discussion: The findings point to the potential of group EMDR as a scalable and time-efficient intervention for parents facing chronic caregiving stress. The integration of quantitative outcomes with rich qualitative insights supports the relevance of a mixed-method approach in capturing both measurable change and individual meaning-making processes. Group EMDR may represent a valuable tool not only for symptom reduction, but also for restoring emotional resources and enhancing resilience in

populations exposed to prolonged stress. Further research is needed to confirm and expand upon these results in larger, more diverse samples.

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UNDERSTANDING AND SUPPORTING PATIENT DECISION-MAKING IN HEALTHCARE: PSYCHOLOGICAL DETERMINANTS AND TOOLS ACROSS THE CLINICAL PATHWAY

Proposers

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Discussant

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Abstract

The decision-making process is a crucial aspect of healthcare. Unlike in the past, patients today actively participate in their care, sharing responsibility with doctors in making clinical decisions, while respecting the ethical principle of autonomy. Throughout the clinical pathway, patients face multiple decisions, from initiating treatment to long-term adherence. However, these choices may be influenced by factors such as personal beliefs, emotions, social support, risk perception, and past experiences. This symposium explores the psychological factors affecting patient decision-making and identifies tools to optimize this process.

Following a chronological timeline, the contributions begin with treatment decisions and extend to long-term adherence. The first, by Bonazza et al., examines the context of Medically Assisted Reproduction (MAR). Through a phenomenological interpretive approach, authors explore the lived experience of couples who have had to stop homologous reproduction and make a decision about third-party reproduction.

Next, Lombardi et al. analyze the complex decision-making process surrounding prophylactic mastectomy and oophorectomy in women with BRCA1/BRCA2 mutations. Through the presentation of a case-study, authors highlight psychological and clinical challenges and the role of counseling in preventive surgery decisions.

Finally, two contributions examine physical activity as a non-pharmacological intervention that reduces breast cancer (BC) recurrence and improves the quality of life of patients and survivors. Lemmo et al. present an analysis of motivational interviews with BC patients to promote adapted physical activity during the post-surgery phase. Further, Vagnini et al. explore psychological factors influencing BC survivors' motivation for exercise and adopting an active lifestyle after medical treatments. By looking into these factors, these studies help us understand why cancer patients and survivors stick to exercise and stay active after treatment, which is important for healthcare practices and long-term recovery.

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Enhancing decision-making in the context of third-party reproduction: A qualitative study of couples' lived experience

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Abstract

Introduction: Third-party reproduction involves the use of gametes (eggs and/or sperm) donated by at least one third person to enable an infertile couple to have a child. In recent years, there has been an increase in the use of third-party reproduction, and this technique has brought high success rates. However, becoming parents through third-party reproduction can involve complex decision-making, emotional dilemmas, and psychological stigmas. Accordingly, the aim of this article is to explore the lived experience of couples who have had to stop homologous reproduction and make a decision about third-party reproduction.

Methods: The sample included couples who 1) ended homologous treatment; 2) have decided whether to continue with third-party reproduction; and 3) were able to speak Italian. Participants were asked for socio-demographic data by linking to a study-specific questionnaire developed on the Qualtrics platform. The interviews were semi-structured and involved both couples' members. Interpretative Phenomenological Analysis was applied to identify areas and sub-areas related to the decision related to third-party reproduction.

Results: The sample included 21 individuals (8 couples and 5 individuals). Specifically, 7 couples (53.8%) decided to continue with third-party reproduction, while 6 couples (46.2%) refused this treatment. Findings provide an illustration of central dimensions of the decision related to the third-party reproduction. The coding system included five themes: 1) Failures and the end of homologous reproduction; 2) Sharing the decision-making process with healthcare professionals; 3) Sharing the decision-making process with the partner; 4) Parenthood without/with transmission of genetic heritage; 5) Psychological stigma and isolation.

Discussion: Healthcare professionals frequently view the transition to third-party reproduction as automatic, and clinical and contextual circumstances often accelerate this process. However, the findings highlighted the difficulties associated with the decision-making process related to third-party

reproduction. It is essential that healthcare professionals guide through the decision-making process and provide them with all the information they need to make an informed choice. Tools or interventions, such as psychological counselling, should be included to facilitate this process.

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"The future is dark": Psychological complexity in preventive surgery decisions

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Abstract

Introduction: Women with a pathogenetic variant in BRCA 1-2 genes face a significantly increased lifetime risk of developing breast and ovarian cancer. To reduce this risk, they are often offered options such as intensive surveillance, chemoprevention, or prophylactic surgery (i.e., bilateral salpingo-ophorectomy and mastectomy). Deciding for prophylactic surgery and determining its timing may be particularly challenging, especially for young women, as the decision often involves complex emotional, psychological and medical considerations.

Methods: After a brief review of the literature on the theme, a single case is presented. B., a 28-year-old woman with a BRCA 1 pathogenetic variant and a strong family history of breast cancer, participated in eight psychological supportive sessions. She was a healthy subject but had to face strong surgical recommendations for both mastectomy and oophorectomy. However, B. reported high levels of anxiety and confusion regarding how to proceed.

Results: Through psychological consultation, B. found a neutral and supportive space where she could freely explore and discuss her fears, beliefs and concerns about potential outcomes of prophylactic surgery. This space facilitated a more informed and emotionally grounded decision-making process, significantly reducing her anxiety and psychological distress.

Discussion: This case study underscores the critical role of clinical psychologists in the context of genetic counselling for BRCA mutation carriers. Psychological support can provide a dedicated space for emotional processing, distinct from the pressure of medical recommendations. Such support is essential in helping individuals face the psychological complexities of risk-reducing decisions, ultimately allowing the decision-making process to unfold as a thoughtful, personalized journey toward awareness. Furthermore, the brief literature review highlighted how decisional conflict and emotional distress are common among BRCA carriers considering prophylactic surgery, especially in younger women, reinforcing the need for integrated psychological care in this context.

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Motivational Interviewing in the Post-Surgical Phase of Breast Cancer Treatment: Patterns of Resistance and Change in the Promotion of Adapted Physical Activity

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Abstract

Breast cancer surgery marks a critical turning point in the women's care pathway. While much attention is given to survival and medical treatment, the post-surgical phase represents a vulnerable and transformative stage, where women face fatigue and the psychological challenge of maintaining self-continuity and engaging in health behavior change. Among these, adapted physical activity (APA) supports recovery and well-being, also improving quality of life by alleviating symptoms like fatigue and depression, yet motivation to change remains limited and ambivalent.

This qualitative study, part of the research project Age.it, explores motivational processes in women who underwent surgery for breast cancer, focusing on how they are expressed through orientations toward change or resistance to APA. Twenty women (mean age = 56.3 years, SD = 8.4), referred to the Breast Unit of the University Hospital Federico II, participated in a single Motivational Interviewing (MI) session designed to promote engagement in APA programs.

Verbal expressions were analysed using the Motivational Interviewing Skill Code (MISC), categorizing language as Change Talk (CT) or Sustain Talk (ST), and further classified into three psychological dimensions: desires, needs, and perceived abilities.

Change Talk or Sustain Talk appeared with similar frequency across interviews, confirming a shared ambivalence in motivation for physical activity during this clinical phase. Desires were the most frequently expressed dimension in both directions (CT and ST) suggesting a latent motivation that does not always translate into commitment. However, perceived abilities showed the greatest discrepancy: while they were often weak and linked to past experiences in the CT, they appeared more vulnerable in the ST, shaped by emotional, relational, and practical barriers. Among the expressed needs emerging as

a search for well-being, renewed energy, and emotional balance, APA was perceived as a potential response yet still difficult to integrate into everyday life.

The results highlight a significant emotional and motivational ambivalence in the process of engaging in APA among women in the post-surgical phase of breast cancer. Clinical interventions that incorporate Motivational Interviewing at different stages of the oncological pathway may help support autonomy and perceived competence, enhance patient engagement, and promote sustainable health behavior change.

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Physical Activity to Safeguard Long-Term Quality of Life After Breast Cancer: A Pilot Study on Italian Women's Motivation and Decision-Making to Stay Active

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Abstract

Introduction: International guidelines recognize physical exercise (PE) as an effective non-pharmacological therapy for managing breast cancer (BC) treatment side effects and reducing recurrence risk. However, survivors often face psychological barriers that hinder their motivation to engage in PE. Despite inconsistent literature findings, barriers may include training characteristics, emotional fatigue from diagnosis and treatment, and feelings of isolation and low self-efficacy. Such factors contribute to a sense of hopelessness, making it challenging for women to incorporate PE into their recovery process.

We conducted a two-phase multidisciplinary study. The first phase examined psychological factors related to motivation to join PE and adopt an active lifestyle post-BC treatment. The second phase involved an 8-week, supervised, moderate-intensity PE program for BC survivors, through which participants—after a pilot phase—trained biweekly for 40 minutes on a cycle ergometer, and their psychological well-being was evaluated. This study focuses on the first exploratory phase.

Methods: A pilot sample of 25 Italian women with a mean age of 57.73±11.03 years, who completed BC surgery, finished adjuvant therapies (except hormonal therapy), and were medically fit for PE was recruited through convenience sampling. Psychometric tests were administered to assess motivation (BREQ-2), coping ability and psychological flexibility (PACT), quality of life and psycho-physical functioning (EORTC-QLQ-C30), and self-efficacy (GSES). Pearson correlations and multiple regression models were performed.

Results: A significant positive correlation ($p<0.05$) emerged between intrinsic and extrinsic motivation and coping flexibility. Intrinsic motivation was also associated with cognitive functioning and self-efficacy. The first regression model (adj. $R^2=0.334$) indicated that intrinsic motivation was related to psychological flexibility ($\beta=0.624$); while the second (adj. $R^2=0.245$) revealed that intrinsic motivation to engage in PE was related to perceived difficulty and ease in recalling the effort (i.e., cognitive functioning aspects; $\beta=0.555$).

Discussion: This study underscores the critical role of targeted support to enhance psychological flexibility and make the exercise simpler and more manageable for women, aiming to improve post-treatment PE engagement among BC survivors.

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SMART PROJECT*: PROMOTING AWARENESS AND HEALTHY SOCIAL MEDIA USE IN MID-ADOLESCENTS

Proposer

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Discussant

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Abstract

Social media (SM) use constitutes a significant portion of mid-adolescents' daily lives as a way of social interaction. However, mixed results have been found regarding its role in improving or harming individuals' mental health. Recent studies have highlighted that problematic social media use (PSMU) is on the rise among European youth. This symposium aims to present the results of the SMART project* which aims to advance knowledge on PSMU in mid-adolescence and co-design an unguided self-help app for promoting awareness and healthy SM use, through a two-year multicentre project.

The first contribution will present the results of a systematic review synthesizing risk and protective factors related to PSMU, as well as the existing interventions aimed at preventing or reducing this phenomenon during mid-adolescence. This overview provides a comprehensive understanding of the state of the art, serving as a foundation for the quantitative analyses presented in the following contributions. The limited quality and scarcity of existing interventions underscore the relevance and appropriateness of the SMART project in developing an intervention designed to promote positive SM use.

The second contribution is a two-wave study that aims to test the mediating model of preference for online social interaction (POSI) on the relationship between SE and PSMU. Using a structural equation model, the mediating model will be examined both cross-sectionally and longitudinally (five-month intervals), controlling for baseline values of the mediator and outcome variables. The moderating role of sex, time spent on social media, and baseline risk level of PSMU will also be examined.

The third contribution will explore different profiles of (dys)functional social media use among Italian mid-adolescents. Through a person-centered approach, the co-occurrence of PSMU with other constructs such as fear of missing out (FoMO), POSI, and active/passive social media use will be explored. The role of individual and relational risk and protective factors associated with these profiles will also be investigated.

The fourth contribution will describe the development of a mobile application (SMART App) aimed at promoting healthy SM practices and addressing PSMU among mid-adolescents. Moreover, preliminary data on the SMART App's feasibility and acceptability among mid-adolescents will be presented.

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Understanding and Addressing Problematic Social Media Use through the SMART Project: A Systematic Review of Risk/Protective Factors, and Interventions

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Abstract

Background: A significant proportion of mid-adolescents engage in problematic social media use (PSMU), defined as a lack of regulation of one's use of social media associated with negative outcomes in everyday functioning and social activities. The SMART project (funded by the European Union – NextGenerationEU) focuses on improving knowledge on risk/protective factors of PSMU and co-design and evaluate a self-help App intervention for promoting positive use of SM. The current presentation aims to introduce the main steps of the SMART project and, within this context, to describe the main results of a systematic review synthesizing the risk and protective factors related to PSMU and the existing interventions aimed at preventing or reducing PSMU in mid-adolescence.

Methods: At the beginning of the 2 years of the SMART project, we conducted a systematic search of longitudinal or interventional design studies in PubMed, MEDLINE, Web of Science, PsycINFO, and Scopus. Eligible studies included peer reviewed studies published after 2014. Studies had to focus on mid-adolescents (age range: 14-18) and include PSMU (measured with validated tools) as an outcome.

Results: 19 longitudinal and 4 interventional studies met the inclusion criteria. Sociodemographic, intrapersonal (e.g., depressive symptoms), and interpersonal (e.g., parenting style) factors have been examined as risk/protective factors of PSMU, with generally mixed findings across studies. Only four interventions were identified for mid-adolescents. All used short-term, group-based formats but considered different theoretical foundations and implementation strategies. Only two of them, one mindfulness-based and one grounded in a socio-cognitive approach, demonstrated potential in reducing PSMU.

Conclusions: The heterogeneity of findings across existing studies makes it difficult to draw definitive conclusions about the risk and protective factors associated with PSMU in mid-adolescence. Several limitations and research gaps in this field were identified and will be discussed, highlighting the need for further investigation to better understand PSMU. The limited quality and scarcity of interventional studies prevent definitive conclusion regarding the effectiveness of current approaches, highlighting the relevance and appropriateness of the SMART project in developing an intervention aimed at promoting healthy social media use in mid-adolescence.

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Problematic social media use and self-esteem: The role of preference of online social interaction

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Abstract

Recent studies have increasingly focused on how problematic social media use (PSMU) develops in adolescence and its relationship with psychological well-being, particularly self-esteem (SE), life satisfaction, and mood-related variables. SE has been identified as a contributing factor in the development of PSMU. Empirical studies consistently show that adolescents with low SE are more likely to exhibit a strong preference for online social interactions (POSI), a key aspect associated with the development of PSMU.

The mediating role of POSI in the SE-PSMU relationship has been hypothesised and supported by previous empirical research. However, most findings are based on cross-sectional designs, which partially shed light on the direction of the relationship between SE, POSI, and PSMU.

To address this gap, the present study tested the mediating role of POSI in the relationship between SE and PSMU using both cross-sectional and longitudinal data from Italian mid-adolescents. The study was conducted within the SMART project, funded by the Ministry of University and Research and the European Union's PNRR – Next Generation EU.

Data were collected from participants who provided valid responses to the Bergen Social Media Addiction Scale (BSMAS), the Rosenberg Self-Esteem Scale (RSES), and the Preference for Online Social Interaction (POSI) at the first measurement point (baseline; N = 1289; 57.7 % female), aged 14 to 18 years (M = 16.40, SD = 1.12). A total of 921 students completed the same measures at a second time point, five months later.

Structural equation modelling supported the mediation model both cross-sectionally and longitudinally, demonstrating a significant indirect effect of SE on increases in PSMU via POSI ($b = 0.16$, $z = 4.97$, $p < .001$) over a 5-month interval. The analysis adjusted for baseline values of the mediator and outcome variables, as well as for covariation between the mediator and dependent variable over time.

These findings provide preliminary longitudinal evidence on the mechanisms linking SE to PSMU in adolescence, specifically through the mediating role of POSI. They underscore the importance of

developing prevention and intervention programmes aimed at enhancing self-esteem and addressing maladaptive patterns of online social engagement during mid-adolescence.

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Identifying Profiles of Maladaptive Social Media Behavior in Mid-Adolescents: A Latent Profile Approach

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Abstract

Introduction: This study aimed at exploring different profiles of problematic social media use (PSMU) and other aspects of dysfunctional social media (SM) use – namely fear of missing out (FoMO), preference for online social interactions (POSI), and active/passive SM use – among mid-adolescents.

Methods: A total of 1368 Italian adolescents (mean age: 16.35 ± 1.16 years; 778 females, 56.9%) were recruited for a larger study (SMART Project*) and completed a survey on PSMU, its correlates, and risk\protective factors, including self-esteem, psychological distress, satisfaction with life, emotional regulation, self-control, perceived parental phubbing, and attachment. The presence of latent clusters of participants was tested through a latent profile analysis (LPA).

Results: Three different profiles emerged: "Low-risk SM users" (38% of the sample), "Medium-risk SM users" (50.54%), and "High-risk SM users" (11.46%). Profiles significantly differed regarding the degree of PSMU and its correlates, with problematic users evidencing greater levels in all dependent variables than the other two groups. Risk factors were more significantly related to the "High-risk SM users" compared to the other groups, while protective factors were mainly associated with "Low-risk SM users".

Discussion: Overall, these findings show how various aspects of maladaptive SM use can be analyzed together to have a better understanding of the phenomenon. Moreover, characteristics of individual and interpersonal functioning may represent common risk factors not only for PSMU but also for other aspects of maladaptive SM use. Thus, prevention and interventions should focus on recognizing different configurations of (maladaptive) SM use and, based on that, promote a more functional way of using SM among adolescents.

* PNRR per la Missione 4, Componente 2, investimento 1.1., finanziato dall'Unione europea–NextGenerationEU. Progetto: "Utilizzo problematico dei social media tra gli adolescenti italiani:

dall'identificazione dei fattori di rischio/protezione alla co-progettazione e valutazione di un'app di auto-aiuto". CUP: J53D23008110006

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SMART App: Development and Preliminary Feasibility Assessment of a Mobile Application to Promote Healthy Social Media Use and addressing Problematic Social Media Use Among Adolescents

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Abstract

Introduction: Adolescents' Problematic Social Media Use (PSMU; marked by compulsive thoughts about going online, impaired self-control, and preference for online rather than face-to-face interactions) has been linked to lower psychological well-being. Existing interventions targeting adolescents' PSMU are limited, often embedded within broader digital behavior interventions, reducing their specificity and impact. For this reason, interventions promoting healthy SM use and preventing PSMU are needed. Mobile health tools offer promising solutions, particularly when adolescents are actively involved in their development. Engaging adolescents as "experts of their own experience" enhances intervention relevance, satisfaction, and adherence. This study (a) describes the development of a mobile application (SMART App) aimed at promoting healthy social media practices and addressing PSMU; and (b) reports preliminary data on the SMART App's feasibility and acceptability among adolescents.

Method: The SMART App was developed as part of a larger research project (i.e., the SMART Project, funded by the European Union – NextGenerationEU). The content and features of the app were identified through an integrated, multi-step co-creation process involving adolescents themselves. This process drew on: (i) existing literature on risk and protective factors of adolescents' PSMU; (ii) quantitative data from a longitudinal survey administered to adolescents; and (iii) qualitative data derived from focus groups conducted with students. Subsequent workshops brought together adolescents, researchers, and software developers to collaboratively design and refine the SMART App's structure, language, and features.

Results: The resulting SMART App includes evidence-based psychoeducational video content addressing topics such as PSMU, digital footprint, body image, and the impact of social media on sleep, as well as

interactive activities designed to enhance key psychosocial skills (i.e., assertiveness, emotional self-regulation, self-esteem, and mindfulness). The feasibility assessment of the SMART App addressed several domains: perceived impact, quality and functionality, graphic and design features, appropriateness of the information provided, and subjective quality.

Discussion: The participatory approach adopted in the development of the SMART App ensured alignment with adolescents' needs, preferences, and lived experiences, increasing the likelihood of effective engagement. By integrating empirical data with the perspectives of young users, the SMART app represents a promising tool for preventive interventions targeting PSMU.

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ASSESSMENT AND INTERVENTION IN FORENSIC CONTEXTS: INTEGRATING TRADITION AND INNOVATION

Proposers

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Discussant

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Abstract

Forensic settings are complex and demanding contexts for psychological assessment and intervention, requiring clinical expertise, methodological rigor, ethical awareness, and adaptability to environments characterized by restriction and vulnerability. This symposium aims to present and discuss innovative approaches and tools for psychological practice in forensic contexts, with a focus on the integration of traditional clinical methodologies and emerging technologies. The first contribution examines the use of immersive virtual reality (VR) to promote psychological well-being among inmates. Grounded in the biophilia hypothesis, this study explores whether brief exposures to virtual natural environments can reduce stress, anxiety, and aggressiveness. Preliminary findings suggest that VR may constitute a low-cost, replicable intervention capable of enhancing emotional regulation and improving the institutional climate. The second presentation focuses on the Rorschach method in forensic evaluations, with particular attention to ideational functioning assessed through the Thought Disorder Index. Through qualitative analysis of 22 protocols, patterns of cognitive disorganisation emerge, highlighting the diagnostic and therapeutic value of this clinical tool in forensic settings. The third contribution presents the results of a thematic analysis conducted on 70 transcripts of clinical evaluation interviews with perpetrators of violent crimes, using the T-Lab software. It explores recurring collusive patterns, examining how these relate to the type of crime, the specific prison context, and interactions with institutional staff. The study also identifies latent dimensions underpinning inmates' narratives. The

fourth and final contribution offer a systematic review of the use of Artificial Intelligence (AI) and Machine Learning (ML) in the field of forensic psychiatry. The review maps current applications, examines associated challenges, and reflects on ethical implications, particularly in relation to the psychological assessment of both offenders and victims. By bringing together different methodologies—from projective testing to digital innovation—this symposium underscores the importance of a pluralistic and context-sensitive approach in forensic psychology. The discussion will encourage critical reflection on how best to support assessment and intervention practices in settings where traditional tools often require rethinking and adaptation.

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Mitigating inmate stress and aggression through virtual natural environments

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Abstract

Introduction: Prison environments are often marked by elevated levels of psychological distress, including anxiety and aggressiveness, which are exacerbated by structural limitations such as restricted access to natural spaces. Grounded in Wilson's biophilia hypothesis - which posits an innate human need for connection with nature - this project explores the use of immersive virtual reality (VR) as an innovative tool to replicate the psychological benefits of nature exposure in highly restrictive contexts like prisons.

Methods: The study will be conducted in a correctional facility in the Lombardy region and will involve 40 adult inmates. Participants took part in four guided VR sessions (each lasting 10 minutes), featuring natural environments such as a sunset beach, a waterfall, and a secret garden. Psychological variables such as boredom, perceived stress, generalized anxiety, affectivity, and well-being were assessed using self-report questionnaires, while physiological stress responses (heart rate, skin conductance, and temperature) were monitored via non-invasive biofeedback technology. Data will be collected at three time points: baseline (T0), post-intervention (T2), and follow-up (T3).

Results: Participants showed significant reductions in stress, anxiety, boredom, and negative affect across the three time points, along with an increase in psychological well-being. Physiological indicators of stress changed showing an increase in the state of well-being. These findings may suggest that virtual nature exposure provides a calming and restorative experience, even within environments of extreme confinement.

Discussion: These findings support the use of VR-based nature interventions as a feasible and effective strategy for promoting mental well-being in prison settings. Such an approach could enrich clinical and psychosocial practices in prison contexts, offering a low-cost, replicable tool that benefits inmates by reducing dysfunctional behaviours and fostering a more positive internal climate. Future research may explore its application in other closed or highly structured environments.

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Thought disorder index applied to Rorschach protocols

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Abstract

Introduction: The Rorschach method is an instrument used in clinical for the exploration of personality, psychopathology and cognitive symptoms. In this context, the use of the Thought Disorder Index (TDI) makes it possible to identify alterations in thought processes and signs of cognitive disorganisation.

This study aims to explore the levels of thinking in the Rorschach protocol applied in forensic cases.

Method: A qualitative analysis of the Rorschach protocols according to the Passi Tognazzo method was carried out to assess the personological and cognitive profile, while thinking levels were assessed using the Thought Disorder Index (TDI).

Results: The analysis of 22 protocols revealed the presence of alterations in thought processes: the subjects showed high scores on the TDI, with the presence of the phenomena of Confabulation, Contamination and Perseveration of the theme. The results showed an impairment of ideas and a difficulty in external and internal processes.

Conclusion: The integration of the Rorschach method and the Thought Disorder Index is a useful instrument for clinical and research area of ideational functioning for to identify early indicators of cognitive disorganisation, with the aim of conducting a more comprehensive personality assessment profile and defining a therapeutic-rehabilitation approaches.

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Exploring Latent Dimensions in the Discourse of Violent Offenders: A Computer-Assisted Analysis of Clinical Evaluations

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Abstract

Contemporary literature highlights various dimensions and characteristics of the discourses collected from perpetrators of violent actions during the evaluation of their personality and psychosocial functioning, which must be taken into account by clinicians and personnel working with these individuals. For example, the motivation for treatment must be considered beyond the inmate's statements, as well as the tendency to manipulate the evaluator during the assessment phase or even during the rehabilitative phase. Furthermore, minimization or the absence of taking responsibility must be considered, along with aspects of dissociation and emotional dysregulation, which are also linked to traumatic experiences. All of this is not always immediately evident in the content analysis of the evaluation interviews. However, the evaluation of these aspects appears necessary to explore the latent dimensions underlying the organization of the inmate's discourse about their life history, the reconstruction of the crime, and their relationship with the prison system.

Computer-assisted text analysis allows for highlighting peculiar aspects of the discourse, such as the characteristics of the lexicon and clusters of lemmas associated with one another, which may indicate processes that are not immediately identifiable.

For this purpose, we conducted a thematic analysis of elementary contexts using the T-Lab software on 70 verbatim transcripts of clinical evaluation interviews with inmates convicted of homicide and/or sexual violence. The interviews were collected to support various penitentiary contexts in assessing the risk of violent recidivism and possibly directing inmates to individualized treatment.

The results of this analysis will be presented and discussed with particular reference to identifying which collusive aspects are common among prisoners, in relation to the type of crime committed, the penitentiary context, and the staff working within it, as well as the latent dimensions of the discourse.

Furthermore, additional lexical indicators that may reveal ongoing dissociative and dysregulated processes will be highlighted, as well as any manipulative strategies, rationalizations, and minimizations in the reconstruction of the crime.

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The use of Artificial Intelligence in Forensic Psychiatry: A Systematic Review

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Abstract

Introduction: Artificial intelligence (AI) and machine learning (ML) are emerging as potentially transformative tools in various fields, including forensic psychiatry. This review explores the applications, challenges, and ethical considerations of AI and ML in this context, particularly in the assessment of offenders and victims of crime. The aim is to provide a systematic review of the key areas in which AI and ML are relevant to forensic psychiatry.

Methods: Following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, a systematic review of the use of AI and ML techniques in clinical and forensic settings was performed. A comprehensive search was conducted in PsycINFO, Web of Science, and Scopus.

Results: A total of 460 potentially eligible studies were identified from 523 records, and 54 papers were included in this systematic review. The evidence from the various studies shows considerable variability in the experimental settings and characteristics of the samples analyzed. Due to differences in the adopted protocols and the composition of the study populations, caution must be exercised when attempting to quantitatively compare results or draw general conclusions. An additional limitation concerns the overall quality of the included studies, many of which face significant challenges, such as the predominant use of retrospective data. Furthermore, most studies focus primarily on the assessment of offenders, neglecting the analysis and treatment of crime victims and the diagnosis of Post-Traumatic Stress Disorder.

Discussion: AI and ML present significant opportunities to advance forensic psychiatry by improving risk assessment, diagnosis, and understanding of human behavior. However, it is critical to carefully address the methodological and ethical challenges associated with their use to ensure their responsible and fair application. Moreover, most studies focus on neurobiological data. The development of psychiatric disorders is intricately connected to external environments and social circumstances. Therefore, the use of predictive AI in forensic psychiatry should not be limited to neurobiology alone but should also

incorporate social and environmental factors. Further research should focus on developing concise assessment methods and appropriate diagnostic tools.

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PARENTHOOD BEYOND THE JOURNEY: PSYCHOLOGICAL PERSPECTIVES ON FAMILIES FORMED THROUGH ASSISTED REPRODUCTIVE TECHNOLOGIES

Proposers

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Discussant

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Abstract

The advent of Assisted Reproductive Technologies (ART) has made parenthood a reality for many, while also introducing a complex array of psychological challenges, both during the treatment process, in the transition to parenthood, and through the whole family life cycle. This symposium takes an integrative approach to exploring the psychological dimensions involved in ART pathways, shedding light on the experiences of those undergoing treatments, as well as parents and offspring in ART families. It will emphasize not only the critical role of emotional support during the treatment process but also the long-term psychological impact that shapes family dynamics and overall well-being.

Tacchino and colleagues, from the University of Rome La Sapienza, will present a psychodynamically informed coding system to analyze infertility narratives from ART patients based on the Infertility History Interview. The system assesses the degree of emotional processing through three main scales, with results suggesting the tool's usefulness for psychological assessment in infertile couples.

Bonazza and colleagues, from the Catholic University of Sacred Heart, will present findings from a study investigating women's perceptions of Shared Decision-Making (SDM) during ART and its relationship with decision conflict and psychological well-being. Results will show the associations between SDM, decisional conflict, anxiety, depression, and infertility-related stress.

Fusco and colleagues, from the University of Milan-Bicocca, will present the results of a study examining the psychological factors influencing the disclosure of gamete donation in donor-conceived families. The

study will highlight disclosure practices in these families, underlining how positive attitudes and intentions to disclose are associated with better family communication and improved couple dynamics.

Quintigliano and colleagues, from the University of Rome Tor Vergata, will present a study exploring the psychological experiences of adults conceived through donor ART, focusing on identity-related challenges. Findings will highlight complex parent-child relationships, particularly among those who learned about donor conception later in life.

The symposium will offer an in-depth exploration of the psychological implications of ART, shedding light on the experiences of patients, parents, and donor-conceived individuals, and fostering support strategies to promote well-being throughout the family life cycle.

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The Infertility History Interview (IHI): a psychodynamically informed coding system

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Abstract

Introduction: Infertility affects the well-being of 15-20% of couples worldwide, causing distress at both personal and relational levels, due to failed conception attempts, diagnostic procedures, and ART treatments, and requiring complex emotional processing. This work proposes a psychodynamically informed coding system to assess how infertile individuals make meaning of infertility and incorporate it into their life narratives.

Methods: The coding system was developed to analyze transcripts of the Infertility History Interview (IHI), a semi-structured interview capturing infertility-related narratives from ART patients. Designed by a group of 4 clinicians and researchers, it is grounded in a psychodynamic theoretical framework to categorize key aspects in the interviewees' narration in terms of the degree of emotional processing. The scale was refined through team discussions and individual codings of 15 interviews. The final version was then tested with 2 additional coders, blind to the study's objectives, to code all transcripts. Interrater agreement was assessed.

Results: The coding system includes three main scales: Lived Experience, Reality Testing, and Level of Integration. The first scale, which is composed of the subscales Meaning Attribution, Memory, Expectations, and Regulation Strategies Effectiveness, assesses ego functioning in narrating the lived experience. The second scale, consisting of Experience Recognition, Emotional Salience, and Relational Implications Recognition, measures the ability to describe the infertility experience in a congruent way, focusing on its emotional and interpersonal aspects. The third scale, containing Defense Mechanisms, Impact Recognition, and Coherence, evaluates the integration of multiple dimensions in one's personal history. Scores from these scales categorize subjects into low, moderate, and high-risk groups, reflecting the degree of emotional processing of infertility. Results show excellent interrater agreement in classification.

Discussion: Interviews are valuable clinical tools in eliciting individuals' representations, but present important challenges in operationalizing and organizing results. The IHI interview and its coding system

are proposed as a promising tool for the psychological assessment of infertile couples, particularly in the context of counseling within ART centers.

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Decisional Conflict in patients undergoing Assisted Reproductive Technology (ART) treatment: the role of Shared Decision Making

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Abstract

Introduction: During the clinical course of Assisted Reproductive Technology (ART) treatment, patients are often asked to make several and complex decisions, such as the type of intervention, number of cycles, and end of treatment. Despite the growing consensus on the use of Shared Decision-Making (SDM), previous studies have shown that its application is often complex in the ART context because of the discrepancy between the perspectives of healthcare professionals and patients. Accordingly, this study aimed to explore patients' perceptions of the application of SDM and examine the association between SDM, decision conflict, and psychological and relational well-being.

Methods: The sample included 424 women undergoing ART treatment. A study-specific online questionnaire was designed to collect sociodemographic and clinical information. Participants then were asked to complete the Shared Decision-Making Questionnaire, the Decisional Conflict Scale, the Hospital Anxiety and Depression Scale, the Infertility Problem Inventory, and Quality Marriage Index. A path analysis was carried out in order to test the relationship between SDM and decisional conflict, and the relationship between depressive and anxiety symptomatology and decisional conflict. Furthermore, we tested the relationship between psychological wellbeing, dyadic coping and marital satisfaction.

Results: Women had a mean age of 37.57 ± 4.44 (range 26-53). Descriptive statistical analysis showed a mean score of 24.22 ± 13.47 on SDM, and a mean score of 28.38 ± 11.58 on DCS, which correspond to acceptable scores on perception of shared decision-making and decisional conflict, respectively. While we found a consistent negative association between SDM and decisional conflict (β=-.486, $p<0.001$), we also found a positive association between decisional conflict and depression (β=.193, $p<0.001$). Depression impacts on dyadic coping (β= -.304, $p<0.001$), which in turn significantly influence marital satisfaction (β=.747, $p<0.001$). The fit indices indicated a good fit of the model.

Discussion: Contrary to the perspective of healthcare professionals presented in previous studies, the study showed that patients perceived acceptable levels of SDM. Findings also confirmed that SDM predicts

decisional conflict, which is also predicted by patients' psychological well-being. It is therefore crucial to continue to promote interventions that can increase the use of SDM in the context of ART.

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This Close: parental disclosure of gamete donation in Italian donor-conceived families

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Abstract

Donor Assisted Reproductive Technologies (ARTs) are increasingly used and involve the use of gametes from external donors rather than the couple's genetic material. This reproductive method has been available to heterosexual couples in Italy since 2014 and poses specific challenges for parents. These include managing genetic asymmetry between parents and child and deciding whether to disclose the child's genetic origins, a decision made more urgent by the growing availability of at-home DNA tests. Although leading scientific societies and healthcare professionals advocate for disclosure of gamete donation to children, the number of parents who share their conception through ART remains low, particularly in cases involving gamete donation.

This study explored the psychological factors influencing disclosure practices in donor-conceived families. The study involved 162 parents who conceived children through ART with gamete donation. Participants completed an online survey collecting sociodemographic data and addressing their disclosure intentions and behaviors through specifically designed questions. To assess psychological factors influencing parental attitudes toward disclosure (measured through the Theory of Planned Behavior – Disclosure Questionnaire), the survey included standardized scales such as the Experiences in Close Relationships-Revised, the Dyadic Adjustment Scale, the Multidimensional Scale of Perceived Social Support, and the Family Communication Scale.

Results showed that stronger intentions to disclose and information-sharing behaviors were associated with more functional relational dynamics. Additionally, higher family communication quality, lower attachment-related anxiety and avoidance, better dyadic adjustment, and greater perceived social support were linked to more positive attitudes toward disclosure in donor-conceived families.

This study underscores the role of psychological and relational factors in disclosure practices and emphasizes the need for psychological support to help parents navigate disclosure decisions. Interventions should focus on improving family communication, reducing attachment-related anxieties, and strengthening couple dynamics. Healthcare professionals play a key role in guiding parents through

the disclosure process, promoting healthier family relationships and the well-being of donor-conceived children.

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Psychological Experiences of Adults Born Through Donor Conception: Identity Exploration and Origin Discovery

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Abstract

Introduction: Assisted reproductive technologies (ARTs) have offered viable solutions for couples experiencing fertility challenges, yet the psychological impact on offspring, particularly on adults born via donor conception, remains underexplored. This study seeks to fill this gap by qualitatively exploring the psychological experiences of adults conceived through heterologous ART, with a particular focus on identity-related issues and the discovery of their genetic origins.

Methods: This qualitative study utilized a semi-structured interview developed by researchers and clinicians specializing in ART issues and family psychology. The sample consisted of eight participants (seven females, one male), ranging in age from 21 to 51, all of Italian origin, with two residing abroad. Participants came from diverse family backgrounds, including heterosexual and lesbian parents. While five participants discovered their genetic origins during adolescence or adulthood, three were informed early on due to being born to same-gender parents.

Results: Thematic analysis identified several recurring themes, including complex relationships with parents, often associated with sperm donation. Many participants from heterosexual parent families reported psychological difficulties upon learning about their lack of genetic kinship with their fathers, particularly when this information was disclosed later in life. The delayed discovery of their conception appeared to exacerbate challenges related to identity formation. In contrast, offspring of same-gender parents, where ART conception was transparent from the start, did not report this issue as prominently. Participants also described feelings of identity void and struggles to establish a sense of self due to the absence of physical resemblance to their parents. Perspectives on ART were mixed; while some participants underscored the importance of emotional bonds over genetic ties in parent-child relationships, others expressed ethical concerns about modern parenthood and the potential impact of dysfunctional family dynamics.

Discussion: In conclusion, discovering their genetic origins had a significant impact on participants' identity formation and self-esteem. These findings underscore the importance of providing targeted psychological support for individuals conceived through ART, addressing the distinct challenges associated with their origins. Additionally, this study calls for healthcare policies and clinical interventions that are more attuned to the psychological implications of ART, particularly for adults born through donor conception.

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WELL-BEING, JOY, AND EUPHORIA: (TRANS)AFFIRMATIVE APPROACHES TO THE PSYCHOLOGICAL HEALTH OF TRANS AND NONBINARY PEOPLE IN CLINICAL PRACTICE AND RESEARCH

Proposers

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Discussant

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Abstract

This symposium aims to explore various aspects of transgender and nonbinary (TNB) people's well-being from affirmative perspectives. Historically, TNB individuals have been pathologized by medical and psychological sciences and studied primarily by cisgender professionals. This has led to cisnormative approaches that reinforce a hierarchical dynamic between researcher/clinician and participant/patient, in which the former (the cis professional) holds epistemic and medical authority while the latter (the trans patient) is objectified, infantilized, and deprived of self-determination. This symposium brings together studies and reflections from researchers in Italy who are contributing to a shift in the understanding of TNB health studies—either by embodying the experiences they examine or by adopting an allied stance that amplifies TNB voices and needs within trans-affirmative approaches.

The symposium will open with a study by Anzani et al., which examines a group therapy program designed to foster body connection and euphoria, exploring its role in queering the body. Then, Giovanardi et al. will analyze the expectations, fantasies, and experiences of individuals during their first year of gender-affirming hormone therapy. Following this, Rosati et al. will expose experiences of microaffirmations among nonbinary people and their impact on personal and relational well-being.

Finally, Lorusso and Albanesi will examine the narratives of parents of TNB children, highlighting how parents' journey reflects feelings of pride and a sense of belonging to the TNB community.

Collectively, these contributions offer new perspectives for research tracks and affirmative clinical tools to foster trust and healing in therapeutic relationships, strengthen individual and relational resources, and promote well-being, joy, and euphoria in TNB individuals.

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"Queering the Body" a Group Therapy Program in Promoting Body Connection and Euphoria: Practice-Based Pilot Study

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Abstract

This study explores a targeted group intervention designed to address body dysphoria and foster body euphoria in transgender and nonbinary (TNB) individuals. The intervention involved eight thematic sessions aimed at shifting the focus from body-related distress to body-related euphoria. The group, consisting of eight participants (four trans women, three trans men, and one nonbinary individual) aged 20 to 30, was based on a GSRD-informed, systemic-relational therapeutic approach. Pre- and post-intervention assessments included measures of body connection, gender preoccupation, gender congruence, and sociocultural attitudes toward appearance. Results from paired sample t-tests indicated a significant decrease in body dissociation, gender preoccupation, and genital dysphoria. However, no significant changes were observed in body awareness, euphoric experiences, or other aspects of gender congruence and sociocultural attitudes. These findings suggest that while the intervention effectively reduced certain distressing aspects of body experience, further work is needed to enhance positive body awareness and euphoria. Valuing diversity and not solely focusing on body dysphoria may offer a pathway to improve the body experiences of TNB individuals by shifting the focus from distress to euphoria.

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Hormones and Identity: Lived Experiences of Gender-Affirming Care

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Abstract

Introduction: Gender-affirming hormone therapy has been associated with improvements in body image, social functioning, and psychological well-being, with findings pointing to reductions in depressive symptoms, psychological distress, and body dissatisfaction within the first year of therapy. However, this process remains a complex and highly individual experience with recent research highlighting social support as a key factor in shaping individual outcomes. This study aims to explore the experiences of Italian trans* and non-binary individuals during their first year of gender-affirming hormone therapy.

Methods: This qualitative study (N=20) involved semi-structured interviews with Italian transgender and non-binary young adults (aged 18-32) who had completed one year of gender-affirming hormone therapy. The interviews investigated participants' expectations, fantasies and desires before treatment, as well as their lived experiences throughout the year, including changes in self and body perception, shifts in social relationships, and sources of satisfaction and dissatisfaction that emerged over the course of treatment. Additionally, it investigates the support received from social networks, and the images associated with these experiences. A reflexive thematic analysis of the transcribed interviews was conducted to identify the key themes shaping participants' emotional, embodied, and relational experiences.

Results: Participants described grappling not only with the prospect of physical changes due to hormone therapy but also with the possibility of shifts in personality or identity. Early changes were sometimes subtle, gradual, or different from what they had imagined, prompting mixed feelings like impatience and curiosity as they navigated the gap between expectations and reality. At the same time, they also shared feelings of euphoria in response to visible changes that aligned more closely with their sense of self, especially when validated by friends or family. Initial fears tended to fade over time, giving way to a stronger feeling of authenticity and a deeper sense of being oneself.

Discussions: This study provides a deeper understanding of the experiences of transgender and non-binary individuals undergoing hormone treatment, a topic at the center of intense public debate yet one in which the specific needs of those directly involved are still poorly understood. Such understanding can support healthcare professionals provide more responsive, attuned care.

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Exploring Microaffirmation Experiences and Their Impact Among Nonbinary Individuals: A Qualitative Approach

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Abstract

Background: Recent research on minority stress has highlighted the effects of microevents, such as microaggressions and microaffirmations, on the well-being of trans and nonbinary (TNB) individuals. While negative factors, like microaggressions, have been extensively studied in relation to the mental health of the TNB population, protective factors, such as microaffirmations, have received less attention, particularly in the context of nonbinary individuals. Microaffirmations are subtle, often unconscious gestures—both verbal and nonverbal—that convey validation, recognition, and support for marginalized identities. This study aimed to explore the experiences of microaffirmation among Italian nonbinary individuals and their personal and relational effects using a qualitative approach.

Methods: This study is part of a broader project named Fostering the Right to Equality in Education (FREE): Mental health and academic achievement among LGBTQI+ university students, funded by the European Union–Next Generation EU as a Research Project of National Relevance (PRIN 2022: 2022HN5SFZ). A total of 157 nonbinary individuals, aged 18 to 66 (M = 29.13; SD = 7.6), completed open-ended questions in an online survey.

Results: Content analysis identified three primary thematic areas—experiences, emotions, and impact—across 13 subthemes. Experiences included active interventions (affirming actions or behavioral changes), good practices (inclusive language and policies), acknowledgment (recognition of authentic gender identity), and support (positive reactions to coming out). Emotions ranged from validation (feeling understood) to closeness (connection and belonging), euphoria (intense well-being), calmness (comfort and relief), and dissonance (negative emotions). Impact included stronger relationships, enhanced gender affirmation, and greater self-efficacy, with some participants reporting no significant impact.

Conclusions: Microaffirmations play a crucial role in promoting gender euphoria, fostering trust, and enhancing well-being in interpersonal relationships. These experiences contribute to safer environments and can improve health and behavioral outcomes. Mental health professionals could benefit from

incorporating microaffirmations into their work, alongside addressing experiences of discrimination and aggression, to support the psychological and relational well-being of TNB individuals.

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From Challenge to Pride: Parents' Journeys of Belonging in the TNB Community

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Abstract

Introduction: Extensive literature highlights the importance of supporting parents of children who do not identify with the gender assigned at birth. Parents who embrace their child's identity as family often face stress and challenges as they navigate their role within a marginalized group. In the current historical and cultural context, particularly in Italy, the experiences of youth who do not identify with their gender assigned at birth are increasingly under attack. As caregivers, parents play a crucial role in supporting and defending their children, who, as minors, cannot advocate for themselves.

Methods: Semi-structured interviews explored themes such as the coming-out process, the stressors parents face, and the resilience factors and coping strategies they use involving 13 parents, with three couples. Participants were primarily women (n=9), one gender-questioning parent (n=1), and men (n=3). Children's ages ranged from 6 to 18 years old, and all did not identify with their gender assigned at birth. They used diverse labels, including "trans", "nonbinary". Beyond these labels, they identified as boys (n=7), girls (n=1), or preferred identifying using their chosen names (n=2). Interviews were transcribed and analyzed using Interpretative Phenomenological Analysis.

Results: Parents expressed open support for their children and stood by them in addressing challenges, such as barriers in school and medical pathways. Parents consistently emphasized that their children's well-being was their top priority. They recognized that affirming their child's identity was essential for maintaining a loving relationship and saw this support as integral to parenting. They emphasized the importance of acquiring knowledge to support their children while expressing fears about the political situation.

Discussion: Despite challenges, they remained determined and engaged in advocacy and activism, driven by love and the desire to address difficulties. Moreover, their efforts extended beyond their children, supporting future generations and driving societal change for the trans and broader LGBTQIA+ community who they felt committed.

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UNDERSTANDING SUBJECTIVITY IN THE SUICIDAL PROCESS: AFFECTS, MEANINGS, AND PERSONALITY FUNCTIONING

Proposer

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Discussant

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Abstract

Introduction: Current understanding of suicidality has increasingly focused on a longitudinal perspective, describing suicidal behaviors as the outcome of a process composed of a motivational and a volitional phase. A great bulk of research has been devoted to identifying the distal and proximal factors that are able first to induce the psychological state from which suicidal ideation emerges and, finally, to precipitate the suicidal crisis that leads to the decision, planning, and execution of the suicide attempt.

Methods: More recently, other clinicians and researchers have shifted their attention to understanding the personal meanings that underlie the emergence of suicidal ideation and support the entire progression to suicidal behavior. The study of the subjective components of the suicidal process, it has been noted, greatly increases the predictability and management of suicidal risk. In particular, this perspective of study can be of great clinical value in many contexts of intervention, such as psychotherapy, in which the assessment of relevant risk factors is susceptible to rapid change. The analysis of the processing of emotions, cognitive styles, motivations, and specific aspects of the experience of self and relationships, which may or may not be related to personality functioning and psychopathological conditions, may pave the way for de-stigmatizing and empathic sharing with suicidal patients. In addition, monitoring suicidal ideation in the course of any intervention is a relevant tool in situations where clear psychopathological risk factors are not present.

Results: This panel aims to gather clinical and research perspectives of studies that identify core psychological dimensions that allow a better understanding of the formation and consolidation of subjective states accompanying the suicidal process.

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Emptiness, suicidality, and pathological personality traits: An exploratory study

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Abstract

Introduction: Emptiness is recognized as a transdiagnostic phenomenon affecting clinical and non-clinical populations. It is often considered a critical factor in the suicidal process, although little empirical research has examined this relationship. Moreover, emptiness seems to be closely related to pathological personality traits, which also seem to play a role in the escalation of suicidal processes. The need to investigate the complexity of the relationship between these dimensions led to the development of the Modified-Subjective Emptiness Scale (M-SES), a revised version of the Italian Subjective Emptiness Scale (SES-I), a previously validated instrument for assessing feelings of emptiness. The purpose of this study was to explore the relationships between emptiness, suicidality, and pathological personality traits in a non-clinical sample.

Methods: 202 individuals from a general population sample (age M= 41.2, SD= 14.4; 71.3% female) were assessed with a battery of tests, including: M-SES, to assess dimensions of emptiness; Columbia Suicide Severity Rating Scale (C-SSRS), the WHO gold standard for suicide risk screening; Personality Disorder Inventory Short Form (PID-5-SF), which assesses personality traits based on the alternative DSM-5 model. The sample was analyzed using descriptive statistics, ordinal and linear regression, and mediation models.

Results: Results indicated that 10.9% of the sample reported mild suicidal ideation, 1% had suicidal intent, and 5.3% had a history of suicide attempts. The M-SES effectively discriminated different dimensions of emptiness. In particular, the interpersonal/social disconnection dimension emerged as the strongest predictor of suicidal ideation severity and mediated the effect of certain personality traits, such as negative affectivity and detachment, but not disinhibition. Both direct and indirect effects were observed for psychoticism.

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Discussion: A deeper understanding of the different, underlying dimensions of emptiness, so often reported by patients, is crucial to guide clinicians in assessment and treatment, particularly in the complex management of suicide risk in individuals with pathological personality traits.

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Two Paths to Suicide Risk: Pain Hypersensitivity vs. Dissociative Traits

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Abstract

Introduction: The relationship between pain and suicide is one of the most debated topics in recent literature, yet theories and clinical evidence have often led to conflicting conclusions. Recently, we hypothesized the possible existence of two distinct subtypes of individuals at risk for suicide: a hypersensitive subtype and a dissociative one. They are characterized by different ways of perceiving pain and may follow specific pathways from suicidal thoughts to action. We propose that pain hypersensitivity—stemming from inflammation-induced central sensitization—could make individuals more vulnerable to chronic pain conditions, mood and anxiety disorders. This heightened sensitivity may also be linked to stronger stress responses, an overactive anti-reward system, difficulty in redirecting attention away from pain, and persistent suicidal thoughts. On the other hand, a dissociative tendency appears to be related to frequent disruptions in the integration of metacognitive awareness and bodily sensations. This could be due to excessive cortical inhibition of both physical and psychological pain, leading to a temporary reduction in pain perception and possibly more sudden, intense peaks in suicidal ideation.

Methods: A cross-sectional study has been conducted recruiting Italian University students (n>1,300). They completed an online survey with measures of Dissociation (DES-II), Interoceptive Awareness

(MAIA-2), Pain Vigilance/Awareness (PVAQ), Mental Pain (Psychache Scale), Physical and Psychological Pain (Visual Analogues), Alexithymia (TAS), Fearlessness about Death (ACSS-FAD), and ad hoc items from the C-SSRS for the screening of Death Wish (DW), Suicidal Ideation (SI), Suicidal Planning (SP), Non-Suicidal Self-Injury (NSSI) and Suicide Attempt (SA) history.

Results: Our hypothesis is the existence of two main clusters among participants, one hypersensitive to pain versus one with higher dissociative traits.

Discussion: Our framework aims to clarify inconsistencies in the literature on pain and suicide by proposing two subtypes of at-risk individuals: hypersensitive and dissociative. This approach integrates key concepts like neuroinflammation, dissociation, and metacognitive interoception. Additionally, it is important to determine whether individuals can shift between subtypes over time, or if they might exhibit a combination of traits or alternate between different modes of functioning.

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Assessing suicidal motivations: bridging research and clinical practice with a clinician-report tool

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Abstract

Introduction: Given the challenge of understanding and explaining suicide through to a universally valid casual law, MIS-A was developed to bridge the gap in risk assessment by shifting the focus from risk factors to the motivational contents that shape psychache, ideation and eventual suicidal solution. MIS-A has demonstrated strong associations between its motivational categories and key psychopathological and personality conditions recognized as suicide risk factors. It also distinguishes individuals at higher risk of acting on suicidal thoughts. The need to establish the construct validity of MIS-A and to facilitate risk assessment led to the development of a clinician-report instrument.

Methods: Item formulation followed two key principles: (1) comprehensiveness guided the integration of contemporary perspectives on the subjective experience of psychic pain beyond personality dimensions, capturing implicit processes that may play a role in the suicidal process, such as aloneness, mind-body dissociation, conscious and unconscious fantasies, and cognitive rigidity; (2) phenomenological adherence aimed to create 'experience-near' descriptors, minimizing theoretical distortion aligning closely with the patient's subjective experience, reducing clinician bias - mitigating idiosyncratic interpretations - and strengthening the link between interview content and motivational categories. Consequently, items undergo a Q-sort evaluation by experts in suicidal risk management, followed by a Q-factor analysis to validate the MIS-A categories.

Results: The evaluation process guides the selection of items for the clinician-report questionnaire. This instrument enables clinicians to rate, on a 7-point Likert scale, the extent to which each item reflects the patient's suicidal state of mind, supporting a rapid and effective assessment of the motivational sources of psychache and suicidal crisis. The clinician is required to use clinical expertise to identify the implicit subtexts and unconscious drivers of suicidality, not always aligned with explicit patient reports.

Discussion: The instrument enhances both risk assessment and clinical intervention, improving the validity and clinical relevance. In fact, it makes otherwise inaccessible psychological material more detectable and

treatable, and its flexibility allows it to be applied across various clinical settings, where rapid assessment and early intervention are crucial, making it an essential tool for clinicians working with individuals at different stages of suicidal ideation and behavior.

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Predicting Non-Suicidal Self-Injury and Suicidal Risk: The Role of Personality Impairment and Dysfunctional Personality Traits in a Sample of Consecutively Admitted Psychotherapy Patients

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Abstract

Introduction: Non-suicidal self-injury (NSSI) and suicidal behaviors represent a relevant public health issue that has several clinical implications. Evidence suggested that NSSI is a relevant risk factor for suicide, particularly among clinical participants, being a stronger predictor of future suicide attempts than a history of attempts. Moreover, NSSI may serve to cope, albeit maladaptively, with suicidal states, at least among participants showing suicidal ideation. Personality traits and personality disorders represent a risk factor for both NSSI and suicidal ideation and behaviors. The present study aims to deepen the relationship between suicidal ideation, suicidal behavior, NSSI and personality pathology according to the DSM-5 Alternative Model of Personality Disorders (AMPD).

Methods: The sample included 358 psychotherapy participants consecutively and voluntarily admitted to the Clinical Psychology Unit of San Raffaele Hospital. They were administered the Clinician-Administered Nonsuicidal Self-Injury Disorder Index (CANDI), the Columbia Suicide Severity Rating Scale (C-SSRS), the Personality Inventory for DSM–5 (PID-5) and the Structured Clinical Interview for the DSM-5 Alternative Model for Personality Disorder Module I (AMPD Module I).

Results: Correlation analyses showed that CANDI Global Severity Index and C-SSRS Suicidal Ideation and Suicidal Behavior Index were significantly and moderately associated suggesting that NSSI and suicidal ideation and behaviors represent related but dissociable constructs. Regression analyses showed that impairment in personality identity domain represents a significant predictor of both CANDI Global Severity Index score and C-SSRS Suicidal Ideation and Suicidal Behavior Index. Moreover, CANDI Global Severity Index and C-SSRS Suicidal Ideation and Suicidal Behavior Index presented significant difference in the PID-5 dysfunctional personality traits profile.

Discussion: These findings suggested the clinical usefulness of the DSM-5 AMPD in understanding NSSI and suicidal ideation and behavior. NSSI and Suicidal Ideation and Behavior shared the impairment in the identity domain of personality while they showed a partially different PID-5 traits profile. In

conclusion, these data suggested those personological features should be targeted in the treatment of NNSI and suicidal ideation and behavior.

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PSYCHOLOGICAL AND THERAPEUTIC PROCESSES UNDERLYING MENTAL HEALTH

Proposers

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Discussant

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Abstract

This symposium encompasses four empirical contributions that explore mental health and well-being through the lenses of different psychological and therapeutic mechanisms, such as mindfulness, psychological flexibility, defense mechanisms and contemplative practices, with a focus on both clinical and non-clinical populations. The studies employ diverse methodologies to shed light on key mechanisms underlying mental health and pathways to better resilience.

The first contribution compares the outcomes of two contemplative group practices—mindfulness meditation and qigong—among university students. Using validated psychological instruments, changes in mindfulness, self-compassion, stress, anxiety, depression, sleep quality, and resilience will be evaluated before and after the interventions. This research could improve the understanding of how various contemplative practices may benefit the mental well-being of students.

The second presentation uses network analysis to investigate the structure of defense mechanisms in individuals with depression. The results revealed a central role for the mature defense of self-assertion, which is positively connected to other adaptive defenses and negatively linked to immature ones. Among the latter, passive aggression emerges as the most interconnected, helping to understand how specific defense mechanisms cluster and potentially influence depressive symptomatology.

The third contribution introduces a multimodal pilot study exploring the psychological and physiological effects of an MBSR (Mindfulness-Based Stress Reduction) program in infertile couples. The study combines self-report data with physiological measures to assess changes in emotional regulation and

relational attunement. Preliminary results support the feasibility of this integrative approach and suggest beneficial effects of mindfulness-based interventions in coping with infertility-related stress.

Finally, the fourth presentation examines the interplay between self-compassion and psychological inflexibility in predicting anxiety symptoms. The findings showed that, after accounting for confounding variables, self-compassion significantly predicted lower anxiety levels, while psychological inflexibility was associated to higher anxiety. Notably, the interaction between these two processes was also significant and negative. These findings offer relevant insights into the psychological processes underlying anxiety symptoms and their severity, underscoring the potential relevance of interventions that concurrently foster self-compassion and reduce psychological inflexibility.

Together, these studies underscore the importance of understanding and targeting core, interrelated psychological processes as a fundamental pathway to mental health.

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Contemplative practices and psychological well-being in university students: a comparative study of qigong and mindfulness group training

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Abstract

Contemplative practices such as mindfulness and qigong are gaining increasing recognition as interventions to support psychological well-being among university students. Despite shared foundations in attention regulation and body awareness, these approaches differ in modality and emphasis. Comparative data on their specific effects are still limited.

This study aims to compare the psychological outcomes of two contemplative group interventions—mindfulness meditation and qigong—delivered to university students within a structured laboratory setting.

Two independent cohorts of university students participated in either a qigong-based or a mindfulness-based training program. Both interventions were offered in group format and consisted of weekly sessions over several weeks. Psychological outcomes were assessed pre- and post-intervention using validated self-report measures: Five Facet Mindfulness Questionnaire (FFMQ), Mindful Attention Awareness Scale (MAAS), Perceived Stress Scale (PSS), State-Trait Anxiety Inventory (STAI), Beck Depression Inventory-II (BDI-II), Pittsburgh Sleep Quality Index (PSQI), Self-Compassion Scale (SCS), and the Resilience Scale (RS). A total of 388 participants completed both assessments. Initial findings will be shown during presentation. This research could enhance the comprehension of how various contemplative practices may benefit the mental well-being of students. Initial results could guide the creation of effective well-being programs in educational environments and provide understanding of both the distinctive and common processes involved in qigong and mindfulness practices.

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Defense mechanisms in individuals with depression: a network analysis

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Abstract

Aims: Research has largely demonstrated the impact of defense mechanisms in psychopathology, including depression. However, little is known on the network structure of defense mechanisms in individual showing severe depressive symptoms. The present study aimed at exploring the most central defenses and relevant connections in individuals reporting high level of depression using the Network Analysis methodology.

Methods: A sample of 655 individuals with severe depressive symptoms were extracted from a larger community sample recruited during the first wave of the COVID-2019 Pandemic in Italy. Depressive symptoms were assessed using the Symptom Checklist-90 while defense mechanisms were assessed using the Defense Mechanisms Rating Scales – Self Report – 30, a novel questionnaire based on the gold standard DMRS theory.

Results: Results showed a main component in the network graph featuring 16 defense mechanisms. The most central node in the network was the mature defense *Self-assertion*, which displayed positive and negative connections with an array of mature and immature defenses, respectively. Among immature defenses, *passive aggression* was the most connected node.

Discussions: Defense mechanisms can be conceptualized as a complex system in which several components are interconnected but not interchangeable in their role in the network. Findings suggested that central defenses as self-assertion and passive aggression could be the key target of therapeutic intervention with individual with severe depressive and anxiety symptoms.

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Thriving through connections: a multimodal pilot study on psychological and physiological effects of mindfulness (MBSR) in infertile couples

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Abstract

Infertility is associated with significant psychological burden, including anxiety, depression, and perceived loss of control. Mindfulness-Based Stress Reduction (MBSR) programs have shown promise in improving mental health and relational functioning, yet little is known about their effects in couples undergoing medically assisted reproduction. This pilot study explores the psychological and psychophysiological outcomes of an 8-week MBSR intervention in infertile couples.

A pre-post design was implemented with a current sample of 12 participants (6 couples) starting an assisted reproductive treatment (IVF). Psychological outcomes were assessed pre-post intervention using a comprehensive battery of self-report questionnaires: Perceived Stress Scale (PSS), State-Trait Anxiety Inventory (STAI), SF-36 Health Survey, Multidimensional Assessment of Interoceptive Awareness (MAIA 2.0), Pittsburgh Sleep Quality Index (PSQI), Mindful Attention Awareness Scale (MAAS), Profile of Mood States (POMS), Fertility Quality of Life (FertiQoL), Brief Defeat Scale (BDS), and Beck Depression Inventory-II (BDI-II). During the intervention, physiological synchrony within couples and between participants and the trainer was evaluated using photoplethysmographic (PPG) signals and analyzed via Cross Recurrence Quantification Analysis (CRQA) on systolic-to-systolic interval time series.

Data analysis is currently ongoing. Preliminary psychological findings show high levels of perceived stress, poor sleep quality, and mild depressive symptoms across the sample. These early trends suggest potential areas of improvement and highlight the clinical relevance of targeting stress and emotional dysregulation in infertile couples. This study introduces a multimodal assessment strategy combining self-reported and physiological indicators to explore the effects of mindfulness in couples coping with

infertility. Preliminary data confirm the feasibility of this approach and support its potential for informing future clinical practice and research.

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The interactive effects of psychological inflexibility and self-compassion in predicting anxiety symptoms

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Abstract

Psychological inflexibility and self-compassion are both recognized as significant predictors of psychological health across community and clinical populations. This study examined the predictive roles of these two psychological processes in relation to anxiety symptoms within a community sample and explored their potential interactive effects.

Participants (N = 289) completed an online survey including the following self-report measures: the Depression Anxiety and Stress Scale-21 (DASS-21), the Multidimensional Psychological Flexibility Inventory (MPFI), and the Self-Compassion Scale – Short Form (SCS-SF). Stepwise univariate and multiple linear regression analyses were conducted using Jamovi statistical software. Univariate analyses, controlling for sex and age, revealed that higher self-compassion was associated with lower levels of anxiety, while greater psychological inflexibility was associated with higher anxiety levels. In the multiple regression model, psychological inflexibility emerged as a stronger predictor of anxiety than self-compassion. Notably, a significant interaction effect was found: self-compassion buffered the impact of psychological inflexibility on anxiety symptoms, suggesting that individuals with higher self-compassion experience fewer anxiety symptoms even when psychological inflexibility is high. A sensitivity analysis conducted on a subsample of participants with mild to severe anxiety yielded consistent results.

Overall, these findings provide insight into the psychological mechanisms underlying anxiety and highlight the potential value of interventions that both reduce psychological inflexibility and promote self-compassion.

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EFFECTIVENESS AND MECHANISMS OF CHANGE IN THE UNIVERSITY INDIVIDUAL COUNSELLING

Proposers

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[2] SInAPSi Center, University of Naples Federico II, Naples, Italy

Discussant

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Abstract

According to recent literature, university students present a high-risk for psychological distress, which encompasses symptoms ranging from normal fluctuations in mood to the emergence of a serious mental illness. Consequently, the demand for psychological health intervention of this population is increasing, especially for university counselling. On a structural level, it is important to consider that access to the counselling service may differ from one university to the other. For example, students may access directly, and therefore the counselling represents a frontline for students' mental health that could also foster a more structured demand of psychological intervention. Differently, there may be an initial assessment that evaluates the suitability for the counselling intervention, to avoid any iatrogenic risk.

The utility and efficacy of these services have been proven and become very relevant for both clinical and research perspectives; nevertheless, it is important to also evaluate which mechanisms of change intervene for increasing the counselling effectiveness. This may inform about the clinical relevance of the improvement and may advise for which type of students the intervention is beneficial.

Therefore, this panel aims at discussing the effectiveness and mechanisms of change of university counselling in four Italian Universities. The first contribution by Buratta and colleagues reports a study that aimed at assessing the effectiveness of the FOCUS-Psi Psychological Counselling Service at the University of Perugia in terms of symptoms and psychological wellbeing. Marchetti et al. present data

from students enrolled at the counselling service at University of Chieti with a particular focus on the students' psychological distress. Fortunato and colleagues discuss a study which also focuses on the role of epistemic trust and personality traits of students who drop out. Finally, Esposito and colleagues report a study that aims to evaluate the effectiveness of individual counselling provided by the SInAPSi Centre of University of Naples Federico II and to investigate the role of mechanisms of change, such as emotion regulation and mentalization.

The panel aims at discussing similarities and differences among such university counselling services considering the emerging challenges of the academic population.

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Assessing the effectiveness of University Counseling Services: A longitudinal study on changes in psychological well-being and personality functioning among university students attending the FOCUS-Psi

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Abstract

Introduction: In recent years, university students have increasingly encountered significant mental health challenges, characterized by elevated levels of psychological distress and symptoms. In response to these issues, several universities have implemented counselling services designed to enhance the mental health and psychological well-being of this population. However, their outcomes remains insufficiently explored. This longitudinal study, conducted at three distinct time points (pre-intervention-T0, post-intervention-T1, and 6-month follow-up-T2), aims to assess the effectiveness of the FOCUS-Psi Psychological Counselling Service at the University of Perugia.

Methods: A sample of 200 students (76% female; M_{age} = 22.67) was evaluated using a comprehensive set of psychological instruments, including the PAI (Personality Assessment Inventory), SCL-90R (Symptom Checklist-Revised), and the PWB (Psychological Well-Being) scales.

Results: Findings revealed that participants' average profiles exhibited significant problematic tendencies (PAI > 60), particularly in the symptomatic domains of depression, anxiety, as well as borderline and schizophrenic traits. Additionally, Repeated ANOVAs showed a significant reduction in overall symptomatology (SCL-GSI) at T1. The PAI assessment revealed a decline in depressive and anxious symptoms at T2, and a reduction in borderline and schizophrenic scores, indicating a shift towards more stable personality functioning. Notable improvements were also observed across nearly all dimensions of PWB, reflecting positive development in areas such as personal growth, purpose in life, autonomy, self-acceptance, and environmental mastery. Finally, a marked decrease in the need for treatment (PAI) was observed, suggesting that, six months following the intervention, participants reported a reduced need for psychological support, likely attributable to the enhancement of internal resources.

Discussion: University counselling services can be effective in alleviating psychological distress but also in promoting improvements in global psychological functioning and personality traits. The results further emphasize the critical importance of utilizing a comprehensive and multidimensional assessment

approach, which enables the evaluation of not only psychological symptomatology but also broader psychological functioning to implement more targeted interventions and obtain a more thorough and precise understanding of their effectiveness.

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Follow-up data of the M-SCPA project at G. d'Annunzio University of Chieti-Pescara: A survey on psychological counseling with university students

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Abstract

Background: The M-SCPA (Monitoring of University Psychological Counseling Services) is a national initiative designed to 1) monitor psychological and academic difficulties among university students and 2) assess the effectiveness of a brief psychological intervention.

Method: Eligible participants were university students over 18 years old who voluntarily enrolled in the study, provided informed consent, and completed at least 3 (up to a maximum of 10) psychological counseling sessions. The research adopted a naturalistic, observational, longitudinal design, with assessments conducted at baseline (T0), post-intervention (T1), and follow-up (between 2 and 6 months after the intervention, T2). Students were evaluated using an ad-hoc questionnaire (for sociodemographic data), the Clinical Outcomes in Routine Evaluation – Outcome Measure (CORE-OM) for psychological distress, the SInAPSi Academic Engagement Scale (SAES), and an ad-hoc questionnaire on client satisfaction.

Results: This presentation reports data from students enrolled at the University of Chieti, collected between January 2024 and March 2025. An update on the preliminary data described at the last Section Congress will be presented, with a particular focus on follow-up data on levels of distress, risk of harm to self and others, and academic engagement.

Discussion: Both between-group and within-subject analyses were conducted to 1) compare the psychological and academic difficulties reported at baseline and 2) assess the effectiveness of psychological counseling in improving these areas immediately after the intervention (T1) and at follow-up (T2) relative to baseline (T0). The study contributes valuable data for identifying quantitative indicators of the impact of psychological counseling services in Italian universities.

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Supporting Student Mental Health: The Effectiveness of University Counseling Services

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Abstract

Introduction: University students face significant mental health challenges, including anxiety and depression, exacerbated by academic pressures and developmental transitions. Counseling services, particularly brief interventions like psychodynamic counseling, have emerged as effective tools to address these issues.

Methods: This study presents two main aims. The first aim is to evaluate the effectiveness of university counseling interventions using the CORE-OM at four measurement points: intake, pre-intervention, post-intervention, and follow-up. The second aim is to conduct a profile analysis of students who drop out of the counseling intervention, focusing on personality traits, assessed with the PID-5-BF and epistemic trust assessed with the ETMCQ.

Results: Regarding the first aim, the results revealed significant improvements in the CORE-OM total score and its subscales after the intervention, with benefits maintained at follow-up. In particular, counseling reduced general distress, symptomatic issues, and functional difficulties while simultaneously improving subjective well-being. The outcomes of counseling were consistent across different counselors, suggesting that standardized training and supervision contributed to the quality of the intervention. Regarding the second aim, the analyses showed that those who dropped out had higher scores in all maladaptive personality traits as well as in epistemic mistrust and credulity.

Discussion: This study highlights the crucial role of university counseling services in supporting students' mental health, demonstrating their ability to promote lasting psychological well-being. Furthermore, they suggest that understanding and addressing difficulties related to maladaptive personality traits and epistemic mistrust could be key to enhancing adherence to and the effectiveness of the intervention.

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The effectiveness of individual university counselling: the role of mentalization and emotion regulation strategies

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Abstract

In the last few years, the number of students seeking help at university counselling services highly increased and university counselling proved to be very effective in reducing student's severe levels of psychological distress.

The present study aims to evaluate the effectiveness of individual psychodynamic counselling provided by the SInAPSi Centre of University of Naples Federico II. The following questionnaires were administered in the pre-test and post-test: CORE-OM, for the evaluation of students' psychological distress and functioning; SAES, for the evaluation of academic engagement; RFQ, for the evaluation of reflective functioning; and ERQ, for the evaluation of emotion regulation strategies. Descriptive and inferential analyses, such as regressions, were performed for evaluating outcomes and mechanisms of change.

The study involved around 250 students, who participated in the 4-session counselling. Descriptive analysis showed that over 90% of students reported clinical levels of distress in the pre-test and, considering severity levels, showed that approximately 70% of students reported moderated to severe levels of distress. Nevertheless, students showed also psychological and academic resources in pre-test. Results indicated a significant improvement in all CORE-OM dimensions and in most of the SAES dimensions. Categorial analysis of CORE-OM revealed that about 50% of students reliably and/or clinically improved from pre-test to post-test. Multinomial logistic regressions were performed to evaluate the role of mechanisms of change in the outcomes. Specifically, higher levels of cognitive reappraisal in pre-test (β= -.326, p = .015, OR = .722) and the improvement of certainty of mental states (β= -0.631, p = 0.048, OR = 0.532) predicted an increasing probability to belong to the non-clinical category in post-test. Moreover, an increasing level of suppression (β= 0.326, p = 0.033, OR = 1.39) predicted an increasing probability to belong to the clinical category in post-test. On the one hand, findings confirmed the effectiveness of individual counselling in decreasing psychological distress and

improving academic engagement; on the other, results highlighted the role of emotion regulation and mentalization in the effectiveness of counselling.

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MIND-BODY INTERVENTIONS AND PERSONALIZED MEDICINE: INTEGRATED APPROACHES TO WELL-BEING

Proposer

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Discussant

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Abstract

This symposium explores the integration of mindfulness-based and mind-body interventions in psychological and physiological contexts, emphasizing their role in promoting well-being and emotional regulation. Contributions focus on group-based, app-based, and virtual reality approaches, as well as physiological responses linked to these practices.

Dr. Francesca Grosso presents a feasibility study targeting infertile couples, combining an eight-week Mindfulness-Based Stress Reduction (MBSR) program with an open-label placebo (OLP) protocol administered without deception. The study investigates the integration of mindfulness and OLP to enhance emotional well-being and relational adjustment in a sensitive clinical context. Preliminary findings suggest that dispositional traits and adherence patterns modulate intervention outcomes, underlining the relevance of personalization in mind-body approaches.

Dr. Francesco Oliva presents data on Internet-based Mindfulness-Based Interventions (e-MBIs) and their effects on heart rate variability (HRV) in patients with prostate and breast cancer. Using the e-MBI module of the NEVERMIND App, the study compares HRV data from early and advanced sessions, revealing that longer sessions and specific practice types significantly impact HRV. These findings offer insights into the physiological mechanisms of mindfulness, particularly in oncological care.

Dr. Francesca Malandrone investigates the effects of e-MBIs on anxiety, depression, and stress in cancer patients. The results highlight that improvements are associated with practice variety and that

dispositional mindfulness and self-compassion enhance the effectiveness of interventions, leading to meaningful mental health benefits.

Dr. Francesca Mura presents an innovative VR-based intervention combining HRV biofeedback (HRV-BF) and immersive gameplay. The protocol aims to improve autonomic balance by reducing sympathetic reactivity and increasing parasympathetic activity. The VR experience includes a time-flow mechanism in which time progresses only with user movement, targeting the recalibration of time perception. Given that anxiety and depression are linked to distorted temporal awareness, the study explores whether enhancing temporal sensitivity in VR can reduce stress and improve mood. Together, these presentations offer a comprehensive look at the psychological and physiological effects of mind-body interventions across clinical, digital, and immersive formats, underscoring their potential to support emotional resilience and well-being in diverse populations.

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Mindfulness and placebo in the treatment of infertility: a feasibility study

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Abstract

Background: Infertility can cause significant psychological distress, including anxiety and depression, impacting couples' well-being (Boivin et al., 2011). Mindfulness-based interventions (MBIs) and open-label placebo (OLP) treatments have been shown to reduce stress and improve emotional regulation (Kuyken et al., 2016; Hróbjartsson & Hansen, 2019). This study evaluates the feasibility and acceptability of combining mindfulness and OLP to enhance psychological well-being in couples facing infertility, exploring participants' perceptions and preliminary signs of effectiveness in reducing infertility-related distress.

Methods: 4 couples completed assessments at baseline and post-intervention to measure psychological well-being and infertility-related distress. The intervention combined mindfulness and OLP and was administered over eight weeks. Adherence to the placebo protocol and attendance were monitored. Qualitative data was collected through telephone interviews and analyzed thematically to explore participants' perceptions of the intervention and its impact.

Results: Adherence to the placebo protocol varied, with some couples consistently participating, while others experienced interruptions due to personal, work-related, or treatment factors. Overall, couples reported positive perceptions of the intervention, noting benefits in emotional awareness and relaxation. Preliminary signs of effectiveness were observed, with some participants experiencing reduced distress related to infertility. The thematic analysis revealed several key themes: emotional regulation and coping; hope and expectation, support and connection, and perceived effectiveness.

Conclusions: The combined mindfulness and OLP intervention appear feasible and acceptable for couples facing infertility, with early signs suggesting it may reduce infertility-related distress. Despite challenges with adherence, the intervention holds promise for enhancing psychological well-being. Further research is needed to refine the intervention and assess its effectiveness in larger, more diverse samples.

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Breathe In, Stress Out: How e-Mindfulness shapes HRV in Cancer Patients

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Abstract

Introduction: Mindfulness-Based Interventions (MBIs), even if administered by apps, proved to be effective in improving Heart Rate Variability (HRV) and related stress levels in patient with cancer. The present study focused on the effect of Internet-based Mindfulness-Based Interventions (e-MBIs) on HRV of patients affected by different type of cancer.

Aims: to compare the HRV recorded in the first minute (early stage) to that detected in the following stage of the practice (advanced stage) and then evaluate the impact of type of practice, and the duration of practice on the revealed changes of HRV from the early and advanced stage of practice.

Methods: Heart rate of ninety-three cancer patients (with different type of cancer), participating to the NEVERMIND European research project, was recorded trough heart rate sensors during practicing mindfulness by the e-BMI module of the NEVERMIND App. RR intervals raw data were managed and analysed by using RHRV package in R. Main time-domain, frequency-domain, and non-linear analyses were performed for all the 1,044 practice sessions and then the indices and parameters of two target periods (early and advanced stages) were compared trough permutation exact tests. Finally, the impact of the type and the length of practice session on the variation of the most important HRV indices (LF/HF ratio and Poincaré plot was evaluated by mixed linear models.

Results: All HRV indices showed significant changes from the early to the advanced stage of the practice session (all $p < .001$). The change in LF/HF ratio ($F=45.03$, $p<.001$) was significantly influenced by session length ($F=16.54$, $p<.001$), but not by the type of practice ($F=0.49$, $p=0.973$. In contrast, changes in the Poincaré SD1/SD2 ratio were significantly affected by both session length ($F=10.83$, $p=0.001$)

and practice type (F=2.11, p=0.002), suggesting that only certain types of practices may influence heart rate variability.

Conclusions: Longer e-MBI sessions appear to have a greater impact on HRV in patients with cancer. Future studies should investigate whether certain types of practices are more effective than others in optimizing HRV outcomes.

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Exploring the effects of variety and amount of mindfulness practices on depression, anxiety, and stress symptoms: a longitudinal study on a mental health-focused eHealth system for breast and prostate cancer patients

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Abstract

Introduction: Cancer patients often face depression and anxiety, and Mindfulness-Based Interventions (MBIs), including internet-based versions, can effectively reduce these symptoms and improve their quality of life. This study aims to investigate the impact of Internet-based MBIs (e-MBIs) on anxiety, depression, and stress symptoms in prostate and breast cancer patients.

Objectives: The primary aims are to assess the association between the amount and variety of e-MBI practices and symptom reduction. Secondly, the study aims to examine how baseline information such as sociodemographic characteristics and dispositional mindfulness (DM) and dispositional self-compassion (DSC) correlate with both app usage and symptom reduction.

Methods: Participants included 107 cancer patients (68 women with breast cancer and 38 men with prostate cancer) enrolled in a hospital setting. They were assigned to the intervention group of the NEVERMIND project, using the e-BMI module via the NEVERMIND App. A longitudinal design assessed Pearson's correlation to analyse the relationship between the amount and duration of e-MBI practices. Linear regression gauged the dose-response effect, evaluating DM and DSC impact on depression, anxiety, and stress. Negative binomial regression studied sociodemographic factors' influence on e-MBI practice amount.

Results: The participants with more diverse and sustained mindfulness practices (TP=1) experienced significant reductions in depression, anxiety, and stress. A high correlation (0.94) between e-MBI practices and symptom reduction is also highlighted. Male, married, and highly educated patients were more likely to engage in mindfulness. Even if DM and DSC did not impact the amount or variety of practices correlated, they were correlated with symptom reduction, showing that higher levels were associated with significant reductions in depression, anxiety, and stress.

Conclusions: While more e-MBI practice is linked to reduced anxiety, depression, and stress, the study emphasises the crucial role of variety of practice over amount. DM and DSC are key in shaping intervention effectiveness and may act as protectors against psychological distress. Using app log data, our research provides a unique perspective on e-MBI impact, contributing to cancer care understanding and guiding future studies.

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Innovative Virtual Reality Interventions for Mood Disorders: A Randomized Controlled Trial of Heart Rate Variability Biofeedback and Time Perception Recalibration

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Abstract

Heart rate variability biofeedback (HRV-BF) is a self-regulation technique that was shown to effectively improve autonomic nervous system balance by reducing sympathetic over-reactivity and enhancing parasympathetic activity. Enhancing sympatho-vagal balance, in turn, has been shown to improve symptoms of stress, anxiety, and depression. Moreover, virtual reality (VR) is a powerful and promising technology with the capability to provide a naturalistic and ecological environment. Therefore, a newly designed VR-based HRV-BF protocol was developed to assess the effectiveness of such intervention on mood symptoms. Additionally, conditions such as anxiety and depression are associated with time perception alterations, and it has never been assessed whether increasing time awareness could effectively improve mood symptoms. Hence, a second intervention based on a VR-based game featuring movement-contingent time flow, where time progresses only when the player moves, was also designed to investigate whether it may recalibrate one's perception of time and effectively enhance psychological wellbeing. For the purpose of this study, a randomized controlled trial was designed involving 30 individuals with moderate to severe depressive symptoms, assessed by means of the Patient Health Questionnaire 9. Each participant was assigned to one out of three groups (i.e., HRV-BF, time

recalibration and control), and asked to attend 4 weekly sessions. The VR scenario was administered through a head-mounted display, and cardiac activity was recorded throughout the entire session by means of a wearable device. The findings from this study are highly relevant as they contribute to the growing body of evidence supporting the use of innovative, non-pharmacological interventions for improving mental health. By integrating HRV-BF and time perception recalibration within immersive virtual reality environments, this study explores novel ways to target underlying physiological and cognitive mechanisms associated with mood disorders.

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Thursday, 18th September 2025

THEMATIC SESSION

"ADDICTIVE BEHAVIORS: INNOVATIVE TRENDS IN RESEARCH AND CLINICAL ASSESSMENT"

Chair:

Patrizia Velotti

Sapienza University of Rome

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Problematic TikTok Use as potential Behavioural Addiction: integrated findings from a systematic review and qualitative research

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Abstract

Introduction: The rapid rise of TikTok has raised concerns about its potential to foster problematic use behaviours akin to behavioural addiction. This study presents findings from two complementary research efforts: a systematic review of existing literature on its diagnostic and therapeutic implications in clinical psychology and a qualitative exploration regarding experiences related to the compulsive use of TikTok.

Methods: The systematic review followed PRISMA guidelines, analyzing 21 eligible studies from 294 screened articles, assessing factors such as salience, craving, withdrawal symptoms, and psychological treatment approaches for PTU. In-depth interviews with 56 participants (M= 23, W= 33) were used in the qualitative study to explore the psychological factors driving Problematic TikTok Use (PTU), its consequences, and potential coping strategies.

Results: The review confirmed that PTU shares features with other behavioural addictions, including compulsive engagement, craving, and difficulty in self-regulation. Psychological factors such as impulsivity, anxiety, and depression were commonly associated with PTU. Furthermore, TikTok's algorithm-driven content personalization was identified as a key mechanism reinforcing compulsive use. The qualitative study identified excessive screen time, emotional attachment, and cognitive preoccupation as core features of PTU. Women, particularly those using TikTok for more than six hours daily, exhibited stronger emotional and cognitive ties. Despite its addictive potential, some participants acknowledged TikTok's benefits, such as cultural dissemination and social connectivity. However, negative impacts included procrastination, attention deficits, and exposure to harmful content.

Discussion: The psychological consequences of excessive use range from cognitive impairments to mood disturbances. Individual vulnerability factors, including personality traits and self-regulation difficulties, play a critical role in determining susceptibility to problematic use. Gender differences also emerge, with women displaying higher emotional attachment and prolonged usage patterns. The interplay between

social connectivity and reward-seeking behaviours suggests the need for targeted interventions and underscore the urgency of integrating digital well-being frameworks into public health strategies.

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Narrative identity in addiction disorders: preliminary multi-dimensional analysis of narrative coherence and episodic memory

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Abstract

Narrative identity enables individuals to weave their personal experiences into a coherent and significant life narrative. Addictive disorders seem to correlate with a disrupted self-concept, which is evident in disordered and problematic self-narratives. In fact, a previous study has showed that the narrative of the desire phase is less coherent compared to other phases of addiction suggesting the presence of dissociative phenomena as emotional regulation strategies.

Considering that a limitation of this previous study was the lack of a control group, the present study aims to fill this gap by comparing autobiographical narratives in persons with addiction and a healthy control group.

The interview consisted of 25 questions to elicit the autobiographic narrative about past, present and future, desire, loss of control, risk taking and episodic memory. It was administered to three groups of participants: gamblers and substance users (n= 35), smokers (n= 24), and healthy controls (n= 32), range age 18- 65 years, sample recruitment has not yet been completed. Narrative coherence was assessed using Narrative Coherence coding scheme (NCCs, Reese et al., 2011) consisting of three subscales: narrative context, chronological organization, and narrative theme, where scores were rated on a Likert scale from 0 to 3. Preliminary statistical analysis is performed on 15 gamblers and substance users, 15 smokers, and 15 healthy controls.

Preliminary findings showed significant differences between groups on narrative coherence and episodic memory in desire, risk taking and self-projection into the future areas.

If confirmed, these findings would have important clinical implications as the identification of critical aspects in specific themes during self-narration could direct the focus of assessments and interventions.

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Food Addiction and Personality Traits: the role of emotional dysregulation and self-compassion in a moderated mediation model

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Abstract

Background: Food Addiction (FA) has been considered as a subtype of obesity or an eating disorder (ED), because its higher prevalence in samples of obese and eating disorders than other samples. Furthermore, FA is commonly comorbid with mental health conditions characterized by emotional dysregulation, such as depression and anxiety. Supporting the link between emotion dysregulation and FA, it has been suggested that the number of FA symptoms is predicted by several areas of emotional dysregulation. Several studies have reported that individuals with impulsive personality are highly vulnerable to FA. Moreover FA and emotion dysregulation are negatively associated with self-compassion, which could play a protective role againts psychopathology. Therefore, we aimed to evaluate whether impulse dimension of emotional dysregulation mediate the association between dysfunctional personality traits and FA, under the moderation effect of self-compassion, controlling for general and eating psychopathology.

Methods: We recruited from general population a sample of 445 Italian adults (259 women 58.2%; men 186%) with an average age of 33.33 years (sd:15.51, range 18-72). All the participants were administered a checklist assessing socio-demographic and clinical variables, and the Italian version following questionnaire: Modified Yale Food Addiction Scale (mYFAS), Eating Disorder Examination Questionnaire (EDE-Q), Difficulties in Emotion Regulation Strategies (DERS), Brief Symptom Checklist (BSCL), Self-Compassion Scale (SCS), and Personality Inventory for DSM-5-Brief Version Adult (PID-5-BF). All statistical analyses were performed with SPSS 25.0. First, we calculated the asymmetry and kurtosis indices, then we performed Spearman's Rho correlations. For the analysis we used the PROCESS macro (model no. 7).

Results: The moderated mediation model indicated that DERS impulse partly mediated the relationship between dysfunctional personality traits and FA. In turn, a moderation effect was shown by SCS on the relationship between dysfunctional personality traits and DERS impulse.

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Conclusion: The study shows that food addiction is associated with dysfunctional personality traits, and that this relationship is partially mediated by emotion dysregulation when low levels of self-compassion are present.

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Behavioral and substance dependencies: the role of evolutionary-relational and psychological domains and metacognitions in clinical and non-clinical Italian samples

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Abstract

Behavioral and substance dependencies are intricate phenomena influenced by various psychological dimensions. Previous studies suggest that these phenomena can be better understood through a multifocal and dimensional perspective, which allows for the exploration of common evolutionary-relational and psychodynamic processes underlying the diverse clinical manifestations of pathological dependence. Several psychological domains have been identified as key determinants in the development and maintenance of pathological addiction, including emotional dysregulation, separation anxiety, dissociation, impulse control difficulties, and the presence of obsessive thoughts.

In the context of addiction, metacognitive processes—defined as the awareness and understanding of one's own thought processes—can significantly shape individuals' perceptions of their addiction, their ability to reflect on cravings, and their strategies for managing triggers. Moreover, inadequate metacognitive awareness can exacerbate emotional dysregulation and obsessive thoughts, complicating impulse control and heightening separation anxiety.

We hypothesize that evolutionary-relational and psychological domains (such as emotional dysregulation, separation anxiety, childhood trauma, dissociation, impulse control difficulties, compulsive behaviors, and obsessive thoughts) may influence individuals' metacognitive processes, which in turn could promote or sustain addictive behaviors. Therefore, this study aims to explore the effects of various evolutionary-relational and psychological domains on different behavioral (gambling and internet use) and substance (psychoactive substances and alcohol) dependencies, while evaluating the mediating effects of distinct metacognitive factors (including positive and negative metacognitions, cognitive confidence, cognitive self-consciousness, and the need to control thoughts).

A clinical sample of 31 individuals (mean age=41.48; SD=±9.65) was compared to a non-clinical sample of 101 individuals (mean age=35.05; SD=±14.9). In the clinical group, the evolutionary-relational and psychological domains had a more pronounced impact on metacognitive processes than in the non-clinical group. Specifically, positive metacognitions were found to directly enhance engagement in various

dependencies and mediate the relationship between certain evolutionary-relational and psychological domains (such as separation anxiety, emotional dysregulation, dissociation, and impulse control difficulties) and both behavioral and substance dependencies. The clinical and research implications of these findings will be discussed from a psychodynamic perspective.

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The necessary conditions for problematic alcohol use: A longitudinal analysis of personality traits

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Abstract

Introduction: Personality has been linked to alcohol use both longitudinally and cross-sectionally. While high extraversion and low agreeableness are risk factors for consumption frequency, high neuroticism and low conscientiousness are specifically related to problematic use. These relationships have been mostly studied in the sufficient causality domain, and little is known about these relationships in the necessary causality domain. Briefly, while sufficient causality states "if X, then Y", and it is typically operationalized through probabilistic models "if X, then probably Y", necessity causality states "if not X, then not Y", and it is typically operationalized through a deterministic model "if not X, then always no Y". Identifying that a variable is a necessary cause for an outcome, can help identify those who are at potential risk for the outcome (i.e., those who have the necessary cause), and those who are virtually immune (i.e., those without the necessary cause). The aim of the study was to test personality traits in childhood, adolescence, and emerging adulthood as possible necessary conditions for problematic alcohol use in adulthood.

Methods: This study is part of the "Flemish Study on Parenting, Personality, and Development", which is a longitudinal study that encompasses 23-years across four time points: childhood (T1), adolescence (T2), emerging adulthood (T3), and adulthood (T4). The sample was composed of Flemish-speaking Belgian citizens, and the total number slightly varied through waves (≈ 300, 60% females). We applied Necessary Condition Analysis to test if and which personality traits are necessary conditions for problematic alcohol use.

Results: Conscientiousness at T1, T2, and T3 was a necessary condition for problematic alcohol use in T4, such that lower levels of Conscientiousness were necessary for problematic alcohol use in adulthood. In detail, lower levels of conscientiousness in childhood, adolescence, and emerging adulthood are necessary to be at potential risk for problematic alcohol use in adulthood, and high levels of conscientiousness lead to virtual immunity.

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Discussion: In conclusion, it is possible to identify already in childhood personality characteristics that may help distinguish individuals at risk of developing problematic alcohol use in adulthood from those who are not.

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Adult ADHD in patients with substance abuse

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Abstract

Background and aims: Attention-deficit/hyperactivity disorder (ADHD) is a clinical condition that is a challenge not only for developmental psychopathology but also for that of adulthood, in which symptoms may change expression, and the syndrome may be in comorbidity with other pathologies. ADHD in developmental stages has often been associated with an increased risk of developing different forms of addiction, but the specific nature of this relationship still remains unclear, especially with regard to how the sub-dimensions of ADHD - cognitive attentional deficits, impulsivity, hyperactivity - are related to the different types of addiction evidenced in adulthood. This study aims to analyze the links between ADHD, the capacity for self-reflection and insight and various forms of substance dependence (alcohol, drugs) in a group of adults treated in psychiatric services.

Method: The sample consists of a group of 60 adult participants distinguished by age level and type of addiction, recruited from specialized services. Standardized instruments have been administered for the assessment of ADHD such as the DIVA scale, specific for the assessment of ADHD in adults, and for the cognitive components the computerized test Attention and Concentration (level 3 for adults), for the assessment of seven basic cognitive aspects: 1. Reaction time; 2. Speed and accuracy in multiple choice tasks; 3. Selectivity and concentration; 4. Attention span; 5. Divided attention; 6. Colour-word interference; 7. Attentional shifting.
The Self-Reflection and Insight Scale (SRIS) will be used to assess self-reflection and insight following a metacognitive perspective. Finally, a specific scale is used to assess the degree of different forms of addiction (Computerized Adaptive Test for Substance Use Disorder expanded CAT-SUD-E).

Data analysis: A correlational methodology is used to differentially analyze the relationship between ADHD and the different types and degree of addiction, using regression models and multidimensional analysis to identify distinctive patterns among ADHD subtypes and deficit functions.

Conclusions: The results bring useful new directions for treatment in addiction services in adults when a diagnosis of ADHD is co-occurring, so that these patients have the opportunity to benefit from individualized intervention programs tailored to their specific needs.

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Substances use disorder in the Elderly population: a systematic review of prevalence, risk factors, and evidence-based treatments in Clinical Psychology

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Abstract

Introduction: Substance use disorders (SUDs) among the elderly represent a growing public health concern, yet research on this phenomenon remains limited. As life expectancy increases, the impact of substance misuse on the physical and mental well-being of geriatric population becomes a critical issue, requiring targeted interventions and policy adaptations. This review aims to summarize available evidence on SUD prevalence in older adults, identify risk factors associated with its development, and evaluate the effectiveness of psychological and psychotherapeutic interventions.

Methods: This systematic review was conducted following PRISMA 2020 guidelines. Literature searches were performed in PubMed, Scopus, and PsycNET including peer-reviewed studies that investigated SUDs in individuals aged 55 years or older without comorbid mental disorders.

Results: From 521 reports assessed for eligibility, only 15 studies met the inclusion criteria. The findings reveal that alcohol misuse is one of the most prevalent SUDs among older adults, with significant variations in reported rates (from 4.7% to 20.5%). Binge drinking also emerged as a concern, particularly among those experiencing psychological distress. Prescription drug misuse, while less frequently examined, was noted as a relevant issue, especially in individuals with multiple health conditions requiring medication.

Discussion: Social determinants such as loneliness and lack of community engagement further exacerbate the risk of substance misuse, emphasizing the importance of interventions that enhance social support networks. Cognitive-behavioural therapy has demonstrated significant efficacy. Some studies indicate positive outcomes in reducing alcohol consumption, others suggest that long-term benefits may depend on treatment intensity, frequency, and individual characteristics, such as cognitive status and baseline

motivation. Brief interventions, particularly those incorporating motivational enhancement techniques and counseling sessions, appear beneficial in reducing substance misuse in at-risk individuals. Given the higher adherence rates observed in elderly individuals, treatment programs should leverage this advantage by offering structured, long-term interventions tailored to cognitive capacity and individual health conditions.

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How to measure risky use of Loot Boxes in pre-adolescents? Results with Italian middle school students by applying Item Response Theory to the Risky Loot Box Index

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[2] Azienda ULSS 4 "Veneto Orientale", San Donà Del Piave, Italy

Abstract

Loot boxes (LBs) are virtual items embedded within videogames that contain randomly generated in-game prizes. Gamers can obtain LBs by reaching some of the game's objectives or by buying them with real world money. However, the players do not know what they will find in an LB, because the outcome is subject to chance. LB use can become risky, with the development of signs of addiction, especially among youth. Nevertheless, research is focused on adolescents and young adults, with fewer interests for pre-adolescents, who are increasingly involved in video-gaming. To increase the research efforts towards this target, it is fundamental to have good measurement instruments. The present study was aimed at investigating the adequacy of the Italian version (Primi et al., 2024) of the *Risky Loot Box Index* (RLI; Brooks & Clark, 2019) by applying item response theory (IRT). Participants were 651 (49% males, mean age = 12.41, *SD* = .91) middle school students recruited in the North-East of Italy. Ninety-eight percent of the sample played video games. Sixty percent of video-gamers engaged in a LB. The 2PL logistic model applied with the RLI indicated that the RLI items efficiently measure risky LB use. The test information function indicated that the instrument was adequately informative. Moreover, the RLI appeared to be invariant across sex and school grade. By estimating the Expected A Posteriori (EAP) score, we found significant and small differences across sex and non-significant differences by school classes. Relationships between EAP score, problematic smartphone use, and problematic Internet use were analyzed. The RLI is an efficient screening tool that can specifically measure risky LB use among pre-adolescents and that can allow use to more deeply understand the phenomenology of this behavior in this target. Results indicate the necessity to conduct preventive interventions in pre-adolescence.

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Thursday, 18th September 2025

THEMATIC SESSION

"CAREGIVING AND PERINATAL ISSUES"

Chair:

Alessandra Babore

University "G. d'Annunzio" of Chieti-Pescara

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Who represents whom? A preliminary study on narrative linguistic characteristics, emotional and mentalizing competencies in the parent-child relationship

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Abstract

Introduction: Narrative interviews commonly used to assess child and parental attachment-based variables - such as the Child Attachment Interview (CAI) and the Insightfulness Assessment Procedure (IA) - can reveal meaningful emotional patterns. Moreover, an observed mother-child conflict interaction can provide information on how dyads cope with relational stressors. Therefore, this study explores how emotional-linguistic features like negative and positive emotions emerging from these narrative transcripts relate to: (1) children's attachment representations and mentalizing, (2) parental mentalizing and emotion regulation, and (3) linguistic synchrony between mother and child, measured via Language Style Matching (LSM).

Method: Participants were school-aged children (n = 39) and their mothers. Transcripts from CAI, IA, and video-recorded mother-child conflict interaction were analyzed using the LIWC software. Children's attachment and mentalizing were coded using CAI and the Child Reflective Functioning Scale while parental mentalizing and emotional regulation via the BMAS and the DERS questionnaires.

Results: Higher frequencies of negative emotion words in the IA correlated negatively with children's mentalizing, parental emotional processing and LSM between the IA and the mother-child conflict interaction. Negative emotion words in the IA also correlated positively with negative emotion use in the mother-child stress-task and with parental emotion dysregulation. Regression analyses confirmed these patterns: negative emotion words in the IA significantly predicted both lower child's mentalizing total score (β = -.15, p = .026) and lower mother-child LSM (β = -.14, p = .019). Regarding mothers only, both parental emotional processing (β = -.03 p = .043) and parental emotional dysregulation (β = .02, p = .003) predicted higher negative emotional expression in the IA.

Discussion: The role of parent's emotional language as one possible marker of relational quality and mentalizing within the mother-child dyad emerged. Negative emotional words in parental narratives are also linked to both reduced child's mentalizing and parent's emotional regulation, stressing their role as

indicators of both individual and relational functioning. Future studies should explore the predictive and clinical relevance of emotional language in parent-child narratives.

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Predicting Complicated Grief in Caregivers of End-of-life Cancer Patients

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Abstract

Introduction: Persistent Complex Bereavement Disorder (PCBD) is an independent clinical condition in which individuals experience a severe grief reaction lasting more than twelve months after the loss of a loved one. This study aimed to assess the rate of PCBD among caregivers of end-of-life patients, twelve months after loss. The secondary aim was to explore the role of several risk factors for PCBD, including psychosocial characteristics of patients and caregivers (i.e., patient age, patient education, caregiver's age, and type of patient-caregiver relationship), patient's dignity-related distress, attachment style, and perceived social support as well as symptoms of depression, anxiety and perceived stress of caregivers.

Methods: This was a prospective, multicenter and national study involving twelve Italian palliative care units and three times of observation: T0, the admission of the patient in the palliative care service; T1, six months after the patient's death; and T2, twelve months after the patient's death (T2). Between September 2021 and April 2023, a sample of 139 cancer patient–caregiver dyads was recruited. Validated rating scales were administered: Patient Dignity Inventory (PDI) to end-of-life cancer patients, Depression Anxiety Stress Scales (DASS-21), Medical Outcomes Study–Social Support Survey (MOS-SSS), Experience in Close Relationships Scale (ECR-12), and Prolonged Grief Disorder Questionnaire (PG-12, PG-13) to caregivers. All computations were performed using RStudio for MAC OS. Binomial generalized linear models (GLMs) were used to examine predictors of PCBD.

Results: Twelve months after the patient's death, 6.47% of caregivers experienced PCBD. Younger caregiver age and higher pre-loss depression levels significantly predicted PCBD at T1.

Discussion: In line with previous research, this study confirms that only a minority of caregivers experience PCBD one year after bereavement. Pre-death depression and younger caregiver age emerged as predictors six months post-loss, suggesting the importance of early psychological assessment. Contrary to expectations, attachment style, social support, and dignity-related distress did not predict PCBD. These findings emphasize the complexity of the grieving process and highlights the importance of adopting a more careful approach to the assessment of risk factors for PCBD.

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Detecting psychosocial types for mothers and partners in perinatal depression: a study of machine learning

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Abstract

Introduction: Perinatal depression (PD) impacts parental relationships and child development. Most studies focused on maternal depression, leaving the psychosocial experiences of partners less explored. Furthermore, earlier studies frequently relied on univariate statistics, oversimplifying group-level outcomes. Through unsupervised Machine Learning (ML) techniques, this study aims to identify specific psychosocial profiles for mothers and partners, and to test their relevance in modulating PD levels.

Method: Expectant parents were recruited (N=120; WomenAge=34.9±4.3; PartnerAge=36.7±4.8) and completed questionnaires assessing psychosocial factors such as social support, affectivity, prenatal attachment style, and childhood trauma. Depression was measured using the Edinburgh Perinatal Depression Scale (EPDS). Two unsupervised K-Means clustering ML algorithms were fed with 15 variables to identify psychosocial types for both women and partners. ANOVA and t-tests were conducted to verify the effect of the identified psychosocial types on PD levels.

Results: Three psychosocial types were identified for women: (1) "Reassured mothers" (n=39), characterising women who had high support during pregnancy, no childhood trauma, and positive prenatal attachment; (2) "Anxious-Protective mothers" (n=64) characterizing women with substantial support but who were overly focused on their relationship with the fetus; (3) "Mothers marked by trauma" (n=17) describing women lacking support and experiencing traumatic events such as emotional abuse and neglect during childhood. For partners, two types were identified: (1) "Reassured partners" (n=72) and (2) "Partners marked by trauma" (n=48), analogous to the mothers' profiles. Higher depressive symptoms were observed in all participants with a history of childhood trauma (all $p<.05$).

Conclusions: The study identifies similar psychosocial types for both mothers and partners, emphasising the importance of support during pregnancy and the role of parent-fetus attachment. Furthermore, the study reinforces the impact of past trauma on the onset of perinatal depression through multivariate analytical techniques that highlight the subjectivity of experience. These findings might orient clinicians

towards personalized interventions for preventing perinatal depression at the dyadic level, and not only at the single-subject level.

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Obstetric Violence in Italy: Findings from a Large-Scale Survey

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Abstract

Introduction: Obstetric violence (OV) is frequent form of violence experienced by women during childbirth, and it is associated with deleterious consequences such as psychological distress and a more traumatic and stressful childbirth experience. Despite this evidence, in Italian context studies concerning this form of violence are still scarce. Therefore, the present study aims to fill this gap by exploring the prevalence of different types of OV and the associated socio-demographic, clinical, psychological, and relational factors.

Methods: A sample of 1327 women (Mage = 34.17±3.99) completed an online questionnaire on socio-demographic and childbirth-related information, as well as well-known self-report measures for assessing the experience of OV, anxiety, depression, birth-related posttraumatic stress disorder, early adverse relational experiences, quality of romantic relationship, and perceived social support. First, descriptive statistics were calculated to investigate the prevalence of the various forms of OV. Second, a series of χ^2 tests or t-tests were conducted to explore the differences between those who have experienced OV and those who did not.

Results: Results highlighted the high prevalence of OV in Italy. In particular, almost half of the participants (45.9%, n = 609) reported having experienced at least one type of "Abuse and violence" and more than half of the participants (62.2%, n = 825) reported having experienced almost a type of non-consented care. Finally, considering the two forms of OV, a total of 1011 women (76.2%) declared to have at least one type of OV. With some differences, demographic and childbirth-related information were associated with both forms of OV. In contrast, the "abuse and violence" forms of OV were significantly associated with indicators of adverse psychological and relational aspects, while the "non-*consented care" forms were not.*

Discussion: Overall, the results showed that OV is a widespread phenomenon in the Italian context that should not be underestimated since it is associated with negative consequences for the psychological well-

being of women. Therefore, investments in strategies to implement communication between healthcare professionals and women during pregnancy and childbirth should be encouraged to prevent OV.

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Movement difficulties in children with autism: insights from parents and clinicians

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Abstract

Introduction: Motor difficulties in autism are often overlooked and limited attention is given to information provided by parents and clinicians. This study advances the field by addressing three primary objectives: (1) to evaluate the ability of parents of children with ASD to describe their children's motor skills and to compare their perspectives with those of parents of typically developing (TD) children; (2) to examine the level of agreement between parents' and therapists' perceptions within the ASD group; and (3) to assess the predictive value of parental reports in relation to children's performance on an individually administered motor assessment.

Methods: The study involved 29 children with ASD, who were thoroughly assessed for ASD severity, non-verbal IQ, and motor competence (using the MABC-2 test). Their parents and therapists completed the MABC-3 Checklist. A control group of 31 TD children was also included, with their parents completing the same checklist. The MABC-3 is an innovative and unique tool that not only provides a score for motor abilities (M) but also includes two additional sections: one evaluating non-motor factors (Non-M) that may hinder motor learning, and another assessing the impact (I) of motor difficulties on daily functioning.

Results: T-test comparisons revealed significant differences between the ASD and TD groups across all sections of the MABC-3 Checklist ($p < 0.001$). Within the ASD group, there was strong agreement between parents and therapists in all sections (M: $p < 0.001$; Non-M and I: $p < 0.01$). Regression analyses, using the MABC-2 score as the dependent variable and the three MABC-3 subscales (completed by both parents and therapists) as predictors, controlling for age and ADOS scores, highlighted the predictive value of each section.

Discussion: The study demonstrates that parents of children with ASD can accurately identify when their child's motor performance is misaligned with developmental goals. Their insights closely align with clinical evaluations, supporting a collaborative approach in designing individualized interventions.

Furthermore, the findings underscore the importance of considering motor coordination difficulties alongside the core symptoms of autism in comprehensive developmental assessments.

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Bonds: The Interplay Between Interpersonal and Intrapsychic Dimensions in Pregnant Women

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Abstract

Introduction: The perinatal period represents a crucial phase characterized by psychological vulnerability and the reorganization of relational dynamics. Research suggests that early relational trauma and current interpersonal difficulties — including history of abuse, low-quality partner attunement and emotionally distant bonds with the unborn child — may interweave during pregnancy, shaping maternal emotional experiences. This study examined the mediating role of deficits in reflective functioning—a key intrapsychic mechanism—in the relationship between relational risk and perinatal depression.

Method: Data were obtained from 774 pregnant women who completed validated self-report measures assessing childhood trauma (CTQ), couple relationship quality (DAS), prenatal attachment (MAAS), reflective functioning (RFQ), and depressive symptoms (EPDS). A K-means clustering analysis was employed using five psychosocial variables to delineate relational risk profiles. A two-cluster solution (high versus low relational risk) was adopted. T-tests and anovas were utilized to assess group differences in EPDS and RFQ scores. A parallel mediation model was tested to determine Certainty and Uncertainty about mental states mediated the relationship between relational risk and depressive symptoms. Statistical assumptions were verified.

Results: Preliminary analyses identified two relational profiles that significantly differed in depressive symptomatology and reflective functioning. Women classified within the high-risk group (*higher risk of childhood maltreatment, poorer couple functioning, and weaker fetal attachment*) exhibited elevated EPDS scores and impaired RFQ, characterized by lower C(RFQ) and higher U(RFQ). Mediation analyses substantiated that both dimensions of reflective functioning partially mediated the impact of relational risk on depression: specifically, lower certainty and higher uncertainty in RFQ were associated with increased depressive symptoms. Impaired mentalization notably amplified the risk of perinatal depression, particularly in the high-risk group.

Discussion: These findings highlight the interplay between interpersonal risk factors and intrapsychic mechanisms, underscoring the potent influence of relational dimensions. Enhanced reflective functioning may mitigate these risks, fostering maternal well-being and healthier early mother–infant bonds.

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A Mind-Body Intervention (BWM-T) for Reducing Psychological Distress in Parents of Children and Adolescents with Type 1 Diabetes: A Pilot Study

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Abstract

Introduction: Parents of children with Type 1 Diabetes (T1D) are frequently exposed to chronic stress, anxiety, and psychological burden due to the constant vigilance required in managing the condition. This emotional load can impair family well-being and negatively affect the child's health outcomes. This pilot study aimed to explore the effectiveness of Brain Wave Modulation – Technique (BWM-T), a brief mind-body intervention, in reducing psychological distress in this population.

Methods: A randomized controlled trial was conducted with 25 parents of children and adolescents diagnosed with T1D. Participants were randomly assigned to either an experimental group or a control group. Experimental group received the BWM-T protocol initially for four weeks (one session per week), followed by two biweekly online sessions and one final follow-up session after one month. Control group received a psychoeducational intervention on stress management following the same schedule as the experimental group. The assessment tools included the Perceived Stress Scale (PSS-10), the Parenting Stress Index – Short Form (PSI-SF), the Distress Thermometer (DT), the Psychological General Well-Being Index (PGWBI), the Brief Symptom Inventory-18 (BSI-18), and the Parent Health Locus of Control scale.

Results: Exploratory analyses confirm the effect of the interventions across different time points. Furthermore, a significant difference emerged between the experimental and control groups on PGWBI and DT after the intervention, supporting the hypothesis regarding the impact of the treatment on the variables psychological wellbeing and distress.

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Thursday, 18th September 2025

ROUND TABLES

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Associazione Italiana di Psicologia

THE RAPID EVOLUTION OF THE PSYCHOLOGICAL PROFESSION

Proposers

Claudio Gentili, University of Padua

Alessandra Simonelli, University of Padua

Participants

Claudio Gentili, University of Padua (President of Clinical Psychology College)

Alessandra Simonelli, University of Padua (President of Dynamic Psychology College)

Sergio Salvatore, University of Salento (President of the Italian Association of Psychology)

Abstract

The rapid evolution of the psychological profession, along with the recent classification of LM-51 degree programs within the healthcare field, has required and continues to require ongoing reflection on the core professional activities of psychologists. In particular, the transformation of master's degree programs in psychology into qualifying degrees raises regulatory, legal, ethical, and deontological questions, especially regarding the specific professional acts in the area of psychological intervention. These questions, moreover, rekindle the long-standing but never fully resolved debate concerning the boundary between non-psychotherapeutic psychological intervention and psychotherapy.

Furthermore, the inclusion of master's degree programs in psychology within the healthcare field accentuates the gap between programs with a stronger clinical orientation and those of other areas.

For this reason, the academic boards of Dynamic Psychology and Clinical Psychology intend to promote further discussion on the issue of core professional acts, ranging from educational aspects to practical applications.

Speakers will include:

Claudio Gentili, President of Clinical Psychology College

Alessandra Simonelli, President of Dynamic Psychology College

Sergio Salvatore, President of the Italian Association of Psychology

In addition, representatives of CNOP and of the MIUR technical advisory commission on psychotherapy schools, as well as members of the Clinical and Dynamic Psychology section of AIP, will also be invited to participate.

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WHAT IS THE ERROR IN PSYCHOTHERAPY?

Proposer

Piero Porcelli, University "G. d'Annunzio" of Chieti-Pescara (Section Coordinator)

Participants

Piero Porcelli, University "G. d'Annunzio" of Chieti-Pescara (Section Coordinator)

Benedetto Farina, European University of Rome

Gianluca Lo Coco, University of Palermo

Abstract

A univocal definition of terms and constructs in clinical psychology is generally a challenging task, regardless of whether this is viewed positively as a richness or negatively as a disciplinary weakness. Some constructs are particularly difficult to define, such as the concept of "error" in psychotherapy. Twentieth-century epistemology has taught us that controversies and scientific crises drive the progress of knowledge. Nevertheless, a discipline that cannot clearly define what constitutes an "error" may face a serious issue of scientific maturity. In the case of psychotherapy, this epistemological gap is even more critical, given its nature as not only a theoretical but above all a clinical and practical discipline. Moreover, the concept of accountability, to which we are ethically bound as psychotherapists, requires us to take responsibility for and provide an account of what we do and think as professionals, both to our clients and to society at large. Beyond a hasty simplification ("an error is not following the guidelines of my theoretical model or its clinical manuals"), the speakers of the Round Table (Porcelli, Farina, and Lo Coco) will offer their reflections on the notion of "error" in psychotherapy and discuss its critical issues and consequences.

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NEW FRONTIERS OF PSYCHODYNAMIC DIAGNOSIS

Proposer

Vittorio Lingiardi, Sapienza University of Rome

Participants

Vittorio Lingiardi, Sapienza University of Rome

Alessandro Zennaro, University of Turin

Laura Muzi, University of Perugia

Abstract

Traditionally, the scientific debate on diagnosis has been shaped by the controversy between a nosographic approach—predominantly categorical and exclusively symptom-oriented—and a clinical model of psychodynamic orientation, inferential and dimensional, aimed at the "unique" and distinctive aspects of the individual patient. In recent decades, however, psychodynamic thought has shifted toward a more operational conception of diagnosis.

On the one hand, its core aspects have been reassessed, emphasizing that the goal of diagnosis is to understand and label the features of adaptive and dysfunctional psychic functioning (defenses, resources, level of personality organization, etc.) within the individual's relational matrix and life history. On the other hand, efforts—though not without difficulty—have been made to seek integration with psychiatric and psychometric perspectives on diagnosis, respectively based on observable criteria and measurable constructs.

New perspectives on psychodynamic diagnosis have the added value of fostering dialogue with other areas of clinical psychology and of supporting the identification of the most appropriate and effective therapeutic approach, while respecting the subjective experiences of both patients and clinicians. The debate sparked by the publication of DSM-5 and ICD-11, especially concerning personality disorders, has enabled the development of innovative diagnostic models that take into account complex aspects of individual functioning (identity, empathy, relationality).

Among the most innovative proposals developed in recent years are the HiTOP model (Hierarchical Taxonomy of Psychopathology) and, on the psychodynamic side, the PDM (Psychodynamic Diagnostic Manual), which presents itself as a "taxonomy of persons" rather than a "taxonomy of disorders." The speakers of the Round Table (Lingiardi, Zennaro, and Muzi) will share their reflections on new conceptions of the diagnostic construct, with a focus on the forthcoming publication of the new PDM-3, both in English and in Italian.

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THE MIND AS MEDICINE: RETHINKING CLINICAL PRACTICE AT THE MIND-BODY CROSSROADS

Proposers and Participants

Francesco Pagnini, Catholic University of the Sacred Heart, Milan

Arianna Palmieri, University of Padua

Luca Ostacoli, Azienda Ospedaliero-Universitaria "Cittá della Salute e della Scienza", Turin

Abstract

The relationship between mind and body is a central theme in psychology, yet it's often treated as a background concept rather than a clinical tool. In this roundtable, we aim to bring the mind-body connection to the forefront, presenting fresh research and perspectives that challenge traditional boundaries between the psychological and the physiological.

Rather than focusing on mindfulness as a generic stress-reduction method, we'll explore its deeper role in shaping how we perceive, interpret, and physically respond to experience. Drawing from new studies on expectation, placebo effects, and embodied cognition — as well as less conventional approaches to mindfulness, such as the Langerian model — we'll look at how psychological processes can directly influence health outcomes. The discussion will address the limits encountered in applying mindfulness protocols in public healthcare contexts, such as low adherence, time constraints, and challenges in treating more severe psychological conditions. Strategies developed to overcome these barriers will be discussed, including the integration of body-oriented psychotherapy elements and the use of Langerian mindfulness to enhance group engagement and therapeutic responsiveness.

The roundtable will bring together diverse viewpoints, encouraging an open and interactive conversation about what it means to treat the mind and body as part of a single, dynamic system. Our goal is to offer not only theoretical reflections, but also practical insights that clinicians and researchers can take into their work. This session is for anyone curious about how attention, awareness, and meaning-making can become active elements in the therapeutic process.

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HOSPITAL PSYCHOLOGY: TRAINING, FUNCTIONS, AND PREROGATIVES

Proposer

Giampaolo Nicolais, Sapienza University of Rome, Sant'Andrea Hospital

Participants

Elena Vegni, University of Milan, ASST Santi Paolo e Carlo, Milan

Biancarosa Volpe, University of Padua

Daniela De Berardinis, Fatebenefratelli Hospital of Isola Tiberina, Rome

Abstract

The history of hospital psychology in Italy is relatively recent, as the first experiences took place shortly after the establishment of the National Health System in the 1980s. Since then, the role of the psychologist in the hospital setting has gradually taken shape, following distinct and diverse paths depending on the "local hospital cultures".

In recent years—thanks to the establishment of the Essential Levels of Care (LEA) and the consequent promotion of the concept of global health, as well as the definitive recognition of psychology as a healthcare profession—the responsiveness of health policies to hospital-based psychological interventions has expanded significantly. Today, this professional figure is increasingly involved in prevention and clinical intervention, both with hospitalized patients and in subsequent outpatient consultations. Their practice encompasses a wide range of areas, from pain management and trauma to palliative care, including interventions aimed at families as well as healthcare professionals involved in the care process.

Hospital psychology services are thus configured as structures responsible—according to the strategic guidelines of each healthcare organization—for diagnostic, therapeutic, and rehabilitative activities. They also carry out teaching, research, and training activities in the healthcare field, in collaboration with hospital units and departments, universities, and affiliated external institutions.

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Despite the progressive expansion of the functions and prerogatives of the hospital psychologist, there is still no specific training pathway dedicated to this professional role. Unlike other specialized branches of the psychology profession, this role is inherently situated within multidisciplinary contexts (for instance, the Diagnostic, Therapeutic, and Care Pathways—PDTA—that represent the main tool for multiprofessional integration in the hospital setting). As such, it requires not only a solid body of psychological knowledge but also mastery of additional scientific-disciplinary expertise, as well as skills in teamwork and group management.

The round table therefore aims to foster a shared reflection on the establishment of academic training programs for the profession of hospital psychologist, identifying the defining educational components starting from the experiences of participants working in different hospital settings across the country.

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POSTER SESSION

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The first Italian uterus transplantation and the desire for motherhood beyond biological boundaries: A case report

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Abstract

Introduction: Uterus transplantation represents a revolutionary breakthrough for women with absolute infertility of uterine origin, offering them the possibility of realizing the dream of motherhood. This complex procedure has profound medical, ethical and psychological implications. The aim of our study was to analyze the psychological distress caused by infertility and the experience of trying to get pregnant through uterus transplantation in a 29-year-old woman. The case report follows the Case Reporting (CARE) guidelines.

Methods: In the pre-transplant evaluation, Giorgia (not her real name) was administered the Machover Test, the Bauman Test, the Million Clinical Multiaxial Inventory- III (MCMI-III), the Short Form Health Survey-36 (F-36), the Patient Health Questionnaire-9 (PHQ-9), and the General Anxiety Disorder-7 (GAD-7). The same instruments were re-administered 1 year and 2 years after the birth of her baby girl.

Results: The projective graphic tests highlighted some significant aspects: the facial expression of the female figure became more restless in subsequent evaluations, until aggressiveness emerged (clenched fists) in the last evaluation. The tree was also drawn on a flowerbed in the last evaluations, indicating a sense of loneliness and abandonment.

Discussion: Overall, uterus transplantation appears to be psychologically well-tolerated, but ongoing evaluation and psychological support are essential.

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Unpacking couples therapy: A qualitative exploration of the clinical consultation phase, therapeutic alliance, and dropout

Alessandra Amoroso [1]

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Abstract

Introduction: The initial sessions between the therapist and the couple play a crucial role in determining whether therapy will continue or be discontinued, as it is during this early phase that the therapeutic alliance is established. Despite its significance in shaping the therapeutic process, the current literature does not provide a unified definition of the couple's clinical consultation phase.

Objective: This study aims to explore couples therapists' perspectives on the key elements of the initial phase, the most effective strategies for establishing and strengthening the therapeutic alliance, and the factors that may contribute to premature treatment dropout.

Method: A qualitative-exploratory approach was adopted, using semi-structured interviews with a heterogeneous sample of therapists from various theoretical orientations, including systemic-relational, psychodynamic-relational, cognitive-behavioral, and transactional-integrative approaches. The current sample consists of 10 participants (4 men and 6 women); however, the final number will be determined based on data saturation to ensure a comprehensive and in-depth understanding. Data analysis will be conducted through thematic analysis by two independent coders to enhance reliability.

Results: Data collection and analysis are still ongoing; therefore, no definitive results are available at this stage. However, it is expected that the study will contribute to a clearer understanding of the initial phase of clinical consultation in couples therapy by identifying its key components. Furthermore, the findings are anticipated to provide deeper insights into the processes involved in building and maintaining the therapeutic alliance, as well as the factors influencing premature treatment dropout.

Discussion: This study may provide valuable insights for improving clinical practices and developing strategies aimed at reducing early treatment dropout. On one hand, the study will propose a trans-theoretical definition of the couple's clinical consultation phase. On the other hand, the findings will offer useful perspectives for fostering the development of a strong therapeutic alliance and addressing factors that contribute to early treatment discontinuation.

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Discrimination and the role of self-stigma and barriers to healthcare access in LGBTQ+ individuals' quality of life: A comparative mediation model

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[1] Department of Systems Medicine, University of Rome Tor Vergata, Rome, Italy

[2] Department of Humanities, University of Naples Federico II, Naples, Italy

Abstract

Introduction: Access to healthcare for LGBTQ+ individuals remains a critical issue, influenced by structural and individual-level factors. Previous research has shown that barriers to care, experiences of discrimination, and self-stigma significantly impact quality of life. However, differences between cisgender and transgender or nonbinary (TNB) LGBTQ+ individuals in these experiences remain underexplored. This study examined these disparities and the mediating roles of self-stigma and barriers to care in the relationship between discrimination and quality of life.

Methods: 351 LGBTQ+ participants (219 cisgender, 132 TNB) completed a survey assessing discrimination, barriers to care, self-stigma, and quality of life. A series of mediation models were tested to evaluate the direct and indirect effects of discrimination on quality of life through self-stigma and barriers to care, with separate analyses for cisgender and TNB individuals.

Results: TNB individuals reported significantly higher levels of discrimination ($F(1, 349) = 18.5$, $p < .001$), barriers to care ($F(1, 239) = 24.2$, $p < .001$), and self-stigma ($F(1, 232) = 24.3$, $p < .001$) than their cisgender counterparts, alongside lower quality of life ($F(1, 193) = 22.4$, $p < .001$). For the entire sample, mediation analyses indicated that both self-stigma ($\beta = -0.14$, SE = 0.01, $p = .008$) and barriers to care ($\beta = -0.28$, SE = 0.02, $p < .001$) significantly mediated the relationship between discrimination and quality of life. However, model differences emerged between groups. In the cisgender group, both self-stigma ($\beta = -0.17$, SE = 0.02, $p = .010$) and barriers to care ($\beta = -0.29$, SE = 0.02, $p < .001$) mediated this association, but the indirect effect of self-stigma on barriers to care was non-significant. Conversely, in the TNB group, self-stigma did not significantly mediate the discrimination-quality of life relationship, while barriers to care remained a significant mediator ($\beta = -0.31$, SE = 0.03, $p < .001$). Additionally, the direct effect of discrimination on quality of life was significant only for TNB individuals ($\beta = -0.26$, SE = 0.03, $p = .005$).

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Discussion: These findings underscore the unique challenges faced by cisgender and TNB individuals in healthcare settings and emphasize the need for targeted interventions to reduce discrimination, address barriers to care, and mitigate self-stigma.

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Environmental Sensitivity and Psychological Wellbeing Outcome: The Mediating Role of Coping Styles.

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Abstract

Individuals vary in how they perceive and process stimuli, depending on a set of traits that are termed Environmental Sensitivity (ES). Individuals who perceive and process stimuli more deeply, so-called Highly Sensitive Persons (HSPs), are more sensitive to contextual variables, for better or worse, and previous studies have shown that tend to experience lower levels of well-being, as well as higher levels of depressive and anxiety symptoms. Although there is limited research on the possible role of coping in the relationship between ES and psychological outcomes, HSPs seem more likely to adopt less adaptive coping strategies. Therefore, this study aims to investigate whether coping styles may play a mediating role in the relationship between specific facets of ES and wellbeing.

Data were collected using a set of self-report questionnaires from an Italian sample (N = 215, F = 146, age, M = 29.50, SD = 9.54). HSP scale was used to evaluate ES; Coping Orientation to Problem Experienced to assess coping; Psychological General Well-Being Index (PGWBI) the Satisfaction With Life (SWL) scale to measure wellbeing outcomes.

Correlation, regression and mediation analyses have been performed. Results showed that both total HSP and its Ease of Excitation (EOE) subscale - linked to feeling overwhelmed by both inner and outer stimuli - significantly predicted well-being measures. Moreover, they were positively associated with coping strategies such as transcendental orientation, social support and avoidance. Mediation analyses show that only avoidance coping mediated the relationship between EOE and well-being outcomes.

These findings suggest that individuals with higher EOE use avoidance strategies more often, which in turn contribute to reduced their wellbeing. Therefore, more effective stress management interventions can be used to promote HSPs' well-being, by reducing the use of potentially harmful avoidance strategies.

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Cognitive Reappraisal and Quality of Life: The Mediating Role of Depressive Symptoms in Hematological Patients

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Abstract

Introduction: Quality of life (QoL) in oncological patients is often compromised by both the disease and its treatments, significantly impacting physical, psychological, and social domains. In hematological patients, specifically those diagnosed with Leukemia, Lymphoma, and Multiple Myeloma, the intensity of treatments and prognostic uncertainties further increase the risk of psychiatric disorders, such as anxiety and depression, worsening overall well-being. Cognitive reappraisal as an emotion regulation strategy facilitates the restructuring of emotional stimuli interpretations, thereby promoting adaptive responses to distress. Although cognitive reappraisal has been linked to effective stress management, only few studies have examined its impact on QoL in hematological patients, particularly within the framework of depressive symptoms mediation. This study aims to investigate the extent to which cognitive reappraisal influences QoL through the mediating role of anxiety and depressive symptoms, by analyzing the underlying psychological mechanisms that determine well-being in this population.

Methods: A consecutive sample of 126 patients diagnosed with Leukemia, Lymphoma, and Multiple Myeloma was recruited at the General Hospital of Pescara. Anxiety and depressive symptoms (HADS), emotion regulation (ERQ), and quality of life (EORTC QLQ-C30) were assessed.

Results: A multiple mediation analysis was conducted to examine the role of anxiety and depression in the relationship between cognitive reappraisal and quality of life. The results revealed that cognitive reappraisal was negatively associated with both anxiety ($\beta = -.26$, $p < .001$) and depression ($\beta = -.27$, $p < .001$). However, only depression significantly predicted quality of life ($\beta = -.67$, $p < .001$). Therefore, the effect of cognitive reappraisal on quality of life is mediated by depressive symptoms.

Discussion: Our findings indicate that cognitive reappraisal is a predictive factor for the improvement of QoL through the mediating role of depressive symptoms. Clinical interventions based on cognitive reappraisal may reduce depression, which in turn enhances quality of life in hematological patients.

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Mindfulness in Italian Schools: A Systematic Review for Integration into Clinical and Educational Practice

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Abstract

The integration of mindfulness in schools has shown significant benefits for emotional regulation, stress management, and students' psychological well-being. However, in Italy, the implementation of these programs is still fragmented and has not been systematically studied. This study presents a systematic review of the literature with the aim of exploring the mindfulness interventions currently implemented in the Italian school context. Through the analysis of available evidence, intervention models, application methods, and main challenges will be identified, with particular attention to teacher training and cultural and organizational challenges. The goal is to provide an updated overview of the state of the art and identify possible strategies to promote a more structured integration of mindfulness in Italian schools, framing the phenomenon within educational psychology, clinical psychology, dynamic psychology, and cognitive sciences.

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EXPLORING AI'S POTENTIAL IN DECIPHERING EMOTIONAL EXPRESSION IN PSYCHOTHERAPY PROCESS

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Abstract

Introduction: This research investigates the nuanced role of nonverbal cues in psychotherapy, focusing particularly on the concept of "impulse" — a significant, observable nonverbal change that indicates shifts in a patient's emotional state. The aim is to deepen the understanding of emotional dynamics during therapeutic interventions by examining these impulses.

Methods: Initially involving six university students, the study ultimately concentrated on high-quality video recordings from therapy sessions of two main participants, analyzing 16 sessions for each. FaceReader software was utilized to systematically monitor and analyze facial expressions, with particular attention paid to the variations across pre-impulse, impulse, and post-impulse phases to capture subtle emotional dynamics.

Results: The impulse phase was characterized by distinctive emotional transitions, as evidenced by changes in specific Action Units (AUs). Notable findings include variations in AU01 (raising of inner eyebrows) and AU12 (lip corner pulling) during the impulse phase, signaling sudden insights or emotional shifts. In contrast, the pre-impulse and post-impulse phases exhibited more stable emotional expressions. These observations underscore the critical nature of real-time changes during the impulse phase for understanding patient responses to therapeutic interventions.

Discussion: The identification of impulses within therapy sessions is crucial, as the detailed analysis of facial expressions during these moments offers valuable insights into patient emotions and therapy effectiveness. This approach not only enhances the therapist's understanding of patient reactions but also highlights the potential of real-time, automated facial analysis to significantly improve therapeutic outcomes by providing precise feedback on emotional states during crucial moments of therapy.

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Understanding the relationship between time attitudes and emotion regulation strategies in a sample of young adults: a Latent Profile Analysis

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Abstract

Introduction: time perspective reflects how individuals think and feel about their past, present and future, an age-related process that underlies human behavior that can positively and negatively affect individuals' representations, decisions and choices. Several studies have shown that time attitudes, the affective dimension of time perspective, are associated with mental health outcomes and risky behaviors in young adults. However, still no study has investigated the relationship between time attitudes and how individuals regulate their emotions. The aim of this study was to investigate through a person-centered approach the relationship between time attitudes profiles and the use of emotion regulation strategies (i.e., cognitive reappraisal and expressive suppression) in a sample of young adults.

Methods: the sample included 876 Italian young adults (69.1% females, n = 605) aged 18 to 29 (*M*age = 23.8; *SD*age = 2.56) recruited through snowball sampling and who have completed an online survey. Participants were asked to complete the Adolescent and Adult Time Inventory-Time Attitudes Scale and the Emotion Regulation Questionnaire in a single administration time. A Latent Profile Analysis (LPA) was performed to identify different time attitudes profiles within the participants. Subsequently, two sets of regression analyses were performed to determine how membership to those profiles was mostly associated with different emotion regulation strategies.

Results: four profiles emerged, two of which (Positive and Balanced) were significantly associated with higher levels of cognitive reappraisal and lower levels of expressive suppression, two (Present Negative and Negative) which were significantly associated with higher levels of expressive suppression and lower levels of cognitive reappraisal.

Discussion: the results of this study provide new insights into how time attitudes affect emotion regulation strategies among young adults. Specifically, individuals with more positive or balanced time attitudes tend

to employ more adaptive emotion regulation strategies, such as cognitive reappraisal, and show lower tendencies toward expressive suppression. Conversely, individuals with more negative time attitudes exhibit greater reliance on expressive suppression and less use of cognitive reappraisal. These findings highlight the importance of considering time perspectives in understanding emotional functioning and could inform future interventions aimed at promoting healthier emotional regulation in young adults.

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Through the looking glass: an analysis of physicians' narratives on experiencing illness as patients or caregivers

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Abstract

Background: For over 40 years, the "A Piece of My Mind" section of the Journal of the American Medical Association has provided a platform for healthcare professionals to share their experiences, exploring the emotional, ethical, and professional challenges of medical practice. Over time, an increasing number of physicians have recounted personal experiences of illness, either as patients themselves or as caregivers. This study analyzes the emerging themes in narratives by healthcare professionals who have personally faced illness.

Methods: From a corpus of 1115 narrative medicine essays published between 1998 and 2025, a total of 327 narratives were selected in which physicians describe their experience of illness from the perspective of being on the receiving end of care. The texts were analyzed using Emotional Text Mining.

Results: The analysis identified three factors and four thematic clusters. The first cluster explores the encounter between physician and patient—both as a conventional clinical interaction and as physicians confront a new role when they fall ill. The second cluster highlights how the hospital experience extends beyond its walls: physicians carry emotionally charged scenes with them, both as professionals and as patients/caregivers, probably trying to integrate medical care into their daily lives. The third cluster gives voice to personal stories, illustrating how illness can bring past experiences back to the surface, making them present again; here, the physician is depicted as a vulnerable human being coming to terms with their own fragility. The fourth factor portrays the medical profession as a mission, framing the encounter with illness as a turning point, an event that allows physicians to reassess their course and that enhances their empathy.

Conclusions: These narratives emphasize how experiencing illness firsthand fosters deep reflection on the medical profession. The findings should prompt reconsideration of current medical training methods,

which often rely on content-rich but predominantly lecture-based approaches, lacking direct experiences that are emotionally engaging and conducive to reflection on affective aspects. The implementation of educational programs, such as focus groups, role-playing exercises, and virtual reality simulations, could be considered to cultivate similar empathic insights among physicians.

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The role of perceived stress in the link between trauma history and antenatal mental health: a mediation model

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Abstract

Traumatic experiences are recognized risk factors for antenatal mental health issues, including anxiety and depression. However, the psychological mechanisms underlying this relationship remain underexplored. This study investigates whether perceived stress mediates the association between past trauma and symptoms of pregnancy-related anxiety and depression during pregnancy. A sample of 106 pregnant women (mean age=30.47±5.02) completed a questionnaire retrospectively evaluating their adverse childhood experiences with the Childhood Trauma Questionnaire (CTQ) and their current perceived stress symptoms with the Perceived Stress Scale (PSS) in the second trimester of pregnancy. In the third trimester, they complete a second questionnaire assessing depressive symptoms with the Beck Depression Inventory-II (BDI-II) and the anxiety symptoms related to the pregnancy using the Pregnancy-Related Anxiety Questionnaire-Revised 2 (PRAQ-R2). Mediation analyses were conducted to test the indirect effect of trauma experiences on antenatal pregnancy-related anxiety and depression symptoms via perceived stress. Trauma history was associated with higher levels of perceived stress in the second trimester of pregnancy (b = 0.138, 95% CI [0.011, 0.167]). Moreover, the relationship between perceived stress and depressive symptoms (b = 0.317, 95% CI [0.194, 0.441]) and pregnancy-related anxiety symptoms was significant (b = 0.364, 95% CI [0.175, 0.553]). All direct and total effects were significant (p< 0.05). The indirect effect of perceived stress in the relationship between adverse childhood experience and depressive symptoms (b = 0.087, SE = 0.039, 95% CI [0.020, 0.172]) and pregnancy-related anxiety were significant (b = 0.070, SE = 0.035, 95% CI [0.014, 0.154]), confirming that perceived stress partially mediated the relationship between trauma and perinatal mental health symptoms. These findings suggest that women who report adverse childhood experiences may experience increased levels of perceived stress, which, in turn, may be linked to increased antenatal depressive and anxiety symptoms. Interventions aimed at reducing stress perception in women with a history of trauma may help prevent or mitigate antenatal mental health problems.

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Healthcare, Social Support, and Mental Health in Transgender and Gender Diverse Youth: A Person-Centered Study

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Abstract

Backgrounds: Transgender and gender-diverse (TGD) individuals often face systemic barriers in accessing adequate healthcare and social support, which can significantly impact their well-being.

Aim: This study explores the social and healthcare support received by TGD young adults in Italy, employing a person-centered approach to understand their experiences.

Method: A mixed-methods design was used, involving 51 TGD participants aged 18-30. Data were collected through sociodemographic measures and standardized questionnaires with open and close-ended questions, including the Patient Health Questionnaire-9, Gender Preoccupation and Stability Questionnaire-2, Loneliness Scale, and Deliberate Self-Harm Inventory. Moreover, 7 participants attended a semi-structured interview conducted by a trained researcher and audio recorded. Statistical analyses were conducted to identify patterns and associations within quantitative data. Additionally, qualitative data were elaborated through Thematic Analysis.

Results: Findings indicate that TGD young adults in Italy face considerable challenges in obtaining appropriate healthcare and social support, contributing to negative experiences of gender incongruence. Several key mediators emerged, influencing the severity of gender incongruence symptoms: peer awareness, family acceptance, and school education. Participants who reported higher levels of support in these areas demonstrated better mental health outcomes, whereas those experiencing rejection or a lack of understanding faced increased psychological distress, sense of loneliness and self-harm.

Discussion: The results highlight the need for more inclusive healthcare policies, greater awareness in educational settings, and stronger social networks to foster acceptance and support for TGD individuals. Addressing these barriers is essential to improving the quality of life and mental health of TGD young adults. These findings contribute to the growing body of research on the social and healthcare needs of TGD individuals, underscoring the importance of intersectional and person-centered approaches in future policy and clinical interventions.

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Executive functions and autistic traits in autistic children and adolescents: the influence of cognitive abilities

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Abstract

Autistic children often experience cognitive challenges, particularly in executive functions (EFs). EFs refer to a complex system of higher-order cognitive skills that enable individuals to regulate impulses, retain crucial information, filter out distractions, and shift attention in response to changing demands. While numerous studies have explored the relations between EFs and autistic traits, encompassing both social-communicative abilities (AS) and restrictive and repetitive behaviours (RRBs), most research has focused primarily on inhibition and cognitive flexibility, with limited attention to planning and problem-solving. Moreover, the extent to which cognitive abilities contribute to these relations remains unclear.

This study aimed to explore the relations between EFs and autistic traits, including social-communicative skills and restrictive and repetitive behaviours, while also exploring the role of cognitive abilities in these associations. We assessed 110 autistic participants aged 4-17 who underwent a comprehensive neuropsychological assessment. This included an intelligence measure (Wechsler Intelligence Scale), objective EF tasks, an observer (Autism Diagnostic Observation Schedule, ADOS-2) and a parent rating (Social Responsiveness Scale, SRS-2) as index of autistic traits.

The findings revealed associations between inhibition and cognitive flexibility with autistic traits of ADOS-2 and time in problem-solving tasks with RRBs of SRS-2. Additionally, our findings suggest that lower performance in executive functions is not solely linked to higher autistic traits but rather that better performance for both depends on stronger cognitive abilities. Further analyses indicated a different pattern of EF-autism relations based on the IQ level: in children with average IQs (N=78), cognitive flexibility, inhibition and adherence to rules were associated with autistic traits, whereas in borderline intellectual functioning children (N=32), no associations emerged.

This study suggests that executive functions and autistic traits are shaped by cognitive abilities rather than directly influencing each other. Furthermore, the weak convergence between EF and autistic trait scores and the inconsistencies found across different contexts-measures (performance-based and parent ratings) and cognitive levels (above and below average IQ) indicate that performance-based measures of EF do not adequately capture the challenges that autistic children encounter in daily life.

This emphasises the crucial need to develop more sensitive and ecologically performance-based EF measures.

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Is Lower Self-Esteem a Necessary Condition for Eating Disorder Symptoms?

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Abstract

Introduction: Eating disorders (EDs) are severe psychiatric conditions with high mortality rates (5 – 20%) and a profound impact on quality of life, particularly among adolescent females. Despite extensive research, the mechanisms underlying vulnerability remain poorly understood. Traditional approaches focus on *sufficient* probabilistic predictors – factors that increase the likelihood of developing EDs – but often fail to accurately identify at-risk individuals in non-clinical populations. An alternative approach is to consider *necessary* conditions – factors whose absence makes the outcome impossible, regardless of other contributing variables. This study aimed to explore necessary conditions for the presence of ED tendencies in adolescence, thereby contributing to a deeper understanding of EDs.

Method: Necessary Condition Analysis (NCA), a novel method applied in fields such as economics and medicine but underutilized in mental health, was employed to identify necessary – not merely probable – conditions for ED tendencies. The study tested whether lower level of self-esteem, a well-established sufficient predictor of EDs, also functions as a necessary condition for two core symptom domains: restrictive tendencies (*Drive for Thinness*) and dysregulated eating behaviors (*Bulimia*). The sample comprised 84 female adolescents (mean age = 15.74 ± 1.30 years), assessed at baseline for self-esteem and followed up after 12 months for ED symptoms.

Results: Lower level of self-esteem emerged as a necessary condition for restrictive tendencies. However, it was not identified as a necessary condition for bulimic behaviors, challenging previous assumptions based on probabilistic models. NCA further enabled to identify adolescents vulnerable to restrictive tendencies (42.67%) who met the threshold for lower self-esteem and those virtually immune (57.33%) who did not meet this threshold.

Discussion: These findings demonstrate the utility of NCA in refining theoretical models and informing clinical practice by distinguishing necessary from sufficient conditions. NCA not only helps identify individuals at risk but also those unlikely to ever develop symptoms – such as restrictive tendencies – thereby enabling more targeted prevention and informing early and personalized interventions.

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Emotional dysregulation and cognitive deficit: a pilot study investigates the use of thinking through images as a tool to improve emotional management and reduce dysfunctional behaviors

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Abstract

Thinking through images is based mainly, not exclusively, on visual thinking and appears before language. Different theoretical approaches consider thinking through images differently: psychoanalysis emphasizes the evocative and symbolic nature of images; cognitivism analyzes their computational mechanisms. A pilot study was conducted with the aim of evaluating the effectiveness of using thinking through images in the treatment of emotional dysregulation that, in patients with cognitive deficit, correlates with the appearance of behavioral disorders.

Literature evidence indicates that thinking through images is used in clinical practice and that its effectiveness is conditioned by the possibility of integrating thinking through images into a structured clinical framework. Twenty patients were enrolled with moderate cognitive impairment and behavioral disorders, hospitalized in a long-term care. Each patient was administered the Scale for the Measurement of Emotional Fragility and dysfunctional behaviors were recorded, for each patient, in a special diary. An emotional literacy program based on activities that use images was started. The sample was assessed before the start of the program (T0) and 12 months after the start of the same program (T1). The mean scores obtained on the Scale for the Measurement of Emotional Fragility and the mean number of episodes of dysfunctional behavior at time 0 and time 1 were calculated.

The statistical analysis of the means at time 0 and time 1 indicates that the use of thinking through images correlates positively with a decrease in the number of episodes of emotional dysregulation and a reduction in the number of episodes of dysfunctional behavior.

The results obtained support the hypothesis that thinking through images is a useful tool for improving the management of emotions and reducing dysfunctional behavior in cognitive deficit. The findings of this small-scale study indicate the feasibility of a subsequent study to be conducted on a larger sample.

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The Developmental Roots of Maladaptive Personality Domains: The Role of Adult Attachment Styles and Defense Mechanisms

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Abstract

Introduction: Attachment styles and defense mechanisms are key contributors to the shaping of personality and psychological functioning. However, few studies have integrated these constructs to examine their contribution to maladaptive personality domains as conceptualized by the DSM-5 alternative model of personality disorders. This study aimed to investigate how attachment styles and defense mechanisms predict the maladaptive personality domains.

Methods: A sample of 400 adults (47.5% males), aged 18 to 69 (M = 36.96, SD = 11.59), were recruited through social media advertisements. Participants completed the Relationship Questionnaire, the Defense Style Questionnaire–40, and the Personality Inventory for DSM-5–Brief Form.

Results: Multiple linear regressions were conducted for each maladaptive personality domain as a dependent variable, using attachment styles and defense mechanisms as predictors. Regression analyses identified distinct predictors for each personality domain. Specifically, negative affectivity was predicted by lack of secure attachment and a tendency to dismissing attachment, as well as the use of acting out, projection, autistic fantasy, displacement, and idealization, with humor and suppression acting as protective factor. Detachment was predicted by lack of secure attachment and a tendency toward fearful and dismissing attachments, along with the employment of isolation and autistic fantasy. Antagonism was predicted denial, splitting, and projection, with reactive formation acting as a protective factor. Disinhibition was predicted by lack of secure attachment, acting out, dissociation and splitting, with rationalization and devaluation acting as protective factors. Psychoticism was predicted by lack of secure attachment, the use of autistic fantasy, undoing, projection, acting out, and isolation, with anticipation and devaluation acting as protective factors.

Discussion: Our findings support the hypothesis that maladaptive personality domains are characterized by distinct configurations of attachment and defensive functioning. Integrating these constructs provides a comprehensive framework for understanding personality development and contributes to clinical case

formulation. Results also underscore the relevance of attachment and defense mechanisms in non-clinical populations, with implications for early assessment and prevention.

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Assessing Suicidal Ideation in Clinical Sample: The Role of Dissociation dimensions and Diagnosis

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Abstract

Introduction: In the field of prevention and treatment of clinical conditions associated with suicide risk, understanding the mechanisms underlying the development of suicidal thoughts is crucial. In recent years, studies have focused on understanding dissociation as an acquired capacity factor for suicide attempts. However, the relationship between dissociation and suicidal ideation (SI) remains unclear. To unravel the differential role of dissociation in the development of suicidal thoughts, a multidimensional perspective is required.

Methods: The study was conducted on a clinical sample of psychiatric patients in treatment (N=80; 55% female) with a mean age of 42.2 years (*SD*=17.1). A clinical survey was administered to collect diagnostic information (ICD-11; DSM-5), and self-report questionnaires were used to assess SI (*Beck Suicide Ideation Scale*), compartmentalization and detachment symptomatology (*Dissociative Experiences Scale*), and somatoform dissociation (*Scale of Body Connection, dissociation subscale*). Preliminary analyses were conducted to assess the internal consistency of the instruments and verify the assumptions. Correlation analyses (*Pearson's r*) were then performed to examine the association between dissociative symptoms and SI. Finally, multivariate linear regression analysis was conducted to test the predictive role of dissociative symptoms on SI, accounting for variability associated with psychiatric diagnoses.

Results: The analyses confirmed positive and significant correlations between dissociative symptoms and SI (ranging from .37 to .47, $p<.001$). Furthermore, the linear regression model revealed that, considering both dissociative symptoms and variability associated with the psychiatric diagnosis, only somatoform

dissociation significantly predicted SI (β=0.33, 95%CI [0.02-0.63]; *p*<.*05*), explaining 27% of the variance in the outcome.

Discussion: These findings support a multidimensional approach to examining dissociation and suicide-related outcomes, considering the role of the associated psychiatric diagnosis and revealing the predictive role of the somatoform dimension. These results suggest that, in the occurrence of suicidal thoughts, clinical understanding should focus on the bodily dimension of dissociative symptoms in patients with psychiatric diagnoses. The multidimensional approach applied to the dissociative mechanisms underlying SI represents an innovative conceptualization that distinguishes the contribution of interoceptive impairment in the development of suicidal thoughts in psychiatric patients in treatment.

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Sexual functioning and problematic sexuality in subjects with and without psychotic risk: a pilot study.

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Abstract

Introduction. The psychotic risk includes all pre-clinical conditions that could develop into psychotic onset. The risk of progressing to a first episode of psychosis depends on a critical event that triggers sub-clinical symptoms. Sexuality represents a fundamental dimension of an individual's identity and quality of life, and, therefore, sexual health could also play a role in mental health.

Methods. A convenience sample of 317 (males: n=87, females: n=229) individuals was recruited. Participants compiled a psychometric protocol composed by the Arizona Sexual Experience Scale (ASEX), to assess overall sexual functioning, desire, arousal, erection/lubrication and orgasm; Hypersexual Behavior Inventory (HBI), to assess compulsive sexual behavior; Brief Pornography Screen (BPS), to evaluate pornography use and Prodromal Questionnaire (PQ) for the psychotic risk. Individuals were categorized as at risk when they reported 6 or more psychotic prodromes, based on the PQ (PQ group: n=111; Control group: n=204).

Results. Correlation analysis showed that the total distress of psychotic prodromes correlated significantly with problematic pornography use (r=.126; p=.025), sexual function (r=.156; p=.005), and hypersexuality (r=.371; p<.001). The multiple linear regression showed that sexual function (β=.186; p<.001) and hypersexual behavior (β=.380; p<.001) predict the distress associated with psychotic prodromes (Adjusted R2=0.163; p<.001). The Welch's t-tests showed significant differences between the psychotic risk group and the control group for quality of erection/lubrication (Cohen's d=.235; p=.048), ease of orgasm attainment (Cohen's d=.349; p=.003), and hypersexual behavior (Cohen's d=.489; p<.001).

Discussion. Poorer sexual functioning and increased sexual risk behavior were associated with the severity of distress generated by the attenuated psychotic symptoms. The poorest sexual functioning and most hypersexual behaviour in individuals at risk of psychosis, and the relationship between sexual functioning

and distress associated with psychotic prodromes, suggest that sexuality may play a role in identifying people at risk. Hence, specific aspects related to pathological sexuality could be considered as sub-clinical factors in the evaluation of psychotic risk.

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Childhood Emotional Neglect and Binge Eating in adulthood: the mediation role of psychopathology and body dissatisfaction

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Abstract

Introduction: People with eating disorders (ED) often report a history of early traumatization; however, it is still unclear how and if certain types of abuse, and in particular neglect, can represent risk factors for the onset of dysfunctional eating behaviour, such as binge eating, that transdiagnostically characterizes different EDs types, and which processes are active. The present study aimed to examine this association, considering the potential mediating effect of psychological symptoms in adulthood, as well as the excessive focus on weight and body image in self-evaluation.

Methods: 109 women (M_{age} = 25.91, *SD* = 5.01) completed a group of questionnaires after a first visit within a public service for eating difficulties, providing information on childhood emotional neglect, psychological symptoms, binge eating behaviours, and concerns about body shape and weight. Questionnaires were completed on the Qualtrics interface. In addition, a face-to-face interview was conducted with all participants to assess the potential diagnosis of Nutrition and Eating Disorders.

Results: The serial mediation analysis confirmed that emotional neglect represents a risk factor for the onset of binge eating behaviours in adulthood, through the total mediation of the psychopathological index and concern for body shape and weight, after controlling for the effect of the Body Mass Index (BMI) as a covariate.

Discussion: Despite the effectiveness of the different interventions implemented in cases of ED, these approaches have some limitations that should be considered. Therapists should apply clinical interventions of containment for the manifested eating symptoms and deal with the psychiatric comorbidities, but at the same time, consider and explore the traumatic etiology of the dysfunctional behaviour of binge eating, in the specific case of the present study, emotional neglect, which could sometimes underlie other forms of abuse.

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Mapping Countertransference: Comparing Emotional Responses in the Treatment of DID and Other Disorders

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Abstract

Introduction: The treatment of Dissociative Identity Disorder (DID) poses complex clinical challenges, as dissociative identities—each characterized by distinct affective, cognitive, and behavioral patterns—can elicit countertransference (CT) responses that could be difficult to manage. It is indeed possible that dissociated identities engage the therapist through shifting dynamics, ranging from idealization and dependence to fear and hostility. In this context, CT may be amplified due to rapid behavioral shifts and divergent affective expressions of dissociative parts, potentially hindering treatment. The current case-control study explores therapists' emotional responses when engaging with patients diagnosed with DID.

Method: A socio-demographic form was administered to a sample of 145 psychotherapists (47 males, 32.4%) aged between 26 and 65 years old (M=39.97; SD=9.44), in order to collect information on their gender, age, years of clinical experience, and therapeutic approach. Therapists were also asked to provide details about their last patient with DID. If they had never treated a DID patient, they were asked to refer to their last patient. The Therapist Response Questionnaire was administered to all therapists. Group difference analyses were performed to examine the differences between the therapist-patient dyads.

Results: Thirty-five therapists out of 145 (24.14%) reported treatment of DID patients. Significantly more experience of patients' childhood abuse was reported among these therapists. A MANCOVA revealed significant CT differences in therapists treating DID patients and other therapists: with DID therapists exhibiting higher scores on CT Helpless/Inadequate, Overwhelmed/Disorganized, Criticized/Devalued, Special/Overinvolved, and Sexualized scales.

Discussion: The findings indicate that therapists treating patients with DID experience emotional responses marked by disturbing feelings to a greater extent than those working with other disorders. Given the crucial role of CT in therapy, these feelings may hinder the progress of treatment, as they can compromise the efficacy of therapists' interventions. The proper processing of these feelings, supported

by specific training if necessary, transforms them into valuable resources for exploring the patient's internal world, thereby facilitating the integration of dissociated identities.

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Dirty Minds and Powerful Drives: An Exploration of the Origins of Dark Triad Traits

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Abstract

Introduction: The Dark Triad (DT) traits—narcissism, Machiavellianism, and psychopathy—share a core tendency toward manipulation, emotional coldness, and the instrumentalization of relationships. While research links these traits to adverse childhood experiences, there is a lack of studies examining the relationship between DT traits and dissociation. Additionally, the domain of power, typically studied in organizational and educational contexts, has not been thoroughly examined in relation to the DT, particularly concerning its hyperactivation and deactivation. This study aims to bridge this gap by investigating the interplay between DT traits, childhood trauma, dissociation, and power dynamics.

Methods: A sample of 433 participants (290 females, 67.0 %) aged between 18 and 70 years (M= 31.16; DS= 10.59) was administered measures assessing child maltreatment, dissociative detachment and compartmentalization, hyperactivation and deactivation of power, and DT traits. A correlation network analysis approach was used to examine the relationships among the investigated variables, and a Directed Acyclic Graph (DAG) was estimated to reveal the structure and directionality of the associations.

Results: The DAG analysis revealed that the DT traits are linked to the hyperactivation of power, which is causally influenced by dissociative detachment and, in turn, predicted by childhood trauma, especially emotional abuse.

Discussion: Findings suggest that individuals with high levels of DT traits engage in the hyperactivation of power due to dissociative detachment, which prevents them from experiencing pain and leads to emotional indifference and a tendency to avoid others. This detachment compromises relational intimacy and fosters avoidance tendencies, which, in turn, activate a cold, systematic, and calculating form of power that further reinforces DT traits. These findings have significant implications for clinical practice, as therapeutic interventions could focus on somatic approaches to help individuals with high levels of DT traits reconnect with their emotions and physical sensations and thus address dissociative detachment. These interventions could aid in restoring bodily perception and emotional safety, promoting greater openness to others, and ultimately shifting the use of power from manipulative and cold behaviors to more trusting relationships.

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Exploring the Role of Attachment in Rheumatologic Conditions: A Systematic Review

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Abstract

Introduction: Rheumatologic diseases encompass a heterogeneous group of conditions affecting millions and impairing quality of life due to chronic pain and psychological distress. Recent research has highlighted the role of emotional and relational factors, particularly attachment patterns, in influencing disease perception, pain management and adjustment. The Attachment-Diathesis Model of Chronic Pain suggests that attachment insecurity may exacerbate emotional distress in chronic pain conditions. However, studies exploring these dynamics in rheumatologic diseases remain scarce. This systematic review aims to summarize current evidence on attachment-related aspects in rheumatological diseases.

Methods: Following PRISMA guidelines, a systematic search was conducted across Scopus, PubMed, PsychInfo, PsychArticles, Psychology and Behavioral Sciences Collection and CINAHL. A total of 12,268 records were initially retrieved from databases. After duplicate removal, 11,226 records were screened based on titles and abstracts, leading to 44 eligible studies. Full-text screening yielded 25 studies. Four independent raters handled duplicate removal and title-abstract screening, with two of them also conducting full-text screening. Conflicts at all phases were resolved through consensus.

Results: The synthesis of 25 studies revealed that individuals with rheumatologic diseases exhibit a notable overrepresentation of insecure attachment patterns and lower secure attachment compared to controls. Furthermore, insecure attachment was consistently linked to greater pain severity and psychological distress, negatively impacting quality of life. Avoidantly attached individuals tended to adhere less to treatment, while those with anxious attachment struggled to sustain therapeutic benefits. These patterns were also associated with maladaptive coping and reduced engagement on support systems.

Discussion: These findings underscore the relevance of attachment dynamics while also revealing notable gaps in the literature, such as the reliance on questionnaire-based assessments and a predominant focus on adult samples. Future research should address these limitations by including younger populations and adopting more comprehensive assessment methods. Clinically, integrating attachment-informed interventions into multidisciplinary care could contribute to better long-term outcomes.

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Preliminary analysis of the Italian validation of the Child PTSD Symptom Scale for DSM-5 (CPSS-5)

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Abstract

Introduction: According to the World Health Organization (WHO) many people worldwide, about 70%, will experience a potentially traumatic event during their lifetime. Scientific evidence indicates that trauma experienced during childhood (i.e., before age 18) causes long-lasting adverse developmental effects that can impair physical and mental health throughout the lifespan. A consequence frequently associated with childhood trauma is Post-Traumatic Stress Disorder (PTSD). The aim of the present study is the preliminary analysis of data from the Italian validation of the Child PTSD Symptom Scale for DSM-5 (CPSS-5) for the diagnosis of PTSD in children and adolescents aged 8-18 years.

Methods: The Italian version of the CPSS-5 underwent a process of back-translation and cultural adaptation. Subsequently, the Italian version of the CPSS-5 was included in a battery of instruments needed to test construct and criterion validity. Research participants were recruited through convenience sampling, which will later be adjusted for quotas, via contact with services against child abuse and maltreatment, foster care homes, educational centers and schools.

Results: Preliminary psychometric analyses were conducted on a sample of 28 participants (n=28), 60.71% female and 39.29% male, aged 8-18 years. The analyses revealed excellent internal consistency (α=0.90). Principal axis factorization and Oblimin rotation method with Kaiser normalization allowed the extraction of four latent factors. The factorial structure of the Italian version of the CPSS-5 seems compatible with the psychological area that the instrument aims to assess, which is PTSD according to the DSM-5, whose symptoms are divided into intrusion, avoidance, changes in cognition and mood, and increased arousal and reactivity.

Discussion: Childhood trauma is currently recognized as a growing global problem. Therefore, it is critical to develop and use valid and reliable instruments for timely identification of one of the most recurrent consequences of this phenomenon, namely PTSD. Further psychometric validation analyses are

underway on a larger quota-adjusted sample. As the sample size increases, factor loadings are expected to be adjusted for more accurate identification of markers of each factor.

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A Systematic Review of CNM and Attachment Theory

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Abstract

In recent years, there has been a growing interest in alternative models to traditional monogamy. The umbrella term consensually non-monogamous relationships (CNM) include various relational orientations such as polyamory, relationship anarchy, and open relationships. These are characterized by the possibility of engaging in multiple relationships within the agreements established by the people involved. Considering the value of Attachment Theory in understanding romantic bonds, this systematic review aims to provide a summary of the empirical literature on the topic. Five databases (PsycINFO, PsycARTICLES, MEDLINE, Scopus, and Web of Science) were systematically searched for studies analyzing the relationship between CNM and attachment dimensions, published in all years up to November 30, 2024. Overall, we found 13 studies that investigated the attachment framework in CNM between 2010 and 2025, with a total sample of N = 6,757 individuals. We identified five main topics: (1-2) The association between attachment and CNM or comparisons between CNM and monogamous relationships; (3-4) Attachment comparisons between hierarchical and non-hierarchical CNM structures or between partners; (5) The association between attachment and attitudes/willingness to engage in CNM. The findings of this review open an important debate on the adoption of the dyadic attachment approach versus a non-monogamous alternative to romantic relationships.

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Effects of virtual reality on fear and pain management in pediatrics: The AVATAR Project

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Abstract

Hospitalization can be a highly distressing experience for children, especially during medical procedures that evoke anxiety, fear, and pain. While pharmacological interventions have been the standard approach to managing these responses, growing interest has emerged in non-pharmacological techniques. Among these, Virtual Reality (VR) has shown promise as an innovative tool for procedural pain and anxiety management in pediatric settings.

The present study aims to explore the efficacy of VR in reducing perceived pain and fear in children undergoing potentially painful and anxiety-inducing procedures under anesthesia at the University Hospital of Padua. Following informed consent, 80 pediatric patients aged 7 to 20 years ($M = 11.85$; $SD = 2.83$), along with their caregivers, were recruited. The sample was composed of 68.8% males ($n = 55$) and 31.3% females ($n = 25$), with 52.5% diagnosed with acute illnesses and 47.5% with chronic conditions. Patients came from nine hospital departments, predominantly Pediatric Hematology-Oncology and Gastroenterology. Participants used VR headsets as a distraction tool before and during the induction of anesthesia for medical procedures. Pain and fear levels were measured using the Wong-Baker Faces Pain Scale and the Children's Fear Scale, respectively, before the procedure and upon awakening.

A repeated-measures ANOVA revealed significant reductions in both pain ($F = 87.10$, $p < .001$) and fear ($F = 123.68$, $p < .001$) post-procedure. The effect was stronger when the VR was used during a patient's first-ever procedure (pain: $F = 15.07$, $p < .001$; fear: $F = 20.44$, $p < .001$). Notably, the number of previous procedures had no significant effect on pain perception ($F = 1$, $p = .12$), but significantly influenced fear reduction ($F = 7.47$, $p = .008$). Furthermore, patients with hematological-oncological diagnoses showed a slightly greater decrease in pain ($F = 4$, $p = .04$) and a significantly greater reduction in fear ($F = 11.50$, $p = .001$) compared to other diagnostic groups.

These preliminary findings suggest that VR can be an effective non-pharmacological intervention to reduce pain and fear in pediatric patients, especially during initial medical procedures and among more vulnerable clinical populations.

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Exploring climate change anxiety and eco-anxiety among adolescents: the psychometric properties of the Italian Climate Change Anxiety Scale and Hogg Eco-Anxiety Scale

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Abstract

Introduction. Validating reliable psychometric measures for assessing climate change-related anxiety and eco-anxiety is essential for developing accurate diagnosis and targeted interventions, especially for adolescents who are particularly vulnerable to these emotional burdens. The present study aims to explore the psychometric properties of the Climate Change Anxiety Scale (CCAS) and the Hogg Eco-Anxiety Scale (HEAS) among adolescents in Italy.

Methods. In Study 1, the psychometric properties of the CCAS were explored using a sample of 250 high school students (45.60% F, Mage= 16.13, SDage= 1.44). In Study 2, the psychometric properties of the HEAS were explored using a new sample of 250 high school students (51.60% F, Mage= 16.12, SDage= 1.58). Participants were asked to respond to four self-report questionnaires: the CCAS, the HEAS, the Climate Change Worry Scale, and the New Ecological Paradigm Scale-Revised.

Results. The CCAS showed a two-factor structure (i.e. cognitive impairment and functional impairment) with a good fit [$\chi 2$ (df) = 83.980(64), p = .05; RMSEA [90% CI] = .02[.002;.025]; CFI = .995; SRMR = .054]. McDonald's Omega values were .91 and .87. Gender invariance was obtained only at the configural level. Both the CCAS factors were positively correlated with climate change worry, whereas only cognitive impairment was positively associated with pro-environmental attitudes. The HEAS showed a four-factor structure (i.e. affective symptoms, rumination, behavioral symptoms, anxiety about personal impact) with a good fit [$\chi 2$ (df) = 99.704(59), p = .001; RMSEA [90% CI] = .05[.03;.07]; CFI = .986; SRMR = .061]. McDonald's Omega values ranged from .74 to .85. Full gender invariance was obtained. All the HEAS factors positively correlated with climate change worry, anxiety, and pro-environmental attitudes.

Discussion. The CCAS and the HEAS are useful instruments with good psychometric properties for assessing climate change anxiety and eco-anxiety among Italian adolescents. The results highlight the potential dimensionality of the constructs assessed. Identifying dimensions helps us better define the constructs and their psychological correlates, which inform subsequent intervention strategies.

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The relationship between child maltreatment, traumatic symptoms, and premenstrual disorders in Italian sample

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Abstract

Introduction: International literature suggests an association between child maltreatment (CM) and premenstrual disorders (PMDs), but this relationship remains unclear. This study explores the link between specific forms of CM and PMDs in an Italian sample, examining the role of PTSD symptoms and subjective perception of recurrence between traumatic symptoms and PMDs.

Methods: 1,018 individuals completed a digital self-report questionnaire. The following tools were used for data collection: Childhood Trauma Questionnaire – SF, Premenstrual Symptoms Screening Tool, Severity of Posttraumatic Stress Symptoms – Adult (National Stressful Events Survey PTSD Short Scale [NSESSS]). An ad hoc question assessed the subjective link between PTSD symptoms and menstrual cycle worsening. A cross-sectional analysis was conducted on a sample of 736 women. A path analysis model was employed to examine the association among the variables in the total sample. For better understand the relationship between these variables, post-hoc analysis were performed. The female's subjective perception of an association between PTSD symptoms and negative experiences of the menstrual cycle was found affect levels of symptoms and stress. Consequently, this dummy variable was added as a moderator of the CM, PTSD and PMDs association.

Results: Physical abuse and neglect ($\beta = .09$, $p < .05$ and $\beta = .17$, $p < .01$) and emotional abuse ($\beta = .30$, $p < .01$) showed a direct association with PMDs in the total sample. PTSD symptoms mediated the effect of physical abuse and partially those of physical neglect and emotional abuse. In subgroup analysis, women with a subjective PTSD-PMDs link exhibited higher levels of physical abuse and neglect, and emotional abuse, as well as PTSD and premenstrual symptoms. When the exploratory variable was included as a moderator in the mediation analysis, the interaction with the predictor ($b = -.45$, $p = .03$) and the mediator ($b = .22$, $p < .05$) was significant.

Discussion: This study contributes to the understanding of the association between CM and PMDs, emphasizing the mediating role of PTSD symptoms and highlighting the relevance of the subjective

perception of symptoms. PMDs have a profound impact on women's health and understanding the mechanisms that may worsen their psychophysical condition is crucial. Further research is needed to better analyze these associations.

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Doping prevention in high school students: evidence from a chatbot assisted educational intervention

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Abstract

Introduction. Doping represents a growing concern not only among elite athletes but also within adolescent and amateur population. Doping represents a complex ethical issue with medical, psychological and legal implications. Adolescents often show limited awareness of clinical risks and legal consequences of prohibited substances. Digital interventions, particularly chatbot-based tools, are emerging as innovative strategies for delivering accessible and personalized health education and information programs. The aim of the study was to assess knowledge and motivations underlying prohibited substance toward a chatbot assisted educational program (the LUDO project) to prevent doping behaviors among adolescents.

Methods. A total of 176 high school students (males= 52.8%), aged from 13-19, from Italian schools (n=8), were involved and divided in two groups: adolescents (51%) who used the LUDO chatbot for a period of two months and adolescents (49%) who received information about doping but did not engage with the chatbot. A bespoke questionnaire, composited of 18 multiple choice items, was developed to assess knowledge about doping substances, including their effects, clinical implications, and legal risks and consequences. A total of 114 (64.8%) adolescents practiced sport activity. Between-group comparisons were conducted using t-tests, chi square and odd ratio, and multivariate analysis to assess the association between chatbot use and knowledge, controlling for gender, age and sport activity.

Results. Comparison of means were performed between correct answers and the following variables: chatbot use (LUDO users/LUDO non-users), gender (female/male), age, and sport activity (athletes/non athletes). The results suggest that there were significant differences between groups: LUDO users (t=6.59; p=<0.001), males (t=-3.73; p=<0.001), and adolescents who practice sports (t=-2.28; p=<0.001) showed higher scores in doping knowledge. The linear regression model reveals that chatbot use and age were significant predictors of doping knowledge (p=<0.001; R^{2adj}=0.321), while gender and sport practice were not.

Discussion. The sport activity can positively influence self-esteem, life skills, prosocial behaviors and self-regulation tasks, which are necessary aspects for adolescents' health and quality of life. The findings highlight the effectiveness of chatbot-based interventions in enhancing adolescents' understanding of doping related risks and underscore the importance of digital tools in educational strategies for preventing maladaptive behaviors among adolescents.

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Effects of mindfulness training on emotional distress, hope, and mind-wandering of breast cancer survivors: a randomized controlled trial

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Abstract

Introduction: Women diagnosed with cancer and receiving therapy commonly experience high psychological distress. Mindfulness-based interventions (MBIs) have been successfully employed in this population, with consistent findings showing a reduction in distress following these interventions. However, two important areas currently seem insufficiently covered by research. One regards the MBI-related changes in the existential perspective of patients, while the other pertains to the changes in the frequency and characteristics of mind-wandering thoughts, as these can be linked to the patients' distress.

Methods: A group of 30 women with breast cancer was included in the study (age: 53.0±6.7 years) and randomized into the MBI and wait-list control groups. The MBI group received an 8-week intervention delivered through group meetings via video conference. Participants were assessed at baseline and post-intervention with measures of trait mindfulness (MAAS), trait mind-wandering (MWQ), hope (HHI), meaning (MLQ), emotional distress (HADS), and health-related quality of life (FACT-G). They also completed at both assessment points a 10-minute attention task with thought probes for mind-wandering, followed by a questionnaire on the characteristics of each mind-wandering episode.

Results: In comparison with controls, significant improvements were observed in the MBI group in terms of anxiety, hope, and trait mind-wandering. The frequency of mind-wandering during the attention task decreased non-significantly from baseline to post-intervention in the two groups (MBI group: −13.3%; controls: −2.3%). Moreover, in the MBI group significant decreases from baseline to post-intervention were observed in comparison with the control group in three characteristics of the mind-wandering thoughts: amount of visual imagery, degree of intentionality, intensity of associated emotions.

Discussion: This study showed that, alongside reductions in emotional distress, participation in MBI was associated with increases in hope of women treated for cancer, as well as with reductions of the tendency to mind-wander. The observed modifications in the phenomenology of mind-wandering episodes, with spontaneous thoughts perceived as being less intentional and less emotionally-charged, provided some hints on the mechanisms of action of mindfulness in the promotion of mental health in oncology settings.

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The Role of Psychological Variables in Predicting Rehabilitation Outcomes After Spinal Cord Injury: An Artificial Neural Networks Study

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Abstract

Introduction: Spinal cord injury (SCI) is a severe and life-changing event, often resulting in psychopathological outcomes and long-term disability. Management focuses primarily on supportive care and rehabilitation. Accurately predicting neurorehabilitation outcomes is crucial for optimizing healthcare resources and informing treatment planning. Artificial Neural Networks (ANNs) have identified complex prognostic factors, but the role of psychological variables remains underexplored. This study investigates their contribution to rehabilitation outcomes to refine treatment strategies and clinical guidelines.

Materials and methods: A cohort of 303 SCI patients was analyzed using an ANN model with 17 input variables and a single output node. Inputs included age, SCIM, WISCI, AIS scores, lesion level, gender, etiology, surgery, and complications (e.g., pressure sores, respiratory and urologic issues). Psychological variables—anxiety (STAI-T), depression (DQ), extroversion (EPQ-E), self-esteem (RSES), and alexithymia (TAS-20)—were also considered. The main outcome was functional recovery, measured by the SCIM score at discharge.

Results: The sample included 303 patients admitted to the Fondazione Santa Lucia IRCCS (mean age 52.3 ± 18.2; 72% male) with cervical (33%), thoracic (49%), and lumbar (18%) lesions. SCIM scores improved significantly from admission (21.8±15.8) to discharge (57.4± 22.5; $p<0.001$). The length of hospitalization was 166±120 days. In the traumatic subgroup (n = 140), psychological factors accounted for 40.9% of the variance in discharge SCIM scores, with a strong correlation between predicted and actual scores ($r = 0.940$, $p < 0.001$). ASIA and SCIM at admission were the most relevant clinical predictors (10.7% and 10.3%), while psychological variables accounted for 36.3%, with self-esteem and alexithymia particularly significant ($p<0.001$).

Conclusions: These results highlight the role of psychological factors on rehabilitation outcomes following SCI. The ANN model suggested that alongside clinical variables such as lesion level, baseline SCIM, and motor completeness, psychological functioning—particularly in traumatic SCI—showed strong predictive power. Incorporating psychological screening may improve patient classification and support more personalized rehabilitation strategies.

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Friday, 19th September 2025

SYMPOSIUM SESSION

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Associazione Italiana di Psicologia

UPGRADING THE RORSCHACH: RESEARCH AND ADVANCES – 8TH EDITION

Proposer

Luciano Giromini [1]

[1] Department of Psychology, University of Turin, Turin, Italy

Discussant

Claudia Mazzeschi [1]

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Abstract

This symposium aims to provide an eighth update (the first symposium on this topic was held in Rome in 2016 at the XVIII AIP conference) on the current state of Rorschach research in Italy. Camelio et al. begin the session with an experimental study exploring the influence of transcranial direct current stimulation (tDCS) over the dorsolateral prefrontal cortex (dlPFC) on color-related emotional responses in the Rorschach, integrating eye-tracking and pupillometry to assess attentional and affective engagement. Milesi et al. follow with a comprehensive synthesis of systematic reviews and meta-analyses, offering an evidence-based perspective on the construct validity and interrater reliability of Rorschach variables, especially those within the R-PAS framework. Pasqualini et al. then present a simulation study assessing the R-PAS's utility in detecting feigned psychotic symptoms, highlighting variables capable of distinguishing genuine from simulated presentations. Finally, Bosco et al. report on a study examining the interplay between MMPI-3 validity scales and R-PAS variables in high-stakes forensic evaluations, with implications for identifying and addressing positive response bias. Collectively, these contributions underscore the ongoing advancement of Rorschach-based assessment and reinforce the importance of integrating it into contemporary multimethod evaluation strategies.

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Seeing emotion: eye-tracking insights into color responses in Rorschach with dlPFC modulation

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Abstract

The Rorschach test is widely used to assess emotional processing, with color responses providing valuable insights into emotional arousal. However, the relationship between these responses and the dorsolateral prefrontal cortex (dlPFC), a key area in emotion regulation, remains unclear. This study aims to investigate the emotional arousal through Rorschach color responses, utilizing eye-tracking and transcranial direct current stimulation (tDCS) targeting the dlPFC in a sample of 44 healthy individuals. Participants completed the Rorschach test and six cognitive tasks (Visual Search, Sustained Attention Task, Alternative Uses Task, Emotional Stroop, Emotional Picture Rating Task) in two sessions, spaced one month apart, using a within-subject design. Tasks were performed with and without dlPFC tDCS. Emotional arousal was measured using eye-tracking and pupillometry, with specific areas of interest defined for color (e.g., red in bicolor cards).

The results showed differences in color responses between the anodal stimulation condition targeted at the dlPFC and the sham condition. Eye-tracking data revealed a tendency towards increased fixation duration and a higher number of fixations on colour-related areas during the anodal stimulation, suggesting heightened emotional engagement. Pupillometric data also indicated a heightened level of emotional arousal during the active stimulation compared to the sham condition. These results offer valuable insights into the possible role of the dlPFC in modulating emotional arousal, suggesting that tDCS could influence color-related responses and attentional processes toward emotionally salient stimuli.

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Summary of Systematic Reviews and Meta-Analyses on the Interrater Reliability and Construct Validity of Contemporary Rorschach Systems

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Abstract

Over the past fifteen years, systematic reviews and meta-analyses have substantially contributed to clarifying the empirical support underlying interpretive variables in the Rorschach test. In an ever-evolving psychodiagnostic framework, it is increasingly important to rely on tools that facilitate evidence-based clinical and forensic applications. In this context, the Rorschach Performance Assessment System (R-PAS) stands out for its active integration of the most recent empirical findings into its interpretive framework. The purpose of this study is to provide a comprehensive synthesis of the available evidence on the construct validity of Rorschach variables, with the aim of fostering a concrete bridge between research and clinical practice. Findings indicate that 83% of the variables currently interpreted in R-PAS are supported by systematic reviews and/or meta-analyses. The study also includes a comparison with other scoring systems, such as the Comprehensive System (CS) and the Comprehensive System – Revised (CS-R), whose variables are supported in 57% and 38% of the examined cases, respectively. R-PAS has revised or eliminated the interpretation of certain traditional variables that lack empirical support—such as Pure C, Vista, V-Comp, and Critical Contents—and has initiated ongoing reviews for variables currently undergoing updates. Moreover, the study offers guidance for the selective use of the most valid components within complex composite scores and emphasizes the importance of avoiding overinterpretations not supported by the current literature. This analysis aims to serve as a resource for clinical, research and training activity on the Rorschach test, providing a solid empirical foundation for its responsible and up-to-date use across various contexts.

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Utilizing the Rorschach Performance Assessment System (R-PAS) to Detect Feigned Psychosis: Insights from a Simulation-Design Study

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Abstract

Introduction: Malingering is defined as the intentional production of false or grossly exaggerated psychological or physical symptoms with the aim of obtaining external incentives. In forensic contexts, it is deemed to occur in about 15% ± 15% of evaluations. Because evaluees at times overreport the severity of their condition—for example, when seeking disability status or financial compensation after an index event—the credibility of presented symptoms cannot be taken for granted but needs assessment using multiple indicators, such as symptom validity tests (SVTs) and performance validity tests (PVTs). In this context, the Rorschach test has been underinvestigated, despite its potential utility, given that test-takers are generally unlikely to know which scores the assessor will consider. Thus, the aim of the current study is to evaluate the accuracy of the R-PAS in distinguishing bona fide patients from experimental simulators.

Methods: To contribute to filling this research gap, the current quasi-experimental study evaluated whether a set of variables from the Rorschach Performance Assessment System (R-PAS) could discriminate feigned from genuine psychotic symptoms. The sample consisted of 60 volunteers divided into three groups: 20 patients with schizophrenia instructed to respond honestly (i.e., clinical contrast group), 20 non-clinical adults instructed to feign schizophrenia (i.e., experimental feigners group), and 20 non-clinical adults instructed to respond honestly (i.e., non-clinical control group).

Results: Results showed that a subset of R-PAS scores, mainly focused on thinking problems, adequately discriminated between subjects genuinely suffering from schizophrenia and feigners. However, some variables supposed to differentiate healthy controls from bona fide patients did not perform as expected, particularly form quality-related codes. Finally, a qualitative analysis of the simulators' protocols was conducted to detect the presence of the Breaking the Card Boundary variable (BCB), highlighting the tendency of schizophrenia feigners to relate to the Rorschach response as if it were alive.

Discussion: Finally, understanding how the R-PAS can distinguish between a genuine presentation and a simulated one is of particular importance for psychologists working in clinical and forensic settings, in order to make accurate and non-misleading professional judgment.

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Unmasking Positive Response Bias: How MMPI-3 and R-PAS Interact in High-Stakes Assessments

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Abstract

In high-stakes psychological evaluations—such as Child Custody cases, Personnel Selection, or Weapon Eligibility—self-attribution inventories like the MMPI-3 and PAI are frequently used. Yet, when the stakes are high, individuals often manage their responses to appear more emotionally stable or socially desirable, intentionally or not. This tendency, known as Positive Response Bias (PRB), can compromise the accuracy of assessments and undermine their usefulness in guiding decisions.

Performance-based tools like the Rorschach Performance Assessment System (R-PAS) are often considered less susceptible to this bias, as they rely on spontaneous, behaviorally anchored responses to ambiguous stimuli. Rather than asking individuals to describe themselves, the Rorschach shows how they interpret the world—a process thought to reveal underlying personality dynamics more indirectly. However, even these methods can be subtly shaped by examinees' efforts to control how they are perceived.

This study investigates how PRB may manifest within R-PAS variables by examining their association with MMPI-3 validity scales, specifically L and K, in a sample of parents undergoing Child Custody Evaluations. These individuals often have a strong incentive to present themselves as psychologically well-adjusted, making them an ideal group for exploring defensive response styles. We aim to identify which Rorschach indicators are particularly sensitive to impression management, with a focus on content and thematic variables. Gender differences will also be explored to better understand how defensive strategies may vary.

By clarifying how PRB influences Rorschach performance, the study seeks to inform more accurate interpretation of protocols in contexts where self-presentation pressures are high. These findings could offer practitioners concrete guidance in identifying subtle defensive tendencies and enhance the use of

the Rorschach in forensic and evaluative settings. In the long term, the results may also contribute to the development of a defensiveness or PRB index within the R-PAS framework.

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CLIMATE CHANGE: THREAT TO MIND, EMOTIONS, AND RELATIONSHIPS

Proposers

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Discussant

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Abstract

As climate change accelerates, its psychological impacts extend beyond environmental concerns, affecting mental health, interpersonal relationships, and therapeutic processes. This symposium brings together four contributions that explore the intersections between the climate crisis and emotional functioning, identity, clinical practice, and parenting. The first paper (Reho) investigates the motivational mechanisms connecting environmental attitudes to behaviors. Grounded in a semiotic perspective, the study suggests that personal meaning-making plays a key role in determining whether pro-environmental attitudes result in sustainable behaviors. Positive, hopeful interpretations of environmental responsibility tend to enhance behavioral engagement, while negative or fatalistic meanings may inhibit it. The second paper (Mirandi et al.) examines adolescents' experiences of climate-related anxiety and worry, identifying distinct psychological profiles. Data from a large sample of Italian adolescents reveal that a strong environmental identity, combined with emotional dysregulation and internalizing symptoms, intensifies both cognitive and emotional responses to climate change. These findings underscore the importance of tailored mental health interventions that address youth vulnerability within the broader ecological context. The third contribution (Tracchegiani & Carone) focuses on parenthood regret in relation to the climate crisis. Findings from a community sample of primary caregiving mothers show that concerns about environmental collapse amplify the psychological impact of early relational trauma—especially disorganized attachment to one's mother—on current parenthood regret. This study highlights the importance of psychological support for caregivers facing the unique pressures of raising children in an uncertain environmental future. The final paper (Protopapa et al.) explores the experiences of clinicians working within therapeutic settings marked by increasing ecological uncertainty. Using interpretative

phenomenological analysis, the study reveals how therapists' own eco-anxieties can challenge their professional roles, complicating the therapeutic alliance and diminishing their capacity to sustain hope in clinical encounters. Together, these studies illustrate climate change as a complex and multifaceted psychological threat. By addressing its impact across individual, relational, and professional domains, the symposium emphasizes the urgent need to integrate ecological awareness into clinical, developmental, and behavioral frameworks to support mental health and adaptive responses in an era of environmental instability.

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Making sense of sustainability: the role of meaning-making in the relationship between environmental attitudes and behaviors

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Abstract

The current climate crisis requires an urgent transformation of human lifestyles. Scientific research has shown that positive attitudes towards the environment do not always translate into concrete behavior, giving rise to an attitude-behavior gap that is still the object of debate. Further studies are therefore needed to identify the factors that can encourage or hinder the adoption of sustainable practices. In light of the semiotic perspective of cultural psychology, which emphasizes the role of meaning-making processes in shaping individual perceptions, thoughts and actions, the present study aimed to analyze the influence of subjective interpretations regarding the protection of the planet—conceived as "domain meanings"—on the relationship between pro-environmental attitudes and behaviors. A sample of 700 participants completed the Transformative Utopian Impulse for Planetary Health Scale (I-TUIPHS) to assess domain meanings, the New Ecological Paradigm Scale - Revised (NEP-R) to measure environmental attitudes, and the Pro-Environmental Behaviors Scale (PEBS) to detect pro-environmental behaviors. A general linear model was applied to test the moderating effect of I-TUIPHS on the relationship between NEP-R and PEBS. The results confirmed that environmental attitudes impact pro-environmental behaviors and that this relationship is significantly affected by domain meanings: a positive interpretation of protecting the planet strengthens the association, while a negative interpretation weakens it. These results suggest that focusing on individual meaning systems, by promoting alternative narratives, could be an effective strategy not only to raise awareness among people less inclined to environmental issues and encourage greater responsibility towards current ecological challenges, but also to promote a broader and more conscious conception of the environment and the need to conserve it.

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Psychological Profiles of Adolescents in relation to Climate Change Anxiety and Worry: The Role of Environmental Identity and Psychological and Emotional Difficulties

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Abstract

Introduction. Climate change is not only an environmental challenge but also has a significant psychological impact, contributing to the development of anxiety and worry. Climate change anxiety (CCA) and worry (CCW) arise in response to threats perceived as unpredictable and uncontrollable, related to an uncertain future. However, while CCW manifests as a cognitive process marked by persistent and hard-to-control thoughts, CCA represents a cognitive-emotional response, which may include feelings of rumination, sense of helplessness, and guilt. Various vulnerability factors, such as a strong environmental identity and emotional and psychological difficulties, influence the nature and intensity of individual responses. Adolescents are particularly susceptible due to their numerous physical, psychological, and environmental challenges, especially in the current socio-environmental context. However, research on the psychological profiles of adolescents about CCW and CCA is limited. This study aims to explore the level of CCW and CCA among adolescents and identify the psychological profiles associated with these factors.

Methods. A sample of 625 Italian adolescents (M=16.21±1.40; 51.68% female) completed the Climate Change Anxiety Scale, Climate Change Worry Scale, Revised Environmental Identity Scale, Emotion Regulation Scale, and Strengths and Difficulties Questionnaire.

Results. The results showed a positive correlation among cognitive-emotional (CEI) and functional (FI) dimensions of CCA, as well as CCW with psychological variables such as environmental identity (CEI:r=.26**; FI:r=.19**), internalizing symptoms (CEI:r=.18**; FI:r=.22**; CCW:r=.25**), externalizing symptoms (CEI:r=.15**; FI:r=.22**; CCW:r=.12**), and difficulties in emotion regulation (CEI:r=.15**; FI:r=.19**; CCW:r=.21**). Latent profile analysis identified three distinct groups of adolescents: (1) low levels of both CCA and CCW, (2) moderate levels of CCW but low CCA, and (3) moderate levels of both CCA and CCW. Adolescents with higher levels of CCA and CCW showed stronger environmental identity (F=16.49**), greater difficulties in emotion regulation (F=9.45**), and higher levels of internalizing (F=11.18**) and externalizing symptoms (F=10.57**). Moreover, those experiencing CCA showed significantly higher impulsivity compared to those reporting only CCW (F=7.38**).

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Discussion. Identifying different psychological profiles associated with varying levels of CCA and CCW provides essential insights for preventing the development of CCW and CCA and promoting adolescent psychological well-being in relation to climate change.

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Regretting motherhood in the context of climate crisis: Developmental and environmental determinants

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Abstract

Introduction: Parenthood regret and the psychological impact of the climate crisis on parental functioning are two emerging research areas. To date, the developmental and environmental factors contributing to parenthood regret, particularly in the context of climate crisis, remain largely unexplored. Childhood experiences of disorganization and role reversal in primary relationships have long-term detrimental effects on adult caregiving, which may be exacerbated by current distress related to climate crisis. Despite this, no studies have examined whether climate crisis concerns moderate the relationship between a parent's history of disorganization and role reversal and their experience of parenthood regret.

Methods: This cross-sectional study involved a community sample of 452 cisgender, heterosexual, primary caregiving mothers (M = 41.30; SD = 6.60) of preschool-aged children (M = 3.85; SD = 1.40). The study investigated the distinct and interactive effects of childhood disorganization and role reversal and climate crisis concerns on parenthood regret. It was hypothesized that higher levels of childhood disorganization and role reversal would be associated with increased parenthood regret, with parental concerns on climate crisis amplifying this relation.

Results: A hierarchical regression analysis indicated that concerns regarding the climate crisis in the last 12 months were associated with greater parenthood regret (β = .35, p < .001). Moreover, climate crisis concerns significantly moderated the relationship between childhood disorganized attachment experiences with participants' mothers—but not with their fathers—and parenthood regret (β = .32, p = .002). A simple slopes analysis revealed that among mothers concerned with the current climate crisis, higher levels of disorganization in the childhood maternal relationship were associated with increased levels of parenthood regret (β = .34, p < .001).

Discussion: This study is the first to highlight the interplay between early relational trauma and existential threats linked to the current climate crisis in shaping parenthood regret. These findings underscore the

need for targeted interventions to support primary caregiving mothers facing psychological distress in the context of the climate crisis.

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Therapeutic work in the Anthropocene: an interpretative phenomenological analysis of clinicians' experiences.

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Abstract

Introduction: The current global conditions may trigger a latent state of worry or even pre-traumatic responses which may not be exclusively exhibited by patients. Exposure to unpredictable changes in the shared environment might challenge the inherently hopeful nature of therapy, altering our practice with unforeseen technical, ethical and/or pragmatic dilemmas that often pertain to themes of climate (social) justice. Since the term 'eco-anxiety' made its entrance into the field of psychopathology, several explanations on its unconscious value have been proposed; yet efforts to collect information on clinical work under climate change are vague, and little is known about the use of one's own eco-anxious response as a resonance tool to attune to patients' coping mechanisms in a shattering world.

Methods: Fifteen therapists living in urban and suburban areas were interviewed on how they work with patients considering the current state of the climate crisis, their conjectures about eco-anxiety as a psychological construct, and other personal reflections on how the non-human environment affects psychological well-being. Data was analyzed using Interpretative Phenomenological Analysis (IPA).

Results: The findings shed light on the sense of inadequacy that may arise in those who struggle to provide a sense of safety, due to the ever-worsening conditions of our social-ecological systems. Some interviewees reported a difficulty in modeling and/or promising a better quality of life due to the expected outcome of climate change in the next decades. The meaning of eco-anxiety as a construct and its use in clinical practices not only differed based on the participants' residential location and personal sensitivity to the subject, but also on the epistemological stance of the interviewees.

Discussion: The climate crisis, gathering unpredictable social changes, generates a new set of collective anxieties (eco-anxieties) that may intertwine with a person's underlying psychopathology, and must be understood in the light of their history, functioning and biological disposition. As therapists may face

resistance in recognizing or explicitly addressing the unthinkable anxieties made more salient by climate change, insight on countertransference for a climate-aware clinical practice seems pivotal for a good therapeutic alliance.

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MATERNAL AND PATERNAL AFFECTIVE DISORDERS: INTERPERSONAL AND PSYCHOLOGICAL PATHWAYS

Proposer

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Discussant

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Abstract

The transition to parenthood is often experienced as a time of personal growth and fulfillment. However, it may also represent a critical period of vulnerability to affective disorders in both mothers and fathers. This symposium offers an in-depth exploration of the psychological and interpersonal pathways associated with perinatal affective symptoms, focusing on individual, familial, and dyadic factors from a gender-sensitive and integrative perspective.

The first presentation, by Mangialavori et al., investigates the association between childhood trauma and perinatal depressive symptoms in 222 heterosexual couples. Using a dyadic approach, the study reveals that paternal childhood trauma is significantly associated with both fathers' own depressive symptoms and those of their partners, highlighting the interpersonal impact of early adverse experiences.

The second contribution, by Cacioppo et al., examines the relationship between perceived family functioning in the parental family of origin and current dyadic adjustment in a clinical sample of first-time parents with perinatal depression. Findings suggest that balanced cohesion, flexibility, and family communication are positively associated with relationship satisfaction and adjustment. A clinical case is presented to illustrate therapeutic implications.

The third presentation, by Terrone et al., focuses on expectant fathers, exploring risk variables associated with paternal perinatal affective disorders during pregnancy. Particular emphasis is placed on alexithymia

as a vulnerability factor that may hinder emotional processing and the capacity to engage in early bonding representations with the unborn child.

Finally, Casu et al**.** present a study on expectant mothers, investigating the associations between insecure attachment, maladaptive coping strategies, and perinatal affective symptoms. The study contributes to the understanding of maternal vulnerability profiles.

Together, these contributions provide a multifaceted view of perinatal affective disorders, underlining the need for psychological interventions that consider both maternal and paternal mental health, as well as the relational dynamics that shape the early stages of parenthood.

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Childhood Trauma and Perinatal Depression in Couples: A Dyadic Study.

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Abstract

Introduction. Childhood traumatic experiences are established risk factors for later mental health difficulties, including perinatal depression. However, the interpersonal impact of such experiences within expectant couples remains underexplored. This study examined individual and relational associations between childhood trauma and perinatal depressive symptoms in heterosexual couples during pregnancy.

Methods. In a cross-sectional dyadic design, 444 participants (222 expectant couples) completed the Childhood Trauma Questionnaire and the Edinburgh Postnatal Depression Scale. Actor and partner effects were analyzed using the Actor-Partner Interdependence Model, with dyad members distinguished by gender.

Results. Significant actor effects were found for fathers, indicating that greater childhood trauma was associated with higher levels of their own perinatal depressive symptoms. A significant partner effect was also identified from fathers to mothers, suggesting that paternal childhood trauma predicted higher depressive symptoms in their partners. No significant actor or partner effects emerged for maternal childhood trauma. Intraclass correlation of residuals confirmed interdependence within couples.

Discussion. Paternal childhood trauma appears to play a dual role in shaping perinatal depression within couples, influencing both individual and partner symptoms. These findings underscore the importance of considering early adverse experiences not only as individual risk factors but also as interpersonal vulnerabilities during the transition to parenthood. Integrating trauma-informed and dyadic approaches in perinatal mental health care may help to identify and support both members of the couple more effectively.

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Parental Family Functioning and Dyadic Adjustment in First-Time Parents with Perinatal Depression: A Correlational Study

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Abstract

Introduction. The transition to parenthood represents a critical developmental period for individuals experiencing perinatal affective symptoms, leading to significant challenges for new parents and having long-term implications for the quality of parent–child relationships. This study explores the association between perceived parental family functioning and current dyadic adjustment in a clinical sample of first-time parents with elevated depressive symptoms.

Methods. A cross-sectional study was conducted on 24 first-time parents (mean age = 37.6 years, SD = 6.65), all of whom reported clinically significant depressive symptoms (EPDS > 12). Participants completed the Dyadic Adjustment Scale (DAS) and the Family Adaptability and Cohesion Evaluation Scale IV (FACES-IV), referring to their parental family of origin. Pearson correlations were used to examine associations between family functioning and dyadic adjustment.

Results. DAS total scores were positively associated with Balanced Cohesion ($r = .566$, $p < .01$) and Balanced Flexibility ($r = .741$, $p < .001$). Significant negative correlations emerged between DAS Satisfaction and the Disengaged dimension ($r = –.447$, $p < .05$). Notably, Family Communication and Family Satisfaction showed strong positive correlations with all DAS subscales, suggesting that more positive experiences in the parental family may support current relational functioning.

Conclusions. These findings emphasize the role of perceived parental family functioning in shaping dyadic adjustment among first-time parents facing perinatal depression. A clinical case will be presented to illustrate how dimensions such as cohesion, flexibility, and communication may influence relational dynamics and guide psychotherapeutic intervention during the perinatal period.

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Depression and Paternal Perinatal Disorders, Alexithymia and Personality

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Abstract

Introduction: In recent years, research on perinatal health has significantly expanded, extending its interest to the psychological well-being of fathers. The focuses on expectant fathers, exploring risk variables associated with paternal perinatal affective disorders during pregnancy. Particular emphasis is placed on alexithymia as a vulnerability factor that may hinder emotional processing and the capacity to engage in early bonding representations with the unborn child.

Methods: 264 fathers completed the Edinburgh Postnatal Depression Scale (EPDS), the Perinatal Assessment of Paternal Affectivity (PAPA), the Toronto Alexithymia Scale–20 (TAS-20), and the Big Five Inventory (BFI).

Results: Fathers' difficulty in identifying and describing their emotions (Factor 2 of the TAS-20) moderated the relationship between neuroticism and perinatal depression. Meanwhile, high levels of externally oriented thinking (Factor 3 of the TAS-20) moderated the relationship between neuroticism and paternal perinatal affective disorders.

Conclusions: These findings highlight clinical targets for intervention—namely, difficulties in emotional expression and high levels of externally oriented thinking, both of which contribute to negative affectivity and influence depression and paternal perinatal affective disorders.

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Understanding maternal vulnerability: Insecure attachment, coping strategies, and perinatal affective symptomatology

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Abstract

Introduction: Pregnancy represents a significant life transition that can challenge established emotional and social balances. Women vary in how they evaluate and respond to these changes, often activating coping strategies to maintain well-being. Insecure attachment has been associated with greater difficulty in this adaptation process and may negatively affect the early mother-infant bond. Adult attachment styles influence how individuals manage stress, partly through coping mechanisms. Despite growing interest, few studies have explored whether pregnancy-specific coping mediates the link between insecure attachment and psychological functioning during the transition to parenthood. This study addresses this gap by focusing on perinatal affective symptomatology.

Methods: Using a cross-sectional design, 204 expectant mothers (aged 33.15 ± 4.07 years; 16.2% first trimester, 27.5% second, 56.4% third) were recruited via social media and flyers at associations offering birth preparation activities. Participants completed the Experience in Close Relationship Scale-12, the Perinatal Assessment of Maternal Affectivity, and the Revised Prenatal Coping Inventory. Path analysis with 1,000 bootstrap resamples was conducted to test the mediating role of pregnancy-specific coping strategies in the relationship between insecure attachment and perinatal affective symptomatology.

Results: While adaptive coping strategies (planning-preparation and spiritual-positive coping) were unrelated to the outcome, avoidant coping mediated the relationship between insecure attachment and perinatal affective symptomatology. Higher anxious and avoidant attachment were linked to greater use of avoidant coping, which was in turn associated with more severe perinatal affective symptomatology. Anxious attachment had no direct effect, whereas avoidant attachment did.

Discussion: This study supports the relevance of adult attachment in understanding psychological vulnerability during pregnancy, highlighting avoidant coping as a key mechanism linking insecure attachment to perinatal affective symptomatology. Assessing attachment style and coping strategies

during pregnancy may help identify women at risk of emotional difficulties during this critical period. Early psychoeducational interventions that increase awareness of dysfunctional coping linked to attachment patterns could promote better emotional adjustment. Future research should replicate these findings in clinical populations and explore additional mediators and psychological outcomes to inform more targeted, attachment-based preventive strategies.

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EXPLORING THE COMPLEXITIES OF CLINICAL PRACTICE: THE THERAPIST EFFECT

Proposers

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Discussant

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Abstract

In recent years, research has increasingly focused on how therapists' characteristics (such as developmental history, attachment patterns, defensive functioning, motivations, and emotional responses) affect the course and outcome of psychotherapy. This symposium brings together four empirical contributions examining the impact of therapist-related factors on the therapeutic process.

The first presentation (by Liotti) explores how therapists' early relational experiences, attachment, and interpersonal functioning relate to both the motivation to become a therapist and clinical functioning. While childhood trauma appears linked to self-explorative motivations, consistent with the wounded healer paradigm, it is interpersonal difficulties and insecure attachment that are associated with greater challenges in emotionally demanding clinical situations and with increased reliance on avoidant coping strategies.

The second contribution (by Rossi) investigates how therapists' emotional responses and their perception of the therapeutic alliance evolve over time. Findings indicate that countertransference and alliance perceptions remain relatively stable but are significantly influenced by contextual factors and patient

characteristics. The study underscores the importance of ongoing supervision and training aimed at enhancing therapists' capacity for self-reflection and emotional regulation within the therapeutic dyad.

The third contribution (by Di Giuseppe) presents a single-case study using the Defense Mechanisms Rating Scales (DMRS) to assess both patient and therapist. The analysis reveals how changes in the clinician's defensive profile correspond to shifts in the patient's defensive functioning, suggesting that the therapist's regulatory functioning may serve as a model from which the patient can gradually learn more adaptive strategies to manage conflict and external demands.

The fourth presentation (by Tanzilli et al.) applies network analysis to examine connections among therapist responsiveness, working alliance dimensions, and session depth. Results show therapist responsiveness is central to promoting depth of elaboration during sessions, and is strongly linked to both task and bond elements of the alliance, especially within the therapist group. These findings highlight the intersubjective nature of the therapeutic process.

Together, these contributions offer a comprehensive view on how therapists' subjectivity interacts with therapeutic process and outcome. The symposium aims to stimulate discussion on the implications of these findings for psychotherapist training, supervision, and clinical practice.

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Why We Become Therapists: Personal Factors, Clinical Functioning, and the Weight of Early Experiences

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Abstract

Introduction. Therapists' subjectivity is increasingly acknowledged as a key component of therapeutic effectiveness. Research highlights how early relational experiences, attachment patterns, personality traits, and interpersonal functioning shape not only therapeutic style but also the motivations to choose this profession. The wounded healer archetype suggests that unresolved trauma may foster a reparative drive and a heightened sensitivity to others' pain—offering, in some cases, a meaningful route into the psychotherapeutic profession. However, unresolved experiences may compromise clinical functioning when not sufficiently elaborated. Exploring how these dimensions intertwine with professional functioning can offer deeper insight into the so-called "therapist effect."

Methods. A mixed-methods design was employed. In the quantitative phase, 126 Italian psychotherapists completed self-report measures including: the Childhood Trauma Questionnaire – Short Form (CTQ-SF), the Experiences in Close Relationships Scale – Short Form (ECR-S), the Inventory of Interpersonal Problems – 32 (IIP-32), and the Development of Psychotherapists Common Core Questionnaire (DPCCQ). The DPCCQ assesses a wide range of clinically relevant domains, including preferred therapeutic style, perceived difficulties in therapeutic practice, and coping strategies when facing therapeutic challenges. In the qualitative phase, 12 participants underwent semi-structured interviews, thematically analyzed to explore personal histories and professional motivations.

Results. Nearly all participants reported significant childhood adversities, particularly emotional neglect and abuse. Insecure attachment and higher interpersonal problems were significantly associated with less effective clinical styles, greater perceived difficulties during therapy, and use of maladaptive coping strategies. Childhood trauma positively predicted a self-explorative motivation for entering the profession, whereas avoidant attachment negatively predicted it. Qualitative findings identified four motivational domains: (1) personal suffering and unresolved emotional challenges; (2) humanistic and

intellectual interests; (3) altruistic drives; and (4) the influence of significant others. Several participants described transforming early suffering into a source of empathy and interpersonal attunement.

Discussion. These findings underscore how both the decision to become a therapist and therapists' clinical functioning are rooted in personal histories often marked by adversity. When unexamined, such vulnerabilities may undermine clinical effectiveness. Training programs and supervisory practices should explicitly consider the therapist's subjectivity and its role in shaping therapeutic processes.

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Exploring Therapists' Dynamics, Countertransference and Therapeutic Alliance: A Longitudinal Study

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Abstract

Introduction: In psychotherapy, the therapist's internal processes play a crucial role in shaping the therapeutic relationship, mainly through managing countertransference and developing the therapeutic alliance. The therapist's capacity for emotional regulation, reflective functioning, and containment directly influences the unfolding of relational dynamics and contributes to enhancing a safe and meaningful therapeutic space.

Methods: 51 therapists of a Private Clinical Centre in Milan participated in a longitudinal study conducted within a psychodynamic clinical setting. At therapy onset (T0) and after one year (T1), therapists completed the Working Alliance Inventory – Therapist Version (WAI-T), the Psychotherapy Relationship Questionnaire (PRQ), and the Therapist Response Questionnaire (TRQ), each referring to a specific patient. These instruments assessed perceived alliance quality, transference patterns, and countertransference responses. Therapists also evaluated their patients' psychosocial functioning using the Social and Occupational Functioning Assessment Scale (SOFAS). Repeated-measures MANOVAs and paired-sample t-tests were used to assess within-subject changes, with additional analyses exploring the influence of demographic and clinical variables.

Results: No significant changes emerged over time in therapists' perceptions of the therapeutic alliance (WAI-T), transference (PRQ), or countertransference (TRQ). Likewise, patient functioning as measured by SOFAS remained stable after one year. Findings revealed that male patients were perceived as more hostile and avoidant, and were associated with higher levels of therapist-reported criticism and powerlessness. Female patients elicited greater feelings of protectiveness. Face-to-face settings were linked to higher patient avoidance and increased therapist overinvolvement compared to couch settings. Patients with fixed-fee arrangements were perceived as more avoidant and elicited greater therapist detachment. Neurotic-level patient functioning was associated with stronger perceived alliance and lower countertransference distress compared to borderline functioning.

Discussion: The results indicate substantial stability in therapists' subjective experience of the therapeutic relationship over the course of one year. However, patient and contextual variables significantly influenced these experiences, highlighting the importance of therapists' reflective capacity and emotional attunement. Accordingly, the study supports the need for continued training and supervision focused on enhancing therapists' self-reflexivity and their capacity to observe, understand, and regulate internal experiences within the therapeutic dyad.

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The role of therapists' defense mechanisms in promoting changes in patients' defenses in psychoanalysis

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Abstract

Aims: Psychotherapy research has demonstrated the relationship between therapist's defense mechanisms and patient's defense mechanisms used during psychoanalytic sessions (Di Giuseppe et al., 2024). The stability of therapists' defensive functioning seems to promote a gradual improvement in patients' defensive functioning as a sort of imitative process, especially in the initial phase of the treatment.

Methods: This study investigated a single case of psychoanalytic treatment in which patient's and therapist's defense mechanisms have been assessed using the Defense Mechanisms Rating Scales (DMRS; Perry, 1990; Lingiardi & Madeddu, 2023). 20 sessions were recorded and transcribed at different time of the treatment. The synchronicity of defenses used within the therapeutic pair were qualitatively analyzed to understand changes in patient's defensive patterns in response to therapist interventions.

Results: Qualitative analyses showed that in the early stage of the psychoanalytic treatment, in response to the therapist's defenses, the patient tends to use similar defense mechanisms. However, this automatic emulation of the therapist's defense mechanisms is quickly lost, and the patient's usual immature defensive functioning returns to predominate. In the middle stage of the psychoanalytic treatment, the sequence of defenses observed in the patient still seems to imitate that of the therapist, but with a greater use of defenses higher in the hierarchy. Towards the end of the psychoanalytic treatment, the defenses observed in the patient were more flexible, protean, and adaptive. The patient seemed to use defenses independently from the therapist's use of defenses.

Discussion: These findings suggested the relevant role of therapist in promoting changes in patient defensive functioning in psychotherapy. Therapist's defensive functioning could serve as an adaptive model of defensive functioning for the patient, who therefore could gradually learn from the therapist how to better adjust to internal conflict and external stressors.

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The relationship among responsiveness, therapeutic alliance and depth of elaboration: a network analysis

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Abstract

Background: The present work stems from an effort to apply complex systems theories in the field of psychotherapy research by capturing the opportunity to look at the therapeutic process holistically. The goal of this study is to identify and emphasize the interconnectedness of the elements underlying the dynamics that develop between clinician and patient and to shed light on the processes that promote patient changes. Given the complex nature of the process in psychotherapy, this empirical investigation aimed to explore the network structure involving the dimensions of working alliance (i.e., bond, task, and goal), therapist responsiveness and depth of elaboration in psychotherapy sessions.

Methods: 77 therapist-patient dyads completed the Patient's Experience of Attunement and Responsiveness, the Working Alliance Inventory-Short Form and the Depth Scale of the Session Evaluation Questionnaire. We applied network analysis to examine interconnections between variables, calculated centrality metrics, and assessed the robustness of estimates by evaluating the accuracy of edge weights and the stability of centrality indices through the correlation stability coefficient (CS).

Results: The most central therapist node was the task, while the most central patient node was the goal. The patient nodes were closely interconnected with each other. Several interconnections also emerged among the therapist nodes. The bond (therapist) was connected to the bond (patient), and the task (patient) was connected to the task (therapist). Depth showed a range of interconnections in both the patient and the therapist, but in the group of therapists this variable closely correlated only to therapist responsiveness. The CS was .36.

Discussion: Our results seem to show that the depth of content elaboration that emerges in psychotherapy sessions is closely related to the responsiveness of the therapist, especially in the clinician group. In addition, clinician responsiveness is associated with both task and bond in both the patient and therapist groups. These two alliance dimensions are crucial because they enable mutual interaction between

clinicians and patients, supporting evidence on the exquisitely intersubjective nature of clinical exchange and the impact of relational variables on successful psychotherapies.

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IMPACT OF ACUTE AND CHRONIC DISEASES ON PSYCHOLOGICAL WELLBEING IN PATIENTS AND CAREGIVERS THROUGHOUT DIFFERENT LIFE STAGES AND IDENTIFICATION OF RISK AND PROTECTIVE FACTORS

Proposer

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Discussant

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Abstract

Chronic and acute diseases often disrupt mental balance of patients and their caregivers at their different life stages. This symposium focuses on the negative consequences of different type of diseases (cancer, asthma, polycystic ovary syndrome) on their psychological wellbeing and the possible protective factors or interventions to reduce possible symptomatology and build a good adaptation. The contributions will start with children with asthma and parents of children with cancer and they will end with women with breast cancer or with Polycystic Ovary Syndrome.

Psychological factors, such as coping strategies and anxiety, significantly impact the psychological adaptation of children with asthma. The study by Spaggiari and colleagues found that avoidant coping strategies and anxiety were linked to poorer psychological adaptation. Medical variables like asthma control also influenced adaptation, particularly in older children and those with higher separation anxiety.

Cancer diagnoses in families can disrupt homeostasis, negatively affecting the psychological functioning of parents. The study by Incardona and colleagues found that moderate depression and anxiety were prevalent, with mothers more likely to experience clinical post-traumatic stress symptoms (PTSS). The study highlighted depressive symptoms and separation anxiety as significant predictors of PTSS, especially in parents of children with solid tumors.

The diagnosis of breast cancer (BC) can be also traumatic, affecting a woman's emotional, interpersonal, and social well-being. The study by Verri and colleagues found that psychological interventions reduced state anxiety and depressive symptoms in women undergoing surgery for BC. Participants who adhered to psychological support showed a decrease in mood deflation, and a correlation between emotional support and reduced anxiety was observed.

Polycystic Ovary Syndrome (PCOS) is the most common endocrine disorder in women of reproductive age and a leading cause of infertility. Women with PCOS often experience obesity and dysfunctional eating behaviors, particularly binge eating, which are linked to psychological difficulties such as anxiety, depression, and low self-esteem. The study by Buratta identified emotional eating as a key factor, with results indicating that emotional regulation difficulties are strongly correlated with binge eating behaviors.

Possible ad hoc interventions will be suggested to prevent psychological symptomatology in acute and chronic childhood and adult diseases.

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Pediatric Asthma: Unraveling the Psychological Dimensions Connected to Clinical Outcomes in Children and their Mothers

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Abstract

Introduction: The literature reports that emotional and psychological difficulties in asthmatic children and their parents may affect children's overall well-being. Between them, coping strategies, anxiety, separation anxiety and parenting stress can play a crucial role in shaping children's psychological adaptation. The primary aim of this study was to examine which aspects of children's and parents' psychological functioning, as well as which clinical outcomes, have the greatest influence on the overall psychological adaptation of pediatric patients.

Methods: 121 children with non-severe asthma, aged 8 to 18 years (47 females), and their mothers participated in the study. After the routine visit, participants filled in self-report questionnaires assessing psychological functioning, specifically coping strategies, anxiety, and separation anxiety for children, and separation anxiety and parenting stress for mothers. Medical data were provided by clinicians and included anamnesis, asthma control measures—both clinician-rated (GINASCORE) and parent-reported (ACT)—a severity assessment (STEP GINA), and spirometry.

Results: Most children exhibited good asthma control as reported by clinicians (53.7%) and psychological adaptation within the normal range (85.4%). When considering pediatric patients, avoidant coping strategies were predictive of poorer psychological functioning, regardless of medical variables, except for ACT scores, where poorer asthma control was associated with worse psychological adaptation. Older age and higher scores on the "Worry for Calamitous Events" dimension of separation anxiety were significantly associated to poorer psychological adaptation, while medical variables did not show any significant influence. Additionally, higher trait anxiety and poorer asthma control, as reported by parents, significantly predicted worse psychological adaptation. Considering mothers, higher separation anxiety was associated with poorer psychological adaptation in children, particularly in females.

Discussion: These findings highlight the critical role of psychological factors, particularly coping strategies and anxiety dimensions, in shaping the psychological adaptation of children with asthma. While medical factors such as asthma control play a role, psychological vulnerabilities—both in children and their caregivers—appear to have a more significant impact. These results emphasize the importance of integrating psychological support into pediatric asthma management to enhance overall well-being in affected children and their families.

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Parents of pediatric patients with oncohematological diseases: Screening of psychological symptoms and predictive factors associated with post-traumatic stress symptoms

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Abstract

Cancer is considered a family disease, requiring parents to rebuild a new homeostasis within the family. This challenging task can negatively impact their psychological well-being. Assessing their mental health can be valuable for designing psychological interventions for both pediatric patients and their parents. This study aims to evaluate parents' psychological functioning and identify protective and risk factors related to trauma symptoms.

Participants were 56 parents, primarily mothers (69.6%), with a mean age of 43.06 years (SD = 6.64; range: 27-54). Most had a secondary school education (69.6%) and were in a romantic relationship (76.8%). After providing informed consent, parents completed a survey via the Qualtrics platform, with an average time from diagnosis of 6.73 months (SD = 7.94). The assessment included socio-demographic information and the PHQ-9, GAD-7, ASA-27, PTSS, and IUS-12 questionnaires.

Results showed that parents fell into different categories of depressive symptomatology: 44.6% in the moderate range, 42.9% in the mild range, and 12.5% at the borderline level. Additionally, 59% exhibited subclinical anxiety symptoms, while 7% met the criteria for clinical anxiety. Nearly all parents (98%) met the criteria for clinical adult separation anxiety, and 55% had clinical levels of Post-Traumatic Stress Symptoms (PTSS), while 27% fell within the normal range and 16% in the borderline range.

A chi-square test ($X^2(2) = 5.76$; $p < 0.05$) indicated that mothers (75%) were more likely than fathers (25%) to experience clinical PTSS. Kruskal-Wallis tests showed significant differences in PTSS based on diagnosis type ($H = 9.12$; $df = 3$; $p = 0.02$). Bonferroni post-hoc analysis ($H = -16.41$; $p = 0.02$) revealed higher symptomatology in parents of children with solid tumors (Mean rank = 37.36) compared to those with standard-risk lymphoblastic leukemia and non-Hodgkin lymphoma (Mean rank = 20.95). A

hierarchical regression model ($R^2 = 0.81$; $p = 0.004$) identified depressive symptoms ($\beta = 0.66$; $p < 0.001$) and separation anxiety scores ($\beta = 0.31$; $p < 0.001$) as significant predictors of PTSS.

These findings highlight the need for psychological interventions, particularly for mothers of children with solid tumors, to help them manage anxiety and depression and prevent PTSS.

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Psychological variables and treatment in women with breast cancer

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Abstract

Introduction: Receiving a diagnosis of breast cancer (CM) represents a traumatic experience given the various emotional, interpersonal, and social consequences of the disease that can affect quality of life. Therefore, it becomes important to study the impact of psychological variables and the effectiveness of treatments in patients receiving such a diagnosis.

Methods: N=60 women with CM undergoing surgery were evaluated at two different time points in the pre- (T1) and post-operative (T2). The clinical sample consisted of 30 patients who had adhered to a psychological support intervention and 30 patients who had not undergone such an intervention. A test battery consisting of the following instruments was used to assess the impact of the different psychological variables considered and the effectiveness of the treatment: Brief-COPE; Body Uneasiness Test (BUT), Attachment Style Questionnaire (ASQ), State-Trait Anxiety Inventory (STAI-I and STAI-II) and Beck's Depression Inventory (BDI).

Results: Levels of state anxiety were found to be significantly reduced between T1 and T2 in the whole sample ($p<.05$) with no significant differences reported between the two groups with and without treatment. Regarding trait anxiety on the other hand (STAI-2), no significant changes were found between the two measurement times. In relation to depressive symptomatology (BDI), patients who adhered to psychological treatment showed a decrease in deflated mood ($p<.05$). Furthermore, correlation analysis showed that reduction in state anxiety was moderately associated with coping strategies based on planning ($r=.4$) and emotional support ($r=.3$). Finally, a correlation was found between the ASQ subscale "need for approval" and body image concern (BUT subscale). In subjects who adhered to treatment this correlation whereby as body concern increases the need for approval increased was found to be much weaker.

Conclusions: Our findings could be useful in developing future lines of research that take into account additional clinical and psychological variables for structuring interventions in which patients are seen in their dynamic totality.

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The Role of Emotional Eating in Binge Eating Behaviors Among Women with PCOS

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Abstract

Polycystic ovary syndrome (PCOS) is the most common endocrine disorder in women of reproductive age and a leading cause of infertility. Women with PCOS often experience obesity, which is frequently associated with dysfunctional eating behaviors, particularly binge eating. Numerous studies have shown that these behaviors are linked to psychological difficulties, including anxiety, depression, and low self-esteem, often related to hirsutism and body dissatisfaction. More recently, the literature has also highlighted the increased presence of emotional regulation difficulties in women with PCOS and the role of emotional eating in dysfunctional eating behaviors. Emotional eating is commonly used as a coping mechanism for the psychological difficulties associated with PCOS. The main aim of this case-control and correlational study was to identify which variables are most strongly correlated with binge eating behaviors in women with PCOS using hierarchical regression analysis. All variables were measured through self-report questionnaires in a clinical group (CG) of 66 women diagnosed with PCOS (M age = 31.17; SD = 5.42) and in a healthy control group (HG) of 65 women without a diagnosis (M age = 31.20; SD = 11.07). More than 30% of women with PCOS reported a possible risk of binge eating, compared to less than 12% of women without a diagnosis (Chi-square=6,36; $p<.05$). The independent t-test showed that the CG reported higher levels of binge eating symptoms (BES; $t=-3.49$; $p<.01$), anxiety (HADS-A; $t=-2.95$; $p<.01$), depression symptoms (HADS-D; $t=-2.04$; $p<.05$), hirsutism ($t=-5.43$; $p<.001$), body dissatisfaction (BUT; $t=-3.22$; $p<.01$), and emotional eating—specifically in the uncontrolled eating subscale (EEI-UE; $t=-3.44$; $p<.001$)—than the HG. Subsequently, the hierarchical regression analysis was conducted only in the CG. Results showed that only the EEI-UE ($B=1.32$; $p<.05$) maintained a significant relationship with BES, emphasizing the key role of a tendency to eat in response to negative emotions in binge eating symptoms, highlighting difficulties in emotional regulation. These results suggest the importance of assessing psychological aspects—particularly emotional regulation—at the time of PCOS diagnosis. Early identification of these difficulties could help implement targeted interventions to prevent the onset of future eating disorders.

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GRIEF AND LOSS IN CANCER: NEW RESEARCH PERSPECTIVES

Proposers

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Discussant

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Abstract

Every year, many individuals struggle with experiences of loss due to cancer, whether as healthcare professionals, patients, or family caregivers. The psychological impact of such experiences can be profound, ranging from transient emotional distress to clinically significant conditions such as Prolonged Grief Disorder (PGD). In this vein, it is crucial for clinical and dynamic psychology to deepen our understanding of the risk and protective factors that influence grief reactions and broader experiences of loss in the cancer context.

This symposium aims to discuss new evidence on grief and loss in cancer from multiple, complementary perspectives.

The group from Catania University (Lenzo et al.) will focus on bereaved family caregivers by investigating how insecure attachment styles may moderate the relationship between grief symptom severity and suicidal ideation, at least one year after the loss.

The second contribution from Sapienza University of Rome (Giraldi et al.) will investigate the relationships between prognostic awareness and a wide range of psychological symptoms in terminally ill cancer patients, offering insights into how patients' understanding of their condition affects their emotional well-being.

The third contribution from Turin University (Sauta et al.) will present longitudinal data on the trajectory of grief in caregivers and evaluates the effectiveness of psychotherapeutic interventions aimed at supporting them through bereavement.

Finally, the group from Salerno University (Faggi et al.) will examine the phenomenon of post-traumatic growth among healthcare workers, shedding light on the psychological personal and professional evolution that may occur following the death of a patient.

Together, these studies contribute to advancing our understanding of the complex nature of grief and loss in the context of cancer, with implications for clinical practice, prevention, and psychological intervention.

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Understanding suicide risk in bereaved caregivers: The role of insecure attachment in prolonged grief

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Abstract

Introduction: This study sought to investigate the relationship between the severity of grief symptoms, insecure attachment (i.e., avoidance and anxious attachment), and suicidal ideation in family caregivers of palliative care patients deceased for at least one year. We also investigated the moderating role of insecure attachment in the relationship between the severity of prolonged grief symptoms and suicidal ideation.

Method: A sample of 156 bereaved (72% females, mean age = 49.74 ± 13.59 years) completed self-reported data on prolonged grief symptoms, attachment style, and suicidal ideation. Descriptive characteristics and bereavement-related information were also gathered.

Results: Correlational analyses indicated that the severity of prolonged grief symptoms was positively correlated with avoidance and anxious attachment and with suicidal ideation. Anxious attachment was positively correlated with suicidal ideation while avoidance attachment was not. Results of moderation analysis showed that high anxious attachment moderated the effect of severity of grief symptoms on suicidal ideation. Results also showed that avoidance attachment had no significant effect of moderation on this relationship.

Conclusion: These findings may contribute to understanding the risk of suicide among bereaved by highlighting the relevant role of attachment style. Specifically, anxious attachment may exacerbate the impact of prolonged grief symptoms on suicidal ideation among the bereaved and should be considered by clinicians for assessment and psychological intervention.

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Toward a better understanding of prognostic awareness and its associations with psychosomatic variables in cancer patients

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Abstract

Cancer patients face an uncertain future and challenging decisions regarding oncological treatments. Prognostic Awareness (PA) assumes particular relevance in promoting informed treatment decision-making in line with individual preferences and values. However, studies in the literature showed a significant percentage of patients unaware of the prognosis and discordant results regarding associations of PA with psychological and quality of life outcomes. Accordingly, further investigating PA and its impact on cancer patients could provide useful clinical indications to support patients in dealing with prognosis. The present study aimed to investigate the associations between PA, struggle with illness, peaceful acceptance, shame, social support, and psychosomatic symptoms (anxiety, depression, perceived pain).

Sixty-seven terminally ill cancer patients (F = 30; M_{age} = 76.16) were recruited from a hospice unit and administered self-report questionnaires including Prognosis and Treatment Perceptions Questionnaire (PTPQ), Peace, Equanimity, and Acceptance in the Cancer Experience (PEACE), Multidimensional Scale of Perceived Social Support (MSPSS), Other As Shamer (OAS), Patient Health Questionnaire (PHQ-4), and Short Form-McGill Pain Questionnaire (SF-MPQ). Data were analyzed using Spearman's rho correlations and a network analysis approach to visually explore the interrelationships among the variables examined.

The results showed that only 40.3% of patients were aware of the prognosis and that PA was positively correlated with struggle with illness. Network analysis revealed that PA was positively associated with struggle with illness and shame. Moreover, struggle with illness was positively associated with anxiety and depressive symptoms and perceived pain, and shame with anxiety and depressive symptoms. Differently, peaceful acceptance was negatively associated with perceived pain, and social support was negatively associated with shame and struggle with illness and positively with peaceful acceptance. Struggle with

illness and PA were the variables with the highest centrality indices, highlighting their influence within the network structure.

The study provides relevant information regarding PA and its complex associations with several psychosomatic variables, suggesting potential clinical implications for healthcare providers in the oncological context.

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Grief processing in caregiver of cancer patients: a longitudinal study

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Abstract

Every year, around 200,000 people in Italy experience the death of a spouse, most of them women. Such a loss is considered one of life's greatest burdens and exposes the bereaved to an increased risk of physical and mental health problems. Insufficient economic resources, difficulties related to caring for the sick person and lack of preparation for death are risk factors for a negative development of grief among caregivers. It is therefore increasingly important that mental health professionals are able to recognise those most at risk so that they can intervene at an early stage. Given the prevalence and negative health consequences, it is necessary to structure effective interventions that move towards integrated care for the grieving person.

The aim of this article is to describe a study designed to investigate the evolution of the psychological impact of grief over time and to evaluate the effectiveness of psychotherapeutic interventions conducted with the caregivers of cancer patients.

The clinical psychology service in the oncology department of the San Giovanni Bosco Hospital in Turin offers weekly psychological support and psychotherapy courses to help patients deal with their grief. The study also includes the repeated administration of questionnaires validated for the Italian population. Bereaved caregivers (n=10) reported fewer intrusive thoughts (t=2.971, p=.02), fewer post-traumatic symptoms (t=2.385, p=.04) and a lower level of internalisation of grief (t=3.572, p=.009) 2 months after the first interview.

Family members who have lost a loved one meet with a clinical psychologist who offers them a space to reflect by emphasising the importance of somatopsychic integration in coping with the grieving process, while promoting the possibility of developing a greater awareness of their vulnerabilities and needs. In an area of mental health promotion and protection, it is therefore essential to identify the factors for the diagnosis, prognosis and treatment of individuals and families affected by the grief of a loss and to develop protocols that integrate the specific skills of research and clinical to consider and treat the psychopathological aspects.

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The patient's death as a Post-Traumatic Growth experience: a qualitative study

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Abstract

This study aims to investigate the experience of Post-Traumatic Growth among healthcare workers in oncology, with a specific focus on the experiences evoked by the death of a patient. Fifteen healthcare workers, including 6 psychotherapists, 2 doctors, and 7 nurses (13 Females, M age= 50.20; SD= 7.24; M years of service= 11.06, SD= 8.5), participated in a qualitative questionnaire designed to collect autobiographical narratives about Post-Traumatic Growth related to contact with cancer patients. The narratives were analysed using deductive thematic analysis following the method of Braun and Clarke applied to psychological and health sciences.

The results highlight four emerging themes: 1) "Care work as testimony and mission", which is described as feeling the role of witnesses to the lives of patients, bearers of stories and emotions that must not be lost, a mandate felt as a source of meaning for one's personal and professional life; 2) "Learning to live with the anguish of death": healthcare workers learn to face deep anguishes, as well as with the disintegration of the body and psyche that illness can bring, without 'disintegrating' themselves. This represents an aspect of internal evolution; 3) "Vulnerability and personal strength": direct contact with suffering, illness, and death generates deep experiences of vulnerability in healthcare workers, which can foster a process of internal growth that manifests as a strengthening of self-esteem, greater trust in one's resources, and the ability to face difficulties; 4) "Authentic relationships with terminally ill patients": professionals highlight how, in terminal care pathways, unique relational spaces can be created based on empathy and real human contact, which become privileged channels for communication and growth.

The results of the study suggest different facets of the post-traumatic growth experience related to the loss of a patient in oncology care settings. The authors discuss the clinical implications in the management of hospital institutional groups and supervision pathways for healthcare workers in contact with terminal illness.

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EMPIRICAL, METHODOLOGICAL, AND CONCEPTUAL ADVANCES IN ASSESSING AND TREATING EATING DISORDERS

Proposer

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Discussant

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Abstract

Eating disorders (EDs)—including anorexia nervosa (AN), bulimia nervosa (BN), and binge eating disorder (BED)—are severe and often enduring mental health conditions that can affect individuals across all ages, genders, sexual orientations, ethnicities, cultures, and geographies. Several meta-analytic studies have shown that, over the past two decades, the prevalence of EDs has more than doubled worldwide, with a marked increase in disordered eating among children and adolescents. Despite a growing body of research on assessment procedures and treatment approaches, key questions in the ED field remain open or unresolved. These include the identification of individual and interpersonal factors that could inform personalized treatment, the influence of sex- and gender-related variables, and the integration of technology in both treatment and prevention. Although novel theoretical frameworks, advanced data analysis techniques, and innovative interventions are being explored, their clinical implications and real-world applications remain under-investigated.

The main aim of this panel is to present four complementary contributions that offer insights into potential advances capable of enhancing our understanding of ED mechanisms and informing more targeted interventions. The first study, by Aloi et al., applies a schema-therapy-informed network analysis to examine the clinical relevance of different Early Maladaptive Schemas (EMSs) across individuals with AN, BN, BED, and obesity. The second study, by Muzi et al., employs latent profile analysis (LPA) to identify distinct profiles of ED symptoms and body image concerns in a clinical sample of assigned-female individuals with EDs, as well as in non-clinical samples of heterosexual and sexual minoritized

women. The third study, by Longo et al., investigates the modulation of Interpersonal Space (IPS) in patients with AN and healthy controls, while also exploring its associations with ED symptomatology, childhood trauma, and dissociative experiences. The fourth study, by Frisone, examines the promising role of Virtual Reality (VR) as an innovative clinical tool to address body image distortions and body-self disturbances in ED patients.

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Early maladaptive schemas as core therapeutic targets in eating disorders and obesity: a schema therapy–informed network analysis

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Abstract

Introduction: Early maladaptive schemas (EMSs) are key constructs in the psychopathology of eating disorders (EDs) and obesity, capturing deep-seated cognitive-emotional patterns that influence behavior and affect regulation. This study adopted a schema therapy–informed network analytic approach to examine the structure and salience of EMSs across individuals with anorexia nervosa (AN), bulimia nervosa (BN), binge eating disorder (BED), and obesity.

Methods: Network models were estimated for each group using domains of the Young Schema Questionnaire (YSQ-S3) and indicators of emotional functioning, focusing on expected influence as the primary centrality index.

Results: Significant nodes within each network were identified based on expected influence, reflecting how impactful each schema was within the broader system. In AN, the most central schemas were Defectiveness/Shame, Pessimism, and Subjugation, indicating harsh self-criticism, negative future expectations, and relational compliance. The BN network showed highest centrality for Subjugation, Defectiveness/Shame, and Pessimism, suggesting internalized worthlessness and emotional resignation. In BED, central EMSs included Subjugation, Social Isolation, Pessimism, and Abandonment, highlighting themes of disconnection and vulnerability. The obesity network revealed four influential schemas: Pessimism, Social Isolation, Subjugation, and Mistrust/Abuse, indicating a profile marked by relational avoidance, hopelessness, and mistrust. Across all groups, Pessimism and Subjugation consistently emerged as the most central schemas, underlining their transdiagnostic relevance in EDs and obesity. These EMSs likely act as key drivers within schema networks, maintaining emotional

dysregulation and maladaptive behaviors. Additionally, the prominence of Social Isolation in BED and obesity may reflect early experiences of weight stigma, exclusion, and bullying, contributing to entrenched beliefs of non-belonging.

Discussion: This schema-informed network analysis highlights the clinical importance of central EMSs and supports their prioritization as therapeutic targets in schema therapy. By integrating network science and schema theory, this approach offers a nuanced framework for conceptualizing, assessing, and treating EDs and obesity across and within diagnostic categories.

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Eating symptomatology, body uneasiness, and sexual identity: A latent profile analysis in clinical and non-clinical populations

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Abstract

Introduction: Patients with eating disorders (EDs) typically exhibit highly heterogeneous symptom presentations, particularly regarding specific ED-related behaviors and body image disturbances. Although recent research has also begun to examine these issues among sexual minoritized adults, the relationship between body-related dimensions, disordered eating, and sexual orientation identity remains controversial.

Methods: A national sample of assigned-female individuals with a DSM-5-TR ED diagnosis (N = 298) was recruited from a specialized residential treatment center. Additionally, a non-clinical sample of heterosexual women (N = 398) and sexual minoritized women (N = 298) was recruited from the general population. All participants completed the Body Uneasiness Test (BUT) and the Eating Disorder Inventory – Referral Form (EDI-3-RF); clinical participants were assessed at treatment intake. Latent Profile Analysis (LPA) was used to identify distinct profiles of body image concerns and ED symptoms across the three groups.

Results: Five distinct profiles emerged within the non-clinical groups and four within the ED group. Notably, each group included at least one high-functioning/adaptive profile. In the ED group, the remaining three profiles reflected varying degrees of symptomatic impairment, ranging from moderate risk with subclinical body-related symptoms to high risk marked by severe body disconnection and ED symptomatology. These profiles also differed by age and BMI. Among heterosexual women, two moderate-risk profiles emerged—one characterized by prominent ED risk and the other by moderate to severe body uneasiness. Sexual minoritized women showed greater heterogeneity, including one moderate/high-risk profile with severe body uneasiness and another with high ED risk and bulimic tendencies, closely mirroring profiles identified in the ED group.

Discussion: These findings highlight the utility of an empirically derived, person-centered LPA approach in capturing the full range of ED behaviors and body image issues across clinical and non-clinical populations. Exploring individual differences among individuals with EDs and at-risk populations, such as lesbian and bisexual women, may help identify new relevant targets for tailored prevention and treatment strategies.

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Mapping Interpersonal Space in Anorexia Nervosa: comparison with healthy control subjects and association with clinical variables

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Abstract

Introduction: Anorexia Nervosa (AN) presents impairments in bodily self-consciousness and difficulties in social and interpersonal relationships. Interpersonal Space (IPS)—the space surrounding the body where interpersonal interactions occur—received limited investigation in AN. This study aims to examine IPS modulation in patients with AN compared to healthy controls (HCs) and explore its correlation with eating-related and general psychopathology. Given that IPS serves both social and defensive functions, we also investigated its potential association with childhood trauma and dissociation.

Methods: Sixty patients with AN and 77 HCs, all females, performed a computer-based task. Participants observed videos depicting an actor (male or female) approaching along a distance of 4 meters at a constant speed of 0.5 meters per second. Experimental conditions included different facial expressions (neutral, friendly, hostile, lateral gaze, and wearing an FFP2 mask). Participants were instructed to stop the video pressing space bar when they perceived a comfortable distance for social interaction. A battery of self-report questionnaires was also administered.

Results: Mixed-effects model analyses revealed a significantly larger IPS in patients with AN compared to HCs. Both groups modulated PPS according to the task conditions, with a significant gender effect, i.e. female actor closer than the male actor. Regarding facial expressions, both groups maintained a greater distance from the hostile male actor. Over time, HCs progressively reduced IPS, a pattern not observed in patients. In the AN group, greater severity of eating-related pathology correlated with a larger IPS. Interestingly, while higher trait anxiety was associated with greater chosen distance in AN patients, the opposite pattern emerged in HCs, where higher anxiety correlated with reduced IPS. No other examined symptoms were associated with IPS in patients; however, in HCs, a positive correlation was found between IPS and childhood physical neglect as well as dissociation.

Discussion: These findings contribute to the understanding of a crucial aspect of bodily self-consciousness with social implications and suggest that IPS modulation should be considered in therapeutic interactions with AN patients. Moreover, targeting IPS may be beneficial in interventions aimed at improving social impairments.

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Reconceptualizing the body-self relationship in eating disorders: psychopathological models and the therapeutic potential of virtual reality

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Abstract

Introduction: Eating Disorders (EDs) such as Anorexia Nervosa (AN) and Bulimia Nervosa (BN) are characterized by a profound disruption of the embodied experience of the self, often manifesting in a distorted body image and interoceptive deficits. Contemporary psychopathological models - including cognitive-behavioral, sociocultural, and embodiment-based theories - have emphasized the need for integrated therapeutic approaches that target both cognitive distortions and altered bodily self-perception.

Methods: This project proposes using Virtual Reality (VR) as an innovative clinical tool to intervene on body image distortion and body-self relationship in patients with EDs. Several immersive VR protocols will be developed and implemented, including Full-Body Illusion experiences, virtual embodiment with variable BMI avatars, VR food exposure, and emotion-guided autobiographical reappraisal. The intervention will be guided by theoretical frameworks such as the Allocentric Lock Theory and Regenerative Virtual Therapy, with the possible integration of neuromodulatory techniques to enhance embodiment and emotional regulation.

Results: It is anticipated that VR-based interventions will reduce dissatisfaction with one's body, improve interoceptive awareness, and promote a more integrated and egocentric experience of the body. Patients are expected to show greater flexibility with their self-image, reduced eating-related symptoms, and improved emotion regulation. VR is also expected to provide a safe space for processing distressing autobiographical memories related to the body and identity.

Discussion: This project positions VR as a promising, multidimensional treatment option for EDs, capable of treating cognitive, emotional, and physical components in a unified framework. Although empirical data are still pending, the theoretical underpinnings and design of the intervention suggest great potential for clinical efficacy and innovation in the therapy of AN and BN.

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CONTEMPORARY ISSUES AND NEW CHALLENGES FOR PROBLEMATIC DIGITAL MEDIA USE ACROSS GENERATIONS. PRECURSORS, CONSEQUENCES, AND MALADAPTIVE MAINTENANCE FUNCTIONINGS

Proposer

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Abstract

The use of digital media, including interactive and social media, has increasingly grown over the past decade involving young adults, teenagers, and ever more children. Moreover, evidence in the scientific debate advice benefits as well as mental health risks when common behaviors become excessive or dysfunctional. Notably, advancement in this field of research has suggested psychological precursors, consequences, and factors of maintenance implicated in problematic social media use. Accordingly, current forms of malaise, due to the interplay among individual differences, relational issues, developmental needs, and contemporary social factors concur to a maladaptive digital media appeal, being together affected and supported by related dysfunctional behaviors, as in a vicious circle. Much more still needs to be done in order to address new challenges, overcome previous gaps in the scientific literature, and provide for new trends in clinical assessment and prevention programs. Responsibility as researchers, clinicians, and adults requires a call for updating conceptual, methodological, and clinical issues on this topic.

Four contributions, based on recent research on problematic digital media use in people from different generations will be presented and discussed. Bocci Benucci & Casale (University of Florence) will show temporal associations between problematic social network use and metacognitions, boredom proneness, depressive symptoms, and fear of missing out in a longitudinal study that involved a sample of adolescents; Bassi & Valente (Padova) will illustrate emotional and behavioral correlates of the fear of

missing out, such as intolerance of uncertainty, in a sample of emerging adults; Pezzi et al. (University of Parma) will present a network analysis exploring the motivations linking solitary experiences to problematic social media use in young adults; Rega & Boursier (University of Naples) will discuss a model of parental mediation of children's digital media use, suggesting reflections on problematic screen-related behaviors in children, and parents' representations and strategies.

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Exploring temporal associations between Problematic Social Network Use and Metacognitions, Boredom Proneness, Depressive Symptoms and Fear of Missing Out among Italian Adolescents: A Longitudinal study

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Abstract

Introduction: Problematic Social Network Use (PSNU) refers to the inability to self-regulate one's use of Social Network, leading to negative consequences in daily life. Adolescents are particularly vulnerable to developing PSNSU. Scientific evidence highlights several factors that contribute to the development and maintenance of PSNU. Specifically, depressive symptoms, boredom proneness and Fear of Missing Out (FoMO) have been identified as relevant psychological factors. More recently, both positive and negative metacognitions have been proposed as key mechanisms underlying the onset and maintenance of PSNU, aligning with the metacognitive model of addictive behaviors. However, the majority of evidence comes from cross-sectional studies, while the limited number of longitudinal studies have yielded mixed findings. Therefore, this study aimed to investigate the temporal association between boredom proneness, depressive symptoms, FoMO, positive and negative metacognitions about social network use and PSNU within a sample of Italian adolescents.

Methods: A two-wave longitudinal design was employed, with data collected six months apart. A total of 215 adolescents (41% Females; mean age = 15.40 ± .62; age range = 14-17 years old) recruited from three high schools in the Province of Florence participated in both waves. A cross-lagged panel model was used to assess the directionality of associations between positive and negative metacognitions, depressive symptoms, boredom proneness, FoMO and PSNU over time.

Results: The model produced good fit indices [$\chi 2 = 24.420$, df = 20, p =.186; RMSEA = 0.036 (90% C.I. = 0.000 - 0.069), CFI = 0.99, SRMR = 0.38]. Cross-lagged analysis revealed that positive (β =.11, p<.05) and negative (β =.15, p<.05) metacognitions at T0 predicted PSNSU at T1, and that PSNSU at T0 predicted positive metacognitions (β=.23, p<.001), boredom proneness (β=.22, p<.001) and depressive symptoms (β=.19, p<.001) six months apart. No significant longitudinal association emerged between PSNU and FoMO.

Discussion: Findings suggest that boredom proneness and depressive symptoms may be consequences (rather than precursors) of PSNU. Conversely metacognitions appear to play a role in both its onset and maintenance among adolescents. These results support the metacognitive model of addictive behaviors and underscore the importance of targeting metacognitions in interventions aimed at preventing PSNU.

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Fear of Missing Out in the Digital Era: Emotional and Behavioral Correlates in Young Adults

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Abstract

Introduction: Fear of Missing Out (FoMO) is defined as a pervasive concern about missing out on rewarding experiences others might be having, often associated with a need for social connection and approval. This construct has gained increasing relevance in the context of pervasive social media use, where individuals are constantly exposed to others' experiences and social interactions. While FoMO has been linked to psychological distress and problematic internet behaviors, the relationship between FoMO and intolerance of uncertainty remains largely unexplored, despite being a transdiagnostic factor relevant to maladaptive coping mechanisms. This study aimed to investigate the associations between FoMO, psychological distress, intolerance of uncertainty, and problematic social media use in emerging adults.

Method: A cross-sectional online survey was conducted using the Qualtrics platform and distributed through social media. A total of 335 young adults (77% female; Mage = 24.32, SD = 3.98) completed a battery of validated self-report measures, including the Fear of Missing Out Scale, the Depression Anxiety and Stress Scale-21, the Intolerance of Uncertainty Scale, and the Bergen Social Media Addiction Scale.

Results: A multiple linear regression analysis was conducted to examine the associations between FoMO and psychological distress, intolerance of uncertainty, and problematic social media use. The overall model was statistically significant ($F(3, 331) = 117$, $p < .001$), accounting for 51% of the variance in FoMO scores. Problematic social media use showed the strongest association with FoMO ($\beta = .59$, $p < .001$), followed by intolerance of uncertainty ($\beta = .18$, $p < .001$) while psychological distress was not statistically significant ($\beta = .09$, $p = .062$).

Conclusions: These findings suggest a strong association between FoMO and problematic social media use and point to intolerance of uncertainty as a psychological dimension meaningfully related to its expression. Such insights may inform preventive approaches aimed at supporting young adults in the development of more integrated affective regulation capacities in the face of uncertainty.

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Exploring the motivations linking solitary experiences to problematic social media use in young adults: A network analysis approach

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Abstract

Introduction: The relationships between solitary experiences and problematic social media use (PSMU) among young adults have been scarcely investigated. In fact, previous research has predominantly examined the role of negative subjective forms of solitary experience, such as loneliness, in PSMU. Solitary experiences encompass a range of emotions, conditions, and behaviors associated with various underlying motivations. This study aimed to investigate the relationships between subjective and objective forms of solitary experiences, motivations for solitary behaviors and social media use, and PSMU symptoms among young adults through a network approach.

Method: The study sample comprised 834 young adults (64.6% females) recruited through social media platforms (e.g., Facebook and WhatsApp). Participants completed self-report measures assessing various solitary experiences (i.e., trait loneliness, perceived isolation, poor relational connectedness, positive solitude and frequency of solitary behaviors), motivations for solitary behaviors (i.e., internal and external), motivations for social media use (i.e., coping, conformity, enhancement, and social motive), and core and peripheral symptoms of PSMU. A psychometric network analysis was computed to estimate and visualize the regularized partial correlations between the variables of interest. Bootstrap analyses were performed to examine the stability and edge-weight accuracy of the network model. Gender invariance in network structure and global strength was investigated using the Network Comparison Test, a permutation-based procedure.

Results: Results revealed that coping motivations for social media use was a bridge node linking perceived isolation with the core symptoms of PSMU, whereas conformity was a bridge node linking external motivation for solitary behaviors with the core symptoms of PSMU. Bootstrap analyses supported the stability and edge-weight accuracy of the network model. No significant gender differences in network structure and global strength were found.

Conclusions: Our study suggests that PSMU may serve as a dysfunctional strategy for alleviating negative feelings associated with perceived isolation or, alternatively, for fostering a sense of belonging to a social group. Accordingly, adopting a multidimensional perspective on solitary experiences may enrich the understanding of the subjective experiences and motivations that lead to an excessive engagement in social media use, supporting the design of prevention programs and clinical interventions.

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Factors influencing parental mediation strategies. Testing the role of parents' digital skills, parents' perception of screen media risks, and children's problematic screen media use in a structural equation model

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Abstract

The concept of Parental Mediation describes the interpersonal communication strategies parents use to regulate their children's media use. Research often shows mixed results on the effectiveness of parental mediation strategies in protecting children and preadolescents from problematic and risky screen use, as their impact can be influenced by various factors within the broader family context. Some studies indicate that parents' level of digital literacy, parents' perception of children's problematic media use, and parents' perception of online risks differently influence the adoption of specific parental mediation strategies. Therefore, this study aims to test the effect of parents' digital skills, parents' perception of their children's problematic media use, and parents' perception of online risks on four different parental mediation strategies through a structural equation model. A total of 248 Italian parents (83.1% women) of children aged 6 to 13 years were involved in the study. Results of the model (fit indices: MLRχ^2 = 420.638, df = 231, $p < .001$; RMSEA [90 %CI] = 0.058 [0.049–0.066]; CFI = 0.95; TLI = 0.94; SRMR = 0.056) showed that parents with higher digital skills are more likely to explain the risks and opportunities of digital media use, use filters and tools to limit access to devices and content, and perceive that their children seek their support with online problems. Parents worried about online risks are more likely to set rules for their children's online interactions, use filters to control access to devices, and actively explain the risks and opportunities of screen media use to their children. However, parents' risk awareness does not influence children's tendency to discuss their online problems openly with their parents. Lastly, parents who perceive their child problematically use media, counterintuitively tend to reduce both restrictive interactive mediation and enabling mediation and perceive their child as less likely to seek help or engage in open discussion. Understanding the factors that lead parents to adopt certain parental mediation strategies may help guide clinical and prevention programs supporting parents in implementing effective strategies that minimize risks and maximize opportunities when their children use screen media.

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EMBODIED JOURNEYS: WOMEN'S BODILY EXPERIENCES IN LIFE TRANSITIONS AND CLINICAL CONDITIONS

Proposers

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Discussant

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Abstract

Embodied Journeys: Women's Bodily Experiences in Life Transitions and Clinical Conditions explores the profound and often complex ways in which women experience their bodies during critical life transitions, such as adolescence and pregnancy, or while navigating chronic and/or clinical conditions like fibromyalgia, obesity, and breast cancer. The panel highlights the intersection of physiological, psychological, and social dimensions of women's health, focusing on how transitions and clinical conditions reshape their embodied experiences. In particular, the first presentation highlights how, despite the many physical and emotional changes of adolescence that can challenge girls' body image, the presence of positive body image may serve as a powerful source of resilience in this vulnerable stage of development.

The second contribution describes how pregnancy not only marks a transformative change in the woman's body but also, through body communication, informs her relationship with the fetus, creating a unique dynamic of connection, responsibility, and identity.

The third contribution examines the role of Instagram photo-based activities and appearance comparisons on body functionality appreciation in women with fibromyalgia.

The last presentation explores the role of body image in two clinical settings involving major body changes: bariatric surgery and breast reconstruction after mastectomy.

Overall, by examining these diverse experiences, we aim to foster a deeper understanding of the female body's resilience, vulnerability, adaptation and value across different life stages and clinical contexts. Through interdisciplinary perspectives, this event encourages dialogue on how these experiences inform medical practices, support systems, and the broader discourse on women's health.

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Two Sides of the Mirror: Can Negative and Positive Body Image Coexist in Italian Adolescent Girls?

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Abstract

Introduction: Negative and positive body image are often viewed as opposite ends of a continuum; however, growing evidence suggests they are distinct constructs that can co-occur. Yet, whether this duality exists in adolescents remains an open question. Therefore, the present study aimed to pinpoint profiles characterized by distinct patterns of negative and positive body image among Italian adolescent girls. This research also sought to explore how these profiles relate to maladaptive eating behaviors and sociocultural risk factors.

Methods: A total of 625 girls aged 14-19 years (M = 16.5 years ± 1.42) completed self-report measures of negative body image (body dissatisfaction, body shame), positive body image (body appreciation, functionality appreciation), eating disorder (ED) symptoms, beauty-ideal internalization, and appearance comparison frequency. Latent Profile Analysis was used to identify body image profiles. Subsequently, an Analysis of Variance was conducted to verify whether these profiles differed in ED symptoms and sociocultural mechanisms.

Results: Three distinct profiles emerged: "Strong negative body image and weak positive body image" (16% participants), "Weak negative body image and strong positive body image" (36.3% participants), and "Moderate negative and positive body image" (47.7% participants). Girls in the "Weak negative body image and strong positive body image" profile showed significantly lower levels of ED symptoms, thin- and general attractiveness-ideal internalization, and appearance comparison frequency.

Discussion: These findings revealed that negative and positive body image can coexist in adolescent girls. Moreover, high positive body image levels seem to buffer against harmful outcomes. Notably, nearly half of the sample belonged to the profile characterized by both moderate negative and positive body image. This suggests that, although body image concerns may be typical during adolescence, many girls retain aspects of positive body image that may function as internal protective resources. This duality highlights an important opportunity for negative body image and ED symptoms prevention: rather than focusing solely on reducing risk factors, psychological interventions can actively build upon these existing

strengths to foster resilience and healthy body image in young girls navigating today's appearance-driven culture.

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Body and Bond: The Influence of Prenatal Interventions on Maternal Well-Being and the Mother-Infant Relationship

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Abstract

During pregnancy, women undergo rapid and distinct changes in their bodies over a relatively short period, making it a unique window to study the relationship with their bodies. Besides, the maternal body and the mother's relationship with her body represent the primary environment for the fetus's development and learning opportunities, as well as the first space for communication and the establishment of interactive expectations within the mother-fetus/infant dyad. It is essential to view this period of transformation as an opportunity to design ecological interventions that align with women's daily routines — ones that are seamlessly integrated into their lives and offer meaningful pathways for dyadic growth. In the present study, we explore the shared and distinct effects of two novel prenatal intervention protocols implemented during the last trimester of gestation on perinatal maternal well-being and mother-infant relationship. A total of 250 pregnant women at 28 weeks' gestation were randomly assigned to either a Passive relaxation-based Protocol or an Active Protocol involving maternal engagement in motor activities during music listening. Anxiety and depression symptoms and attachment to the fetus/infant were assessed before (t0) and after (t1) the protocol, as well 1.5 months postpartum (t2). Group-level analyses showed that both protocols were associated with improvements in anxiety symptoms and attachment to the fetus/infant that extended to the postpartum period, while a different picture emerged for depression symptoms. Within each group, maternal well-being outcomes and/or emotional experiences during the protocol were modulated by participants' adherence and engagement with the prescribed activities. These findings offer valuable insights into the mechanisms underlying the effects of passive versus active prenatal interventions and point to the importance of tailoring intervention strategies based on women's individual preferences and perinatal stage. Results emphasize the value of considering perinatal women's bodily experiences, as they contribute to a deeper understanding of how physical engagement with the body during pregnancy can influence both emotional/mental health and relational outcomes.

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When Social Media Meets Chronic Illness: Instagram Appearance-based Activities, Social Comparison, and Functionality Appreciation in Women with Fibromyalgia

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Abstract

Introduction. Social media platforms, particularly Instagram, often promote narrow and idealized narratives of the body, emphasizing not only physical appearance but also depictions of perfect functionality—showing bodies as energetic, flawless, and free from limitations. While functionality appreciation reflects a crucial dimension of positive body image, these idealized portrayals may be especially detrimental for individuals living with chronic health conditions. Women with fibromyalgia, who experience persistent pain, fatigue, and physical impairment, may find their relationship with their bodies further challenged by exposure to such content. Understanding how specific Instagram activities contribute to appearance-based social comparison with different targets—such as the self, friends, and celebrities—is therefore important. This study aimed to investigate whether Instagram activities related to self-images, friends' images, and celebrities' images are associated with Instagram appearance comparison, and whether appearance comparison, in turn, relates to functionality appreciation among women with fibromyalgia.

Method. A sample of 198 women with fibromyalgia (Mean age=26.20 years, SD=1.58) completed an anonymous online questionnaire assessing Instagram activities involving different targets (self, friends, and celebrities), Instagram appearance comparison, functionality appreciation, and sociodemographic and clinical information, including BMI. Path analysis was conducted to examine the hypothesized relationships among variables, controlling for BMI.

Results. Path analysis revealed that greater engagement with self-images and celebrities' images was significantly associated with higher levels of Instagram appearance comparison. Higher BMI also positively predicted appearance comparison. In turn, higher appearance comparison was negatively associated with functionality appreciation. Additionally, self-image activities were directly and positively associated with functionality appreciation. No significant direct or indirect effects were found for friends' images.

Conclusion. Findings suggest that Instagram activities centered on self-presentation and celebrity exposure may foster appearance comparison processes that negatively impact women's appreciation of their body's functionality, even among individuals managing a chronic condition like fibromyalgia. Although engaging with self-images was associated with greater functionality appreciation, the negative influence of appearance comparison partially attenuated this effect. These results highlight the importance of targeting social media-related appearance comparisons in interventions aimed at promoting more positive and functional views of the body among women with fibromyalgia.

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Body Image in Clinical Hospital Settings: Research Perspectives in Obesity and Breast Cancer

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Abstract

Introduction: Body image is a multidimensional construct that includes thoughts, emotions, and appraisals related to one's body. It plays a key role in psychological and physical well-being, especially in clinical settings involving major body changes, such as obesity and breast cancer. Two studies will be presented: the first explores the role and evolution of body image in patients with obesity undergoing bariatric surgery; the second evaluates the effectiveness of a psychological-clinical intervention based on expressive writing in women undergoing breast reconstruction after mastectomy.

Methods: In the first study, participants undergoing bariatric surgery at a Sicob Center of Excellence were assessed at baseline and one year after surgery using psychological self-rated measures, to examine the relationship between body image, BMI and psychological health. The second study involved women recruited from the post-oncologic reconstructive breast surgery track at Sant'Andrea Hospital. Patients were randomized to participate in a psychological intervention, which consisted of ten clinical sessions and three days of expressive writing. Psychological measures and physiological indicators of stress were collected before and after the psychological intervention.

Results: In the first study, body image satisfaction was a stronger predictor of postoperative psychological health than BMI. Higher body image satisfaction was related to better psychological well-being, whereas BMI did not show a significant predictive role. Body satisfaction improved in the first nine months but decreased slightly after one year. In the second study, psychological intervention had a positive impact on mental well-being by improving body image perception. There was no significant improvement in perceived appearance of the reconstructed breast, suggesting that aesthetic expectations may not have been fully met. In addition, a slight reduction in cortisol levels might suggest a decrease in physiological stress.

Discussion: These findings highlight how the perception of one's body image, concerns, and expectations about it can have a negative impact on patients' psychological health, affecting various aspects such as emotional state, treatment adherence and overall quality of life. It is essential to consider body image as

a central element in bariatric surgery and post-mastectomy breast reconstruction to ensure a comprehensive and integrated patient-centred care pathway with these medical conditions.

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A MULTI-LEVEL APPROACH TO CHILD DEVELOPMENT AND FAMILY DYNAMICS IN CAREGIVING

Proposers

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Discussant

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Abstract

Children's ability to adapt to environmental changes is believed to have a biological basis, but it is also influenced by developmental processes and environmental factors, particularly caregiving variations. This symposium brings together four contributions exploring the multi-dimensional nature of caregiving, including affective, cognitive, behavioral, and relational dimensions and their role in shaping children's psychological functioning and adaptation.

Gemignani et al. emphasise the role of early family experiences in shaping children's emotional processing, going beyond traditional family structures to include families with same-sex parents. Regardless of structure, the quality of mother-child relationships is influenced by the mother's caregiving experiences, highlighting individual factors in the quality of caregiving.

Filippi et al. highlight that effective caregiving requires the integration of emotional, cognitive, and somatic processes, particularly in the early postpartum months. Research suggests that caregiving relies heavily on the coordination of affective and somatic processes, with maternal interoception-the ability to perceive internal bodily sensations-playing a crucial role in understanding how maternal somatisation affects caregiving.

Nasti et al. point to the important relationship between explicit and implicit responses to emotional infant faces (e.g., happiness and sadness) and the quality of mother-infant interactions, particularly verbal

responsiveness. Understanding caregivers' emotional responses at both the explicit and implicit levels can reveal predictors of caregiving behavior. The interplay between these levels of emotional processing is critical to understanding caregiving practices.

Bentenuto et al. underscore that while research has focused on stress and mental health differences between mothers and fathers, less attention has been paid to the relationship between parental perceptions of their child and caregiving variables. Understanding the links between parental well-being, child characteristics, and caregiving behaviors can inform support strategies, especially for families raising autistic children, where caregiving practices significantly affect development.

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Nurturing Bonds: Emotional Availability Among Italian Two-Mother Families

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Abstract

Introduction: In Italy, same-gender families face a higher level of stigma compared to those in other European countries, delaying the scientific understanding of various aspects related to LGBTQIA+ parenthood. The goal of this study is to explore the characteristics of same-gender Italian mothers interacting with their child during a 15-minute videotaped play. Specifically, we focus on Emotional Availability (EA), a well-established indicator of the quality of parent-child relationships that remains largely unexplored in two-mother families.

Methods: A total of 48 mothers (M_{age} = 42.3, SD = 5.9) were videotaped during a 15-minute structured play session with their child aged between 3 and 11 years (M_{age} = 4.5, SD = 2.0). Of the total sample, 46 mothers participated in the study with their partner (n = 23 couples), while 4 mothers participated alone. Twenty-seven mothers reported being biologically related to the child, whereas the others were not. Interactions were coded using the Emotional Availability Scales. Additional data were collected on socio-demographic characteristics, involvement in childcare (both their own and their partners'), perceptions of parental care during mothers' own childhood, and levels of parental stress.

Results: All EA dimensions had average scores above 5.5. Mothers within each couple shared childcare responsibilities in a fairly egalitarian manner. Neither the EA dimensions nor the degree of involvement with the child were associated with the type of mother–child relationship (i.e. biological/non-biological; all ps > .05). Maternal experiences of care received from their own parents were significantly associated with the quality of mother–child relationships ($p < .05$).

Discussion: In the face of recent sociopolitical attacks on same-gender families, this study underscores the unique strengths of LGBTQIA+ Italian parents. The field needs to continue to evolve towards including the voices of children of LGBTQIA+ parents, in addition to incorporating parents' perspectives.

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Embodied parenting: the influence of maternal somatization and interoception sensitivity on early caregiving

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Abstract

Appropriate caregiving requires the integration and coordination of multiple systems. While the emotional and cognitive aspects of parenting have garnered substantial attention, evidence suggests that caregiving – particularly in the first postpartum months – largely relies on the integration between affective and bodily-related processes (Shai & Belsky, 2017). However, the link between caregiving and mothers' embodied experiences is an underexplored issue in both research and clinical practice. Recent theoretical and empirical models propose that maternal interoception (i.e., the perception and processing of internal physiological states, strictly related to emotional experiences) might be related to sensitive caregiving, supporting mothers' emotional competence. Dysfunctions in interoception have been associated with various mental health conditions, including somatization disorders, which have been found to be related to less emotional awareness, recognition and affective empathy and, in turn, less sensitive parenting behaviours. Using an online survey, this cross-sectional study aimed to explore the association between maternal interoception, somatization symptoms, and different dimensions of caregiving (i.e., reflective functioning and parenting stress). Additionally, the study explores the potential mediating role of maternal interoception in explaining how maternal somatization differentially impacts early caregiving. We expect that the quality of parenting is, at least partially, explained by levels of maternal somatization and interoception (direct effects). Additionally, we hypothesize that mothers who report higher somatization symptoms will show decreased interoception, which, in turn, will predict lower quality of early caregiving (indirect effect). Mothers in the first year postpartum completed the Multidimensional Assessment of Interoceptive Awareness (MAIA), the somatization subscale of the Symptom Checklist-90-Revised (SCL-90-R), the Parental Reflective Functioning Questionnaire (PRFQ), and the Parenting Stress Index-Short Form (PSI-SF). Preliminary findings will be presented and discussed in the light of their potential contribution to research on the bodily dimensions of caregiving in both typical and atypical contexts.

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Implicit And Explicit Responses to Infant Emotional Cues And Maternal Caregiving Quality: Evidence From an Observational Study

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Abstract

Introduction. A growing body of empirical research indicates that the quality of caregiving behaviour is shaped by caregiver's responsiveness to the infant's cues. Moreover, theoretical models have highlighted that caregiving is not a unitary process but can be modulated by distinct levels of information processing, encompassing both explicit (conscious) and implicit (automatic) mechanisms. However, to date, only a limited number of studies have systematically examined how different infant cues are processed at multiple levels and the extent to which these processing mechanisms are directly associated with caregiving behaviours. In light of these considerations, the present study aims to investigate the relationship between implicit and explicit responses to infant emotional cues (faces expressing happiness and sadness) and the quality of caregiving behaviour, operationalized through a measures of caregiver verbal responsiveness.

Methods. To this end, a sample of 25 mother-infant dyads with typical development was recruited. The mothers (age: 27–48 years, $M = 35.1$, $SD = 4.7$) completed two SC-IATs and two semantic differentials to assess their implicit and explicit responses to infant faces. One week later, they were observed during a spontaneous interaction with their children (age: 20–68 months) through play with standardized materials in a home setting.

Results. The results showed a weak correspondence between implicit and explicit responses. Notably, only implicit responses to sad faces ($r = .35$, $p < .05$) were significantly and positively associated with caregiver verbal responsiveness.

Discussion. These findings underscore the importance of accounting for different levels of processing when examining responses to infant cues and provide novel evidence that the association between caregiver responses to infant emotional stimuli and observed caregiving behaviours may vary depending

on the nature of the stimulus and the level of processing involved. Specifically, the data suggests that implicit processing of infant facial expressions of sadness may serve as a valid predictor of caregiver responsiveness.

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Parental Stress, Mental Health, and Child Traits: Exploring Differences and Associations in Italian Parents of Autistic Children

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Abstract

Introduction: Several studies have investigated differences between mothers' and fathers' stress and mental health. However, fewer have examined differences in child-related representations and their associations with parental variables. This study aimed to compare parental stress, mental health, and child-related representations in Italian mothers and fathers of autistic children while exploring how parental well-being relates to both parent-reported and clinically assessed child characteristics.

Methods: A total of 112 parents (56 mothers and 56 fathers) of autistic children aged 4–19 completed questionnaires assessing stress, mental health, and their children's behavioral traits and symptom severity. Standardized clinical tests measured children's general quotient and symptom severity. Group differences were analyzed using both parametric and non-parametric tests, while regression models explored associations between parental variables (i.e., stress and mental health) and child characteristics, as reported by parents and measured through clinical assessments. To account for multiple comparisons, p-values were adjusted using the False Discovery Rate (FDR) and the Benjamini-Hochberg procedure.

Results: Mothers and fathers reported similar stress levels and comparable perceptions of their children's behaviors and symptom severity. However, mothers exhibited higher levels of mental health difficulties. Significant associations emerged, revealing a complex interplay between parental stress, mental health, and child outcomes, highlighting the importance of integrating multiple measures in parenting research.

Discussion: These findings emphasize the interconnected nature of parental well-being, parent-reported child characteristics, and clinically assessed child traits. Recognizing these links may inform more effective, targeted support strategies for families raising autistic children.

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TRAUMATIC AND ADVERSE EXPERIENCES: PSYCHOLOGICAL AND PHYSIOLOGICAL IMPLICATIONS

Proposer

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Discussant

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Abstract

The present symposium is organized by the Early CAreer REsearchers' network (E-CARE) of the Italian Association of Psychology. E-CARE involves researchers at the first stage of their careers and promotes opportunities for learning, networking, interdisciplinarity, and internationalization, creating spaces for discussion and comparison between professionals on important topics of interest to the scientific community.

In line with our goals, this symposium explores the impact of traumatic and adverse experiences on psychological and physiological health.

Caffieri investigates the role of intolerance of uncertainty and worries on pre-traumatic stress reactions in the Campi Flegrei population. Findings reveal that difficulties in coping with uncertainty contribute to pre-traumatic stress, underlining the need for trauma-informed care in populations facing long-term environmental instability.

Giordano and Calaresi examine the longitudinal interplay between emotional abuse, family functioning, and depressive symptoms in adolescence. Their findings emphasize how disruptions in family cohesion and communication exacerbate emotional distress, prolonging the adverse psychological consequences of abuse. The study underscores the importance of early interventions to foster supportive family environments and mitigate mental health risks.

Lanzara and Zito explore the relationship between childhood traumatic experiences and gut microbiota in patients with fibromyalgia (FM). Their preliminary findings suggest a significant association between stressful experiences and gut microbiota alterations, supporting the role of the gut-brain axis in FM pathogenesis.

Santoniccolo and Paradiso investigate the role of heterosexist experiences in eating disorder risk among LGBT+ individuals. Results indicate that heterosexist discrimination influences eating disorder risk indirectly through emotion dysregulation and shame. These findings emphasize the need for policies to reduce minority stress and enhance coping resources for LGBT+ individuals in clinical and social contexts.

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Living on shaking ground: the Role of Intolerance of Uncertainty, and Worries on Pre-Traumatic Stress in Campi Flegrei population

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Abstract

Introduction: Pre-traumatic stress reactions consist of disturbing thoughts and images concerning a traumatic experience that may occur in the future. It was found as a predictor of PTSD in soldiers and a factor associated with worry in Italian adults during the COVID-19 pandemic. A previous assessment of psychometric properties of the Pre-traumatic stress reaction Check List (Pre-cl) (under review) in Campi Flegrei residents identified a two-factor model, distinguishing pre-traumatic alert stress reactions (intrusion, avoidance, hyperarousal) and pre-traumatic alterations of mood, cognitions and behaviors. However, predictors of pre-traumatic stress reactions, in particular its association with Intolerance of Uncertainty (IU) have never been explored. This study aims to investigate the effects of intolerance of uncertainty on pre-traumatic stress reactions in 200 Italian adults living in the Campi Flegrei. Moreover, it examined the mediating role of worries of earthquakes and volcanic eruptions between intolerance of uncertainty and pre-traumatic stress.

Methods: For this cross-sectional study, data was collected via an online survey. Participants were recruited from the 'red zone' of the Campi Flegrei, which face growing seismic and volcanic threats. Intolerance of uncertainty scale - short form, Pre-cl, and ad hoc question on worry of earthquake and volcanic risk were used as measures. A structural equation modeling was performed to test the hypotheses.

Results: The results showed that increased levels of prospective and inhibitory IU were associated with increased pre-traumatic alert stress reactions. On the other side, only Inhibitory IU was associated with pre-traumatic alterations of mood, cognitions, and behaviors. Moreover, worry for eruption and seismic consequences only partially mediated the relationship between the inhibitory IU and pre-traumatic alert stress reactions.

Discussion: This study provides a novel contribution by examining underlying mechanisms between intolerance of uncertainty and pre-traumatic stress in an understudied population. Results suggest that difficulties in managing uncertainty is a key psychological vulnerability in populations under long-term

environmental threats. These findings support the importance of a trauma-informed care approach in research, clinical practice and public health programmes.

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Longitudinal Dynamics of Emotional Abuse, Family Functioning, and Depressive Symptoms in Adolescence

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Abstract

Adolescence represents a crucial developmental stage during which mental health trajectories are shaped by familial relationships and emotional experiences. Exposure to emotional abuse during this period has been consistently linked to an increased risk of developing depressive symptoms, yet the precise mechanisms and pathways through which this occurs remain insufficiently understood. The present study seeks to explore the longitudinal interplay between emotional abuse, family functioning, and depressive symptoms in adolescents. A total of 1,887 Italian adolescents (M=15.44 years, SD=1.09) participated in this study, with data collected across three time points: baseline (T1), six months later (T2), and twelve months later (T3). Structural equation modeling (SEM) was employed to investigate the bidirectional relationships between these variables, as well as the potential mediating role of family functioning in the association between emotional abuse and depressive symptoms. Sex was included as a control variable in the analyses. Findings indicated that emotional abuse at T1 and T2 significantly predicted both family functioning and depressive symptoms at T2 (β =.14; p<.01; β=.21; p<.01) and T3 (β=.15; p<.01; β=.19; p<.01), respectively. Furthermore, family functioning at T1 and T2 emerged as a predictor of depressive symptoms at T2 and T3 (β=.17; p<.01; β=.19; p<.01), respectively. Mediation analyses further revealed that the effects of emotional abuse at T1 on depressive symptoms at T3 were mediated by emotional abuse (β=.13; p<.001), family functioning (β=.03; p<.001) and depressive symptoms (β=.05; p<.001) at T2. Similarly, family functioning at T1 indirectly influenced depressive symptoms at T3 through its effects on both family functioning (β=.10; p<.001) and depressive symptoms (β=.04; p<.001) at T2. These findings highlight how disruptions in family cohesion and communication may exacerbate emotional distress, prolonging the adverse psychological consequences of abuse on depression. The study's results emphasize the need for early interventions focused on fostering supportive, communicative, and emotionally healthy family environments as a means of mitigating the long-term mental health risks associated with emotional abuse. Prevention and intervention strategies should prioritize strengthening

family resilience, improving emotional regulation, and equipping adolescents with coping mechanisms to reduce vulnerability to depression.

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The Relationship Between Childhood Traumatic Experiences and Gut Microbiota in Patients with Fibromyalgia: An Exploratory Study

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Abstract

Background: Fibromyalgia (FM) is a multidimensional chronic pain syndrome characterized by widespread pain, persistent fatigue, non-restorative sleep, and cognitive impairments. Although the exact mechanisms underlying FM remain unclear, several factors have been suggested to be involved, including genetic predisposition, immunological alterations, central sensitization, impaired endogenous pain inhibitory systems, hypothalamic-pituitary-adrenal axis dysfunction, oxidative stress, and psychological factors such as distress and adverse life events. Recently, growing evidence has suggested a role of gut microbiota alterations in FM pathogenesis, given the bidirectional interaction between pain regulation and the gut-brain axis. Our ongoing study aims to evaluate the relationship between gut microbiota and psychological variables, including traumatic childhood experiences, in patients with FM compared to healthy control (HC) subjects.

Methods: The study population includes a preliminary consecutive sample of 33 treatment-seeking FM patients and 26 HC subjects. All participants underwent a multidimensional assessment, which included sociodemographic, anthropometric, dietary, lifestyle, comorbidity, and medication-related factors. Symptom intensity and disability (FIQ-R), childhood trauma (CTQ-SF), anxiety and depression (HADS), perceived stress (PSS), somatic symptoms (PHQ-15), and alexithymia (TAS-20) were evaluated. Participants provided stool samples for gut microbiome analysis via 16S rRNA gene sequencing and whole-genome sequencing.

Results: Compared to HCs, FM patients had higher rate of intestinal dysbiosis (i.e., *Firmicutes-Bacteroidetes* imbalance; 60% vs 48%), higher alterations in gut microbial composition (higher *Actinobacteria*, p=.009), and higher levels of somatic symptoms (p<.001), perceived stress (p=.007), difficulty identifying feelings (p=.008), emotional and physical abuse (p=.010 and p=.049) and neglect (p<.001 and p=.004). Higher levels of *Firmicutes* and lower levels of *Bacteroidetes* were associated with higher levels of childhood physical abuse. In patients with FM, higher levels of *Firmicutes* were also associated with a higher impact of symptoms in daily life activities. No other significant correlations were found with bacterial taxa.

Conclusion: Although preliminary, these findings support the hypothesis that gut-brain axis dysregulation plays a role in FM. Among psychological factors, childhood physical abuse was significantly associated with gut microbiota alterations. Future research with a larger sample will further investigate the potential mediating role of early-life trauma in the gut microbiota-mental health relationship in FM.

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The role of LGBT+ heterosexist experiences in eating disorder risk: a psychological mediation model

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Abstract

Past research has shown a significantly increased prevalence of eating disorders in LGBT+ people compared to heterosexual and cisgender people. Minority stress has been found to be consistently associated with negative body image and disordered eating behaviours, providing a possible explanation to this disparity. However, how minority stress determines additional health risks remains an understudied area, particularly regarding intrapsychic factors. This study aims to explore how eating disorder risk may be influenced by heterosexist experiences related to one's LGBT+ identity, such as discrimination, harassment, isolation and vigilance.

A cross-sectional online anonymous survey was conducted involving 372 self-identified LGBT+ people from the Italian context. Self-report questionnaires were administered regarding daily heterosexist experiences, eating behaviours and associated factors. Descriptive and bivariate analyses were conducted. Mediation analyses were conducted through the "PROCESS" macro including participant's total score of distress related to heterosexist experiences, emotion dysregulation, shame and eating disorder risk, controlling for body-mass index, age and socioeconomic status.

Statistically significant positive associations were found between heterosexist experiences, emotion dysregulation, shame and eating disorder risk. Mediation analyses ($R^2 = .356$) found that the direct effect of heterosexist experiences on eating disorder risk was nonsignificant (95% CI [-.045, .157]). The indirect effects of heterosexist experiences on eating disorder risk through emotion dysregulation (B = .05, BootSE = .029, 95% CI [.115, .229]) and through shame (B = .107, BootSE = .026, 95% CI [.063, .167]) were both significant.

Heterosexist experiences seem to have a small but significant effect on eating disorder risk through emotion dysregulation and shame. Exposure to these experiences in day-to-day life is likely to reduce availability of psychological coping resources for LGBT+ people and increase the risk of developing eating disorders. Heterosexist experiences may be an important factor in increasing health disparities.

Policies for reducing harassment, discrimination and violence related to sexual orientation and gender identity in institutional, organizational and social contexts are needed which may help prevent negative health outcomes. Clinical contexts may benefit from considering the effect of minority stress on emotion regulation processes and experiences of shame.

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ENHANCING ASSESSMENT IN PSYCHIATRY: THE ROLE OF CHILDHOOD NEGLECT, SENSORY DYSFUNCTION, GROUP-BASED REHABILITATION, AND EVOLUTION OF THE SELF

Proposer

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Discussant

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Abstract

Contemporary psychiatry and psychotherapy are increasingly called to engage with the complexity and heterogeneity of mental disorders, moving beyond rigid diagnostic categories and standardized, group-based models. Symptoms emerge from the dynamic interplay of neurobiological, developmental, experiential, and contextual influences. Within this landscape, person-centered approaches are essential to grasp the unique trajectories of individuals—shaped by exceptional life events, neurobiological vulnerabilities, treatment side effects, and varied pathways of care. To reflect this complexity, clinical assessment must evolve into a more dynamic, multidimensional process—sensitive to both transdiagnostic phenomena and individual variability.

This symposium brings together four contributions that challenge traditional assessment models in psychiatry and psychotherapy, advocating for a renewed approach that moves beyond psychopathology and diagnostic labels.

The first presentation (Zurlo et al.) reports findings from two meta-analyses on sensory processing in schizophrenia-spectrum disorders and anorexia nervosa, revealing altered perceptual functioning as a clinically relevant, transdiagnostic marker with implications for future assessment and treatment.

The second presentation (Minazzi et al.) introduces the development and pilot validation of a new instrument for evaluating group-based psychiatric rehabilitation activities, integrating qualitative and quantitative evidence to assess key dimensions such as engagement, competence, and therapeutic climate.

The third presentation (Merola et al.) offers a systematic review and meta-analysis on childhood neglect and adult psychiatric disorders, demonstrating robust associations across neglect subtypes and clinical diagnoses, and underscoring the need for precise and context-sensitive assessment of early adversity.

The fourth presentation (Antichi et al.) adopts a mixed-method, intensive longitudinal design to examine Self-change in psychotherapy, showing that group-level, pre-post methodologies obscure the unique, dynamic, and non-linear patterns of individual change—thus calling for idiographic, temporally nuanced assessment frameworks.

Together, these contributions emphasize the need to revitalize assessment practices in mental health by integrating transdiagnostic, contextual, and person-centered dimensions—ultimately advancing both clinical insight and research precision.

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Altered sensory processing across psychiatric disorders

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Abstract

Sensory dysfunction is increasingly recognized as a transdiagnostic feature of psychiatric disorders, contributing to symptom expression and impairments in everyday functioning. This abstract integrates findings from two pre-registered meta-analyses examining altered sensory processing in schizophrenia-spectrum disorders and anorexia nervosa (AN), highlighting their potential clinical relevance.

The first meta-analysis investigated olfactory function in schizophrenia-spectrum disorders, including 73 studies with data from 3282 patients and 3321 healthy controls. Results demonstrated robust impairments among patients in higher-order olfactory abilities (odor identification and discrimination), while odor sensitivity remained intact. Odor identification deficits were significantly influenced by patients' educational level, illness duration, and severity of negative symptoms, suggesting a close interplay between clinical features and sensory dysfunction.

The second meta-analysis employed activation likelihood estimation (ALE) to examine brain activity in response to food stimuli in individuals with AN and those who had recovered (REC), across 26 studies (403 AN, 141 REC, 472 healthy controls). Findings revealed hypoactivation in the left inferior parietal lobule (IPL) in the AN+REC group compared to healthy controls. Sensitivity analyses confined to studies using only visual stimuli replicated this result, indicating that reduced IPL activity is not dependent on the modality of food stimulus presentation. Notably, when analyses were restricted to studies including only AN participants, no significant convergence emerged, suggesting that altered neural responses may persist even after recovery.

Together, these findings reveal patterns of sensory dysfunction in schizophrenia-spectrum disorders and anorexia nervosa. While olfactory impairments in schizophrenia-spectrum disorders appear tied to higher-order sensory processing and illness characteristics, altered neural responses to food stimuli in AN and REC individuals may reflect persistent disruptions in body image processing, diminished integration of somatosensory and gustatory cues, and heightened fear of weight gain. These results support the transdiagnostic importance of sensory processing alterations and highlight directions for future assessment and intervention strategies across psychiatric conditions.

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Assessing Rehabilitative Activities in Psychiatric Settings: An Exploratory Study Based On Grounded Theory

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Abstract

Background: The assessment of group activities in psychiatric settings is crucial to supporting patients' rehabilitation pathways, with particular attention to fostering active participation and enhancing social and individual skills. However, the literature highlights a lack of specific evaluation tools, particularly within the Italian context, and the difficulty in isolating the effects of individual group interventions within multifaceted rehabilitation programs. This doctoral project aimed to address this gap by developing and piloting a new evaluation tool based on both qualitative and quantitative evidence.

Method: The project was structured in three phases. The first, a qualitative phase, employed Grounded Theory to explore patients' and professionals' perceptions of rehabilitative group activities, identifying core process elements associated with effective functioning. The second phase consisted of a Scoping Review of existing assessment tools, revealing nine thematic clusters and underscoring the need for a tool specifically tailored to the Italian context. The third phase involved constructing a 40-item instrument divided into seven subscales, integrating findings from the previous phases. The instrument was administered to 78 patients (189 questionnaires) and 32 professionals (52 questionnaires), focusing on five group activity domains defined by the Lombardy Region: group psychotherapy, basic skills training, resocialization, expressive activities, and physical activities. Statistical analyses (Kruskal-Wallis tests) were conducted to explore differences across evaluator type, activity domains, subscales, diagnoses, treatment settings, and length of care.

Results: Grounded Theory analysis identified a core category—"active position"—encompassing dimensions such as personal expression, learning, sense of competence, socialization, group climate, facilitator characteristics, and participant motivation. The questionnaire results showed general alignment between patients' and professionals' evaluations of group activities, while also revealing specific differences related to subscales and clinical or contextual variables.

Conclusions: The newly developed tool, tested in an exploratory phase, appears to offer an innovative contribution to the assessment of rehabilitative group activities in psychiatric contexts, allowing for a

more nuanced understanding of group dynamics and participant experiences. Future developments will aim to validate the tool in a larger sample, thereby enhancing its reliability, replicability, and clinical applicability.

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Association between childhood neglect and psychiatric disorders in adults: A systematic review, meta-analysis, and meta-regression

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Abstract

Background: Childhood neglect, a core component of Adverse Childhood Experiences (ACEs), is a critical contributor for the development of psychiatric disorders. Despite its pervasive impact on mental health, neglect remains underexplored compared to other forms of childhood maltreatment. Encompassing physical, emotional, and unspecified subtypes, neglect has been consistently associated with heightened vulnerability to mental health disorders. However, a comprehensive synthesis of these associations is still lacking.

Aims: The primary aim of this study was to quantify the overall association between childhood neglect and psychiatric disorders, by estimating the Odds Ratios. The secondary aim was to examine the association between specific neglect subtypes, i.e. unspecified [Ne], physical [PN], and emotional [EN], and specific psychiatric disorders.

Methods: Studies were systematically selected from three databases, focusing on adult populations with diagnosed psychiatric disorders and corresponding control groups. Meta-analyses were performed to estimate global associations between neglect and psychiatric disorders, as well as associations between neglect subtype and specific psychiatric conditions. Multiple meta-regression analyses were performed to explore moderating factors.

Results: The meta-analysis revealed strong associations between childhood neglect and psychiatric disorders across subtypes: OR = 3.63, 95% CI [2.19,6.01] for Ne, OR = 3.27, 95% CI [2.51,4.25] for PN, and OR = 3.36, 95% CI [2.58,4.38] for EN. According to the subgroup analysis, the strongest associations were observed between Ne and bipolar disorder, PN and schizophrenia spectrum disorder, and EN and major depressive disorder. Other strong associations emerged, although their interpretation was limited by a small number of studies and high heterogeneity levels.

Conclusion: Childhood neglect significantly increases the risk of psychiatric disorders, with distinct patterns observed across neglect subtypes and mental health outcomes. These findings highlight the urgent need

for early identification of neglect to enable tailored interventions that mitigate its long-term burden on mental health.

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Everyone Changes Differently: A Mixed-Method Approach to the Change of the Self in Psychotherapy adopting Time Series Analysis

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Abstract

Introduction. Research on Self-change in psychotherapy has traditionally relied on nomothetic pre-post designs, which compare group means to evaluate the effectiveness of interventions. However, inter- to intra-individual inferences violate the principle of ergodicity, which states that generalizations from group-level data to individual-level processes are valid only if the underlying processes are stationary and homogeneous—conditions rarely met in psychological phenomena. When these assumptions are not satisfied, inferences become distorted, and meaningful information about individual trajectories of change is lost.

Methods. This study proposes an exploratory mixed-method design based on intensive longitudinal data (ILD) to investigate the process of Self-change during psychotherapy, integrating qualitative and quantitative, idiographic and nomothetic approaches. Five participants undergoing individual psychotherapy were included. Data were collected weekly for at least six months through Ecological Momentary Assessment (EMA), combining a standardized questionnaire assessing core dimensions of the Self with person-specific items derived from pre- and post-intervention narrative interviews. The analyses employed Autoregressive Integrated Moving Average (ARIMA) models to examine the form (linear/nonlinear) and stationarity of the time series and Cross-Recurrence Quantification Analysis (CRQA) to model the Self as a dynamic system.

Results. Ergodicity of the Self was violated since (a) more than half of the time series were non-stationary; (b) participants had different ARIMA models for the same variables, indicating that every person followed a specific dynamic law of change. Individual dynamics exhibited short-term influences (first-order AR/MA components) and tendencies toward equilibrium, supporting the conceptualization of the Self as a self-regulating system. Pre-post methodology caused information to be lost when compared to the time series.

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Discussion. To adequately capture the evolution of the Self in psychotherapy, a methodological shift is needed to embrace the singularity and dynamic nature of change, moving beyond pre-post logic and group averages toward a more personalized and temporally sensitive approach to psychotherapy change.

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PSYCHOLOGICAL INTERVENTIONS IN DIFFERENT MEDICAL SETTINGS – 2ND EDITION

Proposers

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Discussant

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Abstract

The growing attention to mental health in medical contexts highlights the need to integrate psychological strategies into the care pathways for chronic conditions. This symposium explores the role of psychological variables and clinical interventions across four distinct medical domains, united by the biopsychosocial complexity of the conditions addressed.

Melania Severo et al. open the session by presenting preliminary data on how psychological traits—particularly anxiety, depression, and Type D personality—affect adherence to pharmacological treatment and health-related quality of life in patients with cardiovascular diseases.

Federica Galli et al. follow with a study on nociplastic pain conditions, showing how traumatic experiences influence central sensitization and psychological functioning in patients with fibromyalgia and chronic migraine. Their findings highlight the importance of psychotherapeutic interventions aimed at improving both physical and mental health.

Gianluca Castelnuovo then addresses the topic of obesity in light of the advent of new weight-loss medications, examining the psychological and motivational implications related to treatment adherence and lifestyle modification, which remain crucial despite pharmacological advances.

Finally, Gina Zito et al. discuss findings on the relationship between psychological distress and gut microbiota composition in patients with Inflammatory Bowel Disease, emphasizing the relevance of the gut-brain axis and the importance of integrating psychological support into clinical care.

Together, these contributions underscore the need for an integrated approach that incorporates psychological components into the treatment of complex medical conditions, promoting more effective, personalized, and person-centered care.

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The Role of Psychological Characteristics and Personality Traits in Medication Adherence and Cardiovascular Health-Related Quality of Life – Preliminary findings

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Abstract

Introduction: Cardiovascular diseases represent one of the leading causes of global morbidity and mortality. Recent studies suggest that psychological and personality traits could influence the course of disease and adherence to medical treatment. Patients with specific psychological characteristics tend to follow therapeutic guidelines less closely, thereby compromising treatment success and worsening the clinical condition. The present study aims to explore the psychological and personality traits of patients with cardiovascular diseases, analyzing their impact on cardiovascular disease-related quality of life and adherence to pharmacological therapies.

Methods: The sample included 74 patients suffering from cardiovascular diseases. The DS-14 was used to assess type D personality; the HADS, STAI and BDI-2 to assess anxious-depressive symptoms; the HEARTH-QOL to evaluate cardiovascular health-related quality of life, and the MMSA to assess adherence to medical treatment.

Results: The results of our study showed significant negative associations between adherence to pharmacological therapy and both anxious symptoms ($p<0.01$), depressive symptoms ($p<0.001$), and Type D personality traits ($p<0.01$). Moreover, significant association were found between anxious symptoms ($p<0.001$), depressive symptoms ($p<0.001$), Type D personality traits ($p<0.01$), and lower quality of life. Furthermore, disease-related quality of life was positively associated with adherence to medical therapy ($p<0.05$). Finally, women, compared to men, showed a lower quality of life related to cardiovascular disease ($p=0.05$), higher levels of anxious symptoms ($p=0.043$) and depressive symptoms ($p=0.006$), and higher traits of social inhibition ($p=0.049$).

Discussion: These findings suggest that psychological treatment of anxiety and depressive symptoms could enhance adherence to cardiac care and improve quality of life, particularly in female patients. These results highlight the potential benefits of integrating psychocardiological interventions into clinical practice.

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Promoting psychological interventions for nociplastic conditions in clinical settings: The role of traumatic experiences

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Abstract

Introduction: It is well-established that early and repeated traumatic experiences (TEs) play a role in explaining the development of chronic central sensitization (CS) and alterations of integrative mechanisms of mind-body phenomena. Chronic CS and deficit in mind-body integrative processes have been also considered key dimensions in nociplastic pain related conditions, especially chronic migraine (CM) fibromyalgia (FM) and the comorbidity between these syndromes (FM-CM). Nevertheless, there are no studies that have explored the role of TEs for CS among patients affected from nociplastic pain conditions and their implications for quality of physical and mental health.

Methods: Treatment-seeking patients with CM (N = 97), FM (N = 130) and FM-CM (N = 91) were included. Rheumatologists and neurologists confirmed the diagnoses. A healthy control (HC) group (N= 141) was also included. ANCOVA and MANCOVA were conducted in order to test differences among groups in TEs, severity of CS manifestations and quality of physical and mental health. A moderated mediational model was estimated in order to test the predictive role of TEs on CS and quality of physical and mental health among groups

Results: FM-CM and FM highlighted more severe TEs than the other groups, especially considering emotional neglect and physical threats. The severity of CS progressively and significantly increased across conditions (HC > CM > FM > FM-CM), as well as impairments of quality of physical and mental health. The predictive effects of TEs on CSI were significantly higher among patients with FM and FM-CM. Levels of CS highlighted full mediating effects between TEs and quality of physical and mental health, especially among patients with FM and FM-CM.

Conclusions: TEs play a key role in explaining CS, which represents a common dimension shared across nociplastic pain conditions, together with quality of physical and mental health, especially in FM and FM-CM. Psychotherapeutic clinical implications will be discussed for the treatment of nociplastic pain conditions.

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Clinical and Health Psychology for Obesity in the Age of New Drug Therapies

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Abstract

Obesity is a complex chronic disorder that has historically managed with a biopsychosocial treatment approach, which is now being intensely discussed due to a paradigmatic shift because of the introduction of new medications that are finally effective for weight loss. Can the potential of these drugs spare clinicians the demanding and costly work involved in lifestyle changes? Pharmacological interventions can help patients achieve significant weight loss but fail to address fundamental behavioral, psychological, social, and environmental determinants responsible for the origin, maintenance, or even worsening of obesity. Although numerous clinical trials have confirmed the effectiveness and efficiency of these novel medications—initially developed for type 2 diabetes and later adapted for obesity and overweight—the impact of psychopathological comorbidities associated with obesity on drug efficacy remains unclear. This is mainly because patients with various psychopathologies have often been excluded from validation trials. Therefore, interventions focusing on motivation to change, adherence to medication regimens (not devoid of side effects), and improvement in healthy lifestyle strategies remain essential even in the era of new pharmacological solutions for obesity.

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The relationship between psychological distress and gut microbiota in patients with Inflammatory Bowel Disease

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Abstract

Background: Inflammatory bowel diseases (IBD) are a multifactorial condition involving the dynamic interaction between the immune system, genetic predisposition, the environment, and, more recently, the gut microbiota. In recent years, there has been growing attention to the role of the microbiota in the etiopathogenesis of IBD, as well as in the modulation of the inflammatory response. A close connection also exists between the central nervous system and the enteric nervous system, known as the gut-brain axis (Gracie et al., 2018). The aim of our study was to investigate, in a sample of IBD patients, if depressive symptoms, anxiety symptoms, quality of life, stress, and gastrointestinal symptoms may be related to gut dysbiosis.

Methods: A sample of 50 treatment-seeking IBD patients with quiescent disease activity was recruited. Patients were asked to collect a stool sample at home to evaluate microbiota composition and alteration. Gastrointestinal symptoms (GSRS), quality of life (IBDQ), perceived stress (PSS), and depression and anxiety symptoms (HADS) were concurrently assessed.

Results: In our sample, 55.75% showed gut dysbiosis and 44.25% had altered microbiota. Correlations showed that high levels of Actinobacteria were associated with gastrointestinal symptoms; high levels of Actinobacteria were also associated with poor quality of life. Increased gut dysbiosis was associated with higher perceived stress and anxiety symptoms. Perceived stress and anxiety symptoms significantly predicted gut dysbiosis.

Conclusions: Our study results suggest a change in the composition of the intestinal microbiota. This change was not influenced by disease activity because our sample was in remission, but by psychological distress. Our results suggest that basing an assessment of disease activity solely on patient symptoms contributes to poor care. These findings, if confirmed, may have implications for new therapeutic strategies, that incorporate mental health as an essential component of routine care.

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HEART RATE VARIABILITY AS A MARKER OF VULNERABILITY AND RESILIENCE: EVIDENCE ACROSS CLINICAL AND SUBCLINICAL POPULATIONS

Proposer

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Discussant

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Abstract

Heart Rate Variability (HRV), an index of autonomic flexibility, has emerged as a promising psychophysiological marker for both psychological vulnerability and resilience. Reduced HRV has been consistently associated with emotional dysregulation, psychopathology, and maladaptive stress responses, while higher HRV is linked to adaptive coping, emotional regulation, and post-traumatic growth. This symposium brings together recent empirical contributions that highlight the multifaceted role of HRV in understanding individual differences in mental health and recovery trajectories.

The first presentation by Chiara Pesca will explore the relationship between parental overprotection during childhood and lower baseline HRV in adolescence, demonstrating how this pattern may serve as a biomarker of increased vulnerability to depressive symptoms and supporting how early relational contexts shape physiological responses to stress. Tania Moretta will then examine the association between reduced HRV and heightened impulsivity as interacting risk factors for Alcohol Use Disorder (AUD). Using a mixed-methods design, her findings support the role of HRV not only as a trait marker but also as a potential target for early interventions in individuals at risk for addictive behaviors. The third contribution, presented by Caterina Piras, investigates the positive correlation between HRV and post-traumatic growth following cardiac surgery. Her study, conducted with cardiac patients, suggests that higher HRV may index psychological resilience and predict more adaptive recovery outcomes, thereby

positioning HRV as a marker of growth beyond trauma. Finally, Martino Schettino will discuss the clinical and therapeutic implications of these findings. He will present evidence on the use of transcutaneous vagus nerve stimulation (tVNS) as a promising intervention to enhance HRV and alleviate symptoms of anhedonia in individuals with depressive symptomatology. This intervention underscores the bidirectional nature of HRV as both a diagnostic and therapeutic tool.

Together, these contributions offer a comprehensive overview of HRV as a transdiagnostic marker of vulnerability and resilience, with implications for early identification, prevention, and intervention across psychological conditions.

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Exploring the Link Between Adverse Childhood Experiences, Depression and Cardiovascular Risk: The Role of Heart Rate Variability

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Abstract

Background: Adverse Childhood Experiences (ACE) can have lasting effects on health and well-being, including an increased risk for developing cardiovascular diseases (CVDs). Given that CVDs are a leading cause of mortality worldwide, understanding the biological pathways linking ACE to CVDs is crucial. Autonomic nervous system dysfunction, indicated by reduced heart rate variability (HRV), is a potential mechanism underlying this risk. Lower HRV reflects impaired autonomic regulation and is a prognostic CVDs risk factor. Our study hypothesizes that healthy individuals with ACE history exhibit physiological alterations associated with CVDs risk.

Methods: A sample of healthy university students (24 males and 83 females; mean age ± SD = 20,86 ± 2,49 years) filled out a battery of self-report questionnaires assessing the presence of adverse childhood experiences (Childhood Trauma Questionnaire; Adverse Childhood Experience Questionnaire), perceived parental care levels (Parental Bonding Instrument), and current psychological distress (Beck Depression Inventory-II). Participants were then subjected to the measurement of tonic HRV.

Results: Preliminary analyses revealed a significant association between higher levels of parental overprotection and lower resting HRV ($r = -0.249$, $p = .01$), as well as reduced parasympathetic (HRV) recovery following a stressor ($r = -0.706$, $p = .05$). Furthermore, diminished HRV recovery was significantly associated with an increased risk of depression ($r = -0.724$, $p = .042$).

Discussion: Keeping in mind the limitations of a correlational study, results suggest an association between a parental style characterized by overprotection and a reduced ability to recover from a stressor. This is reflected in lower resting HRV, which indicates a sustained activation of the fight-or-flight response. Considering that reduced HRV is a known risk factor for CVDs, these findings have important clinical implications for both clinical and health psychology.

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Analyzing the relationship between alcohol abuse, heart rate variability, and impulsivity in young adults

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Abstract

Executive impairment in Alcohol Use Disorder (AUD) reflects dysfunctional fronto-striatal connectivity underlying inhibitory control and goal-directed behavior. Given its association with these processes, Heart Rate Variability (HRV) has been proposed as a candidate diagnostic biomarker of AUD. However, despite findings on reduced HRV in AUD, the adopted HRV indices are heterogeneous among studies, and the overall results are inconsistent. Given its clinical relevance, especially for the early identification of AUD in youth, the current study assessed the association between AUD severity and time- and frequency-domain indices of HRV. Moreover, given the importance of impulsivity as a significant risk factor for AUD and a potential confound in the HRV-AUD association, its role was also assessed. AUD severity and impulsivity were assessed in 82 Italian young adults. The electrocardiogram was recorded for 5 minutes in resting state and time- and frequency domain indices of HRV were computed. Bayesian analyses revealed that only the root mean square of successive beat-to-beat interval differences (rMSSD) and the High-Frequency Power HRV (HF-HRV) showed marginal posterior inclusion probabilities > 0.5. More severe AUD was inversely associated with rMSSD and HF-HRV, with the rMSSD effect showing less uncertainty. Moreover, motor impulsivity was positively associated with AUD severity. Overall, our results support reduced vagal activity, as indexed by rMSSD, and motor impulsivity to be risk and maintaining factors of AUD. Clinical implications will be discussed.

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Psychological Functioning and Autonomic Regulation in Coronary Artery Disease patients: Insights from a cardiac surgery unit

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Abstract

Introduction: The impact of psychological factors and stress on coronary artery disease (CAD) is well recognised. Anxiety, depression and exposure to adverse events influence both the onset and rehabilitation following cardiac surgery. Heart Rate Variability (HRV), a non-invasive measure of autonomic functioning, serves as a key biomarker of psychophysiological flexibility and stress regulation. Lower HRV is associated with increased cardiovascular risk, poorer surgical outcomes and greater psychological vulnerability. However, its relationship with psychosocial adjustment during post-surgery rehabilitation remains underexplored. This study aimed to assess the psychological state of CAD patients before and after cardiac surgery and to evaluate how individual trait factors—such as coping strategy, attachment style, and resting HRV—modulate psychological symptoms and, consequently, recovery from surgery.

Methods: The study enrolled CAD patients hospitalized in the Cardiac Surgery Unit of Sant'Andrea Hospital (Rome). The protocol included a clinical interview and self-report questionnaires to assess anxious and depressive symptoms, perceived stress, and coping style before surgery. A similar assessment was conducted two months post-surgery (follow-up), including measures of attachment style, post-traumatic stress and post-traumatic growth. Resting HRV was recorded during follow-up.

Results: Preliminary analyses reveal that women reported higher levels of anxiety, depression, and perceived stress than men at both time points. However, perceived stress significantly decreased after surgery, with no gender differences. Coping style did not moderate changes in anxiety or depression,

though poor coping was linked to higher pre-surgical distress. Resting HRV was positively correlated with post-traumatic growth at follow-up.

Discussion: These findings underscore the relevance of psychophysiological factors in post-surgical recovery. While levels of anxiety and depression remained stable, perceived stress decreased, indicating improved subjective regulation. Women reported higher distress and stress than men, highlighting gender-specific vulnerabilities. The positive correlation between HRV and post-traumatic growth suggests that autonomic flexibility is linked to better psychological adjustment, positioning HRV as a potential biomarker of resilience in cardiac rehabilitation.

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The effects of transcutaneous vagus nerve stimulation on reward-based behavior in depression

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Abstract

This study investigates the effects of transcutaneous vagus nerve stimulation (tVNS) on reward-based behavior in individuals with (n = 25) and without (n = 25) depressive symptoms. Anhedonia, a core symptom of major depressive disorder (MDD), is linked to altered reward processing. Prior research suggests that tVNS may enhance motivation for rewards, possibly through increased dopamine activity.

Participants with and without depressive symptoms completed the Effort Expenditure for Rewards Task (EEfRT) and the Probabilistic Reward Task (PRT) to assess reward-based behavior. Results showed that tVNS significantly increased participants' willingness to exert effort for rewards, particularly in low- (F = 5.27, p = .03) and medium-probability trials (F = 4.48, p = .04). This effect was more pronounced in the depressed group than in the non-depressed group. However, no effects were observed for reward-based learning, as assessed by the PRT. Correlational analyses revealed a significant relationship between tVNS-induced changes in heart rate variability (HRV) and increased effort (rs > .48, ps < .02), suggesting a potential mediating role of autonomic regulation in reward processing.

These findings suggest that tVNS may enhance reward-based behavior, providing insight into its potential therapeutic applications for MDD. Further research is needed to clarify the underlying neural mechanisms and assess the long-term efficacy of tVNS in modulating reward processing in depression.

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THE MINDS WITHIN: TRAUMA, PERSONALITY, AND CLINICAL INNOVATION THROUGH THE LENS OF METACOGNITION AND MENTALIZATION

Proposer

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Discussant

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Abstract

This symposium brings together four empirical contributions exploring the intersection of personality functioning, trauma, and innovative approaches to assessment and intervention, with a central focus on metacognition and mentalization as transdiagnostic mechanisms. Using methodologies such as psychometric validation, network analysis, and virtual reality interventions, the symposium aims to offer new insights into the complexity of personality pathology across different clinical profiles and developmental stages.

The first presentation introduces a psychometric validation of the Italian version of the Certainty About Mental States Questionnaire (CAMSQ), a novel self-report tool assessing individuals' perceived certainty about their own and others' mental states. Based on a general population sample, findings support a reliable two-factor structure and reveal a distinct mentalization profile in individuals with psychoticism and schizotypal traits – marked by low self-certainty and high certainty about others – underscoring the questionnaire's clinical and research utility.

The second contribution examines the associations between narcissistic traits and metacognitive functions in a clinical sample of individuals diagnosed with Narcissistic Personality Disorder. Using network analysis, the study maps how grandiosity, vulnerability, and affective dysregulation interact with metacognitive capacities such as self-reflectivity and mastery. The findings reveal a coherent pattern of cognitive-emotional dysregulation and suggest key therapeutic targets.

The third presentation explores trauma-related personality dysfunction in a large sample of emerging adults through a person-centered network approach. Latent trauma profiles were identified and compared on narcissistic traits, epistemic trust, mentalization, and impairments in self and interpersonal functioning. Narcissistic vulnerability and uncertainty of mental states emerged as central transdiagnostic features, with higher trauma severity linked to greater dysregulation and interpersonal impairment.

The final presentation showcases VR for Hope, a virtual reality-based protocol aimed at enhancing mentalization and hope in young adults. This brief intervention combines metaphor-driven immersive experiences with guided reflection, promoting resilience, emotional insight, and future orientation. Preliminary results support its feasibility and potential clinical impact.

Together, these contributions deepen our understanding of how metacognition and mentalization function across personality spectra and open promising avenues for tailored clinical strategies in both assessment and intervention.

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The Certainty About Mental States Questionnaire: A Thorough Psychometric Evaluation in an Italian Sample, Unveiling Key Insights into Psychoticism and Schizotypal Characteristics

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Abstract

Introduction. Mentalization deficits have been consistently linked to psychosis-related traits, including schizotypy – a multifaceted personality construct associated with vulnerability to psychosis. Traditional self-report instruments often fall short in capturing the nuanced and multifactorial nature of mentalizing. The Certainty About Mental States Questionnaire (CAMSQ) is a novel self-report measure designed to assess individuals' perceived certainty about their own and others' mental states, encompassing emotions, thoughts, motives, and intentions. This study aimed to validate the Italian version of the CAMSQ and investigate its associations with psychoticism and schizotypal traits.

Methods. A total of 496 participants from the general population completed the Italian CAMSQ along with additional measures of psychoticism and schizotypy. We conducted confirmatory factor analyses to evaluate the internal structure of the CAMSQ, and assessed its reliability and construct validity. Subsequently, we examined correlations between CAMSQ subscales (Self-Certainty and Other-Certainty) and measures of psychosis-related personality traits.

Results. Psychometric analyses confirmed the expected two-factor structure of the CAMSQ, as well as its good internal consistency and convergent validity. Significant associations emerged between CAMSQ scores and psychoticism and schizotypal traits. Specifically, individuals with higher levels of these traits tended to exhibit lower certainty about their own mental states (low Self-Certainty) and higher certainty about others' mental states (high Other-Certainty).

Discussion. The findings support the reliability and validity of the Italian CAMSQ as a comprehensive tool for assessing perceived mentalizing capacities. The distinctive pattern of low Self-Certainty and high Other-Certainty associated with psychosis-prone traits highlights a specific mentalization profile potentially linked to increased vulnerability. These results reinforce the relevance of mentalization in early risk detection and intervention strategies in psychosis. The CAMSQ holds promise as both a research and clinical instrument, contributing to more nuanced assessments and informing personalized approaches to psychological care for at-risk individuals.

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Mapping the narcissistic mind: a network analysis of metacognitive and narcissistic traits

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Abstract

Introduction: Narcissistic Personality Disorder (NPD) is a complex condition characterized by pervasive patterns of grandiosity, a strong need for admiration, and significant deficits in empathy and interpersonal functioning. Recent theoretical frameworks have highlighted the central role of metacognition—the ability to understand, reflect upon, and regulate one's own and others' mental states—in the psychological organization of personality disorders. However, the empirical investigation of how narcissistic traits and metacognitive functions interact remains limited. This study employs a network analysis approach to explore the structure of associations between narcissistic traits and metacognitive functions in a clinical sample of individuals diagnosed with NPD.

Methods: Participants were recruited from specialized outpatient services and met diagnostic criteria for NPD. All participants completed a battery of validated self-report and clinician-rated instruments assessing key dimensions of narcissism (e.g., grandiosity, vulnerability, entitlement, affective dysregulation) and metacognitive functioning (e.g., self-reflectivity, decentration, mastery). A network analysis was performed, in which psychological variables were represented as nodes and their associations as edges, using regularized partial correlation models. Centrality indices were calculated to identify the most influential elements within the network.

Results: The resulting network revealed a structured pattern of associations between narcissistic traits and metacognitive functions. The overall network displayed a coherent organization, reflecting the interdependent nature of cognitive, emotional, and interpersonal difficulties in NPD.

Discussion: These findings underscore the potential importance of metacognitive dysfunctions in understanding and maintaining narcissistic psychopathology. Identifying central traits within the network may provide useful insights for clinical practice, helping to inform targeted interventions. In particular, therapeutic approaches aimed at enhancing metacognitive capacities could support emotional regulation

and interpersonal functioning in individuals with NPD. Network analysis offers a promising framework for capturing the dynamic and interconnected structure of personality pathology.

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Trauma Profiles and Personality Functioning: A Network Analysis of Narcissistic Traits, Epistemic Trust, Mentalization, and Impairments in Self and Interpersonal Dimensions

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Abstract

Introduction: Self and interpersonal impairments are central to understanding personality pathology. Recent literature highlights the importance of narcissistic traits, particularly vulnerability, in offering a more nuanced perspective on personality functioning. These traits are closely linked to mentalization processes and epistemic trust, shaping how individuals interpret and engage with their experiences. Trauma plays a critical role in these dynamics, with its severity influencing the degree of dysregulation and vulnerability. This study adopts a person-centered approach to examine how different trauma profiles relate to these variables.

Methods: In a sample of 1,167 emerging adults (72% female, 28% male, M = 24.22 years), we conducted a network analysis to examine the associations between self and interpersonal impairments (LPFS-BF), narcissistic traits (vulnerability and grandiosity) (PNI), epistemic trust (ETMCQ), and mentalization (RFQY-13). Latent Profile Analysis (LPA) identified trauma profiles based on emotional and physical neglect and abuse, as well as sexual abuse. Network comparison tests compared the network structure across trauma profiles.

Results: LPA identified three trauma profiles: Low, Mid, and High Trauma. Network analysis showed that narcissistic vulnerability (NV) was central across all profiles. Self-impairment (SELF) and interpersonal dysfunction (INTER) were significantly higher in the high-trauma group, reflecting a progression of emotional and relational difficulties with increasing trauma severity. Uncertainty of mental states (rfqU) remained central across profiles, while significant differences in certainty of mental states (rfqC) and credulity (CREDULITY) were observed, particularly in the high-trauma group.

Discussion: This study highlights the transdiagnostic role of narcissistic vulnerability in understanding personality functioning, in line with contemporary dimensional frameworks like HITOP. Meanwhile, dysregulation, as in self and interpersonal impairment, appears to be tied to the level of severity. This study underscores the importance of an integrated approach to personality functioning, which considers the complex interplay between vulnerability, mentalization, epistemic trust, and dysregulation. Tailored

interventions that account for varying trauma profiles and their specific effects on personality functioning could lead to more personalized and effective treatment strategies.

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VR for Hope: A Virtual Reality Protocol to Enhance Mentalization and Hope in Young Adults

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Abstract

Introduction: Mentalization, the ability to understand and interpret one's own and others' mental states, is essential for psychological well-being and emotional regulation. In young adults, difficulties in mentalization can hinder adaptation to adulthood, increasing anxiety and emotional vulnerability. Hope, characterized by goal-directed thinking and motivation, is crucial in improving resilience and psychological growth. Virtual Reality (VR) offers immersive experiences that amplify self-reflection and awareness. This pilot study started in April 2025, evaluates the feasibility and effectiveness of a brief VR-based protocol designed to enhance mentalization and hope in young adults.

Methods: The study follows a pre-post (T0-T1) design with a pre-test of 4 subjects and then a single group of 60 participants. The protocol includes an in-person immersive VR session at the Catholic University of the Sacred Heart in Milan, followed by four self-help sessions with guided audio and video materials. The first session, *The Beginning of the Journey*, introduces the VR scenario *The River and the Leaf*, prompting participants to recall a past achievement and recognize the personal resources used. The second session, *Dreams and Goals*, encourages participants to visualize a river as a metaphor for their aspirations and reflect on future goals. The third session, *Overcoming Difficulties*, focuses on a leaf submerging and resurfacing, symbolizing resilience, and guides participants in recalling past challenges and coping strategies. The fourth session, *Mentalization*, uses a rose garden to enhance awareness of others' experiences and emotions, fostering empathy. The final session, *Visualizing the Future*, returns to the VR scenario, helping participants envision achieving a personal goal while integrating past strengths and aspirations.

Pre- and post-intervention measures include the Certainty about Mental States Questionnaire for mentalization, the Adult Hope Scale for hope, and the Mental Health Continuum – Short Form and Flourishing Scale for psychological well-being. The Personality Inventory for DSM-5 – Brief Form assesses how personality traits influence intervention outcomes.

Results: Paired t-tests will compare pre- and post-intervention scores, while correlation analyses will examine relationships between personality traits, mentalization, and hope. Preliminary findings will assess the protocol's feasibility and impact.

Discussion: This study represents an initial step in exploring VR's potential as a psychological support tool, contributing to the development of innovative interventions to promote well-being in young adults.

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ANTAGONISTIC MANIFESTATIONS ACROSS THE LIFESPAN AND DIFFERENT CONTEXTS

Proposers

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Discussant

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Abstract

Antagonism is characterized by behaviors that put the individual at odds with other people, and it is associated with engaging in behaviors that are hurtful and upsetting to others. Antagonism is firmly grounded in an interpersonal context, and people characterized by low agreeableness place less value on interpersonal harmony, being more likely to engage in antagonistic-related behaviors (e.g., aggression) sacrificing respectful relationships for other goals. Crucially, antagonistic tendencies are distributed in all layers of society, across community, clinical, and forensic settings, as well as across all stages of the lifespan, with normative peaks typically found in adolescence.

Against this background, the proposed symposium will cover different aspects of antagonistic manifestations across the lifespan and with a multi-method approach. First, Fontana et al. report findings on the relationships that antagonistic personality traits have with attachment styles, childhood trauma, and emotional processing in clinical adolescents. Next, Somma et al. investigated in an adult community sample the relationships between sex interests (fantasies and behaviors) and antagonistic traits (Somma et al.). Third, Garofalo et al. examined the importance of adopting a multidimensional conceptualization of aggression that considers both motivational aspects and behavioral control dimensions. Finally, Vitolo et al. investigated the role of interpersonal dynamics as predictors of aggressive behaviors in an experimental context, with an emphasis on self-reported personality traits and Rorschach Performance Assessment System (R-PAS) indices.

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Taken together, the four presentations included in this proposal provide a comprehensive examination of putative antecedents and correlates of antagonistic tendencies in adolescent and adult samples, providing an integrative synthesis that combines different theoretical models and multiple methods of assessment of antagonism in its multifarious manifestations.

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Antagonistic Traits, Attachment and Childhood Trauma in Adolescents: Clinical and Developmental Correlates

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Abstract

Introduction: Antagonistic traits—such as grandiosity, manipulativeness, and deceitfulness—are prominent features of narcissistic functioning and may emerge in adolescence as a response to early relational adversity. This study investigates the associations between antagonism, attachment style, childhood trauma, general psychopathology, and emotional processing difficulties in a clinical adolescent sample.

Methods: This cross-sectional study involved a clinical sample of 118 adolescents (M = 16.5, SD = 1.34) referred for psychological assessment at Early intervention program for Mental Health, PIPSM, ASL Rome 1. Participants completed the Personality Inventory for DSM-5 (PID-5), the Relationship Questionnaire (RQ), the Childhood Trauma Questionnaire (CTQ), the Toronto Alexithymia Scale (TAS-20), and the Symptom Checklist-90-R (SCL-90-R). Correlation analyses explored the associations between antagonism (domain and traits) and the other variables. Attachment distribution was examined among adolescents scoring high on antagonism.

Results: Antagonism was significantly associated with emotional neglect (r = .364***), emotional abuse (r = .339***), and physical neglect (r = .314***). Among adolescents with elevated antagonism, attachment styles were predominantly insecure: 48% avoidant, 28% preoccupied, 16% fearful, and only 8% secure. Antagonism also correlated with SCL-90-R scales, including hostility (r = .351***), paranoid ideation (r = .308***), psychoticism (r = .270**), and overall psychological distress (GSI; r = .229*). At the trait level, deceitfulness was associated with all three alexithymia factors: difficulty identifying (r = .280**), describing (r = .223*), and externally oriented thinking (r = .213*). Manipulativeness and grandiosity showed weaker or nonsignificant correlations with alexithymia.

Conclusions: Antagonistic traits in adolescence are closely linked to early emotional trauma, insecure attachment—especially avoidant—and broader psychological and emotional difficulties. These findings

highlight the clinical relevance of assessing relational history and emotional processing capacities in adolescents presenting with narcissistic features. Early, developmentally informed interventions may help disrupt maladaptive trajectories rooted in these antagonistic patterns.

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The impact of dysfunctional personality dimensions on sex fantasies and behaviors: A community study

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Abstract

Introduction: While sexual fantasizing can be indicative of healthy sexual functioning, it can sometimes be linked to both clinical and forensic issues. Although the content of sex fantasies could be different, deviant sexual fantasies can have an influence on sexual behavior, including sex offending, with many researchers considering the recurrent use of deviant sexual fantasies as either a possible risk factor for the commission of a sexual offence, or a 'disinhibitor' that desensitize an individual to deviant behavior. Against this background, the present study aimed at assessing the associations between sex fantasies and behaviors, while examining the role of dysfunctional personality domains in predicting sex fantasies and behaviors.

Methods: A sample of 583 community-dwelling adult participants (63.0% female, 2.0% other; mean age=30.88 years, *SD*=11.23) was administered the Italian translations of the Sexual Fantasies and Behaviors Inventory (SFBI), Mini-Markers, the Personality Inventory for *DSM-5*-SF (PID-5-SF), and measures of grandiose and vulnerable narcissism. Bivariate associations and multiple regression analyses were used to evaluate the associations between sex interests, Big Five personality traits, dysfunctional personality domains, and narcissistic features.

Results: PID-5-SF dysfunctional personality domains explained a significant amount of variance in SFBI Sexual Fantasies Rough sex (R^2=.07, p<.001), Submission/Masochism (R^2=.07, p<.001), Degradation/Humiliation (R^2=.15, p<.001), Domination/Sadism (R^2=.16, p<.001), and Intrusion (R^2=.07, p<.001) scales, with Antagonism being a significant predictor of all SFBI Sexual Fantasies scales, except for the Normophilic fantasies. When PID-5-SF dysfunctional personality domains were considered as predictors of the SFBI Sexual Behavior scales, high levels of PID-5-SF Antagonism were consistently associated with Normophilic (R^2=.10, p<.001), Rough Sex (R^2=.11, p<.001), Assuming Power (R^2=.18, p<.001), Relinquishing Power (R^2=.10, p<.001), and Intrusive Behaviors (R^2=.11, p<.001) scales. Interestingly, SFBI Sex Fantasies and Sex Behaviors scales were significantly and moderately associated.

Discussion: As a whole, our findings underscore the role of dysfunctional personality domains in understanding sex fantasies and behaviors, while providing data on the possibility to use the SFBI in the Italian context. Finally, the results of the present study pave the way for future investigations in clinical and forensic contexts.

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The Quadripartite Violence Typology: Factor structure and construct validity of an Italian version of the Angry Aggression Scale

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Abstract

Introduction: Aggression is a serious public health concern. Traditionally, the study of aggression as distinguished between two main types of aggressive behavior: reactive (or affective, impulsive) and proactive (or predatory, premeditated) aggression. This dichotomy has proven limited in many respects (e.g., Bushman & Anderson, 2001) and more nuanced perspectives such as Howard's (2009) Quadripartite Violence Typology (QVT) have recently gained traction. The QVT conceptualizes aggression in a 2-dimensional space with intersecting dimensions of motivations (aversive vs. appetitive) and behavioral control (impulsive vs. controlled) associated with aggression, generating four types of aggression (appetitive-impulsive, appetitive-controlled, aversive-impulsive, aversive-controlled). The present study aims contributes to ongoing validation of the QVT model examining the factor structure, measurement invariance, and construct validity of an Italian version of the Angry Aggression Scale (AAS; Bjørnebekk & Howard, 2012).

Methods: Participants were 1276 community-dwelling Italian adult individuals (M_{age} = 33.30, SD_{age} = 13.84, range 18 – 82, 62,6% women, N = 766). The AAS was administered alongside self-report measures of aggression and relevant constructs in the nomological network of aggression spanning affective, cognitive, and personality correlates. Confirmatory Factor Analysis (CFA) and Multi-Group CFA were conducted to examine the 4-factor structure of the AAS and its measurement invariance across sex. Correlation analyses investigated bivariate associations of the AAS with external correlates, followed by hierarchical multiple regression analyses to examine the incremental validity of the AAS over other aggression measures, and relative weight analysis was conducted to inspect the distinct pattern of associations of each of the AAS subscales.

Results: The Italian AAS yielded adequate support for its 4-factor structure and partial measurement invariance across sex was reported. Further, the four AAS subscales showed a pattern of associations with external correlates largely in line with conceptual expectations and previous studies, and by and large

contributed to significant portion of incremental variance in external correlates over other aggression measures.

Discussion: The present study replicates and extends current knowledge on the internal structure and validity of the AAS, supporting the added value of the QVT as a nuanced model to understand antecedents, correlates, and consequences of aggressive behavior.

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Interpersonal dynamics and aggressive behaviors: the predictive validity of the Personality Assessment Inventory (PAI) and the Rorschach test

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Abstract

Since Aristotle, humans have been considered "social animals." The study of personality and interpersonal dynamics has significantly contributed to modern psychology, informing clinical practice and research. Among assessment tools, the Rorschach test stands out as a performance-based instrument offering insights into individual functioning and implicit mental frameworks. Interpersonal behaviors, driven by cooperation or competition, play a fundamental role in shaping personality. Cooperation is linked to reward-related behaviors, while competition can lead to punitive or aggressive actions. These dynamics can be studied using self-report tools like the Personality Assessment Inventory (PAI) or performance-based tools like the Rorschach test.

This ongoing research investigates the predictive validity of the Rorschach test and the PAI in relation to interpersonal dynamics and aggressive behaviors elicited experimentally.

Seventy-seven participants (Age: M = 24.34, SD = 5.20, Range = 18-53; Gender: F = 39, M = 37, N.C. = 1) completed the PAI and were administered the Rorschach test following the Rorschach Performance Assessment System (R-PAS) procedure. They then participated in an experimental phase involving a competitive video game designed to elicit aggressive and punitive behavior. Aggression was measured using the "hot sauce paradigm," where participants allocated hot sauce as an indicator of punitive tendencies. The true aim of the study was concealed; participants were told it focused on personality traits, dietary preferences, and video games. The Positive and Negative Affect Schedule (PANAS) was administered before and after the game as a manipulation check.

Results showed significantly higher scores on PANAS items "Irritable" ($t(76) = 4.78$, $p < .001$, $d = 0.54$) and "Hostile" ($t(76) = 5.25$, $p < .001$, $d = 0.60$) after the game, confirming its effectiveness in eliciting aggression. The amount of hot sauce allocated correlated with PAI Aggressive scale (AGG-A: $r = .412$, $p < .01$) and R-PAS interpersonal and aggressive variables (MAP: $r = .334$, $p < .01$; AGC: $r = .232$, $p < .05$).

Preliminary findings suggest that personality traits linked to interpersonal dynamics may predict aggressive behaviors. Individuals perceiving their environment as threatening may respond coercively. These insights could be relevant for developing treatments targeting anger and aggression management.

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NEUROSCIENCE IN DYNAMIC AND CLINICAL PSYCHOLOGY: FROM THE INDIVIDUAL TO THE RELATIONSHIP

Proposers

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Discussant

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Abstract

In recent years, social neuroscience has revolutionised our understanding of the psychological processes that regulate human interactions, providing innovative tools for exploring the neural basis of social cognition. Through neuroimaging and neurophysiological methods, such as electroencephalography (EEG) and functional magnetic resonance imaging (fMRI), it has been possible to deepen the knowledge of the effects of psychological interventions, as well as the neural mechanisms underlying processes such as theory of mind, empathy and emotional regulation. Furthermore, thanks to technologies such as dual-EEG, it is possible to simultaneously measure the brain activity of multiple individuals during interactive dynamics. This approach has opened new perspectives in understanding neural synchronisation between multiple people involved in interactions. Concurrently, research in these contexts suffers from specific methodological limitations, which must be adequately addressed and managed. The symposium aims to offer an up-to-date summary of the latest research in social neuroscience, encouraging dialogue between clinical and dynamic psychology and neuroscience. The aim is to promote an integrated vision of human interactions, providing ideas for future developments in understanding the social mind and its clinical implications.

The symposium will open with the contribution of Cozzolino et al., who will review studies on the impact of psychological interventions based on language and mind-body on brain activations measured by fMRI and, thanks to the integration of epigenetic mechanisms, will offer a multidimensional perspective on

mental distress. Subsequently, Altavilla et al. will report the results of EEG studies highlighting the role of autobiographical narration and storytelling in modulating the perception and processing of socio-emotional stimuli, emphasising embodied simulation processes. The third contribution (Veneziani et al.) will present empirical studies within the theoretical framework of second-person neuroscience applied to deceptive dynamics and attachment relationships. The final contribution (Trentini) will illustrate how neuroscience paradigms and methods have gradually shifted from a single-brain perspective to a multi-brain framework (i.e., hyperscanning), thereby expanding understanding of the neural underpinnings of the relational mind.

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Mapping the Epigenetic Landscape of Psychotherapy: Evidence from fMRI Activation and Gene Regulation

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Abstract

A growing body of literature has documented that, just as stress is able to activate specific inflammatory pathways, in the opposite direction, positive psychosocial experiences, psychotherapy and mind-body treatments can improve mental and physical health through the modulation of stress response patterns by reducing the expression of pro-inflammatory genes. There is a growing focus on personalizing psychological and psychotherapy interventions: although the literature highlights that some treatments offer effective support for many individuals with mental disorders, the variability in response to different therapies underscores the need for improved intervention strategies. Guidelines of psychological international organizations (e.g. APA) highlight the need to personalize psychotherapy strategies, considering individual factors of different types, in a multi-dimensional perspective on mental distress, integrating behavioural and biological data, going beyond the mere categorization of patients into discrete categories based on diagnostic criteria. One approach that could allow us to assess this broader context is the analysis of gene expression in the context of psychotherapy (Ricon-Becker & Cole, 2024).

To evaluate the impact of psychological and mind-body interventions on brain function, gene expression, and epigenetic mechanisms, we conducted a systematic review and neuroimaging meta-analysis underpinned by a comprehensive analytical framework. We first selected functional magnetic resonance imaging (fMRI) studies examining the effects of language-based psychological interventions (e.g., cognitive-behavioral therapy, psychodynamic psychotherapy, systemic therapy) and mind-body approaches (e.g., hypnosis, neurofeedback, mindfulness). Our goal was to identify the most consistent brain activations across these intervention categories, while also investigating potential differences in activation patterns. Building on these findings, we integrated advanced methodologies such as gene expression and epigenetic analyses, utilizing genetic atlases and machine learning techniques to further explore the biological pathways linked to significant activation clusters identified in the neuroimaging meta-analysis.

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Narrative and social cognition: how autobiographical narratives and literary texts modulate brain response to socio-emotional stimuli.

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Abstract

Empathy is the ability to perceive and understand others' emotional states, thus generating a similar mental state in the oneself. Previous behavioural studies have shown that self-reflection can enhance the empathic process. In the same direction, several studies showed a positive effect of storytelling on Theory of Mind (ToM) performance, i.e., the ability to attribute mental states to self and others to interpret, predict, and explain behaviour.

The present event-related potentials' studies aim to investigate how autobiographical narrative and storytelling modulate the brain's response to socio-emotional stimuli. Specifically, Study 1 investigated how self-reflection, elicited by an introspective self-narrative task (the writing of a diary), modulates the neuronal response to eye expressions and improves the accuracy of the empathic process at T1 compared to T0; Study 2 explored how narrative texts with high and low transport exert different effects on neural activation in response to facial emotional expressions and Study 3 examined how a specific aspect of literary texts, i.e., character perspective or narrative voice (first or third person), modulates the brain activation in response to a ToM task and improves accuracy at T1 compared to T0.

The findings of Study 1 showed that only an introspective autobiographical narrative, but not a descriptive autobiographical story, modulated the P300 amplitude in response to eye expressions at T1 compared to T0 on the left centre–frontal montage. For narrative reading, the main findings showed that only after reading psychological narrative, as opposed to a descriptive narrative one, was the amplitude of the P100 positively associated with the extent to which an individual was transported into the narrative; finally, Study 3 found a larger N100 on left fronto-central electrodes and a greater P220–400 on right temporo-parietal electrodes in response to eye expressions after (T1) reading a third-person narrative compared to T0, and a lower N220–400 on right fronto-central in response to eye expressions after (T1) reading a first- and third-person narrative compared to T0.

Overall, these results showed how the autobiographical narrative and literary texts seem to modulate the perception and processing of socio-emotional stimuli probably linked to an increase in the embodied simulation processes.

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Neural synchrony in social interactions: Insights from romantic couples and deceptive dynamics

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Abstract

Neural synchronisation between individuals during social interactions is an emerging topic in neuroscientific research. However, little research has been conducted on brain dynamics in romantic and conflictual relational contexts. The present work integrates two hyperscanning electroencephalogram (EEG) studies examining (1) inter-brain synchrony (IBS) in romantic couples during emotional processing and (2) IBS during deceptive interactions using a mock crime task.

The first EEG hyperscanning study involved 25 romantic couples. Participants completed self-report questionnaires to measure attachment levels and perform a task involving emotional visual stimuli. The task in the first phase required the two members of a couple to interact through direct gaze. Then, they looked at positive images together and interacted again through direct gaze, after which only one was exposed to negative images. The last phase consisted of a direct gaze within the couple. The results showed that, after one member of a couple was exposed to negative images, there was an increase in the IBS in the beta band at the frontoparietal level. Furthermore, IBS was positively correlated with levels of avoidant attachment and negatively correlated with levels of anxious attachment. The results suggest that emotionally valenced stimuli can influence IBS in romantic couples and can be associated with intra-individual levels of insecure attachment.

The second study examined dyadic neurophysiological coupling during deceptive interactions using a mock crime paradigm with simultaneous EEG and ECG recordings in interviewer-interviewee dyads. The deception group (DG; N=15) demonstrated enhanced IBS in theta-band activity during pre-interview phases and alpha-band activity during the deception task, particularly in left temporal regions, compared to non-deception group (NDG; N=15). While IBS increased during deception, the DG showed reduced heart rate coordination across all experimental phases. These findings support the conceptualization of deception as an interpersonal process which requires substantial cognitive resources. The results underscore the value of hyperscanning methodologies for detecting deception's dyadic signatures and advocate for integrating second-person neuroscience approaches into forensic paradigms.

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The relational mind from a neuroscience perspective: insights from the hyperscanning approach

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Abstract

Neuroscience research has progressed through three distinct phases, reflecting a gradual shift from a single-brain perspective to a multi-brain framework. In the first phase, the classic cognitive neuroscience paradigm focused on measuring intra-personal brain activity to explore how individual brains create representations of internal and external experiences. In the second phase, the social and affective neuroscience paradigm began to measure intra-personal brain activity in the context of interpersonal exchanges. Hence, in this phase, the focus shifted to studying the neurobiological correlates of "interactive minds", although this was typically done by recording one brain at a time. In the third (and current) phase, the relational neuroscience paradigm is seeking to overcome the limitations of previous approaches. This paradigm extends the concepts of the interpersonal synchrony framework, which has already been extensively documented at the bio-behavioural level, to the neural domain. The focus is now on "hyperscanning", which involves the simultaneous recording of cerebral activity from multiple subjects while they engage in actual social interactions. Hyperscanning research uses various neuroimaging methods, including electroencephalography (EEG), functional magnetic resonance imaging (fMRI), and functional near-infrared spectroscopy (fNIRS). Among these methods, fNIRS is particularly promising due to its high temporal resolution, low sensitivity to motion artifacts, and low costs. Furthermore, the ease of application and the high portability of fNIRS allow researchers to investigate whether and how two or more individuals synchronize their brain activity during real-time interactions in natural settings. Hyperscanning research is clarifying how and under what circumstances the brains of multiple individuals align with each other through socio-emotional connections. Studies in this field, particularly those employing fNIRS, have the potential to expand understanding of neural underpinnings of the relational mind within various contexts, relevant to both dynamic and clinical psychology.

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AGING BETWEEN FRAILTY AND CHRONIC ILLNESS: PSYCHOLOGICAL ADAPTATION, CHANGE PROCESSES, AND CLINICAL METHODS OF INTERVENTION

Proposer

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Discussant

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Abstract

Aging, particularly when accompanied by frailty and chronic illness, presents a significant challenge for contemporary clinical psychology. In later life, physical health conditions often intersect with emotional, cognitive, and relational vulnerabilities, requiring a deeper understanding of the psychological processes involved in adapting to such complexity. The changes imposed by illness and the progressive loss of autonomy call not only for functional adjustments, but also for profound psychological, identity-based, and motivational reconfigurations.

This symposium aims to explore the role of clinical psychology in supporting these adaptation processes and in promoting healthcare behaviours change in older adults through targeted intervention strategies that activate personal resources while addressing psychological vulnerability. The session offers an integrated reflection on the experience of aging with chronic conditions and in contexts of frailty, emphasizing how clinical and psychological interventions can facilitate the transition from vulnerability toward more meaningful and sustainable trajectories of self-care, well-being and healthy aging.

Particular attention is devoted to psychological well-being, motivational dynamics, narrative processes, and preventive approaches, as well as to clinical methods aimed at fostering resilience, autonomy, and quality of life. These reflections are grounded in empirical evidence, clinical observation, and personalized intervention models that are sensitive to the ethical dimensions of aging and care.

Focusing on the interplay between frailty, chronic illness, and the possibilities for adaptation and change, this symposium invites us to rethink aging as a multidimensional and potentially transformative process. Psychological intervention is thus conceived not merely as a response to distress or decline, but as a fundamental means of supporting the autonomy, abilities, and competencies of older adults in their process of adaptation. By integrating theory, clinical practice, and applied research, the symposium seeks to promote a critical and generative dialogue on how to more effectively support the aging experience in the context of vulnerability.

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Motivational Processes for Self-Care in Older Adults with Chronic Illness: Exploring Change and Resistance

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Abstract

Aging with chronic conditions and multimorbidity is an increasingly prevalent clinical scenario that requires targeted interventions to support effective and sustainable self-care practices. Among key psychological factors, motivation for behavior change in self-care plays a crucial role but often presents in ambivalent forms—oscillating between aspirations for improvement and deeply rooted resistance. Motivational Interviewing (MI), an evidence-based approach to facilitating change, offers a structured framework to explore these dynamics.

This study, conducted within the national research project Age.it, aims to explore motivational processes related to self-care among older adults, focusing on how they are expressed through orientations toward change or resistance. Forty-five older adults (aged 60–80), all affected by multimorbidity, participated in a single MI session designed to promote engagement in adapted physical activity (APA) programs. Verbal exchanges were systematically coded using the Motivational Interviewing Skill Code (MISC), which classifies statements as Change Talk (CT) or Sustain Talk (ST) and further categorizes them into three psychological dimensions: desires, needs, and perceived abilities.

Sustain Talk emerged as more frequent and articulated than Change Talk, indicating a greater expression of resistance to behavioral change in self-care. This finding is consistent with the first-session nature of the interviews and aligns with existing literature, which recognizes ST predominance as a natural part of the change process.

Desires were expressed as aspirations for improved health (CT), but also as the desire to avoid worsening one's condition or to avoid confronting aging (ST). Perceived abilities in CT were marked by confidence and autonomy, while in ST they were weakened by doubts about the physical effort required and the ability to sustain change over time. Needs supporting change included independence and an empathic

healthcare relationship, whereas ST reflected needs for safety, risk avoidance, control, emotional stability, and routine—factors that hindered openness to change.

These findings underscore the importance of empathic exploration of needs, recognition of ambivalent emotional states, and reinforcement of individual competencies as key levers to promote self-care through motivational interventions that effectively evoke commitment and support sustained behavioral change in older adults with multiple chronic conditions.

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The role of clinical psychology in implementing interventions on modifiable risk factors in dementia

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Abstract

Introduction: As life expectancy increases, so too does the number of individuals living with dementia. Preventative strategies should focus on lowering risk factors as early as possible: while it is undoubtedly advantageous to address these risk factors early on, taking action at any stage in life offers significant benefits. Investigating clinical psychological risk factors in the prevention of dementia in the elderly is of paramount importance; however, routine assessment of these factors is not always part of standard dementia prevention practices.

Methods: A narrative review was conducted.

Results: Besides the recently updated fourteen modifiable risk factors, further factors such as optimism, psychological flexibility, and a careful evaluation of lifestyle choices—well-documented in existing literature—may play a critical role in mitigating the onset of dementia. A positive psychological outlook and adaptive coping mechanisms can protect cognitive function, while a holistic assessment of daily habits can further reduce risk. In this context, psychotherapies also hold significant potential in both prevention and treatment. Specifically, therapies targeting mood disorders may serve as preventive interventions, while psychotherapeutic approaches for individuals with early cognitive decline offer valuable tools for managing symptoms and enhancing quality of life. Evidence suggests that psychotherapies not only contribute to mood stabilization but also provide critical insights into the effectiveness of outcomes and processes in the care of aging individuals.

Discussion: By addressing both the psychological and cognitive aspects of aging, these interventions can play a pivotal role in reducing dementia risk and improving the well-being of older adults.

Conclusion: In conclusion, addressing psychological and clinical risk factors, along with integrating psychotherapeutic interventions, is crucial in both preventing and managing dementia in the elderly. By fostering mental resilience and optimizing lifestyle choices, we can significantly reduce dementia risk and improve the quality of life for older adults, ultimately enhancing the effectiveness of both preventive and therapeutic strategies.

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Psychological well-being as protective factor for motor function of patients suffering from Parkinson's disease

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Abstract

Introduction: the role of psychological well-being in protecting mental and physical health of aging individuals is well-established. However, few research documented its role for motor function of patients suffering from Parkinson's disease (PD). This research aimed at measuring the relationships between this psychological well-being, quality of life, distress and motor function in patients with PD.

Methods: 59 patients took part to a 6 month adapted physical activity program and completed: Purpose in Life scale (PIL), Satisfaction with Life Scale (SWSL), Quality of Life scale (QoL), scales of psychological distress before and after the intervention. Moreover, motor function was measured with the *Short Physical Performance Battery* (SPPB). Patients were then grouped according to scores reported in PIL scale into: high purpose in life (HPIL; n = 23); 2) Low purpose in life (LPIL; n = 36). Correlations and Anova analyses were performed.

Results: at baseline, PIL was significantly and positively associated with SWSL, QoL, SPPB and negatively to psychological distress in the total sample. After controlling for age, gender, marital status, years from diagnosis, dopamine levels, patients with HPIL reported higher SWSL, QoL, better motor function and lower psychological distress. Concerning pre-post differences, only 37 patients completed the physical activity program. They showed significant improvements in motor function, disability level, psychological distress, and also in life appreciation.

Discussion: motor function is associated with psychological well-being and purpose in life also in Parkinson's disease, suggesting the importance of implementing interventions focusing on this protective variable also in this patient population.

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Frailty, Disability, and Ageing: The Narratives of the Oldest-Old and Their Role in the Study of Conceptual Models of Ageing from the Perspective of Clinical Psychology of Ageing

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Abstract

Introduction: The progressive ageing of the global population has made it necessary to critically examine the various theoretical models of ageing proposed in recent decades, regardless of their geographical context (Western, Eastern, and Lay Perspective models). Clinical psychology of ageing has explored key determinants and dimensions such as frailty, disability, resilience, and developmental trajectories, promoting a multidimensional view of the ageing process. The present study, conducted within the framework of the P.E.R.D.A.S. project, analyses the narratives of a group of nonagenarians and centenarians living in Perdasdefogu (a little city in Sardinia), with the aim of exploring how their representations may contribute to understand the conceptual models of ageing.

Method: Semi-structured interviews were conducted with a sample of individuals over ninety and one hundred years of age. The collected data were analysed using Thematic Analysis (Braun & Clarke, 2006).

Results: The analysis identified five main macro-categories: Family Relationships, Spirituality and Religiosity, Work and Occupation, Sense of Community, and Wisdom and Values. Within these, complex representations of disability and frailty emerged, seen not only as a loss, but also as opportunities for adaptation and self-redefinition. The collected narratives show that the trajectories of "ageing with disability" and "disability with ageing" are not separate, but often intertwined, highlighting the role of psychological factors and relational and cultural contexts in shaping subjective experiences of frailty in ageing.

Discussion: The study suggests that the narratives of the oldest-old can contribute to a critical reflection on conceptual models of ageing, moving beyond traditional dichotomies such as health vs. illness, and independence vs. dependence. The findings confirm the need for a biopsychosocial approach capable of valuing individual resources, cultural contexts, and life trajectories. Moreover, the collected testimonies, aligned with the Lay Perspectives, offer deeper and more subjective understandings of the dynamics of ageing, emphasizing lived experience, personal resources, and cultural context.

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CULTIVATING WELL-BEING: THERAPEUTIC PATHWAYS OF MINDFULNESS-BASED APPROACHES ACROSS DIVERSE POPULATIONS

Proposer

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Abstract

Mindfulness-based approaches are therapeutic frameworks that integrate mindfulness practices—such as focused breathing, body scans, and mindful movement—into psychological treatment to support mental and emotional well-being across different settings and samples. These approaches encourage individuals to bring non-judgmental, moment-to-moment awareness to their thoughts, emotions, and physical sensations. Rather than trying to change or suppress difficult experiences, mindfulness-based interventions help individuals relate to them with greater acceptance and clarity, thereby fostering emotional regulation, resilience, and a deeper connection to the present. These approaches are increasingly used across diverse clinical and non-clinical settings and are often integrated with other therapeutic models to enhance overall psychological flexibility and well-being. This symposium presents four contributions exploring therapeutic pathways of mindfulness-based approaches across diverse populations. Scafuto and colleagues evaluate MINDhEARTH, a novel program aimed at enhancing well-being and ecological self-awareness in adolescents; Russo and colleagues examine a body-based mindfulness intervention targeting alexithymia and psychopathological symptoms, including anxiety, depression, anger/hostility, and somatic symptoms, in a non-clinical population; Sorella and colleagues investigate Heart Rate variability and Mind Wandering episodes (i.e., the disengagement of attention from the immediate external environment to unrelated internal thoughts) during a focused attention task (the Sustained Attention to Response Task, SART) in expert meditators vs. naïve participants; and Pelli and

Alessio assess the effectiveness of a mindfulness program for managing occupational stress and improving job satisfaction among Italian correctional officers.

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MINDhEARTH: A school-based intervention to improve personal wellbeing, mindfulness and connectedness to nature in adolescents

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Abstract

Background. Nowadays adolescents are facing escalating psychological distress exacerbated by global ecological crises and post-pandemic challenges, with rising rates of psychological distress, and eco-anxiety. We will present an action-research that assesses the effectiveness of a novel program, called MINDhEARTH, grounded in the ecopsychological approach, aimed to improve individual wellbeing and ecological self-awareness in adolescents.

Methods. A pre- and post-intervention design involved 211 students from two Italian high schools, measuring Wellbeing through the Italian version of the Subjective Happiness Scale and Psychological Wellbeing Scale (PWB), Mindfulness through short-form of Five-Facets Mindfulness Questionnaire and Nature Connectedness through the Italian version of Connectedness to Nature Scale. The questionnaire also included open-ended questions aimed to evaluate qualitative perception of personal benefits from the program.

Results. Multilevel regression analysis showed significant effect of intervention by time interaction on Subjective Happiness and on Autonomy, PWB subdimension. Among the facets of Mindfulness, results showed a significant effect for Acting with Awareness and a marginally significant effect for Non-reacting. Contrary to expectations, no significant interaction effect on Nature Connectedness was found. Nevertheless, qualitative reports through thematic content analysis revealed connection to nature to be the second prevalent theme of perceived benefits, after connection with oneself.

Discussion. The study concludes with analysis of limitations and suggestions for future school mental health programs that consider a combination between mindfulness interventions and nature-based activities to increase wellbeing and antecedents of ecological citizenship.

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Effects of a Body-Based Mindfulness Program on Alexithymia and Distress Symptoms: A Pilot Clinical Trial

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Abstract

Background. Mind–body practices have shown to be effective in reducing psychological distress and improving well-being and quality of life in clinical samples and healthy populations. We tested the effects of a body-based mindfulness intervention based on alexithymia and distress symptoms among healthy adults.

Methods. A total of seventy-three participants (Mage = 40.1; SD = 9.7) were assigned to a body-based mindfulness program (i.e., experimental group) and the control group (i.e., waiting list). Distress symptoms were assessed with the Symptoms Questionnaire; alexithymia was measured using the Toronto Alexithymia Scale. Measures were completed at baseline and at one-week post-test.

Results. We conducted a generalized linear mixed model with fixed and random effects to determine whether the body-based mindfulness program was effective in reducing negative psychological factors (i.e., alexithymia and somatic complaints). For all the variables tested, the same mixed model was used, which included the fixed effects of treatment (control vs. treatment), time (baseline vs. post-test), and their interaction (treatment-by-time), and age as the covariate. Even when controlling for baseline score, the body-based mindfulness program has shown to be effective in reducing distress symptoms (i.e., anxiety, depression, and somatic symptoms) and alexithymia.

Discussion. The findings from this study provide evidence that the body-based mindfulness program may help individuals to integrate bodily expressions, thoughts, and emotions, keeping an integrated sense of self.

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Mind wandering during sustained attention task induces higher psychophysiological interference in naïve participants when compared to experienced meditators

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Abstract

Background. Mind wandering (MW), the disengagement of attention from the immediate external environment to unrelated internal thoughts, has been suggested to have an inverse relationship with both attention and mindfulness, namely a state of nonjudgmental awareness of present-moment experience. However, the psychophysiological effects of mind wandering states on mindfulness and attention have not yet been exhaustively investigated. Therefore, we decided to study heart rate (HR) and MW episodes during a focused attention task (the Sustained Attention to Response Task, SART), comparing expert meditators and naïve controls.

Methods. The SART was performed by 28 mindfulness meditators and 28 naïve controls. The task requires to press a response key following each presentation of a random series of single digits, except for a no-go digit, to which no response has to be made. In addition, at random intervals participants are asked whether their mind was just wandering (MW condition) or was on the task (attention condition). We recorded reaction times (RT) and physiological HR activity, considering five-second intervals before the MW question. We performed repeated measures ANOVAs considering the effects of MW vs. attention conditions, the group of subjects (meditators vs. naïve controls) and age and gender as additional factors.

Results. We found a significant interaction of condition (MW vs. attention) and group (F=5.243, p=0.026), according to which HR during MW vs. attention states tends to increase in controls and to decrease in meditators. In addition, for RT we found a significant main effect of condition (MW vs. attention) (F=0.024, p=0.032) and a significant interaction of condition and group (F= 4.852, p=0.032) according to which RT increases during MW, in particular in controls (pholm=0.003) relative to meditators (pholm=1).

Discussion. Our data show that HR and RT tend to increase in controls during the most difficult conditions of the SART (i.e., MW conditions), showing a higher attentional and physiological interference of MW episodes in naïve people when compared to expert meditators. These results suggest important

implication in clinical settings, where the effects of MW on mental health and attention-related disorders could be modulated through the practice of mindfulness meditation.

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The relationship between mindfulness, work-related stress management, and job satisfaction in a sample of Italian correctional officers

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Abstract

Background. The present research aims to investigate the relationship between mindfulness, work-related stress management, and job satisfaction in the correctional context. The group of participants took part in a mindfulness-based intervention inspired by the MBSR (Mindfulness-Based Stress Reduction) protocol developed by Kabat-Zinn, adapted for use on a digital platform. The protocol included eight sessions, each lasting two hours, a preliminary orientation meeting (session zero), and a follow-up meeting.

Methods. The study enlisted the participation of 131 Italian correctional officers (females = 72,5%) in working age. The quantification of mindfulness levels was achieved by implementing the Five Facets Mindfulness Questionnaire-short form (FFMQ-SF). A subset of the Organizational-Emotional Intelligence Questionnaire (ORG EIQ) facilitated the assessment of work-related stress management. A 5-item Likert scale was employed to gauge job satisfaction. Descriptive statistics (mean and standard deviation) of the sample were analyzed. Subsequently, reliability analyses were performed using Cronbach's alpha. Finally, a simple mediation analysis was conducted to define the role of work-related stress management, and the direct, indirect, and total effects were calculated.

Results. Concerning the indirect effect, mindfulness had a significant impact on work-related stress management [β=0.42; $p<.05$], which, in turn, showed a significant effect on job satisfaction [β=0.26; $p<.001$].

Discussion. Our findings highlight mindfulness's potential and beneficial effects within social and occupational contexts, especially in the case of high-risk populations such as correctional officers.

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THE PERSPECTIVES ON AGING: A MULTIDIMENSIONAL APPROACH TO OLDER ADULTS WELL-BEING

Proposers

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Discussant

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Abstract

The aging process is multifaceted, influenced by a combination of genetic, biological, psychological, and environmental factors. While some individuals maintain cognitive efficiency over time, others experience pathological decline, leading to conditions such as Mild Cognitive Impairment (MCI) and dementia. A comprehensive understanding of the determinants of both healthy and pathological aging is essential for the enhancement of well-being in older adults.

Risk factors for cognitive decline can be broadly categorized into two categories: non-modifiable factors which include genetic predisposition and age, and modifiable factors which include psychological factors, sleep, lifestyle, physical activity, diet, and social engagement. In this sense, psychological variables, such as stress and resilience, in conjunction with sociodemographic factors, have been shown to exert a substantial influence on the trajectory of cognitive decline. MCI represents an intermediate stage between normal aging and dementia, highlighting the need for early detection and intervention. The diagnosis of MCI is characterized by a broad spectrum of clinical presentations, predominantly manifesting as cognitive impairment primarily affecting memory or executive functions. Given the multidimensional nature of this condition, a comprehensive approach that integrates neurobiological, psychological and social factors is needed, and the role of caregivers is critical in this regard. Caregivers play a central role in the well-being of older individuals, both in healthy aging and in the management of pathological conditions.

They provide multidimensional support, including emotional, cognitive, and functional assistance, thereby mitigating the impact of cognitive decline and improving quality of life.

However, caregiving can be physically and emotionally demanding, underscoring the need for tailored support systems and interventions to prevent caregiver burden. This challenge becomes even more significant when the caregiver is also older, as they may face their own health limitations, increasing the risk of stress and burnout. This work aims to explore the multifaceted nature of aging from an integrative perspective, emphasizing the importance of modifiable risk factors, the complexity of cognitive decline, and the indispensable role of caregivers.

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The experience of elderly cancer patients and their caregivers: a longitudinal study

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Abstract

Elderly cancer patients and their caregivers are particularly vulnerable psychosocially, especially if they are alone, in financial and housing difficulties and if there are people with disabilities in their household. They have a higher risk of developing or worsening psychopathological disorders and a higher risk to their physical health. At the same time, the lives of those who become carers are changing: the sense of responsibility, time and energy devoted to caregiving can be overridden by intense emotions that are difficult to express, such as those related to anticipatory grief. There are also increasing numbers of older people caring for elderly patients who have higher healthcare needs and who often lack options to find other forms of care locally.

The aim of this work is to describe a study aimed at investigating the evolution over time of the psychological impact of oncological diagnosis in elderly patients and their caregivers and to identify the cases at greatest risk of exacerbation of psychopathological aspects.

The study involves the repeated administration of questionnaires validated for the Italian population to patients and caregivers: at the time of diagnosis and every three months during the course of the disease.

Older cancer patients (n=57) after 6 months at the first survey report less difficulty in describing feelings (t=2.2812, p=.05). For caregivers (n=44), the perceived burden of care increases significantly (t=-2,878, p=.008): family members are not only confronted with the progression of the disease process, but also experience difficulties related to health care procedures, treatment appointments, and helplessly witnessing their loved one's suffering.

Patients and caregivers meet with a clinical psychologist from the moment of diagnosis, who offers them a space for reflection by highlighting the importance of somatopsychic integration in coping with the disease experience and reminding them of the possibility of seeking psychological counselling to better perceive their weaknesses and needs.

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The co-design of a digital platform to inform and support informal caregivers of older adults with dementia: the AGE-IT project

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Abstract

Introduction: According to Eurocarers, 80% of all care for older adults is provided by informal caregivers (i.e., family, friends, and neighbours). They can provide different types of care such as personal, practical, and/or emotional care. Fulfilling duty of care is challenging, and there is extensive literature on caregivers' unmet needs and their effects on caregivers' well-being, as well as on patient outcomes such as early institutionalization, low quality of life and mortality. Without prior knowledge and training, it is difficult to cope and adjust to caregiver roles, thus leading to low-quality care. Within the project AGE-IT (PNRR PE8 "Age-It"), our research group aimed to design, implement, and evaluate an e-learning platform to inform and support informal caregivers of people living with dementia.

Methods: A literature review on trainings for informal caregivers, barriers and facilitators to their access and use was carried out. To co-design the platform and identify caregivers' needs, two focus groups with potential users (N=19), and a workshop with NGOs were carried out. Qualitative data transcription was performed by using NVivo, and data were analysed using inductive thematic analysis. Results from the literature review and qualitative data analysis were grouped to generate the core contents to be included into the platform.

Results: Training contents concern 4 topics: 1) disease; 2) care; 3) services; 4) self-care. Contents will be available in text format (long text and slides) plus short effective videos. The platform will be integrated with interactive components and a chatbot which allows caregivers to ask questions and receive quick responses based on the best available evidence and integrated with a link to the training contents.

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Discussion: To bridge the gaps and deliver trainings which effectively meet caregivers' needs, standardized, structured-based development strategies including the involvement of stakeholders should be considered, by following the principles of community care, person-centred care and co-design.

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Tracing the path from OCEAN to autonomic balance: the mediating role of cognitive reserve

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Abstract

A considerable body of recent research has examined autonomic balance as an index of self-regulation and well-being. Specifically, lower heart rate variability (HRV) has been observed in older adults and is associated with poorer cognitive function. However, a series of psychological factors can influence this index. The Big Five personality traits have been demonstrated to exert a direct and indirect influence on an individual's psychophysiological characteristics, given their enduring impact on individuals' responses to the environment, behaviors, and daily habits. Research findings have yielded conflicting results regarding the relationship between personality and autonomic balance, thereby prompting the exploration of potential mediating factors. To this end, Cognitive Reserve (CR) – defined as the brain's capacity to adapt and compensate for the effects of aging and disease – has been associated with enhanced cognitive functioning and influenced directly by an individual's personality traits. To the best of our knowledge, the impact of CR on autonomic balance has not yet been investigated. Moreover, the mediating role of CR in the relationship between personality and autonomic balance has been underestimated in the literature.

The present study aims to address this knowledge gap by exploring the relationship between personality and autonomic balance in a more comprehensive perspective. A total of 90 healthy participants over 50 years underwent the experimental protocol, which included the recording of HRV, the administration of the Cognitive Reserve Index questionnaire (CRIq), and the Big Five Inventory (BFI). The findings revealed a correlation between the CRI subscales and the LF/HF ratio, which is considered as an indicator of autonomic balance. Furthermore, the CRI total score mediated the relationship between two personality traits (i.e., Openness and Neuroticism) and autonomic balance.

The present study has yielded significant contributions to the realm of clinical psychology, underscoring the pivotal role of life experiences in shaping health outcomes.

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A Multidimensional Approach to Risk Factors in Mild Cognitive Impairment

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Abstract

Mild Cognitive Impairment (MCI) is a syndrome that lies between healthy and pathological aging, characterized by preserved daily living abilities and the absence of dementia. It is defined by one or more cognitive deficits, which may involve memory and/or other domains. However, it is well established that the changes observed in MCI are not limited to cognitive function but also extend to demographic, behavioral, physiological, and psychological characteristics. Notably, several studies have identified these variables not only as indicators of change but also as risk factors for the progression of the disease. For this reason, a multidimensional approach that considers these aspects is essential for a comprehensive understanding and management of MCI.

The hypothesis of this study is that the pathological process affecting cognitive functioning in MCI is influenced by several factors such as age, sleep quality, daily living skills, physiological, demographic and lifestyle, and psychological variables.

One hundred and forty-eight participants with MCI were recruited (mean age: 62.4 ± 8.08), and Pearson's correlations and linear regression analyses were conducted to test the hypothesis.

The correlations revealed a significant relationship between cognitive functioning, age, demographic and lifestyle variables and psychological factors.

Linear regression was carried out to examine the relationship between cognitive functioning and risk factors. Cognitive functioning (composite Z-score) was considered as the dependent variable, while age, sleep quality, physiological variables, activities of daily living, demographic and lifestyle variables, and finally psychological variables were included as predictors.

The results highlight that cognitive functioning in MCI is significantly predicted by the model ($R2=0.13$, $p=0.004$). In conclusion, the results confirm that multiple factors play a role in the pathological aging process and affect the cognitive functions of individuals with MCI, potentially worsening cognitive

decline. These findings are clinically relevant because they suggest the importance of a preventive approach that targets not only impaired cognitive processes but also potential risk factors.

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MENTALIZATION ACROSS THE LIFESPAN: EXPLORING REFLECTIVE FUNCTIONING FROM TRANSGENERATIONAL AND TRANSDIAGNOSTIC PERSPECTIVE

Proposer

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Discussant

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Abstract

Mentalization is the ability to understand oneself and others regarding internal mental states. It is conceived as a transdiagnostic construct that, due to its central role in species-specific adaptation, is implicated in a wide range of psychological issues and disorders.

Research suggests that mental disorders are associated with various disruptions in the development of mentalization, often developing from maladaptive intergenerational dynamics in reflective functioning. Indeed, when parental reflective functioning (i.e., the ability to recognize and interpret children's behaviour in terms of mental states) is impaired, it can hinder the development of children's emotional competencies, potentially representing a risk factor for the onset of psychopathology during childhood and adolescence. In adults, mentalization also plays a key role in personality disorders and in determining clinical risk and prognosis.

The present symposium aims to promote a deeper reflection on the role of reflective functioning within parenting contexts and in the maintenance of personality disorders, including borderline and antisocial personality disorders.

From an intergenerational viewpoint, Di Mario and Esposito present a systematic review and meta-analysis on parental mentalizing. Their study investigates the relationship between maternal and/or paternal mentalizing and children's socioemotional functioning.

Moreover, Pazzagli and colleagues focus on Somatic Symptom Disorder (SSD) in adolescents and its relationship with family functioning. Specifically, their study explores the role of mentalization capacity, emotion regulation, and sociodemographic characteristics in increasing the risk of SSD.

Focusing on adult psychopathology, Locati and colleagues examine the intersection between mentalization, epistemic trust, and suicidal risk in a population of detainees. Their findings offer implications for clinical interventions in forensic settings.

Finally, Colli and colleagues focus on patients with borderline personality disorder. They investigate the activation of motivational systems (cooperative vs attachment system) and the fluctuation of reflective functioning throughout the therapeutic process.

The symposium's contributions present a wide perspective on the study of mentalization integrating a transgenerational and clinical lens across various fields of application.

In this direction, a lifespan perspective of mentalization may help to open up the consideration of psychotherapeutic to psychosocial treatments aimed at supporting individuals affected by different mental health conditions.

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A systematic review and meta-analysis on the relationship between mothers' and fathers' parental mentalizing and children's socioemotional functioning

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Abstract

Introduction: Parental mentalizing refers to the parent's ability to recognize and interpret children's behaviour in terms of mental states (e.g. emotions, desires, thoughts). Several studies have shown that parental reflective functioning may influence different children's outcomes. Recently, researchers suggested to examine the role of parental mentalizing on children's socioemotional functioning: this latter can be defined as a series of emotional, relational, and behavioral processes which are crucial for the child mental health, as they allow children to understand and adapt to environmental challenges. Although several studies have been conducted on this topic, results still appear mixed, making difficult to draw conclusions. Moreover, literature largely focused on the role of maternal mentalizing, giving less attention to the contribution of paternal mentalizing, thus different questions remain unclear. Therefore, the present systematic review and meta-analysis aims at exploring the relationship between mothers' and/or fathers' parental mentalizing and children's socioemotional functioning.

Methods: This study adhered to PRISMA 2020 guidelines. Literature search was conducted between October and December 2024 in the following databases: APA PsycInfo, APA PsycArticles, Scopus and Pubmed. Research yielded 2524 articles. At the end of screening phase, 51 studies were included in the systematic review. However, among these, only 7 papers were included in the meta-analysis due to the lack of homogeneity between studies.

Results: Results of the systematic review firstly confirmed the prevalence of studies only on the role of mothers in influencing children's functioning. More importantly, findings predominantly provided evidence for the existence of a direct relationship between parental mentalizing and children's socioemotional functioning both for mothers and for fathers, although some differences were noticeable. Results of the meta-analysis highlight the presence of a significant negative association between one of the dimensions of the mothers' parental mentalizing, namely certainty about mental states, and children's socioemotional problems.

Discussion: Implications for future research and clinical practice focused on parental mentalizing will be discussed.

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Unmentalized experiences in adolescents with Somatic Symptom Disorder

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Abstract

Somatic Symptom Disorder (SSD) involves one or more physical symptoms accompanied by excessive time, energy, emotion, and/or behavior related to the symptom that results in significant distress and/or dysfunction. Studies show that experiencing somatic symptoms at a developmental age has several negative consequences for a person's later health and social life. Different psychodynamic contributions highlighted the role of unmentalized experience in the individual with somatic symptoms due to impairment of the holding environment. Previous studies showed that somatic symptoms in adolescents were strongly linked to the family's level of functioning, but still scarce are studies exploring the role of reflective functioning and emotional regulation in both parents and adolescents.

The main goal of the present case-control study was to explore, in a total group of 135 adolescents and their mothers, the role of mentalisation capacity (PRF and RF), emotion regulation (ER) and sociodemographic characteristics in increasing the risk of having SSD. The clinical group (n 43; mean age = 12.93; SD = 1.68) was recruited from two Italian paediatric hospitals, the control group (n 92; mean age = 12.92; SD = 1.00) was recruited from the general population. The logistic regression analysis examined the predictors of membership in the clinical group compared to the control group. The model explained 27% of the variance in the likelihood of being in the clinical group ($R^2 = 0.270$, $p < 0.001$). Results showed that adolescent Somatic Complaints (CBCL_SC) were associated with a 26.7% increase in the odds of being in the clinical group (O.R. = 1.267, p = 0.005). In contrast, greater adolescent Certainty About Mental States (RFQ-Y) was associated with a 34.2% decrease in the odds of being in the clinical group (O.R. = 0.658; p = 0.003). These preliminary findings can be useful for clinical purposes.

They provide information for implementing screening processes and interventions to enhance mentalization capacity and emotion regulation in adolescents with somatic symptom disorder.

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Mentalization and epistemic trust in suicidal risk within the penitentiary context: a cross-sectional study

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Abstract

Introduction. Considering the alarming data on the incidence of suicidal behaviour among the prison population, there is increasing interest in understanding inmates' psychological functioning and the factors that may dramatically contribute to such outcomes. Deficits in mentalization are well-documented in this population: individuals with antisocial personality traits are characterized by ipomentalizing, associated with excessive confidence in their inferences about others' mental states (i.e., certainty). From the mentalization framework, the epistemic trust construct, i.e., identifying relevant and reliable information in interpersonal relationships, is gaining attention. Despite its theoretical relevance, no empirical research has yet explored its impact on suicidal ideation in this specific context. This study aims to investigate the relationship between mentalization, epistemic trust, emotional dysregulation, defense mechanisms, and suicidal ideation in a group of jailed individuals.

Method. The sample consisted of 120 male Casa Circondariale di Torre del Gallo inmates in Pavia (M=39.74, SD=10.85). Participants completed a battery of self-report instruments assessing Epistemic Trust (ETMCQ), Mentalization (RFQ-8), Emotional Dysregulation (DERS – Short Form), Defense Mechanisms (DMRS-SR-30), and Suicidal Ideation (C-SSRS).

Results. Network analysis highlighted a vicious cycle involving emotional dysregulation, uncertainty in mentalization, epistemic mistrust and credulity, and suicidal ideation. However, emotional dysregulation, defense mechanisms, and epistemic mistrust were the factors most strongly associated with increased suicide risk in the prison environment.

Conclusion. Epistemic mistrust plays a direct role, alongside defense mechanisms, in fostering suicidal ideation. It appears that mistrust in epistemic sources may obstruct the assimilation of corrective information, thereby reinforcing projective vicious cycles and heightening suicidal risk.

From an applied perspective, the findings emphasize the need for therapeutic interventions to prioritize addressing epistemic mistrust to enhance reflective functioning.

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Mentalizing Across Interpersonal Motivational Systems: A Comparison Between BPD and Non-PD Patients

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Abstract

Mentalization represents the mental process which allows us to interpret our own and others' behaviours in terms of intentional mental states (Bateman & Fonagy, 2019) and previous studies have demonstrated the presence of mentalizing impairments in Personality disorders (PDs; Gagliardini et al. 2023) at a trait level. At a state level, mentalization has been hypothesized to depend on the interpersonal context of a specific interaction, but data on the effect of the in-session activation of interpersonal motivational systems (IMSs) are still contradictory.

Aims. The aims of this work were to: Investigate the distribution in Borderline personality Disorders (Bpd) and non-PD patients of different IMSs; Analyze the reflective functioning (RF) scores when each IMS was present; Compare the RF scores when the three IMSs were activated in BPD versus non-PD patients. Examing differences from a longitudinal perspective in relation to IMs frequency and RF scores

Methods. Sampling. From a database of psychotherapy session transcripts, we randomly picked 30 patients with PD and 30 patients without a PD. For each patient, we randomly picked 3 sessions from the different phases of the therapy (N= 180 sessions).

Measures. The *Reflective Functioning Scale* (RFS; Fonagy et al., 1998) provides a score of mentalization on a level from –1 (rejection of mentalization) to 9 (marked or exceptional mentalization, and can be applied to session transcripts to investigate the changes in RF (e.g.Talia et al., 2018).

Assessing Interpersonal Motivations in Transcripts (AIMIT; Fassone et al., 2012) is a coding system aiming to systematically detect IMSs in the therapeutic dialogue which identifies, in the verbal utterances of patients and therapists during a session, the activity of five IMSs: attachment, caregiving, ranking, sexuality, and peer cooperation.

Results. The ANOVA with Bonferroni corrections model used to test the possibility of statistically significant differences between the RF scores when each IMS was activated was significant. The RF

scores when attachment and ranking IMSs were present were significantly lower than in verbal utterances in which the cooperative IMS was activated, while we found no significant difference between the ranking and attachment IMSs RF (low) scores. We found a significant impact of the PD diagnosis on RF scores. Clinical implications will be discussed.

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PSYCHOTHERAPY RESEARCH: A SHIFT FROM EFFECTIVENESS TO PERSONALIZED TREATMENTS

Proposer

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Discussant

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Abstract

Although the evidence-based practice has supported the effectiveness of psychotherapy, there is a need of nuanced methods to examine how therapy can promote patient change through personalized interventions. To date, there is still a knowledge gap regarding the effective mechanisms of change and their interplay with both patient and therapist characteristics. In this symposium, the four presentations will provide some interesting data collected in naturalistic settings. The first presentation by Benzi et al. will report the results of a large national study on the interplay between patients' symptoms, emotion regulation and epistemic trust, to develop a person-centered approach to therapy. The second presentation by Brugnera et al. will focus on the assessment of psychotherapy trainees in order to tailor the psychotherapy training to the trainee's characteristics and to improve their relational skills. The third presentation by Latona et al. will report the first results of a national RCT to test the effectiveness of a newly developed online support tool for psychotherapists to improve their effectiveness in routine care. Finally, the last presentation by Boldrini et al. will report the results of a large study with the psychotherapy training programs to examine the link between training and scientific evidence in the Italian context. Overall, these studies suggest the importance of examining both therapist and patient characteristics when providing personalized interventions, and invite discussion of future research exploring both methodological and clinical challenges of psychotherapy in the Italian context.

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A Transdiagnostic, Person-Centered Approach to Psychological Assessment: Profiling Symptoms, Emotion Regulation, and Epistemic Trust in Italy's Psychological Bonus Initiative

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Abstract

Introduction: Limited access to psychological care remains a significant public health challenge. In response, Italy launched the "Psychological Bonus" (PB) policy to increase access to mental health services. Within the PsyCARE project, this study adopts a person-centered approach to explore the psychological profiles of individuals who accessed therapy through the PB program, focusing on transdiagnostic constructs such as emotion regulation and epistemic trust.

Methods: We analyzed baseline data from 2,261 adult patients. Descriptive statistics examined clinical characteristics, reasons for seeking therapy, and differences between those already in treatment and new patients. A Latent Profile Analysis (LPA) was conducted using symptom severity, emotion regulation strategies, and epistemic trust dimensions to identify distinct psychological profiles.

Results: Anxiety Disorders (31.29%) were the most commonly reported diagnoses, followed by Depressive Disorders (13.83%), Trauma- and Stressor-related Disorders (13.64%), and Personality Disorders (6.62%). Psychological symptoms were the primary reason for seeking therapy (25.55%). Compared to new patients, those already in treatment were more likely to report current psychotropic medication use, a history of non-suicidal self-injury, and past psychiatric hospitalization. The LPA identified four profiles with varying levels of symptom severity, emotion regulation difficulties, and interpersonal dispositions. One profile showed high psychological distress, poor emotion regulation, and significant interpersonal mistrust. Two intermediate profiles presented with above-average distress and different patterns of transdiagnostic features. The most adaptive profile was characterized by low symptomatology, effective emotion regulation, and balanced epistemic trust. Significant differences by sex and age emerged across profiles, but no substantial differences were found between patients new to therapy and those already in treatment.

Discussion: These findings highlight the value of integrating emotion regulation and epistemic trust into routine psychological assessment. The identification of heterogeneous profiles supports the relevance of transdiagnostic factors in understanding psychological distress and tailoring interventions. This study

offers new insights into patient characteristics within a large-scale public policy initiative, promoting a more personalized and context-aware model of care.

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Latent Profiles of Trainees in Psychotherapy based on Personality Traits and their Association with Psychological Functioning

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Abstract

Introduction: In recent years, meta-analytic evidence has shown that therapist-related factors significantly contribute to the therapeutic process and are associated with patient outcomes. As such, investigating therapists' personality variables can deepen our understanding of the individual differences among mental health practitioners and of the complexity of professional identity development. In this study, we aimed to explore the presence of distinct profiles among psychotherapy trainees -based on various personality traits- using a person-centered approach.

Methods: A total of 309 trainees in psychotherapy (mean age: 29.43 ± 6.17 years; 280 females, 90.6%) filled out a survey during their first year of training. The survey included well-known measures of personality traits (e.g., attachment, hypomentalization, perfectionism, coping styles, interpersonal problems) and of state-related factors (e.g., depressive and anxious symptoms, quality of life [QoL]).

Results: We will test for the presence of latent trainee profiles using a latent profile analysis (LPA) based on personality variables. The identified profiles will then be compared on state variables using the Bolck-Croon- Hagenaars (BCH) approach. We hypothesize the presence of three profiles, namely low-, medium- and high-risk, with the latter group characterized by higher levels of attachment insecurity, hypomentalization, perfectionism, interpersonal problems and avoidant coping strategies. We further expect this group to report more severe symptoms and lower QoL than the other two groups.

Discussion: Findings from this study may offer valuable insights for tailoring psychotherapy training to the trainee's characteristics and enhance their relational competencies. Results may also help identifying trainees who could benefit from additional support from the training program, ultimately fostering a more effective and sustainable clinical development.

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OutProFeed: Improving Clinical Outcomes in Psychotherapy Through Feedback Informed Therapy and Routine Outcome Monitoring

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Abstract

Introduction: Routine outcome monitoring (ROM) with immediate clinical feedback can enhance psychotherapy effectiveness. This study presents the first Italian randomized controlled trial (RCT) evaluating the impact of Feedback Informed Therapy (FIT) on mental health outcomes and therapeutic processes. To test the effectiveness of FIT, we developed Mindy, a digital platform designed to support therapists with integrated symptom and therapeutic alliance monitoring and a digital clinical support guide.

Methods: This longitudinal RCT (Zellen design) randomizes therapists and their patients into three conditions: In the OPM group, patients complete outcome and process measures after each session, and therapists use *Mindy* to view the data without receiving clinical feedback. In the OPM-F group, therapists receive structured feedback via *Mindy*'s Clinical Support Tools based on FIT principles. They also attend monthly supervision sessions for three months. In the TAU group, therapy proceeds as usual. Therapists use *Mindy* only to complete evaluations after sessions 1 and 15, with no access to patient data or training. In addition, therapists and patients in all conditions complete outcome questionnaires at pre-treatment, post-treatment and follow-up. To analyze the data, the study will use three-level hierarchical mixed-effects models to examine repeated measures of psychological distress, symptom severity, and therapeutic alliance. The model accounts for three nested levels: time points (level 1), patients (level 2), and therapists (level 3), with all parameters treated as random effects and estimated using full maximum likelihood procedures.

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Results: We expect patients in the OPM-F group to show greater symptom reduction, stronger therapeutic alliances, and lower dropout rates compared to the OPM and TAU groups. Feedback and supervision are anticipated to enhance therapist responsiveness and enable tailored interventions.

Conclusion: This study will offer insights into the effectiveness of FIT and the use of digital tools like *Mindy* in routine clinical settings. The results may promote wider adoption of data-informed care practices in Italy and support the integration of real-time feedback systems in psychotherapy.

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Scientific Evidence Underlying Psychotherapy Training in Italy: A Nationwide Mapping Study

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Abstract

Introduction: In Italy, there are approximately 380 private institutes offering paid psychotherapy training programs that qualify graduates for registration as licensed psychotherapists. These institutes have been authorized over the last four decades by various governmental and academic bodies. According to the Italian Code of Ethics for Psychologists, "Psychologists employ methodologies for which they can indicate scientific sources and references." The aim of this study was to examine whether, and to what extent, the theoretical models and clinical methodologies described in the official statutes of Italian psychotherapy training programs meet evidence-based indicators grounded on currently available scientific references.

Methods: Websites of 382 Italian psychotherapy training institutes was systematically reviewed to extract information about their theoretical orientations and therapeutic methodologies. A Delphi consensus was employed to develop a set of evidence-based indicators and grading criteria, in line with those of the World Federation of Societies of Biological Psychiatry (WFSBP) and the American Psychological Association's standards for empirically supported treatments. Bibliometric databases (Medline, Web of Science) and key international clinical guidelines were consulted to apply the developed criteria. Additionally, all institutes were invited to complete a purpose-designed survey to validate our data extraction and indicator application, and to correct any potential inaccuracies.

Results: The 380 private institutes were found to represent a total of 82 distinct theoretical models. Approximately 55% of the institutes refer to a small group (25%) of models that are moderately to strongly supported by scientific evidence (e.g., experimental and/or meta-analytic evidence). The remaining 45% rely on a much broader array (75%) of models, most of which are weakly supported (e.g., based on case reports) or entirely lacking in scientific literature. Notably, over 10% of the institutes base

their training programs on theoretical models that have never been mentioned in any indexed scientific publication.

Discussion: More than one-third of Italian psychotherapy training institutes teach intervention models that are only weakly—or not at all—supported by scientific evidence, even when applying very broad evidence-based indicators (i.e., evidence referred to any disease-related outcome in any population). This raises important questions about the alignment between professional training, ethical standards, and evidence-based practice.

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RECOVERY THROUGH THE 'COLLABORATIVE APPROACH' IN MENTAL HEALTH CARE. THEORIES AND PRACTICES TO CLARIFY THE 'CO'(S).

Proposer

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Discussant

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Abstract

The idea that the relationship between mental health professionals and patients can be characterised as a form of collaboration has certainly marked a leap forward in the way we conceive and treat mental suffering. The collaborative approach promises to result in more realistic and appropriate treatments, reduced patient concerns and complaints, improved and sustainable health outcomes, and greater satisfaction. However, it is not just one practice among others: it implies a series of cascading changes that would pervade the entire clinical path: a re-conceptualisation of mental disease, a change of clinical roles and relationships, a different distribution of power, and new evidence criteria for the recovery evaluation process.

This symposium is aimed at investigating various moments and aspects of the collaborative experience in therapeutic interaction. In particular:

1. It will offer evidence in favor of the role of interested and attentive listening in the co-construction of the story and autobiographical memory (Salerno Unit)
2. It will discuss the experience of co-writing from a theoretical but also practical point of view, meaning by co-writing a specific practice in which a clinician and a patient are mutually engaged in writing jointly or collaboratively a narrative related to the patient's experience (Chieti Unit and Naples Unit)
3. Finally, it will offer elements to investigate how the Collaborative Approach is able to re-design the dynamics of power and roles between user and therapist (Padua Unit).

The collaborative approach represents a challenge full of dilemmas of various kinds, first of all, the definition of flexible roles in constant negotiation. It represents an innovative approach that may foster new competencies, but also responses and responsibilities for mental health professionals, all to be discovered.

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Narrative and autobiographical co-construction in care relationships

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Abstract

A vast scientific literature has explored the role of narrative in constructing and providing meaning to autobiographical experience. In particular, autobiographical narration allows life event memories to be organized in a language for others, with a structure and characteristics typical of the narrative act. This contribution offers a critical review of the scientific literature on the relationship between memory and autobiographical narration, discussing the ways in which the latter provides meaning and modifies the former. Some research by the author and other research groups will be presented to demonstrate the role of narrative in the emotional processing of memory.

In addition, it will be considered that narration often takes place in a relational context, where the relationship between the narrator and the listener plays an important role in the process of modifying the autobiographical experience.

Some studies will be discussed regarding the process of co-construction of autobiographical memory within a narrative dialogue. The author will also offer some reflections on the setting of the therapeutic relationship in psychotherapy and in somatic illness as contexts in which a person experiences the joint construction of a narrative truth that, alongside the historical truth, provides opportunities for trauma processing and the evolution of one's life trajectory.

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A Bridge Between Worlds: Co-Writing as a Tool for Dialogue and Transformation

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Abstract

In recent years, co-writing between therapist and patient has gradually emerged as a promising and innovative practice in clinical settings. Far from being a mere narrative technique, co-writing acts as a transformative device—both therapeutic and epistemic—with subjectivity at its core. It fosters agency by enabling the patient to take an active role, not simply as a recipient of care but as a co-author and bearer of experiential knowledge that holds value beyond the self. This shift emphasises the patient's involvement in the therapeutic process and the shared construction of meaning about their experience.

This talk will explore the transformative potential of co-writing by focusing on three core dimensions: intersubjectivity, meaning, and responsibility. These dimensions will be discussed in relation to their contribution to the reconfiguration of the therapeutic relationship and their role in supporting a more dialogical and participatory clinical process. The aim is to show how a co-constructed narrative framework enables patients to engage with their suffering from a new perspective, creating space for a renewed emotional and existential positioning.

A clinical example of co-writing will illustrate how the convergence of therapeutic and epistemic dimensions can open new avenues for understanding and addressing psychological suffering within the psychotherapeutic setting.

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Does the Collaborative Approach Transform the Power Dynamics in the Therapeutic Relationship? Research and Evidence

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Abstract

In recent decades, the concept of "healing" in clinical psychology and psychiatry has undergone a profound transformation, shifting from a model focused solely on symptom management to approaches that emphasize the individual and social journey of the person. In this context, relational recovery emerges as an innovative perspective that places interpersonal dynamics and the role of significant relationships at the centre of the healing process. This approach distinguishes itself from the traditional view of psychiatry, which has historically assigned a central role to clinical authority and paternalistic treatment models. This study examines the roles and power dynamics in recovery pathways, focusing on the interactions between former mental health service users and significant facilitators through semi-structured dual interviews. For the qualitative analysis, an innovative methodology was adopted, involving a dual reading of the narrative, analyzing both the content and the construction and negotiation processes. The analysis was conducted using the ATLAS.ti software for data coding. The theoretical approach integrates the contributions of Jaber F. Gubrium and James A. Holstein (2009) on the narrative construction of reality, the concept of power flow by Ken Plummer (1995), and the generative dialogue of Kenneth J. Gergen (2009). The results highlight how power is distributed and renegotiated in therapeutic interactions, not being a static or unidirectional phenomenon, but manifesting in variable forms depending on the interaction at hand. The analysis also revealed how role dynamics influence the "flow of power" in the relationships between therapists and "patients," suggesting management based on subjective experience rather than on a priori assumptions.

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INNOVATIVE PERSPECTIVES ON PSYCHOPATHOLOGY, RECOVERY, AND DIGITAL INTERVENTIONS IN EATING DISORDERS

Proposer

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Discussant

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Abstract

Eating disorders (EDs) are complex and heterogeneous conditions, often characterized by chronicity, psychiatric comorbidity, and difficulties in treatment engagement. While traditional clinical models have significantly contributed to the understanding and treatment of EDs, novel approaches are needed to capture the multifaceted trajectories of illness and recovery. This symposium brings together four contributions that offer innovative perspectives on both the clinical and experiential dimensions of EDs, ranging from latent psychopathological constructs to digital intervention delivery. The first presentation (Aloi et al.) explores the underexamined phenomenon of food addiction in individuals with anorexia nervosa, using latent class analysis to identify distinct clinical profiles and their implications for assessment and treatment. The second contribution (Tosi et al.) reports some qualitative findings on post-traumatic growth among individuals recovered from an ED, emphasizing personal transformation and identity reconstruction as meaningful outcomes. The third study (Albano et al) reports some preliminary data from a RCT evaluating a personalized, online guided self-help (INTERconNEcT-ED) aimed to support individuals with EDs across different stages of recovery. Finally, the fourth presentation (Bucci et al) examines the role of early traumatic events on patient improvement and quality of life in treatment in a sample of people with different EDs. Collectively, these contributions may provide a novel multidimensional understanding of EDs that integrates psychopathological complexity,

lived experience, and technological innovation. The symposium aims to foster dialogue on how emerging evidence can inform tailored interventions and holistic care pathways for individuals with EDs.

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Disentangling food addiction in anorexia nervosa: a latent class analysis and its clinical relevance

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Abstract

Introduction: The construct of Food Addiction (FA) has generated growing interest in the context of Anorexia Nervosa (AN), especially for its potential clinical implications. While AN is traditionally associated with restrictive eating patterns, recent findings suggest that FA symptoms may also be present in this population, complicating the clinical picture. This study aimed to explore FA symptomatology in individuals with AN using a person-centered approach and to identify psychological variables associated with different FA profiles.

Methods: A sample of 202 individuals with a diagnosis of AN (including AN-R, AN-BP, and Atypical AN) completed the YFAS 2.0. A Latent Class Analysis (LCA) was performed to identify subgroups based on FA symptoms. Chi-square tests assessed associations between latent classes and AN subtypes. Binary logistic regressions explored psychological predictors of class membership, including eating psychopathology (EDE-Q), depressive symptoms (BDI), emotion dysregulation (DERS), and metacognitive abilities (MSAS).

Results: LCA identified three latent classes: Class 1 (Addicted, 66.8%), characterized by high endorsement of FA symptoms; Class 2 (Non-Addicted, 12.4%), showing minimal symptomatology; and Class 3 (High-Risk, 20.8%), displaying moderate symptom severity. No significant association emerged between class membership and AN diagnostic subtype ($\chi^2(4)=3.085$, $p=.544$). Logistic regressions revealed that impulsivity significantly predicted membership in the Addicted class (OR=1.15, $p=.001$), while membership in the Non-Addicted class was associated with lower eating psychopathology, better metacognitive skills, and reduced impulsivity. Belonging to the High-Risk class was predicted by higher EDE-Q scores (B=.834, $p<.001$) and lower metacognition (B=−.400, $p=.030$).

Discussion: These findings highlight the presence of distinct FA profiles within AN, independent of traditional diagnostic categories. The Addicted and High-Risk classes showed greater psychopathology and dysregulation. Notably, the High-Risk group also exhibited impaired metacognition, suggesting potential vulnerability despite moderate symptom expression. In contrast, the Non-Addicted class showed a more adaptive profile. LCA may support the development of personalized treatment strategies by targeting FA-related features, including interventions to improve emotion regulation and metacognitive functioning.

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Post-traumatic growth in individuals recovered from an eating disorder: a qualitative study

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Abstract

Introduction: Most conceptualizations of recovery from an eating disorder (ED) focus on symptom reduction and clinical criteria, often neglecting patients' subjective experiences. Post-traumatic growth (PTG) refers to a process leading to positive psychological transformation after trauma which involves the re-examination of core beliefs. It offers a valuable framework to enrich the definition of recovery from a patient-centered perspective. This study uses a qualitative approach to explore patients' personal experiences of recovery from an ED and the extent to which these are informed by PTG contents and processes.

Methods: 19 participants (18 females and 1 male; mean age 24.37) who self-identified as recovered from an ED and who had completed eating disorder specific treatments in the past prior to recovery, completed demographic questionnaires. On average, mean time since recovery was 33.68 months (SD=31.67 months). Structured interviews explored experiences of ED recovery and potential areas of PTG (Relating to others; New possibilities; Personal strength; Appreciation of life; Spiritual change). Two independent raters conducted Reflexive Thematic Analysis (TA) to analyse collected transcripts. The procedure aims at identifying common patterns of meaning and involves familiarisation with the dataset, initial coding, searching and reviewing potential themes, defining theme names, and the production of a report to provide a coherent explanation of the results.

Results: Four overarching themes and 14 sub themes were identified. Recovery was defined as a non-linear process marked by changes in eating behaviours (e.g., greater flexibility), and more effective abilities to manage painful thoughts and emotions. Elements of PTG were included in the experience of recovery, particularly through a reconstituted, authentic and meaningful sense of self following the ED.

Conclusions: Participants emphasized the complex nature of recovery, extending beyond mere symptom alleviation and reduction. They highlighted the importance of changes in identity, characterised by increased self-awareness, flexibility, and added value to oneself, the others, and the future. Incorporating these elements into the definition of ED recovery could lead to better long-term outcomes, with a greater focus on addressing patients' needs.

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A tailored guided self-help mobile app for people suffering from an eating disorder at different stages of recovery: preliminary results of the INTERconNEcT-ED trial

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Abstract

Background: Many studies have investigated guided self-help (GSH) in the treatment of eating disorders (EDs). The COVID-19 pandemic determined a change of trend from face-to-face treatments with clinically trained specialists, to online or app-based interventions delivered by recovered individuals or low experienced professionals. The aim of this study is to presents preliminary data on the feasibility of an eight week mobile app GSH intervention focused on interpersonal maintenance factors (INTERconNEcT-EDs) in adults with EDs.

Methods: Two randomized controlled trials (RCTs) are conducted to examine the impact of INTERconNEcT-EDs program on a range of psychological outcomes of 1) outpatients with a proper ED or people in the community with symptoms of disordered eating, in Italy. In the first RCT, 47 adult outpatients (Mage = 26.00 (10.7) with EDs have been randomised to treatment as usual alone (n = 23) or TAU plus INTERconNEcT-EDs (n = 24). In the second RCT, 25 individuals from the community (Mage = 3.00 (8.7) have been randomised to receive INTERconNEcT-EDs program (n = 13), or a waiting list condition (n=12).

Results: In light of the ongoing recruitment, the preliminary results showed a significant effect of time on eating disorder symptoms (EDE-Q), $F(1,33) = 4.216$, $p = .048$, indicating a reduction in symptoms across groups. However, the interaction between time and group was not significant, $F(3,33) = 1.199$, $p = .325$, suggesting no differential effect of treatment across conditions. For psychological wellbeing (CORE-OM), there was no significant effect of time.

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Conclusions: The results suggest that a novel online guided self-help intervention may be feasible for individuals with EDs at different stages of the intervention. However, given the small sample size, these findings should be considered preliminary and will be further validated as the ongoing study progresses.

Clinical Trial Registration: www.ClinicalTrials.gov, identifier NCT02336841

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Quality of Life in Eating Disorders: The Role of Trauma

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Abstract

Introduction: Quality of life (QoL) is an essential indicator for understanding the recovery process in eating disorders, integrating the assessment of symptoms with the subjective experience of well-being.

Methods: The data collected from a sample of 150 subjects with various diagnoses of DA in a specialized clinical setting documenting the trend of QoL in different stages of the rehabilitation treatment will be presented. Particular attention will be given to the role of early adverse events (ACE), assessed through the Child Trauma Questionnaire (CTQ), whose presence and severity will be investigated as possible mediators in the change of QoL. The Student's t-test is used to compare a sample of subjects who report an ACE with a sample that does not have traumatic experiences.

Results: It seems that preliminary results suggest that quality of life and its improvement during treatment may be influenced by the presence of ACE.

Discussion: The central hypothesis is that early traumas influence improvement trajectories, helping to explain potential interindividual differences in treatment response. The results will be discussed in light of the need for integrated and personalized interventions, which take into account the traumatic history and promote genuine recovery oriented towards the improvement of quality of life.

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BRIDGING PSYCHOLOGY AND MEDICINE: INSIGHTS INTO ACUTE AND CHRONIC HEALTH CONDITIONS

Proposer

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Discussant

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Abstract

Recent literature emphasizes the need to integrate medicine and psychology to better understand the role of psychological variables in both chronic and acute medical conditions. This symposium gathers empirical and review contributions exploring this intersection across various clinical contexts.

Scalzeri and Galli conducted a scoping review on Takotsubo Syndrome (TTS), a transient cardiac condition often misdiagnosed as myocardial infarction. TTS is typically triggered by emotional or physical stressors. The analysis revealed that while physical triggers are most reported, many carry an emotional component that remains under-recognized by clinicians. This suggests the need for a more nuanced and integrative view of TTS triggers, whose boundaries appear inherently blurred.

Cruciani and colleagues focused on myocardial infarction (MI) and aimed to assess the psychological variables that charachterize these conditon: 67 Mi patients and 80 healhty controls completed self-report measures assessing depression, anxiety, defense mechanisms, and mentalized affectivity. MI patients reported higher depressive and anxiety symptoms, lower defensive functioning—marked by increased neurotic and disavowal defenses—and reduced emotional identification and expression. Notably, emotion processing mediated the relationship between overall defensive functioning and psychopathological symptoms, highlighting the central role of impaired emotion regulation in post-MI psychological adjustment.

Mariani et al. explored the psychological experience of women with Hypermobile Ehlers-Danlos Syndrome (hEDS) by analyzing autobiographical narratives from 25 patients. They assessed linguistic markers, affect regulation, and pain perception through questionnaires. Correlations showed that language use and emotional processing were linked to pain perception, particularly in disease-related narratives, suggesting an elaborative function of autobiographical memory in chronic pain contexts.

Benfante and colleagues compared focuses on two pain condition, namely, fibromyalgia (FM), chronic migraine (CM) and their comorbidity (FibroMig)by recruiting 318 women diagnosed with these conditions. Participants completed assessments of psychological distress, anxiety, depression, and defense mechanisms. CM patients exhibited fewer symptoms and more adaptive defenses than FM and FibroMig groups. Cluster analysis confirmed that CM patients were more resilient, whereas FM and FibroMig patients showed more compromised psychological profiles. These results highlight the importance of assessing psychological differences in nociplastic pain conditions in order to improve their treatment.

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Fuzzy boundaries between physical and emotional triggers in Takotsubo cardiomyopathy: a scoping review

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Abstract

Takotsubo Syndrome (TTS), often referred to as stress cardiomyopathy, is a transient cardiac condition that mimics myocardial infarction in the absence obstructive coronary disease. TTS is typically triggered by stressful or traumatic events, which are often categorized as either emotional/psychosocial or physical; nevertheless, emerging evidence suggests that this stark classification may be limiting. This scoping review aims to explore the interplay and potential overlap between emotional and physical triggering factors in TTS through an analysis of clinical case reports published between 2010 and February 2024.

We searched through different databases (PsycInfo, Pubmed, Scopus and Web of Science) for clinical case report of TTS patients with clearly identified triggering factors and whose diagnosis was consistent with 2010 Mayo Clinic criteria; we removed duplicates and screened the remaining articles by reading their titles and abstracts, leading to 266 cases assessed for eligibility. After that, we thoroughly read each of them, resulting in 219 cases included in the final scoping review.

Our findings reveal that the majority of TTS cases described female patients and that most of TTS episodes were elicited by physical stressors such as surgeries, infections, or substance use, while the most common psychosocial triggers were potentially traumatic experiences. However, many physical triggering factors were accompanied by strong emotional components, such as perioperative anxiety, psychopathologies or traumatic experiences, even though the authors addressed concurrent emotional factors only in 24.4% of case reports describing physical triggers, suggesting a gap in clinical recognition. Conversely, events classified as emotional (e.g., grief or work-related stress) are known to elicit intense physiological responses involving the sympathetic nervous system and the hypothalamic-pituitary-adrenal axis. Consequently, the boundaries between these two categories could be seen as fuzzy.

Our review also confirms that TTS predominantly affects women, particularly postmenopausal, likely due to hormonal changes in estrogen levels and heightened vulnerability to psychosocial stress.

In conclusion, the distinction between physical and emotional triggers in TTS may not be as clear-cut as traditionally assumed.

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The association of depressive and anxiety symptoms with defense mechanisms and mentalized affectivity in individuals with myocardial infarction.

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Abstract

Myocardial infarction (MI) is frequently accompanied by significant psychological distress, including high rates of depressive and anxiety symptoms. While emotional dysregulation is known to play a role in post-MI adjustment, the contribution of specific psychological processes—such as defense mechanisms and mentalized affectivity—remains underexplored. This study aimed to examine the associations between depressive and anxiety symptoms, defensive functioning, and mentalized affectivity in a clinical sample of MI patients compared with healthy participants.

A total of 67 individuals hospitalized for MI and 80 healthy controls matched for age and gender were assessed using a battery of self-report measures. Depressive and anxiety symptoms were evaluated with the DSM-5 Self-Rated Level 2 Cross-Cutting Symptom Measures for Depression and Anxiety. Defensive functioning was measured using the Defense Mechanisms Rating Scales-Self-Report-30 (DMRS-SR-30), which provides scores across seven hierarchical levels of defenses and an overall defensive functioning index (ODF). Mentalized affectivity was assessed with the Brief-Mentalized Affectivity Scale (B-MAS), capturing three core dimensions: identifying, processing, and expressing emotions.

Multivariate analyses of variance revealed that MI patients reported significantly higher depressive and anxiety symptoms compared to controls. They also showed lower overall defensive functioning, characterized by greater reliance on neurotic and disavowal defenses, and reduced use of high adaptive strategies. Additionally, MI patients exhibited lower scores across all dimensions of mentalized affectivity, particularly in emotional identification and expression.

Correlation analyses within the MI group showed strong associations between psychopathological symptoms and both lower ODF and impaired emotional processing. Additionally, mediation analyses

confirmed that the B-MAS processing emotions scale significantly mediated the relationship between ODF and both depressive and anxiety symptoms. Specifically, poorer overall defensive functioning predicted lower emotion processing abilities, which in turn were linked to greater psychopathological symptoms.

These findings suggest that emotion processing within the broader construct of mentalized affectivity plays a critical role in shaping the emotional experience of MI patients, particularly in the context of their defensive functioning. The results underscore the importance of considering both explicit psychopathological symptoms and underlying psychological regulation processes in the assessment of post-MI psychological health.

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Coping with a Diagnosis of Hypermobile Ehlers-Danlos Syndrome: An Analysis of Autobiographical Narratives in Relation to Affective Regulation and Chronic Pain

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Abstract

Introduction: Hypermobile Ehlers-Danlos Syndrome (hEDS) is the most common form of EDS, characterized by joint hypermobility, skin manifestations, joint pain or recurrent dislocations, often associated with extra-articular symptoms. Deficits in affect regulation represent a risk factor for both physical and mental health, as well as for a heightened perception of pain. The main objective of this study was to explore the associations between linguistic features of autobiographical memories, affect regulation, and pain measures in patients with hEDS. Additionally, possible linguistic measures differences across different life episodes were explored.

Methods: Twenty-five women diagnosed with hEDS (mean age = 38.32; SD = 17.00), receiving treatment at the Physical and Rehabilitation Medicine Unit of Umberto I Hospital in Rome, completed a socio-demographic questionnaire, the Difficulties in Emotion Regulation Scale (DERS), the 20-item Toronto Alexithymia Scale (TAS-20), the Brief Pain Inventory (BPI), and an interview to collect memories related to neutral, positive, negative events, and the disease condition. The interview transcripts were analyzed using computerized linguistic measures of the Referential Process (RP).

Results: Correlational analysis revealed several significant associations between linguistic measures, affect regulation, and pain perception applied to neutral, positive, and disease-related events narratives, while few associations emerged in the negative episode. Moreover, significant differences were found between neutral events compared to positive, negative, and disease-related episodes, especially with the latter category.

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Discussion: The results confirm the association between affect regulation, pain and linguistic measure, indicating an elaborative process. The experience of chronic pain, combined with the discovery of a rare disease, becomes a central element of one's identity and helps to develop strategies for adapting to chronicity.

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Beyond Pain: Psychological Profiles in Chronic Migraine compared with Fibromyalgia and FibroMig within the Nociplastic Pain Spectrum

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Abstract

Chronic migraine (CM) and fibromyalgia (FM) are two chronic pain conditions characterized by central sensitization and high rates of psychological comorbidity. Despite some clinical similarities, evidence in the literature suggests they may differ in underlying psychological functioning and symptom burden. Exploring these differences together with transdiagnostic psychological profiles may help disambiguating their specificities and developing differential therapeutic strategies.

The present contribution compares CM patients with FM, and comorbid CM-FM (FibroMig) on measures of mental functioning, affective symptoms, psychological distress, and defensive functioning. A secondary and exploratory objective is to identify transdiagnostic clusters based on psychological profiles across diagnostic groups.

For this purpose, a total of 318 women diagnosed with CM (n = 97), FM (n = 130), or FibroMig (n = 91) completed self-report measures assessing mental functioning (12-item Short Form Health Survey – Mental Component), depressive and anxious symptoms (PHQ: Patient Health Questionnaire-9; HDR-S: Hamilton Depression Rating Scale – Self Report; GAD-7: Generalized Anxiety Disorder Scale-7), psychological distress (SCL-R-30: Symptom Checklist-90-Revised - Global Severity Index, Depression, Anxiety, Obsessive-Compulsive subscales), and defensive functioning (Defense Mechanisms Rating Scale – Self Report – 30 items). Kruskal–Wallis tests with Bonferroni-corrected Dunn's post hoc comparisons were used to assess between-group differences.

Our results show that CM patients have significantly higher mental functioning (M = 60.50) and lower levels of depressive and anxious symptoms (PHQ-9: M = 7.75; HDR-S: M = 17.72; GAD-7: M = 8.15), psychological distress (SCL-R-30, GSI: M = 0.74), and obsessive-compulsive traits (SCL-R-30, O-C: M = 0.91) in comparison with FM and FibroMig (all $p < .01$). They also show more adaptive overall defensive functioning (M = 5.17, $p < .01$), although no significant differences emerged in specific defence styles. K-means cluster analysis identified transdiagnostic psychological profiles, that confirm CM as more resilient in comparison with the FM and Fibromig groups.

Overall and despite apparently shared clinical features, CM appears to be associated with a more preserved psychological profile, highlighting the importance of a complete assessment to plan *ad hoc* treatments in pain conditions.

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PSYCHOLOGICAL WELL-BEING OF LGBTQIA+ YOUTH: EXPLORING RISKS, PROTECTIVE FACTORS, AND BARRIERS TO MENTAL HEALTH AND HEALTHCARE ACCESS

Proposer

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Discussant

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Abstract

The psychological well-being of LGBTQIA+ youth is influenced by a complex interaction of individual, social, and institutional factors. This symposium explores both risk and protective mechanisms associated with the mental health of LGBTQIA+ young adults, with a particular focus on the experiences of stigmatization, healthcare access, and factors linked to symptoms of anxiety, depression, and maladaptive eating behaviours.

Drawing on the minority stress and social safety perspectives, this symposium presents four empirical studies that examine: (1) the role of protective factors within the Transgender Resilience Intervention Model (TRIM) in addressing maladaptive eating behaviours among transgender and gender-diverse individuals; (2) the relationship between internalized bi-negativity and binge eating symptoms; (3) the role of intersecting oppressed identities and family rejection on the psychological well-being of queer youth in Italy; and (4) the factors that either facilitate or compromise equitable healthcare access for LGBTQIA+ individuals.

This symposium aims to foster a critical discussion on the challenges and strategies needed to enhance the psychological well-being and social support of LGBTQIA+ youth in Italy. By recognizing the diverse and intersecting identities that shape individuals' healthcare experiences and mental health needs, we advocate for a more nuanced clinical and research approach. As clinicians and researchers, it is essential to ensure that the specific challenges and mental health outcomes of minoritized sexual and gender groups, especially those who are multi-marginalized, are thoughtfully considered.

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The Weight of Shame – A Psychological Mediation Model between Internalized Binegativity and Binge Eating Symptoms

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Abstract

Introduction: Existing scientific literature shows health disparities in disordered eating when comparing LGBT+ people with heterosexual and cisgender people. Studies have shown consistent associations between minority stress and binge eating, which may be a possible explanation for this disparity. However, few studies have explored internal psychological mechanisms that explain how this phenomenon may arise, and fewer have focused on bisexual people. Bisexual people have been shown to be particularly at risk of experiencing minority stress due to additional discrimination sources and additional negative attitudes towards bisexuality, which may be internalized and act as a risk factor. Through a Psychological Mediation Framework, this study aims to explore the possible mediating role of shame between internalized binegativity and binge eating symptoms.

Method: A cross-sectional online survey was conducted involving 109 self-identified bisexual people (M_{age} = 24.94 yrs). Self-report questionnaires were administered regarding internalized binegativity, shame and binge eating. Data analyses were conducted including descriptive analyses, bivariate analyses and mediation analyses through PROCESS macro, controlling for age, socioeconomic status and body-mass index.

Results: Estimated likelihood of binge eating symptoms was relatively high in the sample (11%). Bivariate Pearson's correlations confirmed positive and significant associations between internalized binegativity, shame and binge eating. Mediation analyses found that while the direct effect of internalized binegativity on binge eating was not significant (95% CI [-.048, .622]), a significant indirect effect of internalized binegativity on binge eating through shame (B = .217, BootSE = .068, 95% CI [.093, .360]) was present.

Conclusions: Shame significantly mediated the relationship between internalized binegativity and binge eating symptoms in this study. Our findings identify increased shame resulting from internalized negative attitudes and beliefs related to one's bisexuality to be one possible clinical target for reducing binge eating.

Preventing negative attitudes related to sexual orientation across social, clinical, organizational and institutional settings may help promote physical and mental health in bisexual people.

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Impact of protective factors on risk and maladaptive eating behaviors in transgender and gender-diverse individuals

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Abstract

Dysfunctional eating behaviors may emerge during a gender affirmation journey as individuals seek to align their physical appearance with their gender identity. This phenomenon can be exacerbated by gender dysphoria and societal pressure to conform to rigid beauty standards. Discrimination, stigma, and sexual objectification contribute to these issues, negatively impacting mental health and increasing the risk of maladaptive eating behaviors. The Transgender Resilience Intervention Model (TRIM) outline the role of individual and community protective factors in mitigating these risks among transgender and gender-diverse (TGD) individuals. Drawing from this, as well as on gender minority stress, Moradi's Pantheoretical Model of Dehumanization, and objectification theories, this research examines how protective factors moderate the relationship between dehumanization, internalization of beauty standards and maladaptive eating patterns.

A sample of 106 TGD individuals (M_age = 26; SD = 7.53) completed a series of standardized questionnaires. Dehumanization was operationalized through measures of discrimination and sexual objectification. Additionally, the study assessed internalization of beauty ideals, shame, body image concerns, and restrictive eating behaviors. Protective factors at both the individual and collective level, identified through the TRIM framework, were also measured.

Regression analyses revealed that pride and self-esteem were both significantly associated with lower internalization of societal beauty standards, confirming their role as direct protective factors. Perceived discrimination was positively associated with body shape concerns, while higher levels of pride, self-esteem and interpersonal trust were linked to significantly lower levels of body shape concern. In the model predicting weight concern, interpersonal trust emerged as a strong protective factor. Similarly, in

the model predicting eating concern, both trust and perceived social support were significant negative predictors. Finally, in the model predicting restrictive eating behaviors, trust and acceptance of one's transgender identity were both associated with lower levels of dietary restraint, highlighting their direct protective role.

This study highlights how individual and group-based resilience factors can buffer the harmful impact of dehumanization and the internalization of societal beauty norms on disordered eating behaviors among TGD individuals. These results underscore the necessity of developing TRIM-based interventions to promote well-being and psychological health.

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Mental Health Disparities Among Italian Queer Youth: The Importance of Visibility for Emerging Identities

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Abstract

Introduction: Queer individuals are particularly vulnerable to discrimination and stigmatization, placing them at heightened risk for mental health issues. Drawing on the Minority Stress, Social Safety, and Intersectionality frameworks, this study explores the factors associated with the mental health of Italian queer youth, specifically in terms of anxiety and depression symptoms. It focuses on underrepresented minoritized groups and multi-minority identities.

Methods: A sample of queer participants (ages 18–30) completed an online survey including a socio-demographic questionnaire, the Parental Acceptance-Rejection Questionnaire (PARQ), the Parental Acceptance and Rejection of Sexual Orientation Scale (PARSOS), the Generalized Anxiety Disorder-7 (GAD-7), and the Patient Health Questionnaire-9 (PHQ-9).

Results: Findings indicate that queer individuals with less visible identities are at greater risk of exceeding the clinical cut-off for depressive and anxiety symptoms. Consistently, less visible identities report significantly lower levels of psychological well-being compared to more represented groups. Lower perceived family acceptance is also associated with worse psychological outcomes.

Discussion: These findings underscore the need for researchers and clinicians to be attuned to the needs of gender and sexual minoritized identities, especially those who are multi-marginalized or belong to an underrepresented group within the LGBTQIA+ community in Italy.

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Inclusive Care or Restrictive Barriers? Health Experiences of LGBTQIA+ Individuals

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Abstract

Introduction: LGBTQIA+ individuals tend to access and use healthcare services less frequently than the general population. They also face a higher likelihood of having unmet healthcare needs, often because of encountering heterosexism and cisnormativity within healthcare environments. This qualitative study examined the healthcare experiences of LGBTQIA+ individuals through the lens of the health equity promotion model, focusing on the factors that either facilitate or impede equitable healthcare access in various settings.

Methods: A total of 93 LGBTQIA+ young adults residing in Italy participated by responding to two open-ended questions regarding their positive and negative healthcare experiences connected to their LGBTQIA+ identities.

Results: Thematic analysis revealed two key themes: (1) health-promoting pathways, which included three subthemes: affirmation of LGBTQIA+ identities, non-judgmental attitudes and absence of prejudice, and professional competence regarding LGBTQIA+ health needs; and (2) adverse pathways, which encompassed four subthemes: cis-heteronormative assumptions, homo- and transphobic attitudes, lack of knowledge and resources, and the lasting effects of negative healthcare experiences. Barriers to healthcare access and utilization were associated with healthcare professionals' willingness to affirm LGBTQIA+ identities, the professionalism (or lack thereof) displayed, and the quality of information provided.

Discussion: The study highlights the need for incorporating LGBTQIA+ specific health education into medical and mental health training programs to improve care quality, challenge cis-heteronormative assumptions, and reduce harmful homo- and transphobic attitudes, ultimately improving the healthcare experiences of LGBTQIA+ individuals.

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CURRENT TRENDS IN FORENSIC ASSESSMENT: RECENT FINDINGS AND FUTURE PERSPECTIVES

Proposer

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Discussant

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Abstract

Psychological assessment in forensic settings is among the most complex challenges for practitioners, due to the frequent presence of intentional efforts by examinees to distort their self and clinical presentation. In this symposium, we offer an articulate reflection on central and topical issues in forensic assessment.

The first contribution, from Sapienza University of Rome, will focus on positive response bias, or the tendency to minimize psychological difficulties and present an idealized self-image. This is frequently observed in custody evaluations, fitness assessments, or insurance-related contexts. A new scale for the assessment of socially desirable responding will be presented.

The second presentation, by the University of Turin, will address negative response bias, that is, the simulation or exaggeration of psychopathological and/or cognitive symptoms for secondary gain. Through the research on the already existing literature, the use of the Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5) for the assessment of negative response bias will be presented and discussed.

The Catholic University of the Sacred Hearth of Milan will introduce, as a third topic, the collaborative assessment approach in forensic contexts, highlighting its potential to increase client engagement, strengthen the assessment alliance, and promote greater transparency. Specifically, it will be presented the use of collaborative assessment in child protection as a framework to promote participatory and relational approaches for patients with complex trauma.

Lastly, the fourth contribution, presented by the University of Padua, will focus on the evaluation of alleged mild traumatic brain injury (mTBI) since accurately identifying non-credible responding is crucial for reaching fair and reliable conclusions in damage assessments. A particular focus will be given to the use of the last version of the Minnesota Multiphasic Personality Inventory (MMPI), the MMPI-3, in such evaluations.

Taken together, the contributions aim to offer psychologists updated tools and critical reflections to enhance clinical sensitivity and technical competence in forensic assessment, promoting the integration of methodological rigor with an in-depth understanding of the psychological functioning of the evaluated individual.

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Too Good to Be True? Introducing the Response Bias Inventory

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Abstract

Self-report questionnaires are a cornerstone of psychological assessment, yet their validity is often compromised by systematic distortions in self-presentation. In particular, individuals may consciously or unconsciously minimize difficulties and present themselves in an overly positive light—a phenomenon known as Positive Response Bias (PRB). While Negative Response Bias (NRB), exaggeration or fabrication of symptoms, has been extensively studied and several tools have been developed to detect exaggerated symptomatology, PRB remains less understood and more challenging to measure. This is largely due to its association with socially desirable and morally valued behaviors, which are harder to detect and not easily classifiable as abnormal.

Most tools currently used to assess PRB are embedded validity scales within broader personality inventories, such as the Lie (L) and Correction (K) scales of the MMPI-2/3, or stand-alone measures like the Marlowe-Crowne Social Desirability Scale and the Balanced Inventory of Desirable Responding (BIDR). These instruments, however, present two key limitations: (i) they were developed for clinical populations but are frequently applied in forensic and personnel selection contexts, where PRB is more prevalent and operates differently; and (ii) they often focus on social desirability and impression management while neglecting symptom concealment, which plays a crucial role in high-stakes evaluations.

The present study aims to develop a new stand-alone instrument—the Response Bias Inventory (RBI)—designed to provide a multifactorial assessment of PRB and a percentage-based index of profile credibility. An initial pool of 93 items was developed in collaboration with expert clinicians, based on Paulhus' four-dimensional model (Agency Management, Communion Management, Self-Deceptive Enhancement, and Self-Deceptive Denial). The instrument was administered to 531 participants, 224 of whom were instructed to simulate a high-stakes psychological evaluation. To evaluate convergent validity, the questionnaire was administered alongside established PRB measures, including the GIBSO and the L and K scales of the MMPI-3. Exploratory and confirmatory factor analyses were conducted to refine the structure and reduce item count.

The ultimate goal is to offer a brief, reliable, and context-sensitive tool for detecting PRB in applied psychological assessments.

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The Use of the Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5) in Assessing Negative Response Bias: A Quantitative Systematic Review

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Abstract

The term *response bias* refers to the production of inaccurate data in self-report or performance-based assessments. A specific type of response bias—characterized by the fabrication or exaggeration of symptoms and/or intentional underperformance on cognitive tasks—is known as *negative response bias* (NRB). To assess NRB, professionals typically rely on the validity scales of broadband personality inventories such as the MMPI-3 and PAI, as well as stand-alone instruments like the IOP-29 and SIMS. More recently, however, various validity checks embedded within clinical symptom scales—such as the Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5)—have also been introduced. Because this line of research is still in its early stages, the present systematic review aimed to examine the use of the PCL-5 in assessing NRB. Following PRISMA guidelines, we searched PubMed, Scopus, Web of Science, and EBSCO for relevant studies published between 2015 and 2025. Of the 41 studies reviewed, 26 included the PCL-5 during the screening phase, and 8 met inclusion criteria after full-text review. Overall, the findings support the use of the PCL-5 validity scales for detecting NRB, although they suggest that standard symptom validity tests may be more effective and that further replication across diverse populations is needed.

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Collaborative assessment in child protection: a model to foster participatory and relational assessment in patients with complex trauma in a forensic context

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Abstract

We present collaborative assessment in child protection as a model to foster participatory and relational assessment in patients with complex trauma struggling with forensic assessment. The Guidelines of the Lombardy Region mandate to improve professional practices through the use of techniques based on the most up-to-date scientific evidence. To meet this requirement a team of professionals from child and family protection services implemented psychological techniques to enhance the effectiveness of their forensic assessment practices. Through a three-years long training the professionals strengthened awareness of the specific fragility of the users ("trauma-informed" clinical practice) and of the context-related limits and contradictions of their practice. Based on these competences the team experimented the collaborative assessment model, which is grounded in the active involvement of the interested parties and on the enhancement of the relationship between the psychologist and the families. While empirical research in this area is still lacking, the presentation will highlight the conclusions of this experience, and the conditions and contexts in which collaborative assessment techniques proved to be more beneficial for professionals working in child and family protection services.

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Forensic Detection of Malingered Mild Traumatic Brain Injury: A Multimethod Approach to Psychological Damage Assessment

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Abstract

In neuropsychological assessment, the evaluation of alleged mild traumatic brain injury (mTBI) often arises in legal contexts where the presence of potential secondary gain—such as financial compensation, insurance settlements, or reduced legal responsibility—may incentivize the exaggeration or fabrication of symptoms. mTBI is particularly vulnerable to such distortion due to the inherently subjective nature of its symptomatology, which includes fatigue, memory problems, irritability, and concentration difficulties, often without objective clinical or neuroimaging findings. In this context, the accurate detection of non-credible responding is essential to ensure fair and reliable conclusions in damage evaluations.

This study adopts a multimethod forensic approach to the assessment of simulated mTBI, with a particular focus on the Minnesota Multiphasic Personality Inventory-3 (MMPI-3). The MMPI-3, the most recent revision of a the most widely used psychological assessment tool, includes updated validity scales designed to detect overreporting, symptom exaggeration, and response distortion. While the MMPI-3 is increasingly used in clinical and forensic settings, its validation for detecting malingering and neuropsychological complaints—particularly in legal contexts—is still an ongoing process. This study aims to contribute to this emerging body of research, exploring the tool's forensic potential.

In the present study, participants were instructed to simulate mTBI following a standardized vignette describing a plausible traumatic event and common post-concussive symptoms. They were administered four instruments commonly used in forensic evaluations: MMPI-3, Inventory of Problems-29 (IOP-29), Inventory of Problems-Memory (IOP-M), and Structured Inventory of Malingered Symptomatology (SIMS). This design integrates personality-based assessment and symptom validity testing within a realistic forensic simulation framework.

The study provides an exploratory perspective on the utility of these tools in identifying feigned presentations, with a particular focus on the potential role of the MMPI-3 in forensic practice. Implications for clinical-forensic assessment, particularly in cases involving psychological injury and

compensation claims, will be discussed, alongside the current challenges in validating the MMPI-3 for malingering detection and the need for empirically grounded assessment protocols.

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DIALOGUES WITH THE UNSPOKEN: EXPERIENCING THE IMPLICIT IN THE THERAPEUTIC PROCESS.

Proposers

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Discussant

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Abstract

The therapeutic process extends beyond the spatial and temporal boundaries of the setting. Contemporary research highlights the crucial role of implicit and unconscious elements that emerge in treatment, shaped by the therapist, the patient, and their unique dynamic. The ability to recognize non-verbalized content is fundamental, as it may influence the healing process even outside the session, through dreams, during temporary suspension of treatment, or once therapy comes to an end, leaving the patients to their own. This symposium aims to capture the implicit dimensions of therapy through empirical evidence, clinical illustrations and literature reviews centered on the unspoken dynamics of the dyadic relationship before, during and after our intervention. First, Liotti et al. will present a self-report instrument specifically designed to assess patients' implicit epistemic stance toward their therapist, with a work titled "Navigating Epistemic Trust in the Therapeutic Relationship: Instrument Validation and Research Insights". Disruptions in epistemic trust can hinder effective psychotherapy by fostering resistance to new knowledge, thus limiting the therapeutic alliance. Sommantico et al. will further analyze the concept of incommunicability with 'The role of the unspoken in the interruption of a psychoanalytic treatment'. Their contribution explores how unspoken elements may shape premature terminations, influencing both the patient's experience and the therapeutic process. Protopapa et al. will then examine the impact of forced treatment cessation due to the therapist's disappearance in 'On the talkability of death: lived experience of patients whose therapists died during treatment'. This study sheds light on the

unspoken mourning processes and the unique challenges patients face in elaborating such an event. Finally, Chiabrando et al. will present a scoping review on the significance of countertransference dreams, titled 'The Dreaming Therapist: Use and Meaning of Countertransference Dreams in Psychotherapy'. Their research explores how clinicians' dreams function as a symbolic space for processing unspoken dynamics within the therapeutic relationship. By these diverse research methods, the symposium aims to deepen the understanding of the unspoken in therapy and value its impact on the lives of both patients and therapists.

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Navigating Epistemic Trust in the Therapeutic Relationship: Instrument Validation and Research Insights

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Abstract

Introduction. Epistemic Trust (ET)—the capacity to consider interpersonally transmitted information as reliable, personally relevant, and generalizable—has emerged as a central construct in understanding both psychopathology and the therapeutic process. Disruptions in ET, typically rooted in early relational trauma, may manifest in psychotherapy as either epistemic mistrust (EM), characterized by excessive vigilance and resistance to change, or epistemic credulity (EC), marked by uncritical acceptance of therapist's interventions and reduced capacity to integrate them. These disruptions can impair the development of a robust therapeutic alliance. Despite the increasing interest in ET, no self-report instrument to date specifically measures patients' epistemic attitudes toward their therapist. To address this gap, we developed the Epistemic Trust in the Therapeutic Relationship (ETTR) questionnaire.

Methods. An initial pool of 60 items reflecting ET, EM, and EC toward the therapist was generated based on previous theoretical and empirical models. After expert evaluation, 18 items were removed, resulting in a 42-item version. The validation study involved 416 patients (age 18–65) engaged in weekly psychotherapy for at least one month. Participants completed the ETTR along with validated instruments assessing epistemic stance (ETMCQ), attachment (ECR-12), mentalized affectivity (B-MAS), reflective functioning (RFQ-8), childhood trauma (CTQ-SF), personality dysfunction (SCID-5-SPQ), and therapeutic alliance (WAI-SF).

Results. Exploratory factor analysis using weighted least squares extraction and Promax rotation confirmed a three-factor solution corresponding to ET, EM, and EC. Sampling adequacy was excellent (KMO = .938; Bartlett's Test $p < .001$). All subscales showed high internal consistency ($\alpha > .80$). ETTR-Q scores correlated significantly with general epistemic stances, mentalized affectivity, reflective functioning abilities, attachment, trauma, personality dysfunction, and the therapeutic alliance.

Discussion. The ETTR demonstrates strong psychometric properties and significant associations with key clinical constructs. By offering a direct assessment of patients' epistemic stance toward their therapist, it provides a novel lens for understanding the conditions that facilitate or hinder therapeutic change. Capturing dimensions that often remain implicit, and yet are crucial for co-constructing meaning, negotiating ruptures, and fostering therapeutic alliance, the ETTR opens new avenues for exploring the process of change during psychotherapy.

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The role of the unspoken in the interruption of a psychoanalytic treatment

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Abstract

The preliminary hypothesis to the single case study that will be presented is that the unspoken during the consultation process prior to psychoanalytic treatment may constitute a predictive element with respect to the outcome of future treatment. In this vein, the author first describes the process of the consultation with a patient who, only after the therapeutic contract has been concluded, brings out material that could have led to a different indication, if not to a decision not to take him in charge. The continuation of the psychoanalytic treatment undertaken, in the transference-countertransference exchanges, will bring to the surface a theme related to repetition that, once interpreted, will lead to the interruption of the treatment itself. Properly focusing on some focal moments of the transference-countertransference dynamic, the author proposes a reflection aimed at demonstrating how the unspoken in the consultation by the patient can retrospectively be read as a real predictor with respect to the outcome of the therapeutic process. In this sense, the most important indications that can be drawn from this single case study concern the need to pay attention, in the consultation phase, to all those manifest and latent, verbal and extra-verbal signals that are useful in order to provide useful indications for proposing the most suitable intervention for the patient in question. In a similar way, useful reflections will be proposed to focus the clinician's attention on those elements, regarding both transference and countertransference, useful in handling the unspoken at the basis of the psychoanalytic process.

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On the talkability of death: lived experience of patients whose therapists died during treatment

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Abstract

Introduction: Therapists are often regarded as attachment figures not only within psychodynamic approaches, and the stability of the therapeutic setting is broadly acknowledged as a beneficial element in the therapeutic process. The aim of this paper is to explore the experience of losing one's psychotherapist through their death, a rupture that may interrupt the otherwise predictable and reassuring rhythm of the therapeutic process.

Methods: Ten adults were interviewed about their lived experience as bereaved patients, how they coped with grief, and their perspectives as witnesses to a relatively unusual circumstance. Qualitative data from semi-structured interviews were transcribed verbatim and analyzed using interpretative phenomenological analysis (IPA).

Results: Analysis of the transcripts revealed four themes for discussion: (1) disruption of a sense of continuity; (2) loss of therapeutic bond; (3) grieving process; (4) critical evaluation of events. While some benefits were observed in patients who had been adequately prepared, the findings highlight the potentially traumatic impact of the sudden loss of a therapist and the need for clearer guidance for clinicians.

Discussions: Therapists' self-awareness of this issue may help them provide more effective support to their patients should similar circumstances arise in their own practice. Talking openly about illness and death with patients may be the best strategy to avoid painful, unfruitful resentment. Honesty may help to reduce the risk of jeopardizing further therapeutic progress with other helping figures, notwithstanding the uncomfortable content that is likely to emerge during the task of separation. Theoretical and technical implications of the real relationship for clinical practice are discussed.

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The Dreaming Therapist: Use and Meaning of Countertransference Dreams in Psychotherapy. A Scoping Review

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Abstract

Introduction: Empirical and clinical evidence demonstrates that dreams psychotherapists experience about their patients, also known as countertransference dreams (CTD), contain valuable information about the nature of the therapeutic relationship and can provide psychotherapists with important clinical insights. The objective of this scoping review is to explore existing evidence on countertransference dreams in therapeutic, as well as their use and significance throughout history, trying to answer research questions such as which thematic categories can be identified within CTD and how are these dreams utilized within the therapeutic process.

Methods: A systematic search was conducted in PEP Web and EBSCO/PsycINFO and an array of additional databases, including studies published from their inception until February 5, 2025. Eligible studies included literature that document dreams experienced by psychotherapists, irrespective of their theoretical orientation or background, in which the subject of the dream was their own patient or the therapeutic relationship. Studies that provided information on the nature and use of countertransference dreams were also included. The findings have been synthesized into a narrative summary.

Results: The countertransference dreams included in the scoping review were categorized based on the presence of the following themes: a) danger, b) care, c) aggression, d) sexuality, e) helplessness, f) intrusiveness, g) closeness. The use of countertransference dreams by therapists was examined through a narrative approach, with a focus on the profiles and characteristics of the patients associated with these dreams. This review underscores a notable increase in the focus on countertransference dreams beginning in the 1990s, reflecting a broader recognition of this aspect of the therapeutic relationship during that historical period.

Discussion: The aim of this scoping review is to enhance our comprehension of the unconscious realm experienced by therapists by offering a systematic arrangement of the predominant characteristics and applications of countertransference dreams. The present study undertakes a comprehensive analysis of

CTD throughout history, with the aim of broadening our understanding of the intricacies of the therapeutic relationship. Additionally, it seeks to explore the potential clinical insights that may be revealed when therapists dream about their patients.

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FROM WARS TO NATURAL DISASTERS: NEW TRAJECTORIES OF RESEARCH AND INTERVENTION IN THE FIELD OF COLLECTIVE TRAUMA

Proposer

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Discussant

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Abstract

We are currently living in a polytraumatic era, characterized by the cumulative and overlapping impact of large-scale traumatic events such as wars, forced displacements, pandemics, and natural disasters. These collective experiences profoundly affect both individual and community mental health, resulting in complex psychological repercussions. Within this context, dynamic and clinical psychology are called to engage with new challenges, expanding their theoretical and clinical tools to address the pervasiveness of contemporary trauma. This panel aims to explore the emerging trajectories of research and intervention within the field of dynamic and clinical psychology to better understand and respond to the multifaceted nature of collective trauma. Particular attention will be given to the psychological impact of wars and earthquakes, which serve as paradigmatic instances of collective trauma, affecting not only those who experience it firsthand but also reverberating through individuals who are not directly involved. In the context of war, Ostacoli presents his training experience regarding the treatment of high-impact emotional traumas directed at mental health practitioners working in Ukraine during the ongoing conflict, reflecting on the effects of war-related trauma and the role of clinicians in promoting recovery. The contribution by Regnoli and De Rosa broadens the scope by exploring the impact of media vicarious traumatization related to war on the psychological well-being of young adults in Italy. The authors investigate how exposure to war-related content influences anxiety levels and concerns about the future, ultimately reflecting on the impact of wars on populations that are not directly involved but are nonetheless at high risk. Shifting to the field of natural disasters, Perilli examines the relationship between environmental psychology, urban planning, and social cohesion in four municipalities affected by the

2009 Aquila earthquake, delving into how identity, social relationships, and historical significance influence community dynamics, while also assessing the effects of spatial segregation on social interactions. In conclusion, Tessitore et al. investigate the intergenerational transmission of trauma stemming from the 1980 Irpinia earthquake, focusing on the psychological effects on the offspring of survivors, particularly through the lens of parental narrative transmission.

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Training on trauma treatment in Ukraine

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Abstract

The war between Russia and Ukraine, which began in 2014 but escalated with the Russian invasion, has had very high costs not only for the military but also for the civilian population. The response of the population has been one of great solidarity, but the traumas and losses have had and are having an enormous impact. In this context, the Italian EMDR Association has intervened in support in various ways: online EMDR groups have been activated, they have supported refugees in the centers that have welcomed them in Italy. I personally have carried out 3 training seminars on the treatment of high emotional impact traumas in Lviv, with the participation of psychotherapists from all over Ukraine, for 1 year online supervision groups. The experience of the project will be present.

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"War, a Boundless Trauma": The Role of War-Worry and Future Anxiety in the Relationship Between Media Vicarious Traumatization and Anxiety in a Sample of Italian Young Adults

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Abstract

Today, the resurgence of wars represents a phenomenon with the potential for trauma for both individuals and communities. The research has explored its impact on the psychological well-being of populations directly involved in it, but it has only recently delved into its effects in contexts not directly engaged. Studies conducted in Italy have highlighted that war is fueling fears, anxieties, and negative emotions, which are impacting the psychological well-being of young adults. While the impact of media exposure to stress-inducing and traumatic content on psychological well-being is documented in the literature, the potential vicarious traumatization effect of war-related information on this target group, which is pervasively exposed to social media, remains unexplored.

Building on the research line regarding the impact of potentially traumatic collective phenomena on the psychological well-being of young people, the present study investigates the relationship between media vicarious traumatization and generalized anxiety, considering the mediating role played by concerns about war and the anxious perspective on the future. The process of validating the War Worry Scale (WWS), an original tool, is described, along with the results of a study conducted with a group of Italian young adults (ages 18-30; M = 22.44, SD = 2.55; 58.5% women) on the relationship between Media Vicarious Traumatization (MVT) associated with war and generalized anxiety. The study considers the simple and serial mediating roles that War Worry and Future Anxiety play in this relationship. The results of the tested model highlight the positive and significant effect of MVT on War-Worry and Future Anxiety, constructs that fully mediate the investigated relationship, thereby deepening the understanding of it. The joint effect of the mediators indicates that individuals with higher levels of MVT tend to experience greater War-Worry, which positively influences levels of Future Anxiety and, in turn, contributes to higher levels of generalized anxiety.

These results highlight the relevance of the MVT construct for understanding the psychological impact that war is having on the well-being of young people, not only opening new research trajectories but also

providing insights for the development of intervention programs that support a target group already at risk in coping with collective phenomena with high traumatic potential.

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Urban Form, Social Networks, and Well-Being: Bridging Environmental Psychology and Spatial Justice

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Abstract

This study examines the interplay between environmental psychology, urban planning, and social cohesion through an analysis of four municipalities in the L'Aquila area. These territories were severely affected by the earthquake of April 6, 2009, which caused widespread damage to L'Aquila and its surrounding towns. Currently, the area faces significant depopulation driven by two primary factors: an endogenous demographic decline common across the Apennine range and other mountainous regions, and the long-term effects of the earthquake, which disrupted local life both immediately and during the reconstruction phase.

The research explores how identity, interpersonal relationships, and the historical significance of places contribute to a sense of belonging and influence local social dynamics. In addition, the concept of social distance is used to understand how spatial segregation affects opportunities for interaction. A quantitative analysis using the Interpersonal Support Evaluation List (ISEL) investigates how perceptions of social support relate to territorial characteristics, age, and gender.

Findings indicate that smaller municipalities exhibit stronger social cohesion, whereas more urbanised areas display a fragmentation of support networks. A significant gender disparity emerges, with women reporting lower levels of social support—an outcome consistent with existing literature on women's quality of life in urban environments. The analysis of travel time isochrones highlights the impact of accessibility to essential services on perceived well-being, underlining the importance of proximity in the formation and maintenance of social ties.

The dispersion of buildings linked to post-earthquake reconstruction has increased the fragmentation of social support networks.

These results undersocore the need for urban policies that promote spatial justice, aiming to reduce inequalities and foster collective well-being. Integrating psychological perspective with urban planning offers valuable insghts for the generation of environments that nurture social interaction and support the pursuit of Sustainable Development Goals (SDGs).

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Lights and shadows of the narrative transmission of traumatic events across generations: an exploratory study on the impact of the Irpinia earthquake on the second generation

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Abstract

The psychological consequences of exposure to earthquakes are well-documented; however, the impact of such traumatic events on subsequent generations remains underexplored. This study aims to investigate the intergenerational transmission of trauma by examining the psychological effects of the 1980 Irpinia earthquake on the offspring of survivors, with a particular focus on the role of narrative transmission and its impact on levels of trauma and post-traumatic growth. A total of 69 participants (M = 33.8; SD = 7.15), all children of earthquake survivors, completed an online survey designed to collect sociodemographic data, subjective perceptions of the depth and frequency of parental narratives regarding the traumatic event, and measures of psychological health. Specifically, the survey assessed trauma-related impact, post-traumatic growth, levels of distress disclosure, and difficulties in emotional regulation. Descriptive statistics, correlational analyses, and regression models were employed. Younger participants presented lower levels of emotional clarity and less expression of positive emotions. Regression models provided moderate evidence that repeated exposure over time to parental narratives of the traumatic event is associated with increased levels of intrusiveness and hyperarousal in the second generation. Furthermore, repeated exposure to parental narratives over time is also associated with greater levels of distress disclosure. In terms of post-traumatic growth, repeated exposure to parental narratives was linked to enhanced relational connections with others. By deepening the understanding of the mechanisms underlying the intergenerational transmission of traumatic events, the findings offer insights into the long-term impact of collective trauma, particularly focusing on the narrative transmission of the event from the first to the second generation. In conclusion, the results inform the design of interventions aimed at preventing and promoting psychological well-being in emergency and high-risk contexts.

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MENTALIZATION, ATTACHMENT AND EMOTIONAL REGULATION IN CONTEXTS OF PSYCHOLOGICAL VULNERABILITY

Proposer

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Discussant

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Abstract

In recent decades, clinical and psychodynamic research has increasingly focused on mentalization processes, attachment styles, and emotional regulation skills as central factors in understanding psychological vulnerability. These variables are closely interconnected. Mentalization, defined as the ability to understand and interpret one's own and others' behavior in terms of mental states (thoughts, emotions, desires, intentions) plays a crucial role in the development of identity and interpersonal relationships. Attachment styles, which are formed in childhood, depend on maternal sensitivity and the caregiver's ability to recognize the child's emotions and needs. These styles profoundly influence affective relationships and emotional regulation in adulthood. Emotional regulation refers to the process by which people monitor, evaluate, and modify their emotional reactions to respond adaptively to environmental demands, especially in the face of stressful or traumatic experiences, and it is strongly shaped by early relational experiences and attachment patterns. In contexts characterized by high fragility, such as early trauma and violence, psychopathological disorders, or other conditions of vulnerability, these constructs intertwine in complex ways, influencing both interpersonal and intrapsychic functioning. Deepening our understanding of how these processes interact can offer fundamental insight to guide clinical assessment and therapeutic interventions. Gagliardini and Colli present a study aimed at investigating the relationship between attachment anxiety and avoidance toward both mothers and fathers, mentalization, and epistemic mistrust in a sample of young adult females. Caldiroli and Castiglioni's study explores the efficacy of a mindfulness-based program adapted from MBSR for early childhood, on both mindfulness

and mentalization in children aged 4 to 6. Negri and colleagues' research examines the predominant emotions related to miscarriage, specifically distinguishing between guilt and shame, and other psychological factors such as self-disclosure, couple support, and meaning making ability. Finally, Procaccia presents a study assessing the role of mentalization in mediating the effect of PTSD and depression on post traumatic growth in women victims of intimate partner violence.

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Attachment, Mentalization and Epistemic Trust in Young Adult Females: A Cross-Sectional Study

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Abstract

Introduction. Mentalization represents the mental process by which individuals make sense of their own and others' behaviours in terms of intentional mental states, such as beliefs, desires, thoughts, etc. Mentalization is believed to be closely related to epistemic trust, i.e. the awareness that the information coming from significant figures in our lives is relevant and meaningful for us and can be generalised to other contexts. Epistemic trust can be altered in two specific forms: i.e. epistemic mistrust, i.e. a difficulty to learn from significant others and from the surrounding environment, or credulity, i.e. the tendency to rely excessively on the information provided by others without critical judgement. Both mentalization and epistemic trust are believed to be influenced by attachment patterns toward parents.

Aims. The aim of this study was to investigate the relationship between attachment anxiety and avoidance toward both mothers and fathers, mentalization, and epistemic mistrust in a sample of young adult females (n = 510).

Methods. Participants were recruited via an online survey between May and December 2023. Participants had to be at least 18 years old and no older than 30, had to speak Italian fluently and complete the survey. Participants from both genders were recruited, but for the purpose of this work, only female subjects were considered. All participants provided informed consent.

Measures. In the current study, the Reflective Functioning Questionnaire was used to obtain information on mentalizing problematics (i.e. excessive certainty about mental states and excessive uncertainty about mental states), the Experience in Close Relationships Inventory – Relationships Structures was used to obtain information on attachment patterns toward mothers and fathers, the Epistemic Trust, Mistrust and Credulity Questionnaire was used to obtain information on epistemic mistrust.

Statistical analysis. Descriptive statistics will be reported. Network analysis was used to investigate the relationship between variables in the selected sample.

Results. Our results show that attachment avoidance toward fathers and attachment anxiety toward mothers were both positively related to epistemic mistrust and mentalizing problematics. Results suggest

specific pathways to epistemic mistrust and mentalizing failures in relation to different attachment figures. Further implications will be discussed.

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From Regulation to Integration: The Role of Mindfulness in Supporting Mentalization in Preschool Children

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Abstract

While mindfulness-based interventions have shown benefits for emotional regulation in children, their role in fostering the development of mentalization remains underexplored. Mentalization—the capacity to understand and reflect upon one's own and others' mental states—is fundamental to psychological well-being and socio-emotional development. From a psychodynamic perspective, mindfulness may support the integration of unconscious emotional content, contributing to a more cohesive and resilient self-structure. This study evaluates the impact of "Il Fiore Dentro," a mindfulness-based program adapted from MBSR for early childhood, on both mindfulness and mentalization in children aged 4 to 6. Forty-six children participated: 22 in the experimental group, who completed an eight-week intervention, and 24 in the control group, who continued their regular educational activities. The intervention included age-appropriate breathing exercises, body and emotional awareness practices, guided reflections, and group discussions to promote attention to present-moment experiences and exploration of internal states. Structured interviews were conducted before and after the program to assess changes in emotional awareness, reflective capacity, and the ability to attribute mental states in real-life interpersonal contexts. Results showed significant improvements in the experimental group regarding emotion recognition, self-reflection, perspective-taking, and emotional regulation. No relevant changes were observed in the control group. These findings suggest that mindfulness, when combined with reflective practices, can support the emergence of early mentalizing abilities and promote a more integrated and flexible sense of self. Moreover, the non-judgmental attitude cultivated through mindfulness may reduce reliance on defensive mechanisms such as avoidance or repression, facilitating healthier relationships with inner experiences. Mindfulness thus appears not only as a tool for managing symptoms but as a transformative process capable of reshaping self-experience and enhancing long-term emotional resilience. Future research should further investigate the potential of mindfulness within developmental and

psychodynamic models, especially regarding the reconstruction of internalized object relations and the enhancement of reflective functioning from early childhood.

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Understanding miscarriage grief: how shame, guilt, and meaning making influence recovery

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Abstract

Several studies have highlighted the significant negative impact of miscarriage on women's mental health, which can be experienced as a traumatic event, associated with symptoms such as depression, anxiety and PTSD. However, little research has explored the psychological factors that explain this impact, which involve women's emotional processes, meaning-making processes, and relationships. Women who have experienced miscarriage rarely share their experiences because of social stigma and prejudice, which can lead to feelings of isolation and unresolved grief. To inform tailored supportive psychological interventions, this study aimed to examine the predominant emotions related to miscarriage, specifically distinguishing between guilt and shame, and other related key psychological factors such as role of self-disclosure, couple support, and meaning making ability.

Through an online survey, we collected data from 98 Italian women with a miscarriage in their lives, investigating their emotional responses, cultural meanings and values, and disclosure behaviors related to miscarriage. A set of self-report measures on guilt and shame (TOSCA-4, PFQ2), dyadic coping strategies (DCI), perinatal grief and distress (PGS-33, PHQ-4), and meaning making (ISLES, CBI) were administered.

Results showed that shame, rather than guilt, emerged as the predominant emotional response among women who experienced miscarriage and was strongly associated with reluctance to share their experiences. Greater self-disclosure was linked to lower levels of grief severity. Shame was also found to intensify grief, mainly through its role in mediating difficulties in make sense to the miscarriage event. Dyadic coping, on the other hand, was found to be a protective factor against psychological distress; in particular, supportive dyadic coping and reciprocal stress communication were significantly associated with reduced psychological distress and lower severity of perinatal bereavement.

The findings highlight the complex psychological consequences of miscarriage and underscore the need for targeted psychological interventions aimed to reduce feelings of shame through emotional validation and recognition, engage partners to strengthen shared coping strategies, and facilitate meaning-making processes both individually and in couple relationships.

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Mentalization as a Protective Factor in Women Victims of Intimate Partner Violence

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Abstract

Introduction. Intimate partner violence (IPV) is a severe and pervasive form of relational trauma, associated with complex psychological consequences, including depressive and post-traumatic symptoms. However, many woman victims show a surprising capacity for adaptation: in particular, posttraumatic growth is the process by which some people, following trauma, develop significant positive changes in their sense of self, interpersonal relationships, and worldview. Unlike resilience, which refers to the ability to "withstand" the impact of trauma, PTG involves a psychological transformation that leads to a higher level of functioning than before the trauma. The present work aimed to investigate whether mentalization, defined as the ability to understand and attribute mental states - emotions, thoughts, intentions - to oneself and others, mediates the impact of violence on women promoting PTG. Forty-five women victim of IPV (mean age = 39.43, SD = 6.75) were recruited from specialistic services. A set of Self-report measures of psychological symptomatology, specifically PTSD (LASC) and depression (BDI-II) and post traumatic growth (PTGI) were administered. The women were asked to complete a written task focusing on the negative and positive changes associated with the traumatic experience. Narratives were analysed trough SVaM to evaluate mentalization capability. Correlational analyses were conducted between study variables (mentalization, PTG, depression and PTSD symptoms). Regression analyses were conducted to assess predictors of PTG. The findings suggest that high level of PTSD and Depression correlated with lower level of PTG. However, mentalizing abilities mediating the effect of depression and PTSD on PTG. Clinical implications will be discussed.

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THE MANY FACES OF THE BODY: INTERDISCIPLINARY AND CLINICAL INSIGHTS INTO BODY EXPERIENCES AND DIMENSIONS

Proposer

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Discussant

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Abstract

The body encompasses a wide range of experiences and representations that include both conscious and unconscious perceptions, sensations, feelings, and thoughts about the self. Across various clinical populations, the body often emerges as a privileged vehicle for the expression of psychological suffering. Bodily experiences can reflect the imprint of early relational trauma, attachment disruptions, and difficulties in emotional regulation and symbolization. Accordingly, the body may function as a clinical indicator—granting access to aspects of the self that may otherwise remain implicit or unspoken. As such, bodily dimensions hold significant relevance not only for diagnostic formulation but also for the definition of effective therapeutic interventions. The main goal of this panel is to present findings from four empirical studies exploring the relevance of bodily experiences and dimensions across different populations. The first study, by Cerea et al., investigates how different forms of physical activity influence body image in young women. Using a randomized design, the study compares the effects of yoga sessions with total body training, showing how yoga enhances body awareness and mind-body connection, fostering a more appreciative relationship with one's body. The second study, by Moccia et al., focuses on individuals with restrictive anorexia nervosa (ANR) and examines how childhood traumatic experiences (CTEs) and heart rate variability (HRV) impact interoceptive accuracy (IA). The findings suggest that body-based approaches, especially those addressing trauma and interoception, may offer promising therapeutic interventions for individuals with eating disorders and histories of early traumatic experiences. The third study, by Di Gesto et al., explores the transition to motherhood by investigating how the flows of compassion—towards oneself, others, and received from others—interact with body

appreciation to support breastfeeding self-efficacy and couple satisfaction. This study highlights the relevance of body-related experiences and compassion in navigating postpartum adjustment. Finally, Mirabella et al. examine bodily experiences in individuals with comorbid eating disorders and borderline personality disorder (BPD), showing that body uneasiness significantly predicts eating disorder severity and contributes to greater clinical complexity in patients with full-threshold BPD. These findings emphasize the role of the body as a meaningful clinical marker of subjective distress in clinical populations.

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Investigating the effects of yoga on positive body image in young women: a pilot randomized controlled trial with an active control group

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Abstract

Yoga emphasizes the mind-body connection and body awareness, fostering embodiment and promoting the development of interoceptive skills. Due to these features, yoga may help cultivate a positive body image. The aim of this pilot randomized controlled trial was to investigate the impact of 10 yoga sessions, compared to an active control group (total body training), on promoting positive body image in young women.

Twenty-seven women (M*age* = 22.74, SD = 1.63) were randomly assigned to two groups: a yoga group (n = 15) and a control group (n = 12). Participants in both groups attended ten sessions (once per week, 1-hour per session). All participants completed questionnaires assessing positive body image – specifically, the Functionality Appreciation Scale (FAS) and the Body Appreciation Scale-2 (BAS-2) at baseline (T0) and after the 10 yoga/total body sessions (T1). Additionally, at T1, participants responded to qualitative questions about the impact of the yoga or total body training on their relationship with their body.

Repeated measures Analyses of Variance (ANOVAs) revealed a significant Time (T0 *vs.* T1) effect for both the FAS (p = .03) and the BAS-2 (p = .02), indicating an overall increase in positive body image across both groups at T1. Regarding the qualitative responses, 73% of women in the yoga group reported that yoga helped them see and think about their body from a different perspective (*vs* 33% in the control group), and 53% stated that the yoga practice improved their relationship with their body (*vs* 33% in the control group).

The significant increase in body and functionality appreciation in both groups suggests that physical activity in general may help women to love and respect their bodies, and to appreciate them for what they are capable of doing. However, qualitative responses indicate that yoga, more than total body

training, allowed young women to see and think about their body from a different, more functional perspective, and to develop a more positive relationship with their bodies. This could be attributed to yoga's emphasis on the mind-body connection and body awareness, which may help foster a positive body image.

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Interoceptive Dysfunction in Anorexia Nervosa: The Role of Childhood Trauma and Heart Rate Variability

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Abstract

Introduction: Anorexia nervosa, restricting subtype (AN-R), is a severe psychiatric condition frequently associated with disrupted interoception, dysregulation of the autonomic nervous system, and elevated rates of childhood traumatic experiences (CTEs). This study is the first to examine how CTEs and heart rate variability (HRV)—an index of parasympathetic nervous system activity—impact interoceptive accuracy (IA), defined as the ability to detect internal bodily signals, in individuals with AN-R.

Methods: A total of 25 individuals with AN-R within one year of illness onset and 25 age-matched healthy controls (HC) were recruited. Interoceptive accuracy was assessed using the heartbeat detection task. HRV was recorded before and after the task, and participants completed the Childhood Trauma Questionnaire (CTQ). A MANCOVA was conducted to identify group differences in HRV reactivity and IA, while linear regression analysis evaluated the predictive effects of CTEs and HRV on IA.

Results: Compared to HCs, AN-R patients exhibited significantly higher HRV reactivity and lower IA. They also reported more severe CTEs. Notably, emotional neglect emerged as a significant predictor of impaired IA.

Discussion: While the mechanisms linking emotional neglect to altered interoception in AN-R remain unclear, incorporating embodiment-based approaches may offer therapeutic potential for individuals with eating disorders and histories of childhood maltreatment.

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The role of body appreciation in the relation between flows of compassion, breastfeeding self-efficacy, and couple satisfaction: a mediation analysis in postpartum women.

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Abstract

Introduction. Recent empirical evidence has shown that self-compassion is associated with positive body image. Notably, two other compassion flows can be distinguished: compassion for others and from others. Despite their relevance for psychological well-being, the link between compassion flows and positive body image is unexplored. Postpartum is a period of physical and emotional changes that may increase women's vulnerability to body image concerns - including perceptions of confidence in their ability to breastfeed - and relational difficulties. Positive body image has been identified as a key psychological resource promoting emotional well-being and relationship satisfaction during this period. Building on this framework, we hypothesized an association between compassion flows with greater breastfeeding self-efficacy and couple satisfaction - two important well-being outcomes for postpartum women - both directly and indirectly through enhanced body appreciation.

Method. A sample of 132 women (Mage=33.62, SD=4.66) who had given birth within the past six months participated in the study. Participants completed a questionnaire assessing compassion flows (self-compassion, compassion for others, and compassion from others), body appreciation, breastfeeding self-efficacy and couple satisfaction, in addition to BMI, sociodemographic, and obstetric characteristics. Two mediation models were tested to examine both the direct and indirect effects of compassion flows on breastfeeding self-efficacy and couple satisfaction, respectively, through body appreciation.

Results. Mediation analyses revealed that higher self-compassion and compassion from others were indirectly associated with greater breastfeeding self-efficacy through body appreciation. No direct effects on breastfeeding self-efficacy were observed. Regarding couple satisfaction, self-compassion was indirectly associated with greater satisfaction through body appreciation, whereas compassion from

others showed a significant direct effect on couple satisfaction. Compassion toward others did not show significant direct or indirect effects on either outcome.

Conclusion. This study represents an initial effort to explore the role of body appreciation in postpartum women, highlighting its relevance as a psychological process linking compassion flows to key well-being outcomes. Interventions aimed at promoting self-compassion and enhancing compassion from others, particularly by fostering body appreciation, may represent promising strategies to support breastfeeding self-efficacy. Moreover, encouraging experiences of kindness, understanding, and responsiveness to one's difficulties from others may contribute to sustaining couple satisfaction during postpartum.

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When the Body Speaks: Investigating the role of Body Uneasiness Dimensions in Eating Disorder Patients with Borderline Personality Disorder

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Abstract

Introduction: The body represents a key clinical feature in several psychopathological conditions. In eating disorders (EDs), and particularly in patients with comorbid borderline personality disorder (BPD), bodily experience often emerges as a core dimension of psychological suffering. However, the specific facets of body-related experience involved and their relationship to clinical severity require further exploration.

Methods: The sample included 268 patients with a DSM-5-TR diagnosis of EDs, admitted to a specialized residential treatment center. Personality disorders were assessed at intake using the Structured Clinical Interview for DSM-5 (SCID-5-CV). Of the total sample, 74 patients (27.6%) were diagnosed with BPD, while the remaining 194 (72.4%) met criteria for a different Personality Disorder (PD) or did not fulfill diagnostic criteria for any PD. At the same time point, patients completed the Body Uneasiness Test (BUT-A) and the Eating Disorder Inventory (EDI-3).

Results: Patients with a BPD diagnosis reported significantly higher levels of body uneasiness across multiple dimensions, including depersonalization, weight phobia, body avoidance, compulsive self-monitoring, and body image concerns, compared to patients with other or no PDs. All dimensions of body uneasiness significantly predicted eating disorder severity, confirming the central role of body-related experiences in the symptomatic expression of EDs. Furthermore, significant interaction effects between each body-related dimension and BPD diagnosis, indicated that body uneasiness consistently influences clinical severity in patients with full-threshold BPD.

Discussions: These findings emphasize the centrality of bodily experience in ED-BPD comorbidity, suggesting that the body functions are a key site for the expression of psychological suffering. The way in which patients relate to and perceive their bodies, emerges as a clinically meaningful indicator of their subjective distress. Overall, the results support the need to integrate the assessment of body-related

dimensions and representations in the treatment of EDs, particularly in individuals with borderline personality features. Addressing specific facets of bodily experience may offer valuable insights into patients' functioning, fostering deeper and longer-lasting clinical change.

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Friday, 19th September 2025

THEMATIC SESSION

INTEGRATIVE PERSPECTIVES ON EMOTIONAL AND COGNITIVE FUNCTIONING IN CLINICAL AND AT-RISK POPULATIONS

Chair:

Maria Catena Quattropani

University of Catania

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Altered Sensitivity to Intersensory Synchrony in Child Maltreatment: Implications for Inhibitory Control and Recovery Through Perceptual Training

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Abstract

Temporal proximity is a fundamental cue for integrating sensory inputs into unified percepts. Sensitivity to Intersensory Synchrony (SIS) enables the detection of this cue, thereby facilitating intersensory redundancy that not only underpins the functional perception of both the inner and outer world but also appears to play a crucial role in the development of higher-order functions such as Inhibitory Control. SIS develops protractedly throughout development, refining through multisensory experiences, including dyadic sensory exchanges with caregivers. In conditions of atypical caregiving - such as child maltreatment - this plasticity may pose a significant risk for altering SIS compared to typical development.

Two studies explored these dynamics. In the first study, 305 typically developing preschoolers and 36 peers with maltreatment experiences were assessed. Audio-visual SIS was measured using a preferential looking paradigm, while Inhibitory Control was assessed with a battery of standardized tests. Results revealed a marked impairment in SIS among the maltreated group: these children exhibited a diminished capacity to detect synchrony at long delay intervals (p=.007) and engaged in reduced (p=.006) and less flexible (p=.009) exploration of synchrony than their typically developing counterparts. Furthermore, while SIS and Inhibitory Control were significantly and positively associated in the typical group, this association was disrupted in children with maltreatment histories (p>.05).

The second study involved 77 typically developing children and 31 children with maltreatment histories. It examined the effects of a single 20-minute session of individually administered, playful perceptual training. Findings indicate a generalized enhancement in SIS (p=.019).

Although these findings are preliminary and warrant further investigation with larger samples and more detailed data on the type, duration, and onset of maltreatment, the results point to a basic sensory dysfunction in maltreated children. This disruption is consistent with other documented sensory alterations in individuals with maltreatment histories and may contribute to broader Self-Regulation challenges. Simultaneously, the promising effects observed from perceptual training highlight a potential bottom-up intervention for redirecting developmental trajectories toward more functional outcomes.

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A new screening tool for Subjective Cognitive Decline: preliminary data on validity and reliability of MASCoD

Marina Maffoni [1], Annalisa Magnani [2], Antonia Pierobon [1], Valeria Torlaschi [1], Alessandra Mafferra [3], Fabrizio Pasotti [3,4], Carlo Dallocchio [3], Cira Fundarò [5]

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Abstract

Subjective Cognitive Decline (SCD) is characterized by perceived memory or attentional difficulties without objective deficits. The literature stresses the need to better characterize this population for early diagnosis and preventive or rehabilitative interventions. However, standardized diagnostic tools are lacking. This study presents the new MASCoD questionnaire (Multidimensional Assessment of Subjective Cognitive Decline - sections A: risk factors, B: cognitive symptoms, C: emotional distress) and tests its preliminary convergent validity with the Cognitive Function Index (CFI) and anxiety (GAD-7) or depressive (PHQ-9) symptoms.

Methods: N=59 adults with perceived memory or attentional difficulties were recruited in two hospitals of Northern Italy (ClinicalTrials.gov: NCT05815329). A battery of standardized cognitive tests was delivered. In addition, participants completed PHQ-9, GAD-7, CFI and MASCoD. Several analyses were performed, particularly: descriptive analyses, correlations (between MASCoD, CFI and neuropsychological tests), and regressions (to assess the role of GAD-7 and PHQ-9 on perceived decline). Kuder-Richardson 20 coefficient (KR-20) for dichotomous items was used for the internal reliability of MASCoD.

Results: The sample (female = 42, age: 69,36±8,66 years, schooling: 10.05±3.82) does not show clinically detectable cognitive deficits. Conversely, PHQ-9 mean (6.76±5.1) suggests mild-to-moderate depressive symptoms, associated with higher scores on SCD scales. Besides, MASCoD correlates positively with CFI ($r=.40$, $p<0.01$) and negatively with some neuropsychological tests (ACE), indicating that higher

subjective distress might be linked to poorer performance. KR-20 for MASCoD's Section B was equal to .78, suggesting acceptable internal consistency.

Discussion: Preliminary findings indicate the utility of MASCoD in studying the link between risk factors, subjective cognitive symptoms, and emotional distress in SCD. The association between higher PHQ-9 scores and perceived decline highlights the possible role of negative affectivity in this condition. In addition, the good convergence with CFI supports the promising validity of the MASCoD. Larger samples and more in-depth validity analyses may confirm MASCoD's efficacy, assisting in the development of early detection and intervention pathways.

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Executive Functions and Subjective Cognitive Decline: The Moderating Role of Depressive Symptoms

Marina Maffoni [1], Annalisa Magnani [2], Antonia Pierobon [1], Valeria Torlaschi [1], Alessandra Mafferra [3], Fabrizio Pasotti [3,4], Carlo Dallocchio [3], Cira Fundarò [5]

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Abstract

Introduction: Subjective cognitive decline (SCD) has emerged as a potential subjective early marker of neurodegenerative processes without objective evidence and may be often influenced by emotional factors such as depression. However, the relationship between cognitive functioning and the role of depressive symptoms in SCD remains controversial. The present study aimed to investigate whether depressive symptomatology moderates the association between executive functioning and self-reported cognitive decline.

Methods: The sample consisted of 59 participants (42 females, mean age = 69.36 years, SD = 8.66; mean years of education = 10.05, SD = 3.82), recruited from two hospitals in Northern Italy following a research protocol for a new screening tool for SCD (ClinicalTrials.gov ID NCT05815329). All participants completed a standard neurological and neuropsychological evaluation, as well as psychological assessment.

Results: A moderation analysis was conducted using *depressive symptoms* (PHQ-9) as moderator of the relationship between *executive functions* (FAB, predictor) and *SCD* (CFI self-report, outcome). Results revealed a significant interaction between executive functioning and depressive symptoms (β = -0.110, SE = 0.0404, Z = -2.73, p = 0.006). Specifically, simple slope analysis showed that at low levels of depression (-1 SD), better executive functioning was paradoxically associated with higher SCD (β = 0.834, p = 0.003), suggesting that individuals with preserved executive functions may be more aware of their cognitive difficulties. At moderate depression levels, the effect was marginally significant (β = 0.293, p =

0.089), while at high levels of depression (+1 SD), the association was negative but non-significant (β = -0.249, p = 0.375), implying that when depressive symptoms are pronounced, they may overshadow the influence of executive performance on cognitive self-perception.

Discussion: These findings request further investigations and suggest a complex interplay between emotional and cognitive dimensions in shaping SCD. In particular, they highlight the importance of considering depressive symptoms when interpreting self-reported cognitive complaints, suggesting that SCD in the context of preserved executive function and low depression may reflect heightened metacognitive awareness of the condition.

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The role of attention in modulating the placebo effect

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Abstract

Background: The role of attention in modulating mind-body interactions is critical for understanding placebo effects, which can influence physiological outcomes. This study aimed to investigate the impact of attention on heart rate (HR) responses using a classic placebo paradigm. Specifically, the study examined whether focusing attention could amplify placebo effects in the context of physiological responses.

Methods: Forty-four participants (mean age = 35.2, 52% female) were randomly assigned to two groups: placebo (n=22) and control (n=22). HR was measured as the primary outcome. Participants in the placebo group received an inert substance with the expectation of a physiological effect, while those in the control group received no intervention. A mixed-model repeated-measures analysis was conducted to assess the effects of condition (placebo vs. control), time, and their interactions on HR.

Results: Analysis revealed a significant condition effect ($F = 2.016$, $p = 0.034$), with the placebo group showing a greater reduction in HR compared to the control group. Univariate analysis confirmed the significance of the placebo condition ($F = 3757.867$, $p < 0.001$; $R^2 = 0.123$), suggesting that expectations and perceived control enhanced the placebo response. However, no significant group effect ($F = 0.002$, $p = 0.965$) or group × condition interaction ($F = 0.077$, $p = 0.926$) was found. Additionally, multivariate tests indicated a significant effect of time (Wilks' Lambda, $F = 35.915$, $p < 0.001$), reflecting temporal changes in HR across conditions, without significant interactions involving groups or conditions.

Conclusions: The results suggest that focusing attention on sensory information enhances placebo responses by modulating mind-body interactions, with a reduction in the influence of prior expectations. Understanding how perceived control within placebo manipulation influences physiological outcomes could inform the development of therapeutic strategies that integrate mental attention with physical interventions. This study was funded by PRIN from the Ministry of University and Research (MUR), Italy.

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Neurophysiological and psychological effects of deep diaphragmatic breathing and affective following the TSST: an Individual Participant Data analysis from two Randomized Controlled Trials

Giuseppe Maniaci [1], Marco Daino [1], Maria Iapichino [1], Alessandra Giammanco [1], Calogero Taormina [2], Giuseppina Bonura [2], Zaira Sardella [2], Patrizia Cammareri [1], Emanuele Sberna [1], Maria Francesca Clesi [1], Elena Pitti [1], Ginevra Ardizzone [1], Chiara Mannone [1], Francesco Montalto [3], Laura Ferraro [1], Caterina Maria Gambino [1] Marcello Ciaccio [1], Luciano Rispoli [2], Caterina La Cascia [1], Daniele La Barbera [1], Diego Quattrone [1]

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Abstract

This study presents an individual participant data (IPD) analysis of two consecutive randomized controlled trials (RCTs), aimed at evaluating the neurophysiological and psychological effects of three interventions (deep diaphragmatic breathing, affective touch, and attention control) in a sample of healthy adults undergoing a standardized acute stress protocol. Seventy-nine participants (23 males, 56 females; aged 18–48) were randomly assigned to one of three groups: diaphragmatic breathing (N = 35), affective touch (N = 24), or attention control (N = 20). Eligibility was determined via structured clinical interviews (SCID-5-PD and SCID-5-CV), and sociodemographic screening. The protocol involved three phases (T0, T1, T2). In the first RCT, saliva samples were also collected to assess cortisol and cytokine levels. Autonomic nervous system responses were measured using biofeedback (heart rate variability [HRV], breath per minute [BPM], abdominal excursion, surface electromiography [EMG], skin conductance [SC]); psychological responses were assessed with the STAI-Y and SUDS scales. Compared to the other groups, the diaphragmatic breathing group showed a significant increase in HRV (RMSSD), a reduction in BPM, and a greater amplitude of abdominal movement. Affective touch led to a slight decrease in BPM, but was less effective overall. No statistically significant differences were observed for EMG, SC, STAI, or SUDS. These findings suggest that deep diaphragmatic breathing enhances parasympathetic activity and reduces physiological stress, supporting its use as a non-invasive stress-reduction strategy. While affective touch showed some positive modulation of physiological parameters, it was less effective

than diaphragmatic breathing. Future studies should examine the clinical utility of these interventions in populations with different psychiatric disorders.

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The self-efficacy perception in cardiovascular patients: a cohort study on the self-care management

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Abstract

Polypharmacy, compliance, and adherence to therapeutic treatments are challenges for CV patients long after diagnosis. Clinical practice has shown the need to optimise medication use by prescribing evidence-based therapy and educational strategies for patients [4–6]. In fact, although various lipid-lowering therapies exist for HC and HT, many patients fail to achieve optimal cholesterol and blood pressure control, highlighting the need for novel therapeutic approaches [7]. Moreover, CV clinical condition management should be based on patient engagement as an active part of medication management as well as a healthy lifestyle, facing the risk of complications and unhealthy behavioural risk factors, i.e. low pharmacological and/or non-pharmacological treatment adherence as well lifestyle modification [1,8]. Our study wanted to explore the features of self-care by the patient perspective across the progression of CV severity. This cohort study aimed to determine self-care ability based on the relevance of self-efficacy and Quality of Life (QoL) perception in adults with CV clinical condition. A total of 76 patients agreed to participate in this study. The mean age of the patients was 55.12 ± 12.2 years (range, 20–70 years). As seen in Table 1, most participants were male (61,8%), married (85,5%), employed (63,2%), had a secondary education (63.2%), and were nonsmokers (44,7%). Nineteen (25%), 36 (47,4%), and 21 (27,06) patients intended to use one to three, four to six, and more than six medications, respectively. Relevant results were found in self-efficacy perception: only the comparison between HC and HF resulted in significance, showing patients with HC perceiving a high ability to achieve positive outcomes for their own health; the other patient groups did not seem to perceive high self-efficacy. In the QoL index for CV disease groups, patients with HF reported a better perceived level than those with IHD. The interesting finding of the study highlights the relevant role of monitoring ability in self-care in patients with CV risk factors; almost all clinical research has focused on self-management, whereas self-monitoring appears to be less investigated. Considering our findings, enhancing self-efficacy capacity could determine better physical self-monitoring towards improving well-being, being more confident with the management of own health-favouring behaviours and lifestyle-modelled changes.

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Child physical abuse potential, work-related burnout and executive functions in childcare workers: which associations?

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Abstract

Although it is believed to occur exclusively at home, maltreatment is not infrequent also in daycare settings, with the risk for severe outcomes on offspring. Little is known about the role of individual psychological variables in perpetrators which may contribute to the occurrence of the event. For example, there is evidence that childcare workers are at increased risk of experiencing work-related burnout, which in parents might account for poor parenting behaviors. Moreover, it has been shown that work-related burnout is associated with poor executive functioning, which may affect quality of caregiving too. The present study aimed to investigate the role of work-related burnout, executive functioning, and their interaction in predicting the risk of child physical abuse in daycare workers.

The cross-sectional study involved 126 childcare workers (78.7% female) aged between 21 and 63 years (M = 40.83, SD = 12.35), recruited from educational and residential facilities that care for children and adolescents. Participants were administered questionnaires aimed at comprehensive investigating socio-demographic and work-related characteristics, risk for child abuse potential (BCAP), work-related burnout (MBI), and executive functioning (BRIEF-A).

The results highlighted risk for child abuse in the 14.2% of the participants. Risk for child abuse was significantly associated with both work-related burnout and executive functioning. The interaction between the two was not significant, suggesting independent effects. Further analyses highlighted that the presence of mental health problems was associated to risk for child abuse too.

The present study suggests the presence of associations between work-related burnout, executive functioning, presence of mental health problems and risk for child abuse among childcare workers. Implications for clinical practice are discussed.

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Exploring the role of personality and emotional dysregulation in type 1 diabetes patients: what is the key process for the optimal metabolic control

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Abstract

Background: Type 1 diabetes (T1DM) constitutes one of the major global health emergencies of the 21st century and requires complex treatment: dietary therapy, physical exercise, blood sugar monitoring, daily insulin injections, and psychological treatment, which is effective in improving psychological suffering and glycemic control. According to recent scientific literature, the role of personality, emotion dysregulation and alexithymia seem to be of relevance for diabetic patients, both for adherence to treatment, and for long-term health complications. The aim of the present study is to evaluate the associations among dysfunctional personality traits, alexithymia and emotional dysregulation on self-care and glucose homeostasis in a sample of subjects diagnosed with T1DM.

Method: 162 patients with T1DM were recruited at the diabetology department of the Policlinico Agostino Gemelli Hospital, in Rome. A trained psychologist administered to each participant a battery of standardized measures: Personality Inventory for DSM-5 (PID-5), Brief Symptom Checklist (BSCL), Difficulties in Emotion Regulation Scale Short Form (DERS-SF), Toronto Alexithymia Scale (TAS-20), Self-Care of Diabetes Inventory (SCODI). Clinical and sociodemographic features were collected.

Results: Significant associations were found between maladaptive personality traits, emotional dysregulation, alexithymia, general psychopathology, and diabetes self-management. Furthermore, emotional dysregulation independently predicted diabetes self-management in regression analysis.

Conclusion: Psychological factors play an important role in the management of T1DM, as it is a pathology that influences lifestyle and requires continuous and complex treatment. If the patient cannot regulate emotions correctly, it follows that the adherence to treatment is not adequate.

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di Psicologia

Friday, 19th September 2025

THEMATIC SESSION

APPLYING BIOPSYCHOSOCIAL APPROACHES IN CLINICAL SETTINGS

Chair:

Piero Porcelli

University "G, d'Annunzio" of Chieti-Pescara

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The psychological dimension of chronicity

Giorgio Kotzalidis [1, 2], Camilla Brozzi [3], Elisa Troccoli [3], Rossella Iacovino [3], Filomena Moffa [3], Deborah Caprara [3], Ausilia Sparano [3], Daniela Belella [1], Daniele Ferrarese [1], Marianna Mazza [2], Marco Rossi [4], Gabriele Sani [2, 4]

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Abstract

Introduction. Chronic pain is an invalidating condition, with a significant impact on patients' psychological well-being and quality of life (QoL). Various studies indicated a role for psychological and sociocultural factors in pain perception and management, as well as gender differences affecting subjective pain experience and access to care. Our objective is to critically analyse the main psychological variables (anxiety, depression, and catastrophising) associated to chronic pain and to assess the efficacy of clinical interventions, focusing on gender differences.

Methods. We conducted a literature review on PubMed and PsycINFO, including studies of chronic pain perception, psychological interventions, and gender differences. We included recent contributions with particular attention on empirical studies, reviews and meta-analyses focusing on psychological variables and therapeutic interventions in adult patients with chronic pain.

Results. Eligible studies point to women tending to report higher pain sensitivity and higher prevalence of chronic pain compared to men, with a central role for psychological factors like anxiety, depression, and catastrophising. Contrariwise, men tend to minimise pain, often due to sociocultural norms, with consequent delay in help seeking and less efficacious management of their sufferance.

Psychological interventions like cognitive-behavioural therapy, Acceptance and Commitment Therapy and mindfulness proved to be effective in reducing chronic pain-related emotional sufferance and improving QoL. Neuromodulation techniques such as transcranial magnetic stimulation and transcranial direct current stimulation induced greater improvement in women, probably due to greater hormone-

related neuronal plasticity. Furthermore, differential gender-related response to analgesic agents emerged from pharmacogenomic studies.

Discussion. Gender differences in response to treatment indicate that personalised, integrated multidisciplinary treatment could improve the management of chronic pain, with psychological support playing a key role. The integration among psychotherapy, neuromodulation, and personalised drug treatment holds promise to improve QoL and treatment response in patients with chronic pain.

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Nurses' emotion (dis/)regulation, flexibility and compassion satisfaction: an empirical study

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Abstract

It is not surprising that nurses are in need of skills and competences for understanding how to handle with emotions, i.e., emotion regulation. Structurally, the healthcare context exposes its nursing staff to constant and continuous potential traumatic events characterized by emotional activation. Such an emotional activation implies potential psychological risks with consequences both at the level of mental health and nurses' professional satisfaction. This provides impetus for gaining empirical knowledge based on which tailoring interventions for promoting emotion regulation among nurses. Following this impetus, the paper presents a cross-sectional study meant to gain an empirical understanding of nurse emotional experience. Six hundred and thirty-seven nurses from local hospitals took part in the study by filling an online questionnaire comprising self-report measures on emotion regulation (Regulation of Emotion System Scale - RESS), emotion flexibility (Emotion Regulation Flexibility Questionnaire – ERFQ), difficulties in emotion regulation (Difficulties in Emotion Regulation Scale - DERS) and job satisfaction (Compassion Satisfaction Scale – CSS). In addition, the present study included tailored scenarios to map emotional responses of nurses in which potential traumatic events were presented. Descriptive and inferential analysis present how nurses employ different strategies to regulate their emotions. Nurses reported to use mostly rumination, reappraisal, distraction and emotional expressive engagement. The main difficulty reported by nurses is represented by emotional awareness while emotion flexibility seems to represent a crucial dimension for favouring emotional regulation and job satisfaction. Based on this result, the study presents how tailored interventions (e.g., role playing) can represent potential interventions for improving emotion regulation. Vistas for research and practice are discussed.

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The role of psychology in hospital settings

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Abstract

Background: Hospital psychology is a young, multidimensional field that supports patients, families, and healthcare professionals. The WHO defines health as complete physical, mental, and social well-being, reinforcing the legitimacy of the psychologist's role in hospitals. However, its recognition as a distinct discipline remains challenging, given psychiatry's historical dominance in hospital mental health.

Methods: In Italy, an informal network of 76 Hospital Psychology Units (HPUs) was established, commissioning and participating in this study aimed at exploring their role and organization. Data were collected through structured questionnaires and in-depth interviews lasting approximately four hours. The interview protocol, co-developed by HPU leaders, investigated four macro-areas: 1. systemic relationships; 2. user characteristics; 3. functions and activities; 4. organizational structure.

Of the 52 HPUs involved in the study, 27 had completed the interview at the time of the analysis. The survey focused on an open question aimed at reconstructing the structural, functional and managerial changes that had taken place in the service over the last decade. Responses to such question were analyzed using the Automated Co-occurrence Analysis for Semantic Mapping (ACASM) aimed at mapping the themes active in the textual corpus and the semantic structure that underlies them.

Results: through cluster analysis four themes were mapped: Impact of COVID-19 and structural complexity, highlighting pandemic-induced challenges and digital adaptation; Operational challenges and staff shortages, reflecting systemic resource constraints; Evolution of professional roles, emphasizing expanded interdisciplinary collaboration; and New clinical configurations, showcasing innovations in service delivery. Moreover, the lexical correspondence analysis mapped two semantic structures: operational practice vs. institutional perspectives and crisis vs. innovation. These dimensions shape the way HPUs define their roles and interact within the hospital system.

Discussion: Hospital psychology is emerging as an autonomous discipline with positive impacts on patients, professionals, and hospital organizations. Advancing this transition requires greater investment in

psychological resources and policy revisions to enhance integration into multidisciplinary care and hospital management.

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Prevalence and clinical correlates of Avoidant/Restrictive Food Intake Disorder (ARFID) in Inflammatory Bowel Disease: A Systematic Review

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Abstract

Background. Avoidant/Restrictive Food Intake Disorder (ARFID) is an eating disorder (ED) characterized by inadequate or restricted food intake driven by sensory sensitivities, fear of adverse consequences of eating or lack of interest in food and is unrelated to body image or weight concerns. ARFID is frequently observed in patients with gastrointestinal disorders, and given the increasing interest on the topic, we conducted this systematic review with the aim of defining ARFID prevalence in Inflammatory bowel disease (IBD), as well as having an objective overview about screening tools and associations with psychosocial, biological and clinical factors.

Methods. A systematic search of MEDLINE, Scopus, Web of Science and PsycInfo was conducted on March 17, 2025, resulting in the inclusion of 12 studies focusing on the relation between ARFID and IBD. Due to significant methodological and clinical heterogeneity among included studies, findings were synthesized through a qualitative review.

Results. ARFID was assessed with the Nine Item Arfid Screen (NIAS), with prevalences rates ranging from 10.2% to 51.3%. This high variability is largely influenced by the selection of NIAS cut-offs. When applying a threshold of ≥28, prevalence ranged between 10.22% and 20.3%, whereas lower cut-offs (≥24) yielded higher rates up to 51.3%. Clinical activity, but not inflammation, emerged as consistent predictor of ARFID. Some studies also reported significant associations with Crohn's disease, nutritional deficiencies, and psychological distress.

Discussion. Given the risk of overestimating ARFID prevalence due to symptom overlap and the tendency of patients to restrict food intake to avoid symptoms-related discomfort, the application of stricter NIAS cut-offs is recommended. Clinical activity emerged as the main factor associated with ARFID; however,

due to the common discordance between clinical and inflammatory activity, objective measures of inflammation should be included to better distinguish between restrictive food behaviors driven by active IBD and those driven and maintained by psychological factors and disruption of the gut-brain axis. Moreover, an adequate assessment of ARFID should encompass an in-depth assessment of psychological distress, specifically focusing on anxiety. Finally, results suggest the need for an integrated approach addressing both gastroenterological and psychological factors, aiming to optimize ARFID screening and management strategies in patients with IBD.

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The role of rumination, worry, and metacognitions in suicidal ideation in female individuals with fibromyalgia and obesity

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Abstract

Introduction: Fibromyalgia (FM) is a chronic pain disorder often associated with significant psychiatric comorbidity, including depression and anxiety. Suicidal ideation (SI) is prevalent among individuals with FM, particularly in those with additional chronic conditions such as obesity. The cognitive model of psychopathology, particularly the Self-Regulatory Executive Function (S-REF) model, identifies repetitive negative thinking (i.e., rumination and worry) and maladaptive metacognitive beliefs as transdiagnostic mechanisms underlying emotional distress. This study investigated the contribution of depressive symptoms, pain intensity, worry, rumination, and metacognitive beliefs to SI in a clinical sample of female individuals with comorbid FM and obesity.

Methods: A cross-sectional study was conducted at the Rehabilitation Unit of IRCCS Istituto Auxologico Italiano. A total of 124 adult female patients with FM and obesity (Body Mass Index ≥30) were enrolled between September 2022 to September 2023. Exclusion criteria included psychotic or personality disorders and prior psychological treatment for FM management. All participants completed standardized self-report questionnaires assessing depression, pain intensity, rumination, worry, and metacognitive beliefs. SI was assessed using item 9 of the Beck Depression Inventory-II and dichotomized for analysis. Hierarchical binomial logistic regression was performed in three models: Model 1 (depression, pain intensity), Model 2 (added rumination and worry), and Model 3 (added metacognitive beliefs).

Results: The prevalence of SI in the sample was 41.9%. Depression significantly predicted SI in Model 1. The addition of rumination and worry in Model 2 significantly improved model fit, with both constructs emerging as independent predictors. In Model 3, the inclusion of metacognitive beliefs further improved predictive accuracy. Specifically, negative beliefs about uncontrollability and danger of thoughts, and the need to control thoughts, significantly predicted SI above and beyond depression, rumination, and worry.

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Discussion: Findings confirm the high prevalence of SI among femal individuals with FM and obesity and identify key cognitive and metacognitive predictors. The results support the application of transdiagnostic frameworks to suicidality in chronic pain populations and highlight the clinical relevance of targeting rumination, worry, and dysfunctional metacognitions. Psychological interventions informed by the S-REF model, such as metacognitive therapy, may offer promising avenues for suicide prevention in this population.

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Adverse early-life experiences and epileptic seizures: the role of emotional dysregulation

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Abstract

Introduction: There is clear evidence that adverse early-life experiences can lead to emotional dysregulation, significantly impairing individuals' quality of life. However, how these factors interact with each other in epileptic patients (Eps) has not yet been clarified.

Methods: In this study, 89 individuals diagnosed with epilepsy completed standardized surveys, including the Difficulties in Emotion Regulation Scale (DERS), the Quality of Life in Epilepsy (QOLIE-31), the Toronto Alexithymia Scale (TAS-20), and the Adverse Childhood Experiences (ACE). A hierarchical multiple linear regression was run to determine the role of factors that were significant at a $p \leq .05$ significance level in Pearson correlations in predicting the impact of seizures on quality of life. Subsequently, a mediation analysis was conducted.

Results: The Strategies subscale of the DERS was found to mediate the relationship between the impact of epileptic seizures on quality of life and adverse early-life experiences.

Discussion: These results showed that early-life adversities and a lack of confidence in emotion regulation significantly influence the quality of life for Eps. These findings – albeit preliminary – may have clinical implications, guiding the design of psychological intervention programs that could be combined with medical treatments to mitigate emotional dysregulation and the consequences of early adverse experiences, as well as to improve the impact of epilepsy on quality of life.

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Participatory research in autism: a quali-quantitative study on diagnosis

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Abstract

Introduction: Despite increased funding for autism research, recent studies highlighted how autistic people's research priorities often differ from the interests of academia and funders. Moreover, some approaches may perpetuate stereotypes, and the often-absent results dissemination to autistic people limits their possibility of benefiting and fuels distrust in research. In addition, autism research is mainly conducted using a quantitative approach. However, a deep understanding of some phenomena would benefit from insights into how autistic people attribute meaning to their lived experiences.

Methods: We established a participatory research group including neurotypical and neurodivergent researchers and individuals, and inspired by the Community Based Participatory Research framework, which involves the contribution of members of the community under study in all research phases, with full sharing of decision-making power. Based on the personal experience of the autistic members of the group and recent literature, we decided to investigate the difficulties in accessing diagnosis for autistic people. In fact, autism may be lately diagnosed, undiagnosed, or misdiagnosed, especially in women. We developed a questionnaire to collect quantitative data on possible barriers to accessing diagnosis and subsequent therapeutic paths, which both autistic people and the general population completed. Furthermore, we developed a survey with open-ended questions, completed by people on the waiting list for a clinical assessment for autism at our laboratory, to explore the meaning they attributed to the experience of accessing diagnosis.

Results: Data from the questionnaires, analyzed with parametric and non-parametric tests, showed interesting peculiarities regarding access to autism diagnosis compared to other mental health diagnoses sought by the general population. The texts from the survey, analyzed using the Consensual Qualitative Research approach, revealed meaning categories related to motivations and needs, self, emotions, and relationships.

Discussion: The participatory approach represented a valuable way of mutual enrichment within the group, also allowing us to design our data collection tools in a usable and respectful way for autistic people. Thanks to our autistic members, our results will be made accessible to autistic people through effective channels. Moreover, these results may be the basis for broader research to inform clinical guidelines development.

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Exploring Psychological Dynamics in Gynecological Cancer: A Network Analysis of Italian Women

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Abstract

Gynecological cancer diagnoses can be traumatic and are associated with profound psychological repercussions, including anxiety, depression, and post-traumatic stress symptoms, which significantly impact patients' psychological health. This study employed a cross-sectional design and Psychological Network Analysis to explore the interconnections between psychological constructs in women diagnosed with gynecological cancer (N = 81, mean age = 46.3, SD = 9.68). The aim was to uncover the associations between psychological symptoms and protective factors within this population.

The findings revealed that depressive symptoms and hyperarousal post-traumatic stress symptoms were central within the network, underscoring their pivotal role in psychological distress. Avoidance behaviors and worry were also strongly interconnected, amplifying the complexity of emotional suffering. Conversely, resilience and social support emerged as critical protective factors, demonstrating their potential to mitigate the adverse psychological effects associated with gynecological cancer, and enhancing coping mechanisms. This aligns with previous research highlighting resilience as a dynamic attribute influenced fighting coping mechanisms, which collectively promote better psychological adaptation to cancer.

These results contribute to a deeper understanding of the intricate interplay between psychological symptoms and protective factors in gynecological cancer patients. By leveraging insights from network analyses and integrating resilience-building approaches into psycho-oncological care, clinicians can develop more effective interventions aimed at improving mental health outcomes and overall quality of life for these patients.

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Saturday, 19th September 2025

THEMATIC SESSION

EXPERIENCES AND CHALLENGES FROM CHILDHOOD TO EMERGING ADULTHOOD

Chair:

Laura Parolin

University of Milan-Bicocca

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The effect of an intervention based on the program Baby Signs Italia to the communication of children with Down syndrome

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Abstract

Introduction. Children with Down syndrome show a heterogeneous socio-cognitive profile, characterized by lower language skills than cognitive abilities, especially in production. Gestural communication, and especially joint attention, seem to be relatively preserved. The program *Baby Signs® Italy* is a parent training to introduce simple gestures in communication to their babies (bimodal communication). Let's assume that this intervention can be particularly useful for the communicative development of Down children.

Method. We observed four times 20 children (8 females), aged between 16 and 60 months at the first observation. The parents of 10 children (experimental group) took part, between the first and second observation, in a three hours training on the *Baby Signs Italy* program; the other 10 (control group) followed the same training between the third and the fourth observation.

We used a sequential design, which allowed us to obtain on all 20 children the data related to the training effect (pre- and post-test), although at different times: we then compared the two groups controlling the effect of age. The sequential design also allowed us to respond to the ethical need to guarantee training for all children, even those initially part of the control group.

To assess the social and communicative competence of children we used the Questionnaire on Early Social Communication (QCSP: Molina, *in preparation*), filled by parents. The research on the QCSP has been approved by the *Bioethics Committee* of the University of Turin (Protocol of 16/04/2018).

Results. On the total sample of 20 children we obtained a significant difference between pre- and post-test, not simply due to age, which testifies to the effectiveness of the training. From a qualitative point of view, we observed a different trend in the two groups: the change appeared at different times, in relation to the period in which the training was carried out.

Conclusion. Our results show the usefulness of the use of conventional (symbolic) gestures to support the communication of children with Down syndrome. In addition, the sequential design proved to be useful to highlight the effect of the program even with a very small sample.

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Social Isolation in Adolescence: Preliminary Data of a Delphi Study

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Abstract

Introduction. Social isolation is an umbrella term referring to the voluntary self-isolation of individuals from other family and/or non-family members through solitary behaviors such as shyness, spending too much time alone, and avoiding interaction with peers. A prototypical form of the condition – often referred to as Hikikomori – was first described in Japan, and to date represents an emerging phenomenon worldwide. However, research on social isolation in an adolescent population outside Japan is lacking, and most of the literature has focused primarily on epidemiology and phenomenology rather than treatment. Our research aims to reach a *consensus* with respect to the lines of intervention for adolescents presenting social isolation in Italy.

Methods. Our project will involve health professionals, adolescent patients, and their parents, in a Delphi study investigating the sociodemographic and clinical features of adolescents in social isolation, the presence of specific intervention protocols for social isolation and the proposed treatment settings, and the main problems and expectations reported by adolescents in social isolation and their parents and teachers. Preliminary data were collected from health professionals of Child Neurology and Psychiatry Units in Lombardy, who participated in the first round of the study by answering an anonymous online questionnaire.

Results. Fifty-two health professionals participated. Based on their experience, they reported an average age of isolated adolescents of 14-15 years, and depressive disorders and autism spectrum disorders as the most frequent neuropsychiatric diagnoses. In more than 85% of cases, no diagnostic nor intervention protocols specific for social isolation exist. The most frequent interventions included home educational support, individual psychotherapy, and pharmacotherapy, in the domiciliary or daycare center settings. They also reported parents and teachers' expectations to be focused on the adolescents' return to school, while adolescents seem to desire to reintegrate in social contexts but also to be ambivalent.

Discussion. Our preliminary results showed the views of Lombard health professionals on intervention with adolescents in social isolation. Our project will integrate different perspectives, involving adolescents and their parents, and expanding the data collection to the national area.

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The risk of pathological social withdrawal in adolescence: The role of anti-mattering, emptiness, and maladaptive daydreaming

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Abstract

Pathological social withdrawal (PSW) consists of complete and persistent withdrawal from social interactions, which typically begins in early adolescence and leads to various adverse symptoms. Clinical evidence shows that the feeling of emptiness is often observed in PSW, and reflects a psychological state that typically affects contemporary adolescents. A phenomenon of growing interest is maladaptive daydreaming (MD), defined as a dysfunctional form of imaginative engagement that interferes with social and interpersonal functioning. MD is also conceptualized as a dysfunctional coping strategy aimed at escaping negative emotional states, loneliness, and adverse environments, which may contribute to further withdrawal from social relationships. Moreover, the construct of anti-mattering, defined as the feeling of not mattering to others, has been associated with symptoms commonly linked to PSW, like depression and loneliness. However, to date, no studies have explored the link between PSW, anti-mattering, and MD. In our hypothesis, anti-mattering and emptiness may contribute significantly to the risk of developing PSW both directly and indirectly through MD. Therefore, the present cross-sectional study aimed to verify this hypothesis by testing a structural equation model (SEM). A total of 619 Italian preadolescents and adolescents (54.2% females; $M_{age} = 14.16 \pm 2.27$) completed a comprehensive self-report questionnaire. Results of the model (fit indices: MLR$\chi^2 = 253.985$, $df = 71$, $p < 0.001$; RMSEA = 0.065; CFI = 0.96; TLI = 0.95; SRMR = 0.054) showed that both anti-mattering and emptiness predicted a higher risk of developing PSW in adolescents, both directly and indirectly via MD. This study revealed that adolescents who feel empty and insignificant to others are more prone to engage in MD as a dysfunctional coping strategy aimed at avoiding the negative emotions associated with these psychological experiences, which in turn may reinforce the tendency to withdraw from social relationships. Overall, our study contributes to the growing body of research on the risk of PSW by highlighting the role of anti-mattering, emptiness, and MD in its development. Specifically, it addresses the need to promote more adaptive coping strategies in adolescents at risk of PSW. These findings may help clinicians and researchers to develop and implement more effective interventions to prevent the risk of developing PSW in adolescence.

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Hikikomori Syndrome: A Correlational Study in Southern Italy

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Abstract

Background: Hikikomori Syndrome (HS), from the Japanese term meaning "to stand aside", describes a pathological form of social withdrawal, with individuals remaining isolated in their homes for at least six months (*Kato et al., 2019*). Initially considered a Japanese phenomenon, recent studies confirm its global spread. Sometimes referred to as 'modern time depression' (MTD)., it is often associated with depressive and anxious symptoms, and shares similarities with social anxiety disorder and personality disorders such as avoidant, paranoid, schizotypal, dependent, schizoid, antisocial, borderline, and narcissistic (*Teo et al., 2015*).

Methods: This observational study analyzes a sample of 89 individuals (60% female, 40% male) living in Southern Italy to explore the correlation between depressive, anxious traits and Cluster C personality traits with Hikikomori Syndrome. The sample was divided into two groups: Hikikomori-ON (n=24, HQ-25-I >53.5, SD=7.80) and Hikikomori-OFF (n=65, HQ-25-I <24.2, SD=9.76). Participation was voluntary, and informed consent was obtained prior to the study. Participants completed a battery of psychometric tests (BDI-II, NEO-FFI, Liebowitz Social Phobia Scale, HQ-25-I) via Google Forms, ensuring anonymity and privacy protection. Statistical analyses were conducted using Jamovi software.

Results: Contrary to initial expectations, social anxiety did not emerge as a significant predictor of HS (p=0.276 for the ON group). However, the Hikikomori-ON group exhibited significantly higher levels of neuroticism (r=0.344, p=0.100) and lower levels of extraversion (r=-0.498, p=0.013), suggesting emotional vulnerability and a predisposition to isolation. Introversion and problematic internet use emerged as key factors in the maintenance of the syndrome, indicating that HS may serve as a dysfunctional strategy for coping with social stress.

Discussion: Clinically, these findings emphasize the importance of multidisciplinary interventions, including family psychoeducation, cognitive-behavioral therapy, and digital strategies to encourage

gradual social re-exposure. In particular, behavioral activation and online therapy appear promising in facilitating reintegration.

In conclusion, this research underscores the importance of considering HS as a distinct condition, with unique features that require specific and innovative intervention models. Future longitudinal studies are crucial for understanding the developmental trajectories of HS and designing effective prevention strategies.

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Efficacy of Psychosocial Interventions for Adolescent and Young Adult Offspring of Parents with Serious Physical or Mental Illness: A Systematic Review and Meta-Analysis

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Abstract

Introduction. The presence of a serious physical or mental illness in a parent represents a significant risk factor for the development of psychological and adjustment difficulties in adolescent and young adult offspring. This systematic review with meta-analysis evaluated the efficacy of psychosocial interventions targeting this vulnerable population.

Methods. A systematic search was conducted across major databases (Medline, Web of Science, PsycINFO, PsycArticles, Cinahl, and ProQuest), including 27 randomized controlled trials, with a total of 3,590 participants whose average age ranged between 12 and 16 years.

*Results.*The majority of interventions (75%) targeted adolescents of parents with mental disorders, while the remaining 25% focused on adolescents of parents with physical illnesses. The results of the meta-analysis revealed a small but significant positive effect on overall psychological adjustment immediately post-intervention (d =0,17, p=0,006), which further consolidated and strengthened in the short term (3-12 months; d=0,33, p=0,002). However, this benefit was not maintained in the long term (> 15 months). Similar patterns were observed for internalizing problems, whereas no significant effects emerged for externalizing problems. Additionally, A small positive effect was also found for positive adjustment immediately post-intervention (d=0,36, p=0,006), which increased to a moderate effect at short-term follow-up (d=0,62, p=0,010). In contrast, no significant effects were observed for interpersonal adjustment. The duration of intervention moderated effects on post-intervention outcomes, while intervention setting and gender balance influenced outcomes at follow-ups.

Conclusions. Psychosocial interventions targeting adolescent and young adult offspring of parents with serious illnesses appear to be effective, demonstrating small to moderate effects, particularly in enhancing psychological well-being and positive outcomes.

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A scoping review on risk factors in the parent-child relationship for the development of BPD in adolescence: state of art and future directions

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Abstract

Introduction: Borderline Personality Disorder (BPD) is characterized by a pervasive instability across various domains (e.g., affectivity, relationality and identity). Individuals with BPD are prone to experience several psychiatric comorbidities and tend to have a poorer quality of life. Considering the long lasting consequences of BPD, a preventive and early approach is crucial for researchers and clinicians. Previous studies have found that the first manifestations of BPD could be identified in adolescence, making this developmental period a pivotal window for exploring early symptoms. Considering that much of the research has been conducted retrospectively within adult samples, exploring the processes and the variables related to BPD during the developmental window, when they are actively influencing it, offers promising opportunities. This is especially true when focusing on parental influences during adolescence whose importance has been highlighted by empirical, theoretical and clinical works.

Objective: A scoping review was thus planned to systematically map the existing literature on the parent-child relationship in BPD during adolescence.

Method: six electronic databases (PsycInfo, PsycArticles, Psychology and Behavioral Sciences Collection, Scopus, Web of Science and PubMed) were searched up to March 2025. This review was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for scoping reviews (PRISMA-ScR) reporting guideline.

Results: The scoping review is still ongoing and the total results will be presented in the symposium. Nevertheless, some trajectories are already emerging.

Discussion: While some parental variables have been widely explored (e.g., parental behaviors), certain theoretically-based variables rooted in influential frameworks require deeper investigation, with some studies even revealing conflicting results (e.g., parental mentalization). In addition, most of the studies have focused on mothers, while fathers have been largely excluded. Considering the theoretical and empirical evidence on parental influences on BPD, further research is needed.

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Scrolling Into Dissociation: An Empirical Study on TikTok Use and Dissociative Experiences in Adolescents

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Abstract

Introduction: The widespread use of digital technologies has led to the emergence of new forms of behavioral addictions, particularly among adolescents. TikTok, one of the most popular platforms among young population, is designed to foster immersive experiences through personalized content and continuous engagement. Immersive experience guaranteed by the scrolling and the content characteristics may be linked to normative dissociation—temporary alterations in consciousness that can, over time, become problematic. While dissociation can serve a developmental function during adolescence, its chronic activation in digital contexts may interfere with emotional regulation and the development of an integrate sense of self. This study investigated the association between TikTok use and dissociative experiences in a sample of adolescents to define how dissociation is linked to the different features of the TikTok experience.

Methods: The study involved 75 adolescents aged between 14 and 19 years (60% females) that disclose to use TikTok platform. Participants completed two self-report measures: the *TikTok Use Scale (TTUS),* to assess key dimensions that may discriminate adaptive from maladaptive TikTok use —craving, temporal control, intrusiveness, and dissociation— and the Dissociative Experience Scale for Adolescent *(A-DES)*, to evaluate dissociative symptoms. Regression analyses were conducted to examine the predictive role of dissociation on problematic TikTok use. ANOVA analyses compared adolescents with high vs. low dissociation levels.

Results: The A-DES significantly predicted total TTUS (R^2_adju= 0.45; $p<.001$), as well as all subscales (all R^2_adj>.26; all $p<.001$). ANOVAs revealed significantly higher scores in the high-dissociation group on both the total TTUS ($F_{1,73}= 27.56$; $p<.001$) and all subscales.

Discussion: The results of the study suggested that dissociation may play an active role in predisposing adolescents to dysfunctional engagement with the platform. The more intense the dissociative experiences reported by adolescents, the more likely they are to engage in problematic scrolling behavior.

Although preliminary, this study supported the hypothesis that dissociation is a relevant dimension to consider—particularly during adolescence—when examining the immersive nature of platforms such as TikTok. Further investigation of this phenomenon, including the exploration of additional psychological dimensions, will be crucial to fully understand the underlying mechanisms involved.

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Saturday, 19th September 2025

THEMATIC SESSION

DEVELOPMENTAL CHALLENGES IN ADOLESCENTS, AND EMERGING ADULTS

Chair:

Daniela Di Riso

University of Padua

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Assessing executive attention in autistic youths: strengths, weaknesses and individual differences

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Abstract

Research consistently shows that autism spectrum disorders are often associated with various cognitive challenges, particularly in executive functions (EFs), with difficulties emerging as early as the preschool years. EFs encompass a complex set of cognitive abilities that enable individuals to regulate impulses, retain and manipulate relevant information, filter out distractions, and shift focus between different tasks or attentional demands. Various performance-based measures have been developed to assess executive attention in autistic children. However, inconsistencies in findings have raised concerns about the ability of traditional measures to accurately capture the real-life challenges these children face, largely due to the reductionistic approaches used and the overlooked issue of task impurity.

In this study, we employed a broader comprehensive battery, the *Measures of Executive Attention*, to assess executive attention in 43 autistic children aged 8–14, compared to 43 neurotypical children matched for age, sex, and fluid reasoning index.

The results revealed significant group differences, with neurotypical children outperforming autistic children in most tasks. Specifically, autistic children showed pronounced difficulties in cognitive flexibility and generative thinking in a graphical task ($p = .002$) and working memory capacity under novel ($p = .01$) and emotionally stressful conditions ($p = <.001$). However, when collateral abilities—such as fine motor and verbal skills—were excluded from the final score calculation, no group differences emerged in certain tasks, such as visual attention ($p = .61$) and working memory capacity in a familiar exercise ($p = .44$). Additionally, individual variability was observed across most tasks in both groups. Notably, autistic children showed a higher rate of withdrawals, particularly during the working memory capacity tests.

These findings highlight that while autistic children show weaknesses in executive attention tasks, some specific components remain intact. Moreover, they suggest that collateral abilities and emotional states may significantly influence cognitive task performance, reinforcing the importance of using less reductionistic and more context-sensitive assessments. Additionally, the high individual variability in

performance and attitude to attempting the tasks provides valuable insights into the heterogeneity of autistic manifestations. Clinical implications are discussed, particularly regarding the feasibility of using specific EF measures in neuropsychological assessments.

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Contribution to the Italian Validation of the Conflict in Adolescent Dating Relationships Inventory (CADRI)

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Abstract

Introduction: Teen Dating Violence (TDV) is a growing clinical concern that includes physical, sexual, emotional, and psychological abuse within adolescent romantic relationships. Involvement in TDV is associated with severe mental health outcomes, including depression, anxiety, post-traumatic symptoms, suicidal ideation, and risky behaviors. Personality traits such as impulsivity and aggression may increase vulnerability to both perpetrating and experiencing TDV, due to difficulties in emotional regulation and relational functioning. Despite international attention, TDV remains under-researched in Italy. This study explores the psychometric properties of the Italian version of the Conflict in Adolescent Dating Relationships Inventory (CADRI) through Principal Component Analysis (PCA) and Confirmatory Factor Analysis (CFA).

Methods: The first step consisted in the language adaptation, using the forward and backward translation technique reviewed by clinical psychologists. A total of 318 high school students (58.8% female, 41.2% male; M = 16.7 years, SD = 1.6) participated via an online platform (Qualtrics), with informed consent from parents or legal guardians. Participants provided demographic and relationship history data before completing the CADRI, a 50-item Likert-type scale assessing five subscales: Physical Abuse (PA), Threatening Behavior (TB), Emotional and Verbal Abuse (EVA), Relational Aggression (RA), and Sexual Abuse (SA) (both perpetrated and experienced).

Results: The structure of the original version didn't fit with our data. Following the literature, PCA with Varimax rotation identified three-factors for perpetration: Emotional and Verbal Abuse; Threatening and Violent Behaviors (merging PA and TB); and Relational and Sexual Abuse (merging RA and SA). CFA confirmed this three-factor solution for both perpetration (P) and victimization (V). Although CFI (P = 0.825; V = 0.835) and TLI (P = 0.807; V = 0.818) were below the ideal threshold, model fit was acceptable based on SRMR (P = 0.0627; V = 0.0661) and RMSEA (P = 0.0729; V = 0.0775). Internal consistency was excellent (α = 0.88 for perpetration; α = 0.91 for victimization).

Discussion: Despite some limitations in comparative fit indices, the model's structure appears adequate for assessing the multidimensional nature of TDV, offering a clinically relevant tool to inform prevention and intervention strategies.

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Is Climate Anxiety Different? Exploring the Psychological Roots of Emerging Adult Anxieties

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Abstract

Emerging adulthood is a life stage marked by instability, identity exploration, and psychological vulnerability. Emerging adults frequently experience high levels of anxiety, stress, and depression due to uncertainty and adverse environmental conditions. This phase is associated with an increased risk of developing psychopathological disorders, including anxiety, depression, substance abuse, eating disorders, and suicidal ideation. The literature has shown that university students in this age group exhibit higher levels of anxiety symptoms related to the identity transition they are experiencing.

Difficulties in emotion regulation contribute to both intolerance of uncertainty and anxiety disorders, often resulting in dysfunctional coping strategies. Intolerance of uncertainty, defined as discomfort with unpredictable situations, is a predictor of developmental crises and is frequently associated with anxiety.

This study aimed to investigate the role of emotion dysregulation, intolerance of uncertainty, and difficulties in identity construction in relation to three forms of anxiety commonly reported by university students: generalized anxiety, separation anxiety, and climate anxiety.

The sample consisted of 137 university students aged 19 to 29, from various universities, and academic disciplines, ensuring heterogeneity. Data were collected via online surveys between February and September 2024 using six self-report questionnaires: the Dimensions of Identity Development Scale, Adult Separation Anxiety Questionnaire, Climate Change Anxiety Scale, Depression Anxiety Stress Scales - Short Version, Intolerance of Uncertainty Scale, and Difficulties in Emotion Regulation Scale - Short Form.

Findings revealed that female students reported higher levels of anxiety and greater difficulties in identity development. A strong correlation emerged between emotion dysregulation, anxiety, and fragile identity. Furthermore, intolerance of uncertainty and identity difficulties serially mediated the relationship between emotion dysregulation and anxiety symptoms. However, climate anxiety was not directly associated with these psychological variables, suggesting it may not be rooted in psychopathology. In contrast, a full

mediation effect was found for separation anxiety through intolerance of uncertainty and identity difficulties, without a direct effect from emotion dysregulation.

In conclusion, findings underscore the central role of emotional regulation and intolerance of uncertainty in the development of identity-related difficulties and anxiety among university students, while also suggesting that climate anxiety may represent a distinct phenomenon—potentially more social or cultural than clinical in nature.

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The role of attentional bias in chasing behavior: An experimental study in adolescent gambling

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Abstract

Introduction: Chasing is the only diagnostic criterion unique to Gambling Disorder (GD), and various theoretical models highlight its role in the progression from recreational gambling to GD. While research on the correlates of chasing behavior has increased over the past decade, investigations into the factors influencing chasing among adolescents remain limited. This study is the first to empirically examine the contributions of attentional bias, psychological distress, cognitive distortions, and emotion dysregulation to chasing behavior among adolescent gamblers.

Methods: The sample comprised 102 adolescent gamblers who performed two computerized tasks: i) the ChasIT, assessing chasing behavior and comprising three different experimental conditions (loss, control, and win) which participants were randomly assigned to; ii) the Modified Posner Task, detecting attentional biases in both initial orienting and maintenance of attention. Participants also completed the South Oaks Gambling Screen, the Depression Anxiety Stress Scale, the Difficulties in emotion Regulation Scale, and the Gambling Related Cognitive Distortions, to assess gambling severity, psychological distress, emotion dysregulation, and cognitive distortions, respectively.

Results: No significant effect of either experimental conditions of ChasIT or gambling severity on chasing behavior was observed. Regression analyses indicated that chasing frequency (the number of trials played) was predicted by old age, avoidance bias for gambling cues, stress, and illusion of control.

Discussion: The main novelty of this study lies in identifying the role of attentional avoidance of gambling cues—during the maintenance stage of attention—in promoting chasing behavior. First, the findings show that attentional bias is linked not only to gambling severity but also to specific behaviors such as chasing. Second, while previous research has emphasized the role of facilitated attention, this study reveals that even the strategic avoidance of gambling cues may reflect an underlying attentional interest in gambling stimuli. Overall, these findings shed light on the variables that promote chasing behavior among adolescent gamblers, so providing important information for future prevention programs for this specific age group.

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The Relation Between Intolerance of Uncertainty and Fear of Missing Out in Adolescence: Does Boredom Play a Role?

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Abstract

Introduction: Adolescence is a transitional period marked by frequent and unavoidable experiences of uncertainty. Therefore, Intolerance of Uncertainty (IU), a dispositional tendency to perceive uncertain situations as distressing, may be particularly relevant during this phase. Simultaneously, Fear of Missing Out (FoMO) – a socially oriented form of anxiety – is especially common in adolescence due to the heightened need for social connectedness and sensitivity to peer evaluation. Although IU is a well-established cognitive vulnerability factor for anxiety, its role in relation to FoMO has not yet been explored. In particular, boredom - a highly prevalent and aversive emotional state in adolescence, often associated with under-stimulation and goal blockage - may represent a key affective mechanism involved in the link between IU and FoMO. Against this backdrop, the present study aimed to investigate the mediating role of boredom in the relation between IU and FoMO in a sample of Italian boys and girls.

Methods: A total of 603 adolescents (72.4% girls) aged 13-19 years (M = 16.2 years ± 1.61) completed a battery of self-report questionnaires assessing IU, FoMO, and boredom. Structural Equation Modeling (SEM) was used to test whether boredom mediated the link between IU and FoMO.

Results: The model provided an excellent fit to the data. Standardized path coefficients indicated that IU was positively associated with both boredom ($\beta = 0.70$, $p < 0.001$) and FoMO ($\beta = 0.28$, $p < 0.001$). Moreover, boredom was positively linked to FoMO ($\beta = 0.38$, $p < 0.001$). Crucially, an indirect effect of IU on FoMO via boredom also emerged ($\beta = 0.27$, $p < 0.001$).

Discussion: These findings support a partially mediating role of boredom in the relation between IU and FoMO among Italian adolescents. This suggests that adolescents high in IU may find uncertain situations not only distressing but also disengaging, thus fostering boredom. In turn, boredom may amplify the drive to seek stimulation through constant social monitoring, ultimately heightening the vulnerability to FoMO. Practically, these results suggest that preventive interventions targeting boredom and IU may be effective in reducing FoMO and related maladaptive consequences in adolescence.

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Self-harm and psychotic experiences in adolescents admitted to child and adolescent neuropsychiatric inpatient unit: a retrospective clinical study

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Abstract

Background: Self-harm in adolescence represents a complex and multifactorial phenomenon, associated with several psychopathological conditions. Psychotic experiences (PLE) have been found to be very frequent in the adolescent population and have recently been identified as possible risk factors for self-injurious behaviors, both suicidal and non suicidal. However, the relationship between self-harm and PLE in adolescents remains poorly explored.

Objectives and Methods: This retrospective observational study analyzed the sociodemographic, clinical, and psychopathological characteristics of a sample of 311 adolescents admitted to the Child Neuropsychiatry of the Hospital-University of Padua between 2015 and 2023 for self-injurious behaviors. Two groups of patients were compared: those who presented with psychotic experiences (PLE+) and those who did not report them (PLE-), assessing any differences in self-harm severity, psychiatric comorbidities, and treatments received. In addition, PLE+ patients were divided according to the severity of self-harm along a continuum including NSSI, suicidal ideation, and suicide attempt.

Results: Sample analysis showed a prevalence of the female gender (81%) with a mean age of 14.7 years. Most patients came from problematic family backgrounds and had mood and anxiety disorders. Psychotic experiences were present in 79% of patients with self-harm, with a higher incidence of relationship difficulties, emotional dysregulation and anxiety-depressive symptoms in the PLE+ group. PLE+ patients also showed a higher number of re-hospitalizations, a longer length of stay, and a greater need for pharmacological treatment than PLE-. Then comparing PLE+ patients among different grades of self-injury, no significant differences were found, with the exception of emotional dysregulation and sleep disorders, which in particular were prevalent in patients with suicidal self-injury.

Conclusions: The study confirms that psychotic experiences are frequent in adolescents with self-injury and are associated with a more severe psychopathological framework. However, the presence of PLE does not appear to directly lead to greater severity of self-harm. The findings support the importance of early

prevention strategies, with a focus on emotional regulation and treatment of relationship difficulties and sleep disorders. The identification of PLE in adolescents with self-injurious behaviors could be an important indicator of psychopathological vulnerability.

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Is there a lack of Intimacy among Emerging Adults? A try to capture the status of Emerging Adults' interactions through intimacy-related variables: A Network Analysis

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Abstract

Introduction Intimacy constitutes a fundamental dimension of psychological development, spanning from childhood to adulthood, and is conceptualized as a dynamic disposition experienced both individually and interpersonally. The sense of intimacy arising from social interactions is important for fostering creativity and vitality, so examining its formation and maintenance is of primary importance. This research aims to offer a preliminary view of the connection between some dimensions that could compose part of the 'Intimacy' mosaic, investigating the capacity of emerging adults to experience a profound sense of intimacy, express one's true self to others, and evaluate their satisfaction with these relationships. The hypothesis regards the possibility of an intimacy deficit, potentially rooted in the restricted expression of one's true self during interpersonal exchanges, which may contribute to feelings of sadness and diminished motivation.

Methods A sample of 257 emerging adults (18–31 years) was recruited via networking sampling. Each participant completed six self-report measures through a Google Form: the Satisfaction With Life Scale (SWLS), two domain-specific versions of the Utrecht-Management of Identity Commitments Scale (U-MICS), the Perception of False Self Scale (POFSS), the UCLA Loneliness Scale, and the Beck Depression Inventory-II (BDI-II). Data were analyzed using correlational approaches and a network analysis conducted with the EBICglasso algorithm in JASP software.

Results The two identity commitment measures (U-MICS) showed relatively lower influence compared with the other constructs investigated. Centrality indices from the network analysis indicated that Loneliness (Betweenness = 4000; Strength = 0.948) and Satisfaction With Life (Betweenness = 6000; Strength = 0.884) emerged as the most prominent variables within the network, while the variable with the highest expected influence is the perception of False-Self (0.514).

Conclusions The Findings suggest that emerging adults may experience a deficit in intimate relationships. Whether Loneliness functions as the core predictor or the outcome of this complex interplay remains

uncertain, yet it appears potentially linked to a lack of authenticity in interpersonal dynamics. These outcomes, along with future investigations, may illuminate the underlying factors contributing to increasing loneliness in this population, offering a more complex understanding for clinical and preventive interventions.

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The Role of Parents and Peers in Shaping Adolescents' Digital Behaviors: Is there Vicarious Learning?

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Abstract

Background. Bandura's (1977) vicarious learning theory states that adolescents develop patterns of behaviour by observing role models such as parents, peers, siblings or teachers in their social environment. This study examines whether there is evidence for such vicarious learning in relation adolescents 'digital media use. This research can make a significant theoretical contribution by demonstrating how vicarious learning is effectively applied to the acquisition of digital behaviours and how these behaviours are maintained through the influence of the observed role model. The current study aims to examine how family habits and peer interactions influence adolescents' use of digital devices, focusing on which group exerts greater influence.

Method: Participants were 300 adolescents and their parents and 882 schoolmates across three Belgian high schools. They completed self-report questionnaires assessing digital device usage, disconnection strategies, perceived availability pressure and online vigilance. These variables reflect observable behaviors that adolescents may adopt by modelling the actions of their role models. As such, they can capture how adolescents observe, internalize, and replicate digital habits from their social environment. A linear regression design was employed with data collected from adolescents, one of their parents and their schoolmates.

Results: We found that parental online vigilance was negatively associated with adolescents 'online vigilance (β = -0.14, p = .012). Parents 'availability pressure was significant (β = .12, p = .038) were associated with these same measures collected from adolescents. In the peer model, a marginally significant association was found between peer and adolescents 'disconnection (β = .26, p = .074), indicating that when the peers reported higher disconnection habits, adolescents reported higher disconnection too. School policies significantly moderated the relationship between peer online vigilance and adolescents 'online vigilance (β = -0.30, p = .073). This indicates that the association between peer

vigilance and adolescent vigilance was stronger in schools with fewer. The results further highlight significant correlations between adolescents' gender and availability pressure, the use of communication apps, and online vigilance.

Conclusions: These findings highlight the importance of role models in shaping adolescents' digital behaviors. Effective interventions should address both parental and peer dynamics.

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Saturday, 19th September 2025

THEMATIC SESSION

ATTACHMENT AND MENTALIZATION:

FROM ASSESSMENT TO INTERVENTION

Chair:

Chiara Pazzagli

Sapienza University of Rome

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The development and validation of the Adult Attachment Trauma Questionnaire (AATQ)

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Abstract

Despite the widespread use of the concept of Attachment Trauma (AT) in clinical and research settings, few tools are available to assess it. This work presents the development and validation of the *Adult Attachment Trauma Questionnaire* (AATQ), a self-report instrument designed to assess AT in adult romantic relationships. Theoretical and clinical considerations led to the identification the initial pool of items across eight domains. Two pilot studies supported further item selection, followed by Exploratory Factor Analysis (EFA) on a general ample of 407 Italian adults. The EFA identified 28 items grouped into six subscales: Conflict, Attachment-Related Dissociation, Attachment Phobia, Victim, Dangerous Self, and Revengeful Perpetrator. The AATQ demonstrated good convergent validity and strong incremental validity, outperforming existing measures such as the *Adult Disorganized Scale* and the *Emotions in Close Relationships* in predicting traumatic and psychopathological outcomes. A second study with 345 Italian adults from the general population confirmed the six-factor structure via Confirmatory Factor Analysis (CFA), supporting a model where six first-order factors loaded onto a second-order factor reflecting overall AT. Measurement invariance across gender was established, and Latent Profile Analysis (LPA) identified three AT profiles: High, Medium, and Low. These findings support the AATQ as a comprehensive, psychometrically sound tool for assessing adult AT.

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Mentalization, Epigenetic Modulation, and Gut-Brain Axis Regulation in Irritable Bowel Syndrome: A Neuropsychobiological Perspective

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Abstract

Irritable Bowel Syndrome (IBS) is a multifactorial condition marked by abdominal pain, altered bowel habits, and often psychological comorbidities. It is a disorder of gut-brain axis (GBA) dysfunction, where psychological distress, immune dysregulation, and microbiota imbalances interact to shape symptom development. Neurotransmitters and hormones, such as serotonin, histamine, and dopamine, modulate visceral sensitivity, motility, inflammation, pain perception, and emotion, linking IBS to neuropsychiatric conditions. Chronic activation of the hypothalamic-pituitary-adrenal (HPA) axis in response to stress alters cortisol and norepinephrine signaling, contributing to increased intestinal permeability and systemic low-grade inflammation.

This perspective review explores how IBS symptoms emerge through stress-induced epigenetic mechanisms and how mentalization-based interventions may offer a novel pathway to restore gut-brain homeostasis through targeted epigenetic modulation.

Studies highlights the pivotal role of epigenetic plasticity in IBS pathophysiology, which is the environment-driven, reversible regulation of gene expression. Epigenetic mechanisms including DNA methylation, histone modification, and non-coding RNA activity allow environmental inputs, like chronic stress, to modulate gene activity without altering the DNA sequence. This dynamic regulation helps explain the variability of IBS beyond fixed genetic predisposition, which alone shows limited association with the condition.

Stress-responsive genes, including the glucocorticoid receptor NR3C1, the serotonin transporter SERT, and the stress-response regulator FKBP5, have been shown to undergo epigenetic changes in IBS. When FKBP5 is hypermethylated, it diminishes feedback inhibition of the HPA axis, leading to heightened stress reactivity, a hallmark feature of IBS. This methylation is typically triggered by early life adversity or chronic psychosocial distress, which imprint long-lasting changes in stress-response systems.

Recent findings suggest that psychological processes such as mentalization, defined as the capacity to understand one's own and others' mental states, may serve as epigenetic modulators. According to the

mentalization-based approach, several biological and environmental factors contribute to increase vulnerability to the development of Functional Somatic Disorders, such as IBS. Moreover, mentalization-based therapies have been associated with reduced FKBP5 methylation, particularly in individuals with a history of early trauma, restoring balance in stress and immune pathways.

These insights support a model in which cognitive-emotional regulation is not merely symptomatic relief but a biologically embedded mechanism for therapeutic change.

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Psychological distress and mentalization deficit in problematic social media usage: a cross-sectional study

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Abstract

The use of social media platforms among young adults has become increasingly prevalent in recent years. This behavior is often driven by a desire to form and maintain social connections; however, it can sometimes escalate into excessive engagement, potentially resulting in Social Media Addiction (SMA). Even when not meeting the criteria for a full-blown addiction, SMA is characterized by a persistent urge to engage with social media, unpleasant feelings when usage is disrupted, and a loss of control over one's behavior. Various studies have highlighted the role of psychological distress in the problematic aspects of social media use. While mentalization plays a critical role as a mediator between psychological issues and behavioral problems, including various forms of addiction such as gaming and gambling, there has been no research to date examining how deficits in mentalization may exacerbate problematic use of social media. The primary objective of this study was to examine the role of psychological distress and deficits in mentalizing as predictors of problematic social media use. A total of 176 young adults (112 females) aged 16 to 31 participated in the study by completing an online survey that included the Bergen Social Media Addiction Scale, the Mentalization Scale, and the Clinical Outcomes in Routine Evaluation–Outcome Measure. Firstly, 4.5% of the sample, exceeded the clinical cut-off for social media use. A multivariate analysis of covariance revealed a significant gender effect. Specifically, women reported higher levels of difficulties related to functioning and well-being, as well as elevated levels of mentalization concerning others and motivation to mentalize. Hierarchical linear regression analysis indicated a predictive role of female gender, elevated levels of psychological distress, and reduced levels of self-mentalization in problematic social media use. The results of the present study confirm the role of psychological issues in triggering problematic social media usage, likely as a means of escape. Moreover, the ability to self-mentalize was identified as a significant risk factor contributing to a loss of control in addictive behaviors, in detail in problematic social media use. In conclusion, this study underscores the

importance of incorporating mentalization training in the prevention and treatment of behavioral addictions.

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Immature defences and psychopathology: the mediating role of mentalization

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Abstract

Immature defence mechanisms have long been associated with heightened psychological distress and psychopathological symptoms. However, the underlying psychological processes through which these maladaptive defences contribute to psychopathological vulnerability remain underexplored. Therefore, the present study investigates the mediating role of mentalization abilities (identify, express, and process emotions) in the relationship between immature defences and psychopathological symptoms in young adults.

A sample of 483 participants (ages 18–38, M = 23.88, SD = 3.92) were administered a comprehensive battery of self-report instruments assessing defence styles, mentalization capacities, and psychopathological symptoms. A path analysis model was used to analyse the hypothesized mediational model.

The model demonstrated a good fit to the data, indicating that immature defence mechanisms were significantly associated with psychopathological symptoms. Moreover, mentalization impairments mediate such relationships.

The current work demonstrated that mentalization failures might work as a bridge between immature defences and psychopathological symptoms. Clinically, the findings suggest that interventions aiming to enhance reflective functioning and emotional awareness may help mitigate the effects of immature defences and promote greater psychological well-being.

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Risk of Problematic Gambling in the Psychiatric Population and the Role of Impulsivity, Emotional Dysregulation, and Attachment Styles

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Abstract

Gambling disorder is classified among substance-related and addictive disorders in the DSM-5-TR (APA, 2022), it is defined as a persistent and recurrent pattern of problematic gambling behavior associated with clinically significant distress or impairment in personal, social, occupational, and financial functioning. This multicenter study, conducted at the Libera Università di Enna "Kore" and the U.O.C. of Psychiatry of the A.O.U. of Palermo, Messina, and Catania, investigates the prevalence of problem gambling (PG) in the psychiatric and general populations, with a focus on the role of factors such as impulsivity, emotional dysregulation, and attachment styles. The study included 531 participants, comprising clinical (22.2%) and non-clinical (77.8%) samples, assessed using the Relationship Questionnaire (RQ) for attachment styles, the Difficulties in Emotion Regulation Scale (DERS) for emotional regulation, the Canadian Problem Gambling Index (CPGI) for gambling behaviour, and the Barratt Impulsiveness Scale (BIS-11) for impulsivity. Preliminary data indicate, in the general population, a significant association between gambling behaviour and young age, unstable affective relationships, recent alcohol and substance use, impulsive traits, and difficulties in emotional regulation. In the clinical population, although impulsivity and dysregulation levels are higher, these factors do not correlate with the severity of gambling behaviour. Gambling appears, in non-clinical subjects, as a dysfunctional emotional

regulation strategy, rather than primarily as a manifestation of structured psychopathology. The results obtained so far highlight the centrality of emotional-behavioural dimensions in understanding gambling behaviour, but further investigation is warranted to clarify the precise underlying emotional dynamics.

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A telecare video feedback intervention to promote Mind Mindedness in mothers of children with atypical development

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Abstract

Rationale. Parents of infants with atypical development often face more stressors than families with typically developing children, particularly due to emotional, cognitive, and socio-interactive dysregulation. These challenges can impact caregiving dimensions such as mind-mindedness (MM), the propensity to view the child as a mental agent with their own thoughts, feelings, and desires. Video-feedback (VF) interventions can promote MM by helping parents become more aware of their child's mental states.

Aims. This study aimed to: investigate MM in mothers of atypically developing children (clinical group) compared to mothers of typically developing ones (control group); evaluate the effectiveness of a telecare video-feedback intervention in promoting maternal MM in the clinical group.

Methods. Forty-seven mothers (clinical group=33; control group=14) participated with their 4- to 34-month-old children in a videotaped 5-minute playful interaction, recorded during an online video conference, completed online questionnaires assessing parenting stress, depressive symptoms, and anxiety. Mothers in the clinical group (whose children had psychomotor delays, rare syndromes, risk for ASD, or regulatory problems) received six weekly telecare VF sessions: four focused on joint video reviews and discussion of specific themes, and two involving real-time play sessions with tailored guidance from a psychologist.

Results. Compared to the control group, mothers in the clinical group scored significantly higher on the Dysfunctional Mother–Child Interaction subscale of the parenting stress index ($t(44.5)=-3.68;p=.001$). No group differences were found for affective symptoms, nor for other parenting stress subscales. Maternal clinical variables were not significantly correlated with MM measures in either group. Mothers in the clinical group made significantly more non-attuned mind-related comments than those in the control group ($t(44.7)=-2.28;p=.02$). After the intervention, mothers in the clinical group produced more mind-related comments that were attuned to the child's behavior ($t(31)=-2.07;p=.04$). When comparing

the two groups after the intervention, the difference in non-attuned comments was no longer statistically significant.

Discussion. Parents of atypically developing children may show vulnerabilities in mind-mindedness. VF interventions, even when delivered through telecare, may enhance maternal MM. Investing in early intervention can offer timely, effective support for families, contributing to the development of caregivers' mentalization and supporting their role in the rehabilitation journey.

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The mediating role of interoceptive awareness in the relationship between mentalized affectivity and trait anxiety in patients with temporomandibular disorders

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Abstract

Introduction: Temporomandibular disorders (TMDs) are a group of conditions involving pain in the temporomandibular joint, masticatory muscles, and related orofacial structures. Research has extensively investigated psychopathological comorbidities associated with TMDs, focusing mainly on anxiety. However, the relationship between anxiety and other relevant psychological dimensions, such as mentalized affectivity and interoceptive awareness, remains unexplored in this population.

Methods: In this study, 105 patients diagnosed with TMDs completed a self-report battery comprising the State-Trait Anxiety Inventory Form Y-1/2 (STAI Y-1/2), the Mentalized Affectivity Scale (MAS), and the Multidimensional Assessment of Interoceptive Awareness (MAIA). Descriptive analyses showed that participants' average scores on the trait anxiety scale (STAI Y-2) exceeded the clinical cut-off of 40. Therefore, a hierarchical multiple linear regression was performed to determine the role of the factors that were significant at a $p < .05$ significance level in Pearson correlations in predicting trait anxiety symptoms in TMD patients. Subsequently, a mediation analysis was conducted, entering the eligible variables.

Results: Lower scores on the "Emotional Processing" and "Identifying Emotions" subscales of the MAS, along with lower scores on the "Trusting" and "Not Worrying" subscales of the MAIA, predicted higher levels of trait anxiety. Moreover, mediation analyses further demonstrated that the relationship between the MAS "Emotional Processing" subscale and trait anxiety was partially mediated by the MAIA "Trusting" and "Not Worrying" subscales.

Discussion: TMD patients who experience high difficulty in processing and identifying emotions are more likely to report elevated levels of trait anxiety. In these individuals, emotion dysregulation undermines the ability to experience the body as safe and trustworthy, and it enhances the tendency to worry excessively in response to physical pain or discomfort, thereby leading to an exacerbation of trait anxiety symptoms.

Albeit preliminary, these results underscore the importance of addressing both emotion regulation strategies and bodily self-awareness in the psychological assessment and treatment of TMD patients.

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Interpersonal Emotion Regulation as a Mediator in the Association between Anxious Attachmenand Borderline Personality Features

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Abstract

Introduction. Insecure attachment has been identified as a significant predictor of borderline personality (BP), with emotion regulation consistently highlighted as a key mechanism linking the two. Although BP is characterized by interpersonal dysfunctions, much of the existing research has concentrated on intrapersonal aspects of emotion regulation, often neglecting how these processes function in interpersonal contexts. Recognizing the need to better understand the emotional and relational disturbances in BP, this study explored difficulties in Interpersonal Emotion Regulation (IER). Specifically, it assessed whether maladaptive IER strategies — namely, venting and excessive reassurance-seeking—serve as mediators between attachment insecurity and BP traits.

Methods. A sample of 420 adults completed self-report instruments measuring BP characteristics (PAI-BOR: affective instability, identity issues, negative relationships, and self-harming tendencies), attachment styles (ECR-R: anxiety and avoidance), and IER challenges (DIRE: venting and reassurance-seeking). Correlational analyses examined relationships between variables, followed by path analysis treating attachment anxiety and avoidance as predictors, IER strategies as mediators, and BP features as outcomes.

Results. Attachment anxiety showed positive associations with all BP dimensions and greater use of maladaptive IER strategies (venting and reassurance-seeking). These IER strategies significantly mediated the link between attachment anxiety and BP traits, with venting emerging as a consistent mediator across all BP domains. Reassurance-seeking, however, specifically mediated the association between attachment anxiety and affective instability.

Discussion. The results underscore a reinforcing loop of emotional dysregulation and interpersonal conflict in individuals with BP, with IER playing a pivotal role. A strong reliance on others for emotional soothing—potentially due to difficulties in mentalization—may prompt individuals with anxious attachment and BP tendencies to express distress outwardly, perpetuating negative emotions and

relationship strain. Interventions should aim to disrupt this cycle by strengthening emotion regulation skills, encouraging emotional independence, and reducing maladaptive interpersonal strategies.

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Challenges to high-quality care in autism with functional somatic symptoms: a case-inspired narrative review and exploratory biopsychosocial model

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Abstract

Children and adolescents with Autism Spectrum Disorder (ASD) frequently present with Functional Somatic Symptoms (FSS), whose underlying etiology often remains unclear. Both biological and psychological factors within the family environment—such as alexithymia or illness anxiety—may contribute to the exacerbation of these symptoms, potentially leading to excessive medical interventions.

This study offers a narrative review of the literature, integrated with a clinical case of a 13-year-old boy with high-functioning ASD (Level 1), to illustrate how individual traits and family dynamics may influencet he manifestation and persistence of FSS, increasing the risk of misdiagnosis and inappropriate management.

We propose an explanatory model showing how individual characteristics, relational patterns, and family dynamics interact with the inherent vulnerabilities of ASD, shaping illness-related behaviors and affecting care pathways. We argue that these psychological dimensions are often overlooked in pediatric populations with high-functioning ASD and FSS, leading to diagnostic uncertainty, delayed access to appropriate care, overuse of healthcare services, and unnecessary medical treatments.

Our findings highlight the importance for healthcare professionals to consider the broader psychological and familial context when managing somatic symptoms in individuals with ASD. A comprehensive biopsychosocial approach—addressing both the individual and their family system—may help reduce unnecessary medicalization and improve clinical outcomes. Future research should focus on developing targeted interventions that incorporate these psychological aspects to enhance care quality and reduce healthcare resource utilization in ASD populations.

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A systematic review of psychological approaches to physical pain: focus on catastrophizing and resilience

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Abstract

Introduction: The perception of pain is strongly influenced by the way the mind interprets and handles the painful experience. An irrational belief observed in individuals with pain is catastrophic thinking, a tendency to focus on the negative aspects of pain or to anticipate the worst outcomes, associated with feelings of helplessness and reduced ability to adopt resilient behaviour. The aim of this systematic review is to investigate the presence and efficacy of psychological and psychotherapeutic interventions in reducing pain and catastrophising and improving resilience in pain patients.

Methods: A literature review was conducted using three databases (PubMed, Scopus, and Web of Science) on patients experiencing pain. The criteria established by the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines were followed. Quality assessment was performed using the Cochrane Risk of Bias tool (RoB 2.0) for randomized studies and the Cochrane Risk of Bias for NonRandomized Studies (ROBINS-I).

Results: The results of the ten included studies suggest that psychological approaches can play a key role in improving both pain management and the mental health of patients suffering from physical pain. Specifically, these interventions may lead to a significant reduction in excessive and negative predictions, as well as an improvement in their ability to cope with psychological challenges related to pain.

Discussions: Future studies could evaluate the impact of these interventions on improving the psycho-physical health of patients even in the long term.

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Psychosomatic Features Related to Irritable Bowel Syndrome: the Role of Alexithymia on Patients' Perceived Quality of Life

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Abstract

Introduction: Irritable Bowel Syndrome (IBS) is a disabling disorder accompanied by significant psychological features and foreseeing high social burden. The role of psychological variables in the onset and course of pathology is central. Considering recent contributions, subjects suffering from IBS need accurate psychological assessments in order to detect the extent of adverse psychological phenomena.

Methods: This contribution considers a population of people suffering from IBS. The cross-sectional study provided standardized instruments to investigate the impact of alexithymia on subjects' quality of life. The Toronto Alexithymia Scale (TAS-20) and SF-36 were administered in order to assess alexithymia and perceived quality of life respectively. Descriptive, correlational and regressions analyses were performed.

Results: The results highlighted how alexithymia assumed opposite directions with reference to quality of life. Correlational analyses showed how higher levels of alexithymia corresponded to a lower perceived quality of life. Through linear regression analysis, it was possible to realize the predictive role of alexithymia decreasing perceived quality of life. In particular, higher levels of alexithymia, difficulty identifying feelings and difficulty describing feelings predicted decreased perceived quality of life. Externally oriented thinking deserves more attention.

Discussion: Results suggested the need to structure clinical research paths aimed at understanding the extent of alexithymia prevalence and role in patients with IBS. Thus, structuring interventions reducing alexithymia and improving individuals' quality of life is crucial. Studies dedicated to the phenomenon are encouraged in order to enrich the state of the art.

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Integrating Cognitive Training with Physical Rehabilitation: effects on memory and perceived physical well-being

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Abstract

Introduction. Recent research in post-traumatic physical rehabilitation has focused on exploring how learning processes might be manipulated to affect the rate and progress of patients' recovery. Motor learning processes appear to be influenced by specific cognitive abilities, such as memory, highlighting a faster acquisition phase in movement learning.

Specifically, the initial level of memory seems to be a predictor of subsequent changes in physical health. Considering this, it can be supposed that maintaining a high baseline level of memory or promoting its enhancement through cognitive training could have a significant impact on physical well-being. Improving cognitive functions, such as memory, could influence physical health outcomes by facilitating more efficient adaptation to physical tasks and potentially enhancing overall physical resilience.

Given this background, the present study aims to evaluate the relationships between enhancement of memory and physical well-being after psychical rehabilitation intervention.

Methods. This study is an experimental research design, which includes a pre and post intervention assessment. It compares an experimental group of patients undergoing cognitive training sessions alongside physical rehabilitation with a control group receiving only physical rehabilitation. The sample completed a self-report questionnaire (WHOQOL-BREF) and is assessed for memory (R-BANS). Assessments are repeated at T0 and T1.

Results. The results of this study indicate that there were no significant differences between the experimental group and the control group at the pre-test for physical well-being and memory. However, such differences emerged at the post-test ($p<.05$).

Discussions. The results of this study suggest that the observed differences at the post-test could likely be attributed to the combination of cognitive training and physical rehabilitation intervention. This finding supports the notion that cognitive training can enhance the effects of physical rehabilitation, potentially fostering a more holistic recovery process.

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Stress, Work-Family Interface Conflict, and Psychophysical Health Conditions Among Men and Women Employed in the Public Administration: Vicious and Virtuous Circles Within and Beyond the Work Context

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Abstract

Introduction. Research on factors hindering employees' wellbeing cannot be limited to the work context, yet it should address the challenges featuring the interface between work and family domains, whose balance represents a clear need for both women and men in the current society. Yet, there is still a lack of studies adopting the Work-Family-Spillover perspective, which suggests that stressors and resources within each of the two domains impact the other, potentially creating vicious circles or, conversely, virtuous circles fostering wellbeing. This study aims to explore –and compare by gender– potential vicious circles featured by the effects (main/mediating) of the interplay between Work-related Stress (Effort-Reward-Imbalance) and Work-Family-Interface Conflicts (Work-Family/Family-Work-Conflicts) on Psychophysical health (SCL-90-R) reported by Public Administration employees. The potential moderating role of individual (Coping Strategies/Life Satisfaction) and work resources (Job Control, Support, Satisfaction) in breaking vicious circles/promoting virtuous circles was also explored.

Methods. Overall, 535 employees (284 Women/251 Men) from the Municipality of Naples completed self-report measures. Main/mediating/moderating analyses were tested across Gender by Correlations and Hayes-PROCESS.

Results. More than 30% of employees reported high Work-related stress and Work-Family Interface Conflicts, with no statistically significant gender differences. Men reported significantly higher levels of clinical Paranoid-Ideation (29.4% Women/70.6% Men), Depression (14.8% Women/24.1% Men), and Somatization (13.7% Women/20.9% Men). Work-related Stress and Work-Family Interface Conflicts were associated with psychophysical disease across genders, yet specificities in the hypothesized vicious circles (mediating effects) and in virtuous circles (moderating effects) were found. Data show that work stress/conflicts between the two domains are intricately linked in determining psychological suffering in

women, while only perceived Family-Work Conflict plays a role in mediating the effect of work stress in men, who can however also rely on a wider set of effective resources than women.

Discussion. Findings could be used to implement gender-specific interventions to prevent the exacerbation of vicious circles and promote wellbeing in the Public Administration and beyond.

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Psychological Impact of Vision Loss: psychologist's tools for assessing the mental health of patients with chronic eye diseases

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Abstract

Several studies reporting an increased risk of 1.6 and 1.5 times for anxiety and depression, respectively, in patients with vision impairment compared with people without visual problems. A missed diagnosis of subthreshold mental disorders in chronic eye patients could lead to poor adherence to the therapeutic pathway, which would mean fewer chances of improving/stabilising vision, with a potential reduction in quality of life, increased risk of developing other comorbidities, loss of productivity, increased healthcare costs, increased burden of care, number of visits and hinder the visual rehabilitation process. Despite this evidence, there is no standard methodology for assessing mental status in patients with chronic eye conditions, in contrast with the widely recognised need for early detection and management of mental health problems.

The aim of this study is to analyse the mental health of patients with chronic eye diseases attending a vision rehabilitation centre using the WHO-approved screening questionnaires Patient Health Questionnaire-9(PHQ-9) and Generalized Anxiety Disorder-7(GAD-7). The Symptom Checklist-90R was also used.

Three-hundred and fifty-nine (mean age 55,4 years; 184 female and 175 males) patients with different chronic eye diseases were enrolled in the study

The results from PHQ- 9 and GAD- 7 scores showed depression and anxiety scores higher than the cut-off limit in 54% for PHQ- 9 and 18% for GAD- 7; 16% patients resulting above threshold for both questionnaires. Scores of the 9 dimensions and the General Symptomatic Index (GSI) of SCL90-R were

examined. 22% of patients present severe psychopathological symptoms (GSI>1); 28% of patients showed discomfort related to the perception of bodily dysfunctions; 38% focused on thoughts, impulses and actions experienced as persistent and unwanted; 27% presented feelings of inadequacy; 50% sleep-wake rhythm alterations.

This study highlights the importance of introducing simple, validated and standardized psychological screening tools into clinical practice for patients with chronic eye diseases. The use of questionnaires make it possible to bring out discomforts that are often unspoken but crucial to the rehabilitation process and the individual's well-being. In a context where early diagnosis makes the difference, recognizing the weight of the psychological component is not only useful, but necessary.

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Alexithymia and Quality of Life: Clinical Psychological Phenomena related to Psoriasis

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Abstract

Introduction: Psoriasis is a significant, long-lasting dermatological disease representing a major source of discomfort for patients. Often accompanied by other invalidating phenomena such as arthritis, its impact on the mental functioning of patients is particularly relevant. In addition, it is known that psychological phenomena may represent a risk factor for the onset of the disease. In particular, psychosomatics has long studied psychological phenomena that represent consistent etiological factors. Alexithymia is recognized as a condition particularly interesting on the psychosomatic level, so that several studies tend to identify it as a predictive factor. In the light of the state of the art, this contribution aims to consider the role of alexithymia in a population of psoriatic subjects.

Methods: Through a cross-sectional design and the administration of standardized psychological instruments, it was possible to appreciate the predictive role of alexithymia in relation to the patients' perceived quality of life. The Toronto Alexithymia Scale (TAS-20) and the SF-36 were administered to patients in order to assess alexithymia and perceived quality of life. Descriptive, correlational and regression analyses were performed.

Results: Through correlational analyses higher levels of alexithymia corresponded to a decrease in various domains related to perceived quality of life. Thus, linear regression analyses allowed us to understand how alexithymia constitutes a significant predictor of decreased quality of life.

Discussion: The findings provide a significant basis for future action. Given the role of alexithymia and its impact on life of the involved individuals, it is necessary to implement studies that clearly and significantly demonstrate the need for evidence-based interventions.

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The effect of Long-Acting antiretroviral therapy in health locus of control in people living with HIV.

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Abstract

It is well known that people living with HIV (PLWH) who receive antiretroviral therapy (ART) achieve undetectable levels of the virus in their blood, thereby preventing HIV transmission. However, daily oral therapy requires a high level of adherence, which can be affected by a series of medical and psychological factors. Among these, health locus of control has been shown to be significantly correlated with adherence and perceived illness.

In this context, the aim of the present study is to examine changes in health locus of control among PLWH switching from daily oral ART to long-acting (ART-LA) injectable therapy.

A total of 36 PLWH were recruited from the Infectious diseases Unit, Amedeo di Savoia Hospital, Turin. PLWH were asked to complete questionnaires via an online survey during the first administration of ART-LA (T0) and during the seventh administration, eleven months later (T1).

In this study, the data collected included socio-demographic, clinical information and data from the Multimodal health locus of control (MHLC).

The sample consisted of 36 PLWH (33 male, 2 female and 1 non-binary) with an average age of 47.7 (9.1), who had been diagnosed with HIV for 14 years (7.5) and had been on ART for years 6 (4).

Paired t-tests showed significant differences between the T0 and T1 evaluations on the "Chance" subscale score of MHLC($t(35)=-3,389$, $p=0.002$), the "Powerful Others" subscale ($t(35)=-2,453$ $p=0.019$), and the "Doctors" subscale of MHLC ($t(35)=-3,201$, $p=0.003$).

Our data showed that switching from oral to long-acting regimens appears to increase levels of external locus of control about a year after switching.

Specifically, PLWH showed an increased belief that health is a matter of fate or luck, that others can contribute to the outcome of one's health condition, such as the control that doctors have over the specific outcomes of that health condition.

These findings have important clinical implications: a multidisciplinary approach with both medical and psychological involvement is needed when people change therapy.

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University of Milan-Bicocca

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Victimization And Perpetration of Bullying/Cyberbullying and Psychopathology: A Longitudinal Study

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Abstract

Introduction. Bullying and cyberbullying are widespread phenomena that profoundly impact mental health. This longitudinal study examines the progression of victimization and perpetration related to bullying and cyberbullying from the 6th to 8th grade, with particular attention to their relationship with psychopathological factors. The aim is to analyze the temporal stability of victimization and perpetration of bullying/cyberbullying and assess the resulting emotional and behavioural difficulties, also exploring the potential relationship between bullying/cyberbullying and psychopathology.

Methods. The research involved 788 students, equally balanced by gender (50.5% male vs. 49.5% female), tracked throughout their middle school years. Among these participants, 75.3% aged between 11 and 12 years, 20.2% between 10 and 11, and 4.6% between 12 and 13 years. Bullying victimization and perpetration were assessed using the Multidimensional Peer Victimization Scale and the Illinois Bully Scale respectively, while cyberbullying victimization and perpetration were assessed using the Smith Cyberbullying Self-Report Questionnaire. Finally, psychopathological difficulties were evaluated using the Strengths and Difficulties Questionnaire (SDQ).

Results. Results indicate a significant decline in physical victimization (1.05 vs. .81) and social manipulation bullying (2.83 vs. 2.13) from the 6th to 8th grade. In contrast, bullying perpetration shows an increase (2.35 vs. 3.59). Regarding cyberbullying, victimization remains stable (1.58 vs. 1.54), while perpetration significantly rises (.70 vs. .93). Furthermore, victimization and perpetration of bullying/cyberbullying (except for victimization in cyberbullying) predict high levels of psychopathological difficulties (as indicated by high scores on the SDQ total factor) assessed in the 8th grade net of gender and psychopathological difficulties assessed in the 6th grade ($.15 \leq \beta \leq .27$).

Discussion. These findings suggest that while certain aspects of victimization tend to decrease over time, the perpetration of aggressive behaviors becomes more consolidated. The strong correlation with psychopathology highlights the need for targeted school and clinical interventions aimed at preventing and mitigating the phenomenon, fostering positive social relationships among adolescents.

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An Analysis of the Relationships Between Personality, Metacognition, Assertiveness, and Psychological Distress in Couples: An Actor–Partner Interdependence Model Approach

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Abstract

Introduction. Assertiveness and metacognition are key relational and emotional competencies in intimate relationships. Assertiveness enables clear and respectful self-expression (Alberti & Emmons, 1970; Moss et al., 2021), while metacognition allows individuals to understand and regulate their own and others' mental states (Semerari et al., 2003). Deficits in these domains have been linked to maladaptive personality traits and increased psychological distress (Pedone et al., 2021; Carcione et al., 2019). This study investigates how pathological personality traits influence psychological distress in romantic couples, through the mediating roles of metacognition and assertiveness, using the Actor-Partner Interdependence Model (APIM; Cook & Kenny, 2005).

Methods. The sample consisted of 58 heterosexual couples (N = 116), recruited on a voluntary basis. Exclusion criteria included psychiatric history, current psychotropic medication, and substance use. Participants completed the PID-5-FBF for maladaptive personality traits (Maples et al., 2015), the MSAS and MBRS for metacognition (Pedone et al., 2017; 2023), a newly developed 11-item assertiveness questionnaire, and the BSI-18 for psychological distress (Derogatis, 2001). APIM path models were analyzed using structural equation modeling with robust maximum likelihood estimation.

Results. Actor effects revealed that negative affectivity, detachment, disinhibition, and psychoticism were significantly associated with reduced metacognition and assertiveness, and increased distress (Dimaggio & Lysaker, 2015). Partner effects were generally weaker but significant for male antagonism influencing female metacognition (South & Krueger, 2008). Metacognition partially mediated the relationship between personality traits and distress, while assertiveness showed weaker mediating effects. Correlations indicated that greater metacognitive ability was positively associated with assertiveness, and lower assertiveness was related to higher distress in both partners.

Discussion. Findings highlight the interdependence of psychological processes in couples and the central role of metacognition in emotional regulation. Enhancing metacognitive and assertive skills may buffer the negative impact of maladaptive traits and improve relationship functioning. These results support the integration of metacognition- and communication-based interventions in couple therapy, particularly when personality dysfunction is present (Baggio, 2013; Dimaggio et al., 2017). Future research should adopt longitudinal designs to assess causal relationships and examine cultural variations.

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Emotional and cognitive functioning in offenders: a study protocol

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Abstract

Violent crimes pose a serious public health problem due to the negative short and long-term effects on the victims. At the same time, the rehabilitation and reintegration of offenders represents a major social challenge.

Previous research has shown that individuals who exhibit antisocial and violent behaviour may have altered social cognition skills. The domain of social cognition includes the ability to understand and infer the intentions and affective states of other people (Theory of Mind, ToM), as well as the ability to share (empathy) and recognise the feelings of others. All these skills are fundamental to establishing and maintaining appropriate social interactions, and alterations in these skills are associated with difficulties in recognising (alexithymia) and regulating one's own emotions.

In particular, impairments in social cognition have been linked to changes in areas of the prefrontal cortex that often lead to difficulties in anticipating the (short, medium, and long-term) consequences of acts of abuse and violence, which are associated with significant impulse control.

Based on these premises, the main objective of the present study is to investigate the presence of difficulties in different areas of cognitive, social, and emotional functioning in different types of offenders (sexual offenders, violent but non-sexual offenders, and non-violent offenders). In this way, possible differences in the skills studied between offenders with different criminal careers can be explored, bearing in mind that the particular relational and interpersonal nature of sexual offences requires targeted and accurate scientific assessments.

An in-depth assessment of these skills could make it possible to gather initial information needed to define a training tool aimed at improving these impaired skills in order to promote the individual's relational and interpersonal resources. This could favour the rehabilitation and reintegration of the offender into society and reduce the risk of re-offending.

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Unheard Voices: Stigma in the Lives of Women exposed to IPV in Italy

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Abstract

Introduction: Intimate Partner Violence (IPV) corresponds to physical, emotional, sexual, and psychological abuse carried out by a current or former partner. Women exposed to IPV may experience another kind of victimization: stigma. Stigma consists of negative prejudices, biases, and discriminatory responses that a society directs towards groups. Stigma may impact the mental health and well-being of women exposed to IPV by inhibiting them from having an equal role in the workplace, limiting their career progression, and resulting in isolation, low self-esteem, and psychological distress. More recent studies have increasingly called for the need to listen to the voices of those who are directly experiencing stigma. This allows for a more accurate and truthful capture of the phenomenon of stigma, its subtle and complex nuances. In line with this research trajectory, the present study seeks to explore women exposed to IPV's first-person experience of stigma.

Method: Participants were recruited from several Antiviolence Centers and Shelters all around Italy. The final sample consists of a total of 41 women (Mean age = 44,51; SD = 11.37). Semi structured interviews investigating their experiences of stigma were conducted. Transcripts were analysed on Nvivo Software using the Reflexive Thematic Analysis method.

Results: The results showed that participants experienced stigma in the Italian context in relation to their IPV. Two main themes emerged: 1) Public Stigma and 2) Self-Stigma. Both these themes were subdivided into five subthemes: 1) Discrimination, 2) Status Loss, 3) Lack of Social Support, 4) Blame and Shame, and 5) Secondary Victimization.

Conclusions: This study provides insight into the stigma experienced by women exposed to IPV in the Italian context. Through their narratives, we can better understand how stigma is perceived and, in turn, identify potential psychological support and counseling interventions that can be developed based on their specific needs.

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The role of the caregiving burden in romantic relationships

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Abstract

Couple satisfaction is often studied through intradyadic factors such as communication patterns, conflict resolution, mutual trust, and perceived support. However, the well-being of a couple is embedded in a broader interpersonal context, shaped by each partner's family history and current ties with their family of origin. One crucial yet underexplored factor in this framework is the caregiving role that one partner may assume toward an aging parent, especially in the context of neurodegenerative conditions like Alzheimer's disease and dementia.

The current study, "AsymmetriC attaChment for Elderly with PaThologies" - ACCEPT, investigates whether caregiving burden mediates the relationship between adult attachment orientations and couple satisfaction, adopting a cross-sectional design. Additionally, it examines whether dyadic coping moderates this relationship and explores the impact of early parentification experiences; in adulthood, these experiences can affect the tendency to take on caregiving responsibility and the ability to manage stress within close relationships. Preliminary data were collected from 34 individuals currently in committed relationships and involved in the care of a parent with Alzheimer's disease or dementia. Participants completed an online survey measuring caregiving burden (CBI), attachment orientations (ECR-R), dyadic coping (DCI), work-family conflict (WAFCS), childhood parentification (PI), and couple satisfaction (CSI). Statistical analyses will include ANOVA and multiple regression to investigate mediating and moderating effects. Participants were mainly women (91.2%), with a mean age of 50.03 years; they reported moderate levels of early parentification experiences (PI) and substantial variability across the sample (M=2.55; *SD*=.69). Planned analyses aim to test whether individuals with insecure attachment orientations report higher levels of caregiving burden and lower couple satisfaction and whether dyadic coping strategies moderate this relationship. Additionally, it will be examined whether early experiences of parentification contribute to vulnerability in caregiving contexts. By adopting a biopsychosocial and intergenerational framework, this study aims to provide a deeper understanding of how caregiving responsibilities impact individual well-being and couple dynamics. Findings will contribute empirical support for the development of targeted clinical interventions designed to reduce caregiver stress,

enhance adaptive coping within the couple, and support relational functioning in families affected by dementia-related caregiving.

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Explorative and qualitative study on recidivism in sexual offending: Implementing sexual offense treatment programs

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Abstract

Introduction: A key goal of sexual offense treatment programs (SOTX) is to reduce recidivism, thereby promoting rehabilitation and public safety. While extensive research on risk factors has been conducted in U.S. and Canadian populations, little is known about these risks in other cultural contexts. This study addresses this gap by examining an Italian SOTX program, based on 10 therapy sessions aimed to increment self-awareness on their conduct. Specifically, we will focus on the perception of participants regarding their own risk of reoffending.

Methods: The study included five male justice-involved sexual offenses in Italian correctional contexts. Eligibility required a minimum one-year sentence, accountability for their actions, and fluency in Italian. The average age was 46.2 years (SD = 17.09), with offenses including child sexual abuse (N=4) and sexual assault (N=1). Participants assessed their recidivism risk using the High-Risk Situation (HRS) Checklist. The checklist evaluates emotional, cognitive, environmental, and treatment-related risks. They also created mind maps and wrote narratives on the personal, familial, and victim-related impacts of their offenses.

Results: Findings were categorized using the HRS Checklist, revealing multiple risk factors for recidivism. Emotional risks included anxiety, depression, guilt, resentment, isolation, and a perceived lack of control. Cognitive risks involved rationalizing offenses and feeling powerless over behaviour, which may hinder personal accountability. Environmental factors such as substance use, interpersonal conflicts, and social withdrawal further contributed to perceived risk. Participants also expressed distrust in therapy and difficulty expressing emotions, which could limit engagement in treatment. Qualitative themes highlighted struggles with self-recognition, reluctance to acknowledge the victim's suffering, low self-esteem, internalized stigma, and shame.

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Discussion: In conclusion, emotional, cognitive, environmental, and treatment-related factors all contribute to participants' perceptions of their likelihood of reoffending. The findings suggest that addressing these diverse risks, particularly emotional regulation, cognitive distortions, and trust in therapy, should be prioritized in treatment programs. Additionally, the study underscores the importance of integrating social support and post-release reintegration strategies to reduce recidivism.

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Maintaining a healthy intimate relationship in distressing times

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Abstract

Introduction: Effective stress management in romantic relationships is crucial for maintaining the quality of relationships. This study investigates the mediating role of dyadic coping in the association between major stressors (e.g., the COVID-19 pandemic) and minor stressors (e.g., interpersonal tensions) and perceived relationship satisfaction.

Method: This research utilized an intensive longitudinal design, tracking 108 heterosexual couples (216 individuals) over three months (July–September 2024) across four assessment waves. The present analysis focuses on data from the first wave. Participants were recruited via snowball sampling and completed validated self-report measures evaluating perceived stress, dyadic coping strategies, and relationship satisfaction. The Actor-Partner Interdependence Mediation Model (APIMeM) was employed to distinguish actor and partner effects and to examine mediation pathways.

Results: Findings indicate that couples who employed adaptive dyadic coping strategies, such as mutual emotional support, collaborative problem-solving, and perspective-taking, reported significantly higher relationship satisfaction and lower perceived stress. Conversely, maladaptive coping mechanisms (e.g., avoidance, blame-shifting, emotional withdrawal) were linked to more significant relational distress and diminished overall well-being. Actor effects revealed that individuals who perceived their partner as supportive experienced greater satisfaction, while partner effects highlighted the bidirectional influence of coping behaviors. Dyadic coping significantly mediated the relationship between stress and relationship quality, reinforcing its buffering role against relational strain. The mediation effect varied depending on stressor type and intensity, with internal stress exhibiting a more substantial influence on relationship outcomes than external stress.

Discussion: These results emphasize the protective function of dyadic coping in sustaining relational well-being under stressful conditions. Promoting effective coping strategies within couples may enhance relationship resilience, mainly when both partners actively participate in supportive behaviors.

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Thursday, 19th September 2025

THEMATIC SESSION

"PROTECTIVE FACTORS AND WELL-BEING ACROSS THE LIFE SPAN"

Chair:

Federica Andrei

University of Bologna

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Postpartum Depression and Psychological Health: Risk and Protective Factors in a Sample of Women During the Post-natal Period

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Abstract

Motherhood entails profound physical and psychological changes, often accompanied by mental health challenges such as postpartum depression. The ecological resilience model provides a theoretical framework to understand the etiology and trajectory of depressive symptoms, influenced by both biological factors (e.g., hormonal changes) and psychosocial elements (e.g., stressful events, social support, unresolved conflicts). However, this model has not yet been applied in Italy to mothers with infants under one year old.

The aim of the present research was to identify and analyze the relationships between factors associated with postpartum depression using the ecological resilience model.

A cross-sectional study design was used, mothers (N = 209, mean age = 32.9 SD = 5.03) were recruited online and filled a battery of standardized self-report questionnaires validated in Italian. These assessed psychological constructs (e.g., depression, anxiety, social support) and pregnancy-specific factors (e.g., fear of childbirth, breastfeeding self-efficacy).

The results showed that among participants, around 20% exhibited possible depression while around 35% showed probable depression. Low levels of parental self-efficacy were reported by 70%, and almost 20% lacked confidence in their breastfeeding abilities. Multiple linear regressions were conducted in R. Predictors of depressive symptoms included resilience, anxiety, family social support, and problem-focused coping strategies. Predictors of anxious symptoms included depressive symptoms and intolerance of uncertainty. Additionally, medical conditions increased vulnerability to depressive symptoms, while insufficient obstetric support was linked to heightened anxiety-related clinical presentations.

To conclude, untreated postpartum depression can have significant consequences not only for maternal mental health but also for family dynamics and the child's psychophysical development. Understanding risk and protective factors is crucial for prevention efforts, enabling early identification of at-risk mothers

and the implementation of targeted treatments. These findings underscore the importance of integrating resilience-building strategies into maternal care to mitigate postpartum depression impacts effectively.

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Sleep Quality, Chronotype and Psychological Distress in Older Adults: A Latent Profile Analysis of Social Network Users

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Abstract

The increasing use of social networking sites (SNS) among older adults has raised concerns about its potential impact on sleep quality and mental health. This study explores the relationship between sleep variables, psychological distress, problematic social networking site use (PSNSU), and motivations for SNS use in individuals aged 60 and above. Using a latent profile analysis, we examined a sample of 4,962 SNS users (57.9% women; 66.81 mean age, 6.6 standard deviation) to identify distinct subgroups based on sleep quality (Pittsburgh Sleep Quality Index, PSQI), chronotype (Morningness-Eveningness Questionnaire, MEQ), psychological distress (Depression, Anxiety and Stress Scale-21, DASS-21), PSNSU (Bergen Social Media Addiction Scale, BSMAS), and motivations for SNS use (SNS Motives Questionnaire, SMQ).

Five profiles emerged: (1) "Very poor sleepers highly distressed users" (7%), with poor sleep quality and severe psychological distress; (2) "Suboptimal sleep and moderately distressed users" (~21%), with mild problems related to sleep and moderate distress; (3) "Balanced morningness/eveningness, mildly distressed socially involved users" (~20%), with moderate PSNSU and the highest frequency of the "social" motive for SNS use; (4) "Very poor sleepers, highly distressed at risk for PSNSU" (~10%), with

severe sleep problems and the highest PSNSU intensity; and (5) "Healthy users" (42%), with good sleep quality and low distress.

Findings reveal that individuals with higher PSNSU tendencies tend to exhibit poorer sleep quality, later chronotype preferences, and greater psychological distress. The "Very poor sleepers, highly distressed at risk for PSNSU" group, in particular, showed a pronounced eveningness chronotype, suggesting a link between circadian misalignment, SNS engagement, and negative mental health outcomes. Conversely, "Healthy users" had a greater tendency toward morningness and displayed significantly better sleep patterns and lower distress levels.

These findings highlight the need for tailored interventions to improve sleep hygiene and regulate SNS use in older adults. Strategies should promote healthier screen habits, especially before bedtime, and address psychological distress to reduce PSNSU's negative effects. Future research should explore causal pathways linking SNS use, sleep disruption, and mental health deterioration in aging populations to develop and evaluate individualized interventions.

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Heart Rate Variability and Psychological Well-being in Older Adults

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Abstract

Introduction: Heart rate variability (HRV), a non-invasive marker of autonomic nervous system functioning, has emerged as a key physiological correlate of emotional regulation and psychological well-being. In the context of aging, understanding the relationship between HRV and psychological well-being is particularly important, given the increased vulnerability to mental health challenges such as depression, anxiety, and stress-related disorders. This study explored associations between resting-state HRV and psychological state in a community-based sample of older adults.

Methods: One hundred and twenty-five participants (age range 50-88; mean age: 64.2) were recruited through senior centers and community advertisements. Each participant underwent a 10-minute resting-state HRV recording using a validated device. Time-domain (e.g., RMSSD) and frequency-domain (e.g., HF, LF/HF ratio) indices were extracted. Following HRV recording, participants completed a psychological battery including the SCL-90 (psychopathological symptomatology), TAS-20 (Alexithymia), and GDS (Geriatric depression).

Results: Results revealed significant negative correlations between HRV measures and psychological distress: higher RMSSD and HF power were associated with lower levels of psychopathological symptomatology ($p < .05$), geriatric depression ($p < .05$), and alexithymia ($p < .05$). A multiple regression analysis controlling for age, sex, BMI, and medication use confirmed that HRV significantly predicted psychological well-being, independently of covariates.

Discussion: These findings support the utility of HRV as a physiological marker linked to emotional regulation and adaptive coping in older adults. Given the growing interest in mind-body interventions in geriatric populations, HRV monitoring may represent a useful tool for identifying individuals at risk for psychological distress and for evaluating intervention outcomes. Future research should explore longitudinal changes and examine whether increasing HRV through biofeedback, physical activity, or mindfulness training leads to measurable improvements in psychological functioning among the elderly.

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Sport as a resource for social support and psychological well-being for people with disabilities: A systematic review

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Abstract

Introduction: Participation in sports is widely recognized as a crucial factor in overall well-being, especially for individuals with motor disabilities. While numerous studies have examined the physiological benefits of sports for these individuals, there has been less focus on the psychological aspects. The role of sports in promoting social support, mental health, resilience, and self-efficacy among individuals with disabilities warrants further investigation. The aim of this review is to examine the relationship between sports participation and psychological well-being in adults with motor disabilities.

Methods: Following the PRISMA 2020 guidelines we conducted a Systematic Review across PubMed, Scopus, and PsycNET, including studies published in English. Outcomes included psychological well-being, quality of life, self-efficacy, resilience, self-esteem, motivation, mood, disability acceptance, functional independence, social support, perceived social competence and body-sexual esteem.

Results: Of 10,806 initially identified records, 27 studies met inclusion criteria. Results indicate sports participation is associated with improved psychological well-being (40% higher in competitive athletes; $p<.0001$; $d\geq1.3$), increased self-efficacy ($P=0.001$, mean 69.5 ± 12.5 vs 62.0 ± 11.5 in non-athletes), higher resilience ($r=0.28$; $p=0.004$), and better social support in athletes with motor disabilities ($\beta=0.25$; $p<0.01$). Adapted sports facilitated disability acceptance and improved social support, motivation, and mood regulation. Athletes across different sports showed varying quality of life perceptions, suggesting sports participation may serve as a critical mechanism for psychological adaptation and empowerment

Discussion: This systematic review underscores the multifaceted benefits associated with sports participation among individuals with motor disabilities, highlighting its role in enhancing psychological well-being. The findings emphasize the necessity of comprehending these factors to inform the development of evidence-based policies and targeted interventions aimed at promoting social inclusion and optimizing the quality of life for individuals with disabilities through sports engagement.

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Artificial Intelligence And Psychological Well-Being Among Healthcare Professionals: A Mediation Model To Explain The Relationships

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Abstract

The introduction of artificial intelligence (AI) in the workplace has raised important questions regarding employee perceptions, attitudes and psychological wellbeing. The literature highlights the role of training — perceived as appropriate and versatile — in enhancing self-efficacy, which is an important mediator between experiences and cognitive, behavioral and affective outcomes. The aim of this study was to examine the relationships between AI-related training, self-efficacy, perceptions of AI use, attitudes toward AI, and psychological well-being in healthcare professionals. The sample consisted of 2,545 healthcare workers (75% female, 24% male, 1% non-binary; mean age = 50.92, SD = 9.94, range = 24–74). Structural equation modeling (SEM) was used to examine the relationships between the variables. A model postulated that adequacy and versatility of training and membership in a working group that uses AI are the antecedents of self-efficacy in using AI, which in turn should mediate the effects on perceptions of AI and attitudes towards its use. The results showed good agreement with the data (CFI = .960, TLI = .920, RMSEA = .062, SRMR = .030), with all indirect effects being significant. The results suggest that training and exposure to AI-related work environments contribute to improved psychological well-being. This model highlights the importance of investing in high-quality, tailored training programs to support technological adaptation and promote employee well-being.

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Clinician Well-Being in Online Platforms and Face-to-Face Settings: A Comparative Network Analysis of Protective and Risk Factors

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Abstract

Online Platform Services for Psychotherapy and Counselling (OPSPCs) have rapidly expanded in recent years, emerging as a unique clinical setting shaped by specific rules, procedures and organizational cultures. While some literature has explored clinicians' experiences online, few studies focus specifically on OPSPCs. Given the impact of clinicians' well-being on intervention effectiveness, this study performs a comparative network analysis to explore differences between clinicians working in OPSPCs vs Face-to-face. Participants were 109 early career psychologists (63 OPSPCs, M Age = 35.10, SD = 6.54; 46 Face-to-face, M Age = 35.84, SD = 8.99) who completed an online survey composed of: *T-SES Therapist Self-Efficacy Scale*, *PROQOL Professional Quality of Life Scale, Ders-18 Difficulties in Emotion Regulation Scale.* Network indices were assessed to compare the groups. Results indicate significant differences in centrality values between the groups. In Face-to-face network, self-efficacy emerges as the node with greater *strength,* positively associated with compassion satisfaction and negatively with emotional dysregulation. Risk dimensions, (i.e. secondary traumatic stress and burnout) did not demonstrate integration in the global network structure. In contrast, OPSPCs network is structured around secondary traumatic stress, the node with greater *strength*, *expected impact* and *closeness* Protective factors, though present, remain peripheral. Preliminary results suggest that while Face-to-face group seems to organize its clinical experience around compassion satisfaction and self-efficacy, OPSPCs presents a differently structured network, with risk dimensions playing a more prominent role. These findings should be interpreted with caution. Future research should aim to contextualize the peculiar dynamics of OPSPCs within the broader framework of online clinical practice i.e. by examining their relationship with the unique characteristics of the therapeutic alliance in digital settings and the experience of online working, such as web fatigue. Moreover, OPSPCs are often characterized by specific challenges—such as limited clinical autonomy, ethical and methodological issues—that may shape underlying dynamics within the platform context. This study highlights the importance of taking charge of clinicians' wellbeing with context-specific interventions.

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Workplace Well-being in Radiotherapy: Preliminary Results on the Effectiveness of Psychological Support Interventions for the Team

Loredana Dinapoli [1], Elisa Marconi [1], Laura Monti [2], Vezio Savoia [1], Patrizia Cornacchione [3], Sara Scalise [4], Giuseppe Ferdinando Colloca [4], Luca Tagliaferri [4, 5], Maria Antonietta Gambacorta [5, 6]

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Abstract

Introduction. In radiotherapy, physicians, radiation technologists, and nurses frequently experience distress, burnout, and emotional exhaustion due to the nature of their patients, the severity of illnesses, and the demanding work environment. This study presents preliminary data on a support program implemented for the Radiotherapy team at Gemelli ART Department, within the Fondazione Policlinico Universitario A. Gemelli IRCCS. The program, conducted in 2024, comprised an initial psychological assessment, a team-building initiative, and a follow-up evaluation.

Methods. The assessment included the administration of the Perceived Stress Scale (PSS), the Professional Quality of Life (ProQOL) scale, and the Maslach Burnout Inventory (MBI). Additionally, ad hoc items were designed to investigate workplace gossip, overall work environment, and team well-being. Based on participant preferences, a team-building session was organized, involving 70 attendees. Following this, PSS, MBI, and selected custom items were reassessed.

Results. Baseline data were collected from 74 professionals (62.2% female; 41.9% physicians, 25.7% radiation technologists, and 17.6% nurses). MBI results indicated moderate-to-low scores in Emotional Exhaustion (68%) and Depersonalization (95%). However, 49% of participants reported low Personal

Accomplishment. ProQOL results did not reveal significant compassion fatigue or burnout, except for the burden of bureaucratic tasks. Notably, ProQOL scores correlated with MBI outcomes. More than 60% of participants reported frequent workplace gossip, which was associated with increased stress and burnout. At follow-up, completed by 27 professionals, a significant improvement in Personal Accomplishment was observed ($p<0.05$) (see figure).

Conclusions. Our findings highlight a significant enhancement in Personal Accomplishment among participants, suggesting that team-building activities contribute to improving team well-being. However, the persistence of stress-inducing factors, such as workplace gossip, underscores the need for ongoing interventions to foster a healthier work environment.

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State Self-Compassion Dynamics: Partial Evidence for the Bipolar Continuum Hypothesis

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Abstract

Introduction. Self-compassion refers to the capacity to respond to one's own suffering or personal shortcomings with kindness, understanding, and a sense of shared humanity. It is increasingly recognized as a core psychological resource, associated with emotional resilience, reduced psychopathology, and greater well-being. Despite its relevance, the conceptual structure of self-compassion remains debated. One key controversy centers on whether compassionate self-responding (CS) – such as self-kindness or a sense of common humanity – and uncompassionate self-responding (UCS) – such as self-criticism or over-identification – are opposite poles of a single continuum, as posited by the Bipolar Continuum Hypothesis (BCH), or whether they function as distinct constructs.

Method. To test the BCH, we conducted two intensive longitudinal studies (Study 1: $n = 326$; Study 2: $n = 168$) using ecological momentary assessment (EMA) over a three-month period. The goal was to examine how CS and UCS fluctuate in real time in response to emotional and contextual factors. Participants completed EMA surveys five times per day on one day each week, reporting on their momentary emotional states, evaluations of recent events, decentering (a mindfulness-related capacity), and state self-compassion.

Results. The findings partly supported the BCH. In general, CS and UCS moved in opposite directions, especially when participants experienced negative emotions or changes in decentering. Exam-related stress also led to expected changes: CS decreased and UCS increased before the exam, but this pattern reversed afterward. However, an idiographic (idionomic) analysis showed that not everyone followed this pattern – about 19% of participants had no clear inverse link between CS and UCS, and some even showed a positive relationship.

Conclusions. These findings suggest that while the BCH captures important dynamics of state self-compassion, it may not fully account for individual differences in how self-compassion is organized and

experienced. The study emphasizes the need to view self-compassion as a dynamic, context-sensitive process, and highlights the value of tailoring interventions to individuals' unique emotional and regulatory profiles.

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Friday, 19th September 2025

ROUND TABLES

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GRUPPO "PERSONALITA' NORMALE E PATOLOGICA"

NEW CLINICAL RESEARCH PERSPECTIVES ON THE DIAGNOSIS AND TREATMENT OF PERSONALITY DISORDERS

Coordinator

Fabio Madeddu, University of Milan-Bicocca

Chair

Riccardo Williams, Sapienza University of Rome

Co-Chair

Fabio Madeddu, University of Milan-Bicocca

Discussant

Emanuele Preti, University of Milan-Bicocca

Participants

Chiara De Panfilis, University of Parma

Application areas of psychotherapeutic treatments: the example of transference-focused psychotherapy in service settings ("Applied" TFP)

Serena Borroni, Vita-Salute San Raffaele University

A Client-Centered Assessment for Tailored Psychotherapy: The Alternative Model for Personality Disorders as a Bridge for Therapeutic Change

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Annalisa Tanzilli, Sapienza University of Rome

Psychodynamic Diagnosis of Personality Disorders in Adolescence: The Role of the Therapist's Emotional Responses

Abstract

The round table will focus on sharing recent developments in the treatment and diagnosis of Personality Disorders, with reference to three areas of particular interest at the intersection of research and clinical applications.

The first concerns treatments in community-based settings, with particular attention to the interface with psychiatric services, where case management—often involving specific and severe symptom presentations—represents a highly distinctive frontier.

The second involves research developments related to the alternative model proposed in DSM-5, with its strong emphasis on integrating diverse scientific perspectives and exploring their clinical potential.

The third addresses the developmental area of adolescence, in which patterns of onset, course, and identity-related issues require special attention in both research and clinical practice.

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GRUPPO "PSICOLOGIA CLINICA DELL'INVECCHIAMENTO"

THE NEW FRONTIERS OF CLINICAL PSYCHOLOGY OF AGING

Proposer and Chair

Rabih Chattat, University of Bologna

Discussant

Maria Casagrande, Sapienza University of Rome

Participants

Alberto Sardella, University of Catania

Social frailty and its psychological determinants in older adults: which insights?

Sonia Montemurro, University of Padua

Loneliness and Psychological Well-Being in the Elderly: Impact on Self-Perceived Cognitive Efficiency

Barbara Blasutto, Sapienza University of Rome

From Behavioral Changes to Cognitive Decline: The Emerging Role of Mild Behavioral Impairment

Rossella Messina, University of Bologna

PROMs and aging: the role of clinical psychology in the management of type 2 diabetes

Ilaria Chirico, University of Bologna

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The co-design and implementation process of digital tools to inform and support informal caregivers

Abstract

Worldwide people are living older. By 2030, 1 in 6 people in the world will be aged 60 years or over. By 2050, the world's population of people aged 60 years and older will double (2.1 billion). Older age is characterized by the onset of several conditions which can affect physical and mental health. It is important that older adults live in good health and in supportive environments which allow them to cope with limitations and diseases. The clinical psychology of aging can help older adults to face psychological suffering due to this life cycle events such as retirement, the loss of a loved one, cognitive and physical fatigue, social isolation, inability to plan and identity crisis. Some new recent advances in this field concern the attention on the psychological and social dimensions of frailty which have often been overlooked. Specifically, the social aspect of frailty is defined by indicators such as living alone, poor quality of social relationships, and perceived lack of social support. In this context, social frailty has increasingly emerged as a critical public health concern, as it can lead to significant impairments in social functioning, with detrimental effects on social engagement. Moreover, loneliness represents a risk factor for cognitive decline highlighting the importance of implementing targeted interventions aimed at reducing loneliness and enhancing psychological well-being in older adults—such as through social engagement and accessible health services—which may also support cognitive compensatory mechanisms. Some recently introduced diagnostic concepts such as Mild Behavioral Impairment (MBI) and measures will be presented to highlight the need for comprehensive assessments that encompass behavioral, cognitive and affective dimensions of functioning. Among recent advances the development of digital platforms to inform and support informal caregivers will be discussed as well.

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GRUPPO "MENTALIZZAZIONE E FIDUCIA EPISTEMICA: TEORIA, CLINICA E RICERCA"

I AM THINKING ABOUT HOW YOU THINK OF ME: THE REFLECTIVE FUNCTION IN PSYCHOTHERAPY AND PARENTING

Proposer and Chair

Antonello Colli, University of Urbino Carlo Bo

Discussant

Vittorio Lingiardi, Sapienza University of Rome

Participants

Francesca Locati, University of Pavia

Giovanna Esposito, University of Naples Federico II

Nicola Carone, University of Rome Tor Vergata

Abstract

Mentalization is one of the most widely used constructs in psychological research over the past ten years. Although its diffusion has led to a proliferation of applications and related research, many issues remain that require reflection capable of integrating different perspectives.

Specifically, we believe that in order to engage in a productive dialogue, it is necessary to analyze the construct while taking into account various perspectives: a clinical one, with specific attention to intervention; a developmental one, considering the different manifestations and peculiarities of mentalization in relation to different roles (for example, parenting) and across different age groups; and finally, an assessment perspective, which requires due consideration both of methodological issues and of challenges related to defining the construct itself.

In light of these premises, the working group has proposed a round table aimed at fostering dialogue on the reflective function, particularly in its symmetrical expression within both psychotherapeutic and parental functions, examining similarities and differences. The round table has been designed in a

dialogical manner, structured so that the speakers will not primarily present their own research but will instead respond to questions prepared by other group members on topics that cover the various aspects and critical issues of the construct described above.

This format is intended to reduce self-referentiality while simultaneously increasing opportunities for genuine dialogue among participants.

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GRUPPO "PSICOLOGIA CLINICA E PSICOSOMATICA"

THE IMPLICATIONS OF THE BIOPSYCHOSOCIAL MODEL IN RESEARCH AND CLINICAL PRACTICE

Proposer and Chair

Silvana Grandi, University of Bologna

Participants

Gianluca Castelnuovo, Catholic University of the Sacred Heart, Milan

Is the biopsychosocial model truly scientific and still applicable?

Piero Porcelli, University "G. d'Annunzio" of Chieti-Pescara (Section Coordinator)

Biological reprogramming: long-term medical consequences of early trauma

Laura Sirri, University of Bologna

The protective role of psychological resilience in medical illness

Abstract

Engel's model has long served as a cornerstone for integrating biological, psychological, and social factors in understanding illness. Recent theoretical and empirical developments invite a re-evaluation of its applicability in contemporary clinical practice and research.

The first presentation will interrogate the scientific validity and clinical utility of the biopsychosocial model in light of recent critiques and propose directions for conceptual refinement.

The second will explore trauma across the life span as a vulnerability factor, highlighting its psychophysiological consequences and the importance of a psychosomatic framework for understanding long-term effects.

The third presentation will focus on biopsychosocial predictors and effects of psychological resilience in the setting of severe medical conditions. In particular, the positive impact of resilience on psychological adjustment to medical illness will be discussed.

Together, these contributions will provide a nuanced reflection on whether the biopsychosocial model still offers a viable framework for integrating research and clinical interventions, or whether new integrative paradigms are needed to address the complexity of patient-centered care in the 21st century.

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GRUPPO "PERINATALITÀ"

CONTEMPORARY PERSPECTIVES ON MODELS, CLINICAL WORK, AND RESEARCH IN PERINATAL PSYCHOLOGY

Proposer and Chair

Renata Tambelli, Sapienza University of Rome

Participants

Franco Baldoni, University of Bologna

Anger and aggression as markers of paternal affective disorders

Francesca Favieri, Sapienza University of Rome

Cristina Mazza, Sapienza University of Rome

Anna Maria Della Vedova, University of Brescia

Videofeedback technique in a brief psychodynamic intervention

Alessandra Babore, University "G. d'Annunzio" of Chieti-Pescara

Carmen Trumello, University "G. d'Annunzio" of Chieti-Pescara

Lucia Lombardi, University "G. d'Annunzio" of Chieti-Pescara

Parental representations in preterm birth

Maria Rita Infurna, University of Palermo

Screening models in institutional contexts

Abstract

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This round table is organized to explore a highly relevant topic: bridging the gap between research data and clinical interventions in perinatal care. The working group of the Clinical and Dynamic Psychology section aims to creatively use ongoing research projects to develop new health promotion and prevention pathways, focusing on well-being during pregnancy and the first thousand days of a child's life.

During the round table, several funded projects will be presented and discussed, illustrating the state of the art in perinatal research.

In addition to the scheduled presentations, free contributions from the group members will be encouraged, shedding light on the current national landscape of activities in this field. Furthermore, initiatives to be undertaken in the coming year at various university locations will be discussed, aimed at strengthening the synergy between research and clinical practice.

This round table provides a valuable opportunity to reflect on how research can positively influence clinical practice and generate new perspectives for maternal and infant well-being.

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GRUPPO "ASSESSMENT"

THE ROLE OF ASSESSMENT IN UNIVERSITY AND PROFESSIONAL TRAINING: REFLECTIONS AND PERSPECTIVES

Proposer and Chair

Adriana Lis, University of Padua

Discussant

Alessandro Zennaro, University of Turin

Participants

Filippo Aschieri, Catholic University of the Sacred Heart, Milan

Elisa Delvecchio, University of Perugia

Laura Parolin, University of Milan-Bicocca

Claudia Pignolo, University of Turin

Abstract

The round table aims to explore the crucial role of psychological assessment in the training and professional practice of psychologists, with particular attention to the conceptual and methodological distinction between assessment and testing.

The discussion is situated within the current scientific debate on the need for rigorous and up-to-date preparation in the field of assessment, providing a critical analysis of the guidelines developed for evidence-based assessment and their implications for both training and professional practice.

One topic of discussion will be interpreting the assessment process as a model for analyzing client requests, highlighting its relevance and applicability across different contexts within clinical and dynamic psychology. Finally, the discussion will focus on a critical review of the procedures currently implemented in academic and professional training programs, emphasizing strengths as well as areas for improvement.

The objective of the round table is to identify possible strategies to enhance the training of psychologists in this area, ensuring preparation that is increasingly solid, scientifically grounded, and responsive to the needs of contemporary professional practice.

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Friday, 19th September 2025

POSTER SESSION

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Neuropsychiatric symptoms and their impact on cognitive functions: a systematic review in Parkinson' Disease

Barbara Blasutto [1]

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Abstract

Parkinson's disease (PD) is a progressive neurodegenerative disorder that affects the dopaminergic system, resulting in the loss of dopamine-producing neurons in the substantia nigra, and is characterized by motor and non-motor symptoms that affect quality of life. Among these, neuropsychiatric symptoms (NPS), such as depression, anxiety, and apathy, are common and can accelerate cognitive decline. Although the association between some specific NPS (e.g., apathy) and cognitive functions has been investigated, no review has systematically examined the relationship between the set of NPS and cognitive functions in PD patients without dementia. Therefore, the aim of this study was to analyze the relationship between NPS and cognitive impairment in patients with PD, with the hypothesis that patients with NPS will show more severe cognitive decline than those without NPS.

According to the PRISMA-Statement, this systematic-review critically examined the difference in cognitive performance between patients diagnosed with idiopathic PD with and without NPS. Results were classified according to the following cognitive domains: global cognitive functioning, memory, language, attention, executive functions, visuospatial ability, and processing speed.

Eleven studies met the eligibility criteria and were included in the qualitative synthesis. The results showed that PD patients with NPS showed impaired performance on cognitive tasks compared to those without NPS, as well as in longitudinal studies. These results were also confirmed when the different domains were considered separately.

Despite the limited number of included studies, the importance of assessing neuropsychiatric symptoms in their totality rather than individual behavioral symptoms emerges. This is bacause clinical manifestations may vary among individuals and across different stages of the disease. Therefore, it would be appropriate to assess the presence of these symptoms and the timing of their onset, as they may give the clinician important insights into the possible course and management of the disease.

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The Italian validation of the children's version of the Reading the Mind in the Eyes Test. Preliminary analyses

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[2] Department of Psychology, University of Campania "Luigi Vanvitelli", Caserta, Italy

Abstract

Introduction: The present research regards the Italian validation of the children's version of the Reading the Mind in the Eyes Test (RMET), for the age group between eight and eighteen years old. This test was developed by Baron-Cohen and colleagues in 2001 and assesses emotion recognition capacity, a central aspect of metacognition that develops during childhood through interactions with caregiver. Interpersonal childhood trauma can affect its development. These traumatic experiences, even more so if repeated and prolonged over time, can produce stable effects on personality, emotional regulation and metacognition.

Methods: After approving the research protocol, the Back Translation was carried out, from which the children's version of the RMET in Italian was developed. Sample recruitment in school institutes and child care structures began. Currently, preliminary analyses were carried out on the initial sample, such as exploratory factor analysis, Cronbach's alpha and Pearson's correlation coefficient for the correlation between the children's version of the RMET and the CPSS-5 (Child PTSD Symptom Scale for DSM-5), which assesses Post Traumatic Stress Disorder in children.

Results: Although the children's version of the RMET should assess only one factor, i.e. emotion recognition capacity, the results of the exploratory factor analysis seem to indicate the potential presence of several factors measured by the test. Cronbach's alpha, instead, appears to report a good internal consistency of the test. There is a negative correlation between the children's version of the RMET and the CPSS-5.

Discussion: The different factors emerging could result from the quality of the emotion to recognize. Therefore, in the following analyses the emotion recognition capacity will not be considered as a single factor, but as a composite ability, trying to identify within it different factors according to the type of emotion. A good ability of the test to measure the construct is observed, so it appears that the different hypothesised factors saturate the construct. According to the literature, the negative correlation between

the children's version of the RMET and the CPSS-5 highlights that higher the post-traumatic symptomatology, lower is the ability to recognize emotions and conversely.

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Hypersexual Behavior and Binge Eating: psychopathological factors evaluated according to gender

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Abstract

Introduction. Hypersexuality and binge eating are impulse-related behaviors that may serve as maladaptive coping strategies following traumatic experiences. Literature suggests both behaviors are associated with emotional dysregulation, boredom, and depressive symptoms, yet their expression appears to differ across genders. This study aims to explore these differences, focusing on how trauma-related psychopathological factors influence binge eating and hypersexual behaviors in men and women.

Methods. A total of 1024 participants (731 females and 293 males, aged 18–60) were recruited via online platforms. Participants completed the International Trauma Questionnaire (ITQ), Binge Eating Scale (BES), Hypersexual Behavior Inventory (HBI), Multidimensional State Boredom Scale–Short Form (MSBS-SF), and Patient Health Questionnaire (PHQ-9). Statistical analyses included t-tests for gender differences, Pearson's correlations, two mediation models (with depression and boredom as mediators), and ANCOVA with gender and psychopathological variables as predictors.

Results. Significant gender differences were observed: males reported higher hypersexuality scores (HBI; $p < .001$, $d = –0.37$), while females showed higher binge eating levels (BED; $p < .001$, $d = 0.47$). Hypersexuality was directly predicted by both emotional dysregulation ($\beta = 0.56$, $p < .001$) and PTSD ($\beta = 0.20$, $p = .004$), and indirectly through depression ($\beta = 0.24$, $p < .001$) and boredom ($\beta = 0.11$, $p = .023$). Binge eating was directly influenced by emotional dysregulation ($\beta = 0.18$, $p < .001$), and indirectly through depression ($\beta = 0.31$, $p < .001$); PTSD affected binge eating only indirectly via depression ($\beta = 0.06$, $p < .001$). Boredom did not show a significant indirect effect on binge eating. ANCOVA confirmed that gender remained a significant predictor even when controlling for PTSD, DSO, depression, and boredom (HBI: $F(1,1017) = 66.93$, $p < .001$; BED: $F(1,1017) = 30.37$, $p < .001$).

Discussion. Findings suggest a gender-specific pattern in the relationship between trauma and impulsive behaviors: men are more likely to respond with hypersexual behaviors, while women exhibit greater vulnerability to binge eating. Hypersexuality appears to be a more direct consequence of PTSD and

emotional dysregulation, also mediated by boredom and depression. Conversely, binge eating is more strongly associated with emotional dysregulation and depression, but not directly with PTSD or boredom. These results highlight the importance of gender-sensitive therapeutic approaches focused on emotion regulation in trauma-exposed populations.

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Psychosexual aspects and gender differences in infertile couples seeking assisted reproductive treatment.

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Abstract

Introduction. Infertility is defined as a disease of the male or female reproductive system, characterized by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse. The diagnostic and therapeutic process of infertility has significant psychological and sexual health implications, negatively impacting the quality of life of individuals and couples. The aim of this study is to explore the relational, emotional, sexological and traumatic aspects of infertility in couples undergoing assisted reproductive technology (ART) and their differences between female and male partners.

Methods. This observational cross-sectional study was conducted at the Reproduction Physiopathology and Andrology Unit of Sandro Pertini Hospital in Rome. The inclusion criteria were heterosexual couples diagnosed with infertility or reproductive difficulties. The sample consists of 151 couples, with an average age of 36.7 years for women and 39.8 years for men. Self-report questionnaires were administered, including the Sexological and Emotional in Infertility Questionnaire (SEIq), the Orgasmometer, the International Trauma Questionnaire (ITQ), and the Arizona Sexual Experience Scale (ASEX). Pearson correlation analyses, Welch's t-test for gender differences, and linear regression were used to explore the data.

Results. Significant correlations were found between PTSD symptoms, the sexual response cycle, orgasm intensity, and emotional and sexological aspects of infertility in women. Welch's t-test revealed significant gender differences regarding emotional aspects ($t=3.39$, $p<0.001$, Cohen's $d= 0.38$), PTSD symptoms ($t=6.14$, $p<0.001$, Cohen's $d= 0.71$), and sexual functioning ($t=4.16$, $p<0.001$ $t= 4.16$, $p< .001$, Cohen's $d= 0.49$), with women scoring higher. Linear regression showed that PTSD symptoms explained a significant portion of the variance in women's emotional aspects related to infertility ($F (1,148)=75.66$, $p<0.001$, $R2=0.28$).

Discussion. Gender differences were confirmed by statistical analyses, with women being more affected by reproductive difficulties compared to men, showing higher levels of PTSD symptoms and sexual dysfunction. PTSD symptomatology emerged as a significant predictor of emotional aspects related to infertility in women. These findings underscore the importance of psychosexual assessments in infertile couples, particularly focusing on PTSD symptoms in women as a potential risk factor for assisted reproductive treatment outcomes.

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Exploring Sexuality in Women with Binge Eating Disorder: an Interpretative Phenomenological Analysis

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Abstract

Introduction: Binge Eating Disorder (BED), marked by recurrent episodes of excessive food intake and a perceived loss of control, is often associated with somatic and psychological comorbidities. Impairments in sexual functioning are often reported but remain understudied. Existing literature mainly focuses on Anorexia and Bulimia Nervosa, showing a spectrum of sexual dysfunctions, yet little is known about the sexual experiences of those with BED. This study aims to explore the sexual lives of women with BED, investigating how body image and eating-related cognitions intersect with sexuality and affect overall well-being.

Methods: This qualitative study employs Interpretative Phenomenological Analysis (IPA) to explore the experiences of female inpatients (ages 18–40) with a formal BED diagnosis, admitted to an intensive rehabilitation program at San Giuseppe Hospital, Piancavallo, Italy. Exclusion criteria include severe psychiatric comorbidities, sexual trauma history, or conditions affecting sexual functioning. Participants undergo a semi-structured interview exploring four themes: sexual experiences, expectations, difficulties, and body image influence. Additionally, sexual functioning and body uneasiness are assessed using the Brief Index of Sexual Functioning for Women (BISF-W) and the Body Uneasiness Test (BUT).

Results: Data collection and analysis are ongoing. Preliminary findings revealed three emerging themes: (1) a recurring internal conflict between a strong desire for intimacy and a fear of emotional or physical closeness; (2) pervasive concerns about the body, including perceived physical limitations and fear of negative evaluation by a partner; and (3) a recurring association between sexuality and elements of violence, suggesting internalized negative beliefs or relational scripts. Quantitative data from BISF-W and BUT supported these findings, indicating trends of reduced sexual satisfaction and high body uneasiness, consistent with existing literature on EDs.

Discussion: Findings reveal complex narratives regarding ambivalence toward sexuality, discomfort related to body exposure and struggles with intimacy and desire in women suffering from BED. Integrating

sexual health into a holistic ED treatment framework could enhance psychological and relational well-being, ultimately improving the overall effectiveness of therapeutic interventions.

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Think Green, Act Green: The Psychological Pathways of Pro-Environmental Behaviours

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Abstract

Today, climate change and ecological challenges cannot be ignored from a psychological point of view. These modifications elicit both emotional and psychological transformations. The current study examines the correlation between pro-environmental behaviours (PEBs), eco-emotions, and trait mindfulness. It was conducted on a sample of 259 participants (mean age = 33.60 years; SD age = 14.50, age range = 18-72 years; 109 F). Participants undertook the completion of the Eco-Emotion Scale (EES), an instrument developed to assess three adverse eco-emotions related to climate change: eco-anxiety, eco-depression, and eco-frustration.

Additionally, they filled in the Pro-Environmental Behaviour Questionnaire (PEBQ), which measures the extent and manifestation of pro-environmental behaviours. Furthermore, the participants completed the Cognitive and Affective Mindfulness Scale-Revised (CAMS-R) for trait mindfulness, which measures the ability to recognize their emotions in the present moment. The findings suggest that trait mindfulness negatively correlates with eco-depression, eco-anxiety, and eco-anger; conversely, only eco-anger demonstrates a positive association with PEBs. Furthermore, the results indicated that eco-anger was the sole mediator in the relationship between trait mindfulness and pro-environmental behaviours (PEBs). This study yielded interesting theoretical and practical implications for explaining the main individual dispositions and emotional mechanisms underpinning PEBs.

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The association between personality and problematic social media use: A network approach

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Abstract

In the digital age, the pervasive use of social media has raised significant concerns regarding its psychological consequences, particularly in relation to Problematic Social Media Use (PSMU). Grounded in the network approach to psychopathology, this study explored the symptom-level associations between personality traits and PSMU using network analysis. A total of 150 participants (Mean age = 21.02, SD = 2.55) completed validated self-report measures assessing the Big Five/HEXACO, Dark Tetrad, Vulnerable Dark Triad, and PSMU symptoms. The network model was estimated via EBICglasso, with bridge expected influence (BEI) indices computed to identify key cross-community connectors. Results revealed that grandiose narcissism, vulnerable narcissism, and both primary and secondary psychopathy exhibited strong associations with the **conflict** symptom of PSMU, highlighting the role of antagonistic and dysregulated personality traits in social dysfunction driven by unregulated social media use. These findings underscore the utility of symptom-based approaches in disentangling the complex interplay between personality and digital behavior, and point to **conflict** as a central node for targeted clinical interventions.

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How the propensity to care for others informs behavioural tendencies toward people with disabilities

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Abstract

The Caregiving Behavioural System plays a central role in shaping relational functioning across the lifespan, as it regulates proximity and support in response to others' needs. Four caregiving profiles– functional, avoidant, anxious/intrusive, and problematic – can be identified based on individuals' levels of hyperactivation and deactivation, using the thresholds recently developed for the Caregiving System Scale (CSS). The four caregiving profiles may be relevant for understanding how individuals think, feel, and act in interactions with people perceived as vulnerable, and may also carry important clinical implications. This study explored whether caregiving profiles, as defined by the validated thresholds, are associated with distinct behavioural attitudes toward individuals with disabilities, thus providing insight into the social implications of caregiving dynamics. Participants were 637 adults (M_{age} = 39.6, SD = 15.2; range: 18–92), 50.4% women. Caregiving tendencies were assessed using the CSS, and participants were grouped into the four profiles. Behavioural attitudes toward people with disabilities were measured using an extended version (developed by the authors) of the Multidimensional Attitudes Scale Toward Persons with Disabilities, which included three behavioural subscales: avoidance, intrusiveness, and positive engagement. Three one-way ANOVAs were conducted to assess differences in these behavioural intentions across caregiving profiles. Observed behavioural patterns appear consistent with their conceptualisation: the avoidant profile was associated with greater withdrawal intentions, the anxious/intrusive profile with a greater propensity for boundary-crossing, and the problematic profile with elevated dysfunction across all three behavioural domains. In line with theoretical expectations, the functional profile was associated with more behavioural intentions reflecting openness and attuned engagement with the person with a disability. Findings suggest that individual differences in the propensity to care for others meaningfully influence behavioural tendencies toward people with disabilities. The results of this study firstly contribute to supporting the functional validity of the proposed thresholds of the CSS. Secondly, they suggest that the Caregiving Behavioural System may offer a valuable framework for understanding the relational dynamics underpinning social responses to disability, with

optimal caregiving activation being associated with more positive attitudes. These insights may inform future interventions aimed at promoting inclusive and supportive attitudes across diverse social contexts.

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Risk and Protective Factors for Psychological Wellbeing in University Students Accessing Counseling Services: The PROBEN Project

Sara Magliocca [1], Marco Bani [2], Marco Bellani [3], Camilla Callegari [3], Antonella Delle Fave [5], Alberto Ghilardi [6], Giovanni Mirabella [6], Daniele Maffeis [7], Clara Mucci [4], Claudia Piccioni [8], Paolo Cancelli [8], Barbara Rosina [9], Stefano Simonetta [5], Maria Grazia Strepparava [2, 10], Eugenia Trotti [3], Paola Profeta [8], Stefania Testa [8], Angelo Maravita [1], Veronica Velasco [1], Raffaella Calati [1, 11], Fabio Madeddu [1]

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Abstract

Introduction. The PROBEN project ("University for Psychological Wellbeing: From Prevention to Intervention"), funded by the Italian Ministry of University and Research (MUR), promotes student mental health through prevention and early intervention. Among different lines, line F focuses on students accessing university psychological counseling. In this line, a specific study will investigate features of students and clinicians and evaluate the impact of brief, multi-approach counseling interventions in a multicenter academic setting.

Methods. This quantitative, multicenter study uses a naturalistic pre-post design with cross-sectional and longitudinal elements. Data will be collected from about 390 students accessing counseling services at seven universities in Lombardy. Participants will complete an anonymous online self-report battery at baseline (T0) and post-intervention (T1), including: CORE-OM (Clinical Outcomes in Routine Evaluation – Outcome Measure), SAES (SInAPSi Academic Engagement Scale), Brief COPE (Coping Orientation to Problems Experienced), DERS-SF (Difficulties in Emotion Regulation Scale – Short

Form), RFQ-8 (Reflective Functioning Questionnaire – 8 items), ad hoc items from the C-SSRS (Columbia-Suicide Severity Rating Scale, self-report), an ad hoc NSSI (non-suicidal self-injury) questionnaire, WHO-ASSIST (Alcohol, Smoking and Substance Involvement Screening Test, items 1–2), BAQ (Behavioral Addiction Questionnaire), and a satisfaction survey. Clinicians will complete a monitoring form after each session and the TRQ-SF (Therapist Response Questionnaire – Suicide Form). Additional data include demographics, clinician training, and professional activity. Descriptive and inferential analyses will explore profiles and pre-post changes.

Results. Data collection is ongoing. The study explores links among suicide risk, substance use, emotion dysregulation, and reflective functioning. Students are expected to present clinical or subclinical difficulties at baseline. Post-intervention, improvements are anticipated in wellbeing, coping, engagement, and reflective functioning, with similar outcomes across in-person and online formats.

Discussion. This is among the first coordinated efforts in Italy to assess university counseling with validated and tailored tools. Findings will inform national strategies for prevention and improve service effectiveness and access.

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Face-to-face or screen-to-screen: the role of therapeutic setting on psychotherapists' negative emotional experience after dropout

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[1] Department of Life, Health and Environmental Sciences, University of L'Aquila, L'Aquila, Italy

Abstract

The present study examined the association between the therapeutic setting (online vs. in-person) and therapists' perceived negative emotions following patient dropout. The sample consisted of 88 psychotherapists (70 females) aged between 27 and 60 years (M = 37.5, SD = 7.42), all having experienced at least one case of patient dropout. Among them, 43 therapists worked exclusively in person, while 45 conducted therapy exclusively online.

A four-step hierarchical linear regression was conducted to explore the predictors of therapists' emotional responses to dropout. The dependent variable was therapists' negative emotional experience following patient dropout. Independent variables were entered in blocks: age and gender (Step 1), Big Five personality traits (Step 2), alexithymia (Step 3), and therapeutic setting (Step 4).

Results showed that Step 1 (age and gender) did not yield a significant model. However, including personality traits in Step 2 significantly improved the model, with neuroticism emerging as a significant predictor of negative emotional response. Step 3, which added alexithymia dimensions, did not significantly increase the explained variance. Finally, Step 4—adding the therapeutic setting—significantly improved the model. Specifically, working in an in-person setting was associated with greater negative emotional responses following patient dropout compared to online settings.

This finding suggests that face-to-face therapy may involve greater emotional investment from the therapist, possibly due to the intensity of in-person interpersonal dynamics. When a patient drops out, this deeper engagement may lead to stronger emotional dissonance and distress. Conversely, online therapy may offer a degree of emotional distance, potentially acting as a buffer against the emotional impact of dropout.

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The Mediating Role of Mentalization in the Relationship Between Adverse Childhood Experiences, Emotional Dysregulation, and Dissociation: a Study on a Non-Clinical Sample of Italian Adults

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Abstract

Introduction: Mentalization is an imaginative mental activity that allows one to perceive and interpret human behaviour in terms of intentional mental states. Having experienced adverse childhood experiences (ACEs) negatively affects the development of mentalizing abilities. Additionally, both ACEs and compromised mentalizing abilities seem to be associated with dysfunctional psychological characteristics in adulthood, particularly emotional dysregulation, and dissociation. This study aims to investigate the relationship between exposure to ACEs and the levels of emotional dysregulation and dissociation manifested in adulthood, and to verify whether these associations are mediated by mentalization abilities.

Methods: The final sample consists of 405 Italian adults from the general population who were administered the following measures: the Child Abuse and Trauma Scale (CATS), the Mentalization Questionnaire (MZQ), the Difficulties in Emotion Regulation Scale (DERS), and the Dissociative Experiences Scale (DES-II). Participants were recruited through a non-probabilistic method via online dissemination of the test battery. Pearson correlation analyses and regression models were performed. Finally, mediation models were run to investigate the mediating role of mentalization in the relationship between ACEs, emotional dysregulation, and dissociation.

Results: Regression models showed that ACEs are a negative predictor of mentalization ability and a positive predictor of emotional dysregulation and dissociation levels, while mentalization is a negative predictor of both emotional dysregulation and dissociation. Mediation analyses revealed that mentalization partially mediates both the relationship between ACEs and emotional dysregulation, and the relationship between ACEs and dissociative experiences. Moreover, the analyses suggest that ACEs maintain a direct relationship with emotional dysregulation and dissociative symptoms even after including the mediator.

Discussion: Overall, the results support the presence of a significant association between ACEs, mentalization deficits, difficulties in emotion regulation, and dissociative symptoms. These findings suggest the importance of enhancing mentalizing abilities while treating individuals with a history of childhood trauma and the presence of emotional dysregulation or dissociative symptoms.

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Association Between Moral Emotions and Post-Traumatic Stress Disorder: a Study on a Non-Clinical Sample of Italian Adults

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Abstract

Introduction: Post-Traumatic Stress Disorder (PTSD) is a psychiatric disorder in which exposure to a traumatic or stressful event is explicitly listed as a diagnostic criterion and characterized by the presence of intrusion symptoms, avoidance strategies, negative alterations on cognition and mood and alterations in arousal and reactivity. Recent research on PTSD and its impact on the subject's quality of life has focused on the study of moral emotions and how those suffer a "wound" of considerable importance. Specifically, the traumatic event now takes the name of a Potentially Morally Injurious Event (PMIE) to describe the discomfort that individuals feel when they are responsible for an action that violates their fundamental moral beliefs. This study aims to assess the presence of a traumatic experience in participants' life, to evaluate the associated moral emotions, and to investigate whether guilt and shame promote the onset of the disorder.

Methods: The sample consists of 360 Italian adults from the general population who were administered a test battery consisting of: PTSD Checklist for DSM-5 (PCL-5) with Life Events Checklist (LEC-5) and Criterion A, International Trauma Questionnaire (ITQ), Shame and Guilt State Scale (SSGS) and Personal Feelings Questionnaire (PFQ-2). Participants were recruited through a non-probabilistic method via online dissemination of the test battery. Pearson correlation analyses were performed to identify the variables to include in the regression models. Moreover, hierarchical regression analyses were conducted to identify significant predictors.

Results: The results show significant positive correlations between the guilt and shame scales compared to PCL-5, and the logistic regression models revealed that shame is a nuclear moral emotion, and it's more associated with the risk of developing PTSD and Complex PTSD than guilt, which plays a significant role too.

Discussion: Our data suggest that moral emotions, such as guilt and shame, show relevant relationships with PTSD symptoms. In particular, these moral emotions seem to have a significant role in predicting

development and maintenance of PTSD and Complex PTSD symptoms. In conclusion, these findings indicate that when addressing PTSD symptoms, it is crucial to consider also the role of moral emotions.

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Eye-tracking monitoring as a supporting tool for the clinical diagnosis of multiple sclerosis: A Scoping Review

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Abstract

Introduction: Eye-tracking monitoring is emerging as a promising source of digital biomarkers for the early detection of neurological conditions such as mild cognitive impairment, Alzheimer's disease, Amyotrophic Lateral Sclerosis and Multiple Sclerosis (MS). MS is a chronic and progressive neurodegenerative disease, characterised by a wide variability of motor, sensory and cognitive symptoms. Although cognitive impairment affects up to 70% of patients, its investigation is often overlooked and it is typically detected late during the course of the condition, when the cognitive deficits are clear and disabling already. Supporting diagnostic tools such as eye-tracking may be precious in allowing the early identification of possible precursors of cognitive deficits in MS.

Methods: Considering the significant methodological differences among published studies, we conducted a robust scoping review with the aim of mapping the available evidence on the use of eye-tracking in MS for supportive diagnostic purposes. We included relevant studies identified through multiple databases: PubMed, Scopus, Web of Science, EBSCOhost, Cochrane Central, and for the ClinicalTrial.gov registry. In addition, grey literature was also taken into consideration.

Results: A total of 468 records were identified and after a selective process 18 studies met the strict inclusion criteria for the scoping review. The results show that the most commonly used experimental paradigms were the 'Pro-saccade Task' and the 'Anti-saccade Task'. The anti-saccade task could be particularly effective in detecting alterations in specific eye-tracking metrics associated with deficits in attention, working memory and executive functions in MS patients.

Discussion: The 'state-of-the-art' in the field suggests a potentially useful contribution of eye-tracking in the early detection of cognitive deficits in different neurological conditions. However, due to the high methodological heterogeneity of the studies published so far, our research group is currently developing integrated protocols of eye-tracking and neuropsychological tasks to try and detect as early as possible

the possible precursors of cognitive deficits in neurodegenerative conditions, with the aim of contributing to the 'standardization' of these crucial diagnostic procedures.

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Assessing uncertainty: a bibliometric analysis of trends and emerging themes from 2000 to 2025

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Abstract

Introduction. Uncertainty is a psychological state that refers to a lack of knowledge about current situations or future possibilities. It is a concept mainly associated with negative affects such as anxiety and fear, as well as physiological arousal. It affects psychological well-being, coping strategies, and decision-making processes; some authors consider the intolerance of uncertainty an important trans-diagnostic determinant of mental disorders. The objective of this study's bibliometric analysis is to identify trends, significant figures, and thematic advances in the scientific literature on uncertainty assessment from 2000 to 2025.

Methods. A structured search on Scopus identified 2,221 peer-reviewed English-language articles in psychology published between 2000 and 2025, excluding grey literature and preprints. The search parameters included terms such as 'uncertainty,' 'assessment tool,' 'scale,' 'survey,' 'questionnaire,' and 'measure.' The dataset retrieved from the query was further refined using Scopus filters to include only empirical studies. Data analysis and visualization were conducted using Biblioshiny in RStudio.

Results. A total of 2,221 research papers from 475 different journals were examined, with an annual publication growth rate of 6.82%. Over time, the number of articles grew gradually, peaking in 2022 with 219 publications; a figure that is influenced by the extensive research on the uncertainty generated by the Covid-19 pandemic. A total of 8130 authors contributed, with 125 authors publishing single-authored documents. Citation analysis revealed an average of 35.76 citations per document. The multidisciplinary nature of the topic (i.e., oncology, anxiety disorders, and affective states) was reflected in the most productive journals, which included Psycho-Oncology, Journal of Anxiety Disorders, and Journal of Affective Disorders. The Intolerance of Uncertainty Scale (IUS), both in its 12- and 27-item forms, was the most often used psychometric tool. Regarding emerging themes, terms such as ‘psychological adaptation’, ‘therapy’, ‘climate change’, ‘emotion regulation’, and ‘physiological stress’ suggest growing areas of interest in the field.

Discussion. The steady increase in publications over the past 25 years underscores the relevance of uncertainty and its assessment in various, yet related, psychological contexts. Future research should focus on exploring the effects of uncertainty and its evaluation in emerging fields such as digital health interventions.

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Exploring Social Anxiety in Virtual and Real Interactions: A Biometric Analysis of Physiological Responses

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Abstract

Social anxiety is described as an uncomfortable feeling of fear, tension, or unease when around other people. In most cases, it is related to the fear of being judged by others, and it can lead to avoidance of settings and situations where this might occurs. When the intensity of the anxiety interferes with the individual's adaptation in their life contexts, it can develop into Social Anxiety Disorder (SAD). One of the best practices in psychotherapy for treatment of anxiety disorders are based on exposure therapy. in the recent years exposure treatments based on Virtual Realtity (VRET) have been implemented. Literature reviews shown efficacy of VRET to traditional in vivo exposure in the treatment of anxiety disorders, particularly for exposure-based interventions. However gaps in the literature need to be filled, particularly regarding the biometric measurement of anxiety activation in immersive virtual reality spaces. Furthermore, VR conversations may alter attentional biases due to the avatar's visual characteristics, which may be less expressive, differently expressive, or lacking in dynamic expression compared to humans. Our main objectives are to investigate: a) differences in activation of physiological signal link to social anxiety when people interact in real world or in immersive virtual reality; b) differences in activation of physiological signal link to social anxiety when people interact with avatar of an unknow user or an avatar equipped with chatGPT. Participants are recruited from university students population. The sample recruited is randomly divided into three groups. Each group is randomly assigned to an experimental condition: in vivo conversation (G1); conversation with a user in Metaverse (G2); conversation with an avatar equipped with AI in Metaverse(G3). Each participant is assessed with a test protocol to investigate his or her anxiety profile and social anxiety. Biometric parameters (heart rate and galvanic conductance) are assessed in a low-anxiety condition (baseline) and during the experimental condition: a short conversation with a pair. ANOVA and post-hoc tests are used to investigate differences between the groups. We observe a difference in anxiety level in the three groups compared to the baseline subjects (within) and between groups in experimental condition.

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Affect regulation capabilities, romantic attachment, pain perception and quality of life in women suffering from Systemic Sclerosis: Insights for a multidisciplinary model of care

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Abstract

Introduction: Systemic Sclerosis (SSc) is a rare multisystem autoimmune connective tissue disease that affects the skin and internal organs. Individuals with SSc often experience changes in physical appearance, pain, fatigue, and difficulties in performing daily activities, all of which negatively impact their physical and mental quality of life (QoL).

Alexithymia, a disorder of affect regulation, and insecurity in romantic attachment are both risk factors that can negatively impact the effective management of stressful life experiences, such as coping with a rare autoimmune condition, and can influence pain perception.

This study aims to explore the associations between alexithymia, romantic attachment dimensions, pain perception, and QoL in women with SSc.

Methods: Fifty women with Ssc were recruited from patients consequently admitted to the Department of Vascular Medicine and Autoimmunity at Sandro Pertini Hospital in Rome. Participants completed the following tests: a socio-demographic questionnaire; the 20-item Toronto Alexithymia scale (TAS-20); The Experiences in Close Relationship-Revised (ECR-R); The pain Visual Analogue Scale (pVAS); The World Health Organization Quality of Life Questionnaire Brief Version (WHOQOL-BREF).

Results: Participants reported a mean age of 52.98 years (sd=12.87) with 74% of them having a mean time passed since the Ssc diagnosis of 10.31 yers. Results: TAS-20 total showed negative associations with physical (r=-.353), psychological (r=-.672), social (r=-.505), environmental (r=-.499) and total (r=-.303) QoL dimensions (all p<.01). Difficulty in Describing Feelings showed a positive association with pain VAS (r=.312) (p<.05). ECR-R Avoidance showed negative associations with psychological (r=-.492),

social (r=-.359) and environmental (r=-.366) QoL as well as ECR-R Anxiety with psychological (r=-.337), social (r=-.296) dimensions of QoL (all p<.01).

Discussion: The findings show that difficulties in affect regulation and higher levels of anxious and avoidant romantic attachment are linked to poorer quality of life and greater pain perception in women with SSc. Within a biopsychosocial care model, these results highlight the need for psychological interventions that enhance emotional regulation and foster reorganization of attachment styles toward more functional relational patterns, improving patients' well-being.

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Assessing the Validity of the RSVP-2 for Evaluating Sexual Violence Risk in an Italian Forensic Context

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Abstract

Introduction. The Risk for Sexual Violence Protocol (RSVP) is a widely used structured professional judgment (SPJ) tool for assessing and managing the risk of sexual violence. As a development of the Sexual Violence Risk–20 (SVR-20), the RSVP emphasizes scenario-based risk formulation and the creation of tailored management strategies. Both the original version (RSVP-1) and its revised form (RSVP-2) have shown strong inter-rater reliability and validity across various clinical and forensic settings. This study aims to evaluate the validity of the original English version of RSVP-2 within an Italian forensic context. The focus is on a sample of 60 individuals with a documented history of sexual offenses. The primary goal is to examine the psychometric properties of the RSVP-2, including construct validity, concurrent validity with other risk assessment instruments, and, where possible, predictive validity in relation to sexual recidivism.

Methods. Sixty adult male inmates with histories of sexual offending will be evaluated using the RSVP-2 in its original English form. The assessments will involve reviewing clinical and legal documentation, supplemented by semi-structured interviews conducted by trained professionals. Statistical analyses will be performed to assess inter-rater reliability, construct validity, and concurrent validity. Where feasible, follow-up data will be used to explore the tool's predictive validity regarding the likelihood of sexual reoffending.

Results. This study is expected to yield empirical evidence supporting the validity of the RSVP-2 in an Italian context. The findings may contribute to improved clinical and forensic practices, greater consistency in sexual violence risk assessments, and enhanced public safety through more effective identification and management of high-risk individuals.

Discussion. Currently, the lack of a validated Italian version of the RSVP-2 represents a barrier for professionals in the field. Adopting an SPJ tool like the RSVP-2, which focuses on individualized case

formulation and management planning, could provide important advantages over purely actuarial methods, improving the quality and precision of forensic risk assessments in Italy.

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Evaluating the Psychological Impact of War Beyond Conflict Boundaries: Design and Validation of the War Worry Scale and Its Implications for Italian Young Adults' Mental Health

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Abstract

War is a current macro-social stressor whose traumatic impact transcends conflict zones, fostering psychological distress even among populations not directly involved. Ongoing wars in Europe and the Middle East are intensifying fears and anxieties, with negative consequences for mental health, particularly during emerging adulthood (18-30 years). In Italy, research on the indirect psychological effects of war is still limited, partly due to the absence of appropriate assessment tools.

To address this gap, the present contribution outlines the development and validation of the War Worry Scale (WWS), a novel instrument based on original narrative materials designed to assess the psychological impact of war among Italian young adults (Studies 1 and 2). A further study (Study 3) investigates the relationships between Worry about War, Anxiety, and Depression, focusing on the mediating role of Intolerance of Uncertainty (IU) and Future Anxiety (FA).

In Study 1, 250 young adults (M = 22.58) were recruited to explore the latent structure of the WWS via Exploratory Factor Analysis, leading to the selection of 10 items grouped into two dimensions. Study 2, conducted with an independent sample of 500 participants (M = 22.84), used Confirmatory Factor Analysis to support a second-order hierarchical structure - Worry about War - with two first-order dimensions: "Worry about the Present" and "Worry about the Future" (5 items each), showing excellent fit indices (CFI = .973; TLI = .965; RMSEA = .059; SRMR = .035). The WWS demonstrated measurement invariance across gender (configural, metric, scalar), high internal consistency as well as solid convergent, divergent, and concurrent validity.

In Study 3, a parcel-based Structural Equation Model was tested on a new sample of 460 participants (M = 22.44), revealing a direct effect of Worry about War on Anxiety ($p < .05$) and confirming the mediating roles of IU and FA in the tested relationships (all $p < .001$). The model showed good fit indices (CFI = .964; TLI = .952; RMSEA = .064; SRMR = .047).

Overall, findings support the WWS as a valid and reliable tool and emphasize the importance of exploring how worry about war impacts young adults' mental health.

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Exploring parental mind-mindedness in the context of neurodevelopmental disorders: a scoping review of parent's and child outcomes

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Abstract

Introduction. Parental mind-mindedness (MM), the ability to perceive and respond to a child's mental states, is crucial for child development, particularly in high-risk populations like children with neurodevelopmental disorders (NDDs) or behavioral challenges. Previous research has emphasized MM's role in promoting parental well-being, positive caregiving, and child outcomes. However, the role of MM in parents of children with NDDs remains underexplored. This scoping review aims to examine the relationship between MM and child condition, focusing on its impact on parental well-being, parenting skills and child's outcomes.

Methods. This scoping review systematically examined studies published on parental MM in the context of NDDs or other at-risk conditions. The literature was sourced from databases such as Scopus and PubMed, including studies comparing MM in parents of typically developing and atypically developing children. Data were analysed to identify trends, key findings, and research gaps.

Results. A total of 10 studies were included in the review. Mixed findings were observed regarding MM in normal vs. at-risk populations. Some studies found no significant differences between parents of children with developmental risk and typically developing children, while others indicated that parents of children with developmental disorders often described their children more negatively. Specifically, these parents tended to focus on symptomatology rather than mental states. MM was linked to lower parenting stress and improved parental well-being. Additionally, higher MM correlated with more positive parent-child interactions and enhanced parenting skills. Interventions designed to improve MM showed positive effects in enhancing parenting skills, parent-child interactions, and child developmental outcomes.

Discussion. The findings suggest that parental MM is crucial for both parental and child outcomes, especially in high-risk contexts like NDDs. However, the mixed results highlight the need for further research to clarify how MM influences child outcomes and parenting behaviors. The review also underscores the potential of MM-based interventions to reduce parenting stress and improve parent-

child interactions, suggesting important implications for early interventions for families of children with developmental disorders. Future research should explore the long-term effects of MM on child development, particularly in different NDD contexts.

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A Group-Based Psychoeducational Intervention Focused on Mentalization for the Psychological Well-Being of University Students: Preliminary Results from the Me.Mo Project

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Abstract

Mentalization is recognized as a core non-specific factor associated with psychopathology, various therapeutic approaches, and emotional and interpersonal regulation skills. The multicenter Me.Mo. (Mind in Movement) project, funded by PROBEN2023, investigates the effectiveness of a group-based psychoeducational intervention to enhance students' mentalization, interpersonal skills, and emotional regulation. The manualized intervention consists of eight modules, each addressing different aspects of psychological functioning. Each group (comprising 4–10 students) was led by a pair of psychologists, either specialized or undergoing specialist training in psychotherapy, with different clinical orientations. Psychologists received specific Me.Mo. training and a structured manual. Assignment of the psychologists to the groups, as well as the pairing of co-facilitators, was randomized and varied over time.

A total of 95 students from the University of Urbino (aged 19–29 years; 22 males, 73 females) took part in the study and were randomly allocated to 14 groups (average group size: 6.6 participants). Exclusion criteria: presence of psychotic disorders, suicidal risk, and severe psychiatric conditions. Inclusion criteria: University of Urbino enrolment and age 19–29. Effectiveness was assessed across three time points. At T0 (baseline), the following instruments were administered: CORE-OM, CTQ-SF, ETMCQ, DERS-SF, SDQ, and ICQ-SF, targeting key variables such as psychological well-being, risk behaviors and addictions, university engagement, developmental factors, mentalization, emotional regulation, and interpersonal skills. At T1 (post-intervention, following the eighth session), the GSES, CORE-OM, and MHC-SF were administered to monitor psychological and emotional well-being, as well as sense of belonging. At T2 (two-month follow-up), the CORE-OM and MHC-SF were re-administered, alongside the IPAQ-SF, UCLA 3-Item Loneliness Scale, CAMSQ, DERS-SF, and SAES.

Preliminary results indicate high intervention acceptability, with strong participation and reported satisfaction. Analyses reveal significant follow-up improvements in well-being and global functioning, along with reduced mental state uncertainty and enhanced reflective functioning. These preliminary findings support the validity and potential applicability of this intervention within the context of university counselling services.

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Beyond the Burden: Understanding Psychological Functioning in ALS Caregivers through a Psychodynamic Lens – A Comparative Case Study

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Abstract

Amyotrophic Lateral Sclerosis (ALS) is a relentless neurodegenerative condition that impairs both voluntary motor function and cognitive capacities. The emotional and psychological burden on caregivers is profound, often manifesting as heightened stress, anxiety, and depressive symptoms. This study investigates the psychological functioning during 8-session Video Conferencing Psychological Intervention (VCPI) incorporating Interpersonal Biofeedback (IB) in two caregivers of ALS patients, each exhibiting different levels of personality organization (i.e., neurotic and borderline). Personality organization was evaluated through an integrative approach using specific Rorschach Performance Assessment System (R-PAS) variables - and related cutoffs (e.g., M/MC proportion; Morbid Contents; Ego Impairment Index-3) and the Psychodiagnostic Chart (PDC). Our multi-method psychological assessment involved four time points: Pre-intervention assessment (7 days before the first VCPI session); Post-intervention assessment (7 days after the final session); Follow-up 1 (1-month post-intervention); Follow-up 2 (3-months post-intervention). Across these time points, we measured quality of life (e.g., WHOQOL-Bref), caregiver burden (e.g, CBI), psychological distress, and clinical outcomes (e.g., CORE-OM). Also, during each VCPI session, real-time physiological monitoring - specifically heart rate variability (HRV) and electrodermal activity (EDA) - was conducted using wearable technology to assess autonomic nervous system responses. Preliminary findings reveal that the caregiver with a neurotic personality organization (Age = 45 years) demonstrates stress and anxious-depressive symptoms closely linked to their relative's ALS condition, while still maintaining functional self-awareness, goal-directedness, and emotional clarity (e.g., satisfactory scores in CBI emotional difficulty domains). In contrast, the caregiver with a borderline personality organization (Age = 56 years) displays pronounced relational instability, cognitive-perceptual disruptions, and heightened emotional reactivity (e.g., poor social relationship scores on WHOQoL-Bref). Baseline physiological data (LF/HF ratio) further seems to highlight significant autonomic dysregulation in both participants. The study explores how personality

structure may influence engagement with psychological interventions, physiological reactivity, and treatment outcomes, offering valuable insights into tailored support strategies for ALS caregivers. The effectiveness of psychological intervention will also be discussed.

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Quality of Life in Adolescents with T1DM: The Impact of an Executive Function Enhancement Intervention

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Abstract

Introduction: Type 1 Diabetes Mellitus (T1DM) is a chronic metabolic condition that can affect the psychological well-being of children and adolescents. Young people with T1DM are required to make several adjustments to their daily routines and these challenges place significant demands on both the individuals and their families, negatively impacting psychological functioning. They face complex and often stressful tasks that challenge cognitive dimensions, particularly executive functions and emotional regulation on a daily basis. The objective of this study is to assess the impact of a summer-camp intervention on improving quality of life (QoL) through the enhancement of executive functions.

Methods: A total of 71 adolescents (46.5%F), aged 11-17 years, with a diagnosis of T1DM, took part in a one-week summer camp. They completed the BRIEF-2 and PedsQL questionnaires to evaluate executive functions and quality of life at the beginning (T0) and end (T1) of the camp.

Results: The results highlight a correlation between executive functions and quality of life: the lower the executive function skills, the lower QoF. The summer camp intervention aimed to improve executive functions: at the end of the camp, significant differences were observed in planning and task completion, and there was an improvement in QoL and management of diabetes.

Conclusions: Improvement in executive functions and QoL emphasizes the value of multidisciplinary interventions like summer camps. Enhancing skills in a supportive, peer-driven environment with professional guidance yields positive results. Further research on their long-term effects is needed.

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The Body as a Mirror of Adolescent Psychological Distress: A Comparative Multimethod Study

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Abstract

Introduction. Adolescence is a developmental period marked by vulnerabilities where psychological distress often manifests through the body. This study reveals that Restrictive Eating Disorders (REDs), Non-Suicidal Self-Injury (NSSI), and a previous history of Suicide Attempts (SAs) are not isolated phenomena but rather interconnected expressions of this complex and deep-seated psychological distress. Understanding the symbolic and communicative functions of bodily harm in these populations can provide deeper insights into their psychopathology and inform therapeutic approaches.

Methods. This cross-sectional study compared 60 adolescents (20 for each group) aged 12–18 across these groups using a comprehensive multimethod assessment, including the Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS-PL), the Structured Clinical Interview for DSM-5 Personality Disorders (SCID-5-PD), and the Rorschach Performance Assessment System (R-PAS).

Results. The RED group exhibited the highest obsessive-compulsive symptoms and distorted interpersonal representations linked to perfectionism and body image concerns. R-PAS scores highlighted disorganized thinking and maladaptive self and other perceptions. The NSSI group displayed significant borderline traits, emotion regulation deficits, and impressionistic responses, with elevated R-PAS indices reflecting interpersonal defensiveness and vulnerability to emotional distress. The SA group showed the most severe psychopathology, including high levels of depression and anxiety, and R-PAS indicators of cognitive disorganization and impaired reality testing. Despite differences, a common thread used the body as a canvas to externalize internal suffering.

Discussion. This study provides a nuanced understanding of bodily expressions of psychological distress by integrating structured interviews, personality assessments, and performance-based tools. These findings underscore the urgent need for tailored diagnostic and therapeutic strategies that address the unique and overlapping characteristics of these groups, advancing precision in adolescent mental health care. Therapeutic interventions should consider the symbolic meanings attributed to these behaviors by individuals.

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Executive Functions and Eating Behaviors: Summer-Camp Experience with Adolescents with Type 1 Diabetes

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Abstract

Introduction: Type 1 Diabetes Mellitus (T1DM) is a chronic metabolic condition that can impact psychological well-being in children and adolescents. Young people with T1DM must manage their eating behaviors, diet and blood sugar daily, requiring complex and sometimes stressful tasks that challenge cognitive functions and emotional regulation. Key cognitive demands include executive functions such as planning, monitoring and inhibition. The aim of this study is to evaluate the effect of a summer-camp intervention on the improvement of eating behaviors and executive functions, after assessing their relationship.

Methods: A total of 34 adolescents (44.1%F) with a diagnosis of T1DM, aged 11-14 years, participated in a one-week summer-camp experience. They were asked to complete the BRIEF-2 and SAFA-p questionnaires to assess executive functions and eating behaviors at the beginning (T0) and end of the camp (T1).

Results: The results highlight a correlation between executive functions and dysfunctional eating behaviors: the lower the executive function skills, the greater the dysfunctional eating behaviors. The summer camp intervention aimed to improve executive functions: at the end of the camp, significant differences were observed in planning and task completion, and there was an improvement in tendencies toward bulimic behaviors.

Conclusions: The improvement in executive functions and therefore dysfunctional eating behaviors underscores the value of multidisciplinary interventions like summer-camps. Enhancing skills in a supportive, peer-driven environment with professional guidance yields positive results. Further research on the long-term effects of such interventions would be valuable.

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Shared vulnerabilities between eating disorder risk and hikikomori: a path analysis model examining the role of parental bonding, emotional dysregulation, social media use, and body investment

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Abstract

Difficulties in emotion regulation, disturbances in bodily self-experience, and excessive social media use may interact in ways that increase psychological vulnerability in adolescents and young adults. Specifically, these factors may underlie dysfunctions such as eating disorders and hikikomori, a form of extreme social withdrawal. While these conditions are often studied separately, there may be shared mechanisms involving emotion regulation and embodiment that cut across them and rest on early parental relationships. This study aims to examine the relationships between parental bonding, emotion dysregulation, excessive social media use, and body investment in predicting risk for eating disorders and hikikomori-related traits to identify an underlying structure that links these variables and clarifies overlapping vulnerability pathways.

A convenience sample of 520 adolescents and young adults (42.1% females) aged between 11 and 20 (M=14.3; SD=2.4) completed the Parental Bonding Instrument (PBI), the Difficulties in Emotion Regulation Scale (DERS), an ad hoc scale measuring excessive social media use (ESMU), the Body Investment Scale (BIS; subscales: Image, Touch, Care, Protection), the Eating Disorder Inventory Risk Composite (EDI-RISK), and the Hikikomori Questionnaire (HQ; subscales: Socialization, Isolation, Emotional Support). Structural equation modelling was used to assess interrelations among constructs. The structural model demonstrated excellent fit ($\chi^2_{(13)}$=19.989, p=0.095; CFI=0.997; TLI=0.972; RMSEA=0.032; SRMR=0.019) and was invariant across genders ($\chi^2_{diff(64)}$=75.302, p=0.158). Maternal and paternal care, affecting emotional dysregulation and social media use, both indirectly and negatively predicted lower Isolation through the mediation of Body Touch and Protection, whereas Body Image was positively related to Eating Disorder Risk, which in turn predicted lower Emotional Support.

These findings point to a concealed dynamic in which the regulation of emotion, the experience of the body, and relational withdrawal are not independent phenomena but co-constituting dimensions of vulnerability. Rather than treating social media use or disordered eating as isolated behaviours, this model

suggests they may function as compensatory strategies to a more fundamental problem in the containment of affect and the representation of the body as a site of safety. This research provides an empirical basis for integrative interventions, stressing the necessity to address bodily, emotional, and virtual aspects of psychological development.

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Further Evidence of The Validity and Reliability of The MNARC Index Based on Personality Inventory for DSM-5 Short-Form in a Sample of Community-Dwelling Adolescents

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Abstract

Introduction: A dimensional approach to conceptualizing personality pathology may provide valuable insight into the nature and variability of its different manifestations, including malignant narcissism. Recently, a rigorous scoring method for malignant narcissism—the MNARC index—was introduced, utilizing trait scores from the Personality Inventory for DSM-5. The current study aimed at extending the reliability and the construct validity of the MNARC index in a sample of community-dwelling adolescents.

Methods: All participants (N=406; M=16.01; DS=1.33; male=53.9%) were administered the Proactive Reactive Aggression Questionnaire (PRAQ), the Moral Disengagement scale (DM) and the Personality Inventory for DSM-5 Short-Form (PID-5-SF). Participants were recruited through a non-probabilistic sampling method via online dissemination of the test battery after obtaining informed consent from the parents. To obtain a malignant narcissism index (MNARC), we relied on a scoring procedure using the PID-5 trait scores. We computed a weighted sum of the scores of 11 PID-5 traits. Internal consistency reliability of the weighted composite MNARC index was assessed using the Mosier's alpha coefficient. Additionally, Exploratory Graph Analysis (EGA) was conducted to examine the dimensionality of the MNARC index. Finally, Pearson correlation analyses were carried out to evaluate the construct validity.

Results: The results showed that the MNARC index can be calculated even when using the 100-items PID-5 scale, showing reliable coefficient (Mosier's alpha = .96). Moreover, according to the EGA the weighted scores of the 11 PID-5 scales suggest a unidimensional structure for the MNARC index. Finally, the correlation analyses show positive and significant associations between MNARC index, moral disengagement and aggressive behavior in adolescence.

Conclusions: These findings supported and extended the validity and reliability of the MNARC index based on PID-5-SF, demonstrating its reliability in measuring malignant narcissism in adolescents. Our results

contribute to the growing empirical understanding of malignant narcissism and support the use of the PID-5-SF in the assessment of the MNARC index in adolescence.

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Challenging Slut-Shaming in Adolescence: An Action Research Study in a Secondary School

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Abstract

Slut-shaming is a form of gender-based discrimination that stigmatizes individuals, particularly young women, for their actual or perceived sexual behaviour. Based on gender stereotypes and double standards, slut-shaming contributes to the internalization of sexual oppression and reinforces societal inequalities. The phenomenon of slut-shaming was investigated within the South-Italian socio-cultural context, in a secondary school, analysing its psychological and social consequences among adolescents. A group of 53 adolescents was involved in the action research study, including 23 females and 30 males aged 15 to 19 (M = 17,31; DS = 1,13). This study adopted an action research methodology, aimed at actively involving participants in the process of identifying issues, implementing interventions, and reflecting on outcomes to improve practices within the observed context. For this reason, this work includes a combination of qualitative and quantitative tools: a developed ad-hoc questionnaire assessing exposure to slut-shaming behaviours (Urone, Miano in press), standardized psychological scales Measuring self-esteem (Rosenberg Self-Esteem Scale, RSES), emotional intelligence (Emotional Intelligence Scale, EIS), and peer attachment (Inventory of Parent and Peer Attachment, IPPA), as well as large group activity according to the information giving model and participatory educational activities such as classroom-based discussions (circle time).

The study aims to (a) analyse the role of slut-shaming in maintaining gender disparities and stereotypes and (b) identify effective strategies to prevent its spread and promote female empowerment.

Preliminary findings suggest that slut-shaming, both in-person and online, is a widespread issue with significant psychological consequences, including reduced self-esteem, emotional distress, and insecure peer relationships. The action research underscores the need for interdisciplinary intervention strategies in order to challenge gender norms and promote cultural change within educational settings. By involving

students, educators, and school administrators in the process, this study seeks to foster more inclusive narratives that contribute to redefining social perceptions of gender and sexuality. In conclusion, this work aims to deepen a broader discourse on gender equity and adolescent well-being, offering practical implications for teachers, educators and psychologists aiming to create safer and more supportive environments for young people.

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Trauma, epistemic trust, reflective functioning, and somatic symptoms: a serial mediation model in emerging adults

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Abstract

Introduction: Trauma is a multidimensional construct involving various forms of abuse and neglect, which can have profound and long-lasting effects that often manifest in somatic symptoms and subsequent frequent use of healthcare services, even in the absence of identifiable organic causes. One mechanism through which early trauma exerts its influence is the disruption of epistemic trust, the capacity to perceive interpersonal communication as relevant, reliable, and personally meaningful. When epistemic trust is compromised, the resulting impairment in reflective functioning may lead to the somatic expression of non-mentalized affect. This study adopts a person-centered approach to identify trauma profiles in emerging adults and examines how early trauma exposure influences somatic symptoms, focusing on the mediating roles of epistemic trust and reflective functioning.

Methods: Data from 2041 emerging adults (mean age = 23.91, SD = 2.87; 74.8% female) were analyzed. Latent Profile Analysis (LPA) identified distinct trauma profiles based on the CTQ subscales (emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect). Structural equation modeling (SEM) assessed direct and indirect effects of trauma on somatic symptoms (PHQ), with epistemic stance (trust, mistrust, and credulity) and RF (uncertainty and certainty) as mediators. Bootstrap methods were used to estimate indirect effects.

Results: Two distinct trauma profiles emerged. Serial mediation analysis showed that higher trauma exposure predicted greater mistrust, which in turn affected both uncertainty and certainty in reflective functioning (rfqU and rfqC), ultimately contributing to somatic symptoms. Credulity also showed a significant indirect effect via rfqU.

Discussion: These findings underscore the intricate relationship between trauma, epistemic trust, and reflective functioning in predicting somatic symptoms, offering insights into interpersonal mechanisms involved in somatization. This approach highlights potential intervention strategies that target these mechanisms to reduce somatic symptoms: addressing disruptions in epistemic trust and enhancing reflective functioning may be key to preventing the bodily expression of unprocessed emotional distress.

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The Interpersonal Theory of Suicide in patients with Eating Disorders: a multicenter study

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Abstract

Introduction. In recent years, some theoretical models aimed to understand the increased suicide risk in patients with Eating Disorders (EDs), including the Interpersonal Theory of Suicide (IPTS) by Thomas Joiner. So far, mixed results emerged related to the IPTS constructs (Thwarted Belongingness, Perceived Burdensomeness, and Acquired Capability for Suicide). Hence, we investigated suicide risk factors and IPTS constructs in the ED population.

Methods. The multicenter recruitment involved Novara Mental Health Center and Psychiatry outpatient clinic of the Maggiore della Carità University Hospital in Novara, Regional Expert Center for the Diagnosis and Treatment of Eating Disorders in Turin, and outpatient clinic for Nutrition and Eating Disorder of IRCCS San Gerardo dei Tintori Foundation in Monza. We assessed socio-demographic, clinical and psychological variables (e.g., traits and characteristics associated with EDs, anxiety, mental pain, reasons for living, self-esteem, etc.), IPTS constructs and suicide-related outcomes. The cross-sectional analysis compared ED patients with and without suicide risk, based on the presence of history of suicidal plan and/or suicide attempt.

Results. We included N = 28 female patients with suicide risk and N = 21 female patients without suicide risk. Concerning the IPTS constructs, a higher Perceived Burdensomeness emerged in the suicide risk group ($U = 180.00$, $p = .02$) compared with the group without suicide risk. No differences emerged in Thwarted Belongingness and in the Acquired Capability for Suicide between groups. The suicide risk group reported increased body dissatisfaction ($U = 184.00$, $p = .05$), interoceptive awareness deficits ($t = -2.91$, $p = .004$), tendency to ascetism ($t = -2.56$, $p = .01$), impulse dysregulation ($t = -2.18$, $p = .03$) and

social insecurity (*t* = *-2.02, p* = *.05*) than group without suicide risk. Moreover, the suicide risk group presented higher mental pain scores (*t* = *-2.18, p* = *.03*) and lower survival coping beliefs (*U* = *269.00, p* = *.02*) compared with patients without risk of suicide.

Discussion. Despite the small sample size, these preliminary results support the existing data in the literature on the IPTS in EDs, especially for Perceived Burdensomeness.

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Assessing the continuities between adaptive and dysfunctional personality traits: Introducing the Big Five Inventory-2 (BFI-2)

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Abstract

Introduction: The Big Five Inventory-2 (BFI-2) was developed to find an optimal bandwidth-fidelity tradeoff. Indeed, the BFI-2 was thought as a brief and efficient self-report measure for assessing the five Big Five personality domains, as well as three facets within each of them. The present study aims at assessing the psychometric properties of the Italian translation of the BFI-2 across two samples of Italian community-dwelling adults. Moreover, we aimed at examining the replicability of the BFI-2 five-factor structure across different cultures and languages.

Methods: To examine the measurement properties of the Italian translation of the Big Five Inventory-2 (BFI-2), two samples of community-dwelling adults (Sample 1, N = 823, and Sample 2, N = 583) were administered the BFI-2, as well as the Big Five Inventory (BFI; Sample 1) and Mini Markers (Sample 2) measures. To assess the continuities between the BFI-2 trait and facet scores and dysfunctional personality domains, Sample 2 participants were administered also the Personality Inventory for DSM-5-Short Form (PID-5-SF).

Results: Both sample 1 and Sample 2 data supported the hypothesis that the BFI-2 facet and trait scale scores were provided with at least adequate internal consistency reliability. Dimensionality analysis results clearly supported the five-component structure of the BFI-2 facet scale correlation matrices in both samples. The principal component structure of the BFI-2 trait scales was safely replicated across our two samples, as well as with respect to the component structures published in the literature, providing evidence for the cross-cultural replicability of the BFI-2 principal component structure. The BFI-2 domain scales were provided with adequate convergent-discriminant validity with respect to both BFI (Sample 1) and Mini Markers (Sample 2) domain scales. Multiple regression analyses supported the usefulness of the BFI-2 scores for understanding the PID-5-SF dysfunctional domains, at least in Sample 2 participants.

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Discussion: As a whole, our findings supported the possibility to rely on the BFI-2 for assessing Big Five traits and facets in community-dwelling participants. Moreover, our data lent further support to the complexity of the relationships between adaptive and maladaptive personality features.

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Promoting well-being among prison staff through virtual nature experiences

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Abstract

Introduction: Prisons are widely recognized as high-stress environments, not only for inmates but also for staff members such as prison officers and educators. Constant exposure to heavy workloads, critical incidents, and poor environmental conditions can negatively affect their psychological well-being, increasing the risk of work-related stress and emotional exhaustion. Grounded in Wilson's biophilia hypothesis – which posits an innate human need to connect with nature - this study explores how natural immersive experiences delivered through virtual reality (VR) can support stress reduction and enhance emotional well-being among among prison staff.

Methods: The intervention involved 42 prison staff members – including prison officers and educators – from a prison in Northern Italy. Each participant engaged in four 10-minute guided VR sessions (10 minutes each), exploring immersive natural landscapes designed to elicit calm and restoration. Psychological variables (perceived stress, affectivity, emotional exhaustion, general well-being, and generalized anxiety) were assessed using validated self-report measures, while physiological stress responses (heart rate, skin conductance, temperature) were monitored using non-invasive biofeedback technology. Data were collected at three time points: baseline (T0), post-intervention (T1), and follow-up (T2).

Results: Preliminary findings suggest a reduction in perceived stress and negative affect, along with improvement in emotional regulation, anxiety levels, and overall well-being. Physiological indicators also showed changes consistent with a positive response to the intervention, supporting the potential effectiveness of virtual nature experiences in reducing stress.

Discussion: These preliminary outcomes highlight the potential of VR-based nature exposure a feasible approach to support mental health among prison staff and contribute to fostering a healthier and more sustainable work climate in prison settings. Further research may explore long-term effects and potential organizational benefits.

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Type 2 Diabetes, Psychological well-being, Depressive Symptoms and Diabetes Distress: examining their co-occurrence in the REWINDER study

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Abstract

Background. The aging population has led to a rise in type 2 diabetes (T2DM), affecting over 3.5 million people in Italy. T2DM is often diagnosed in late adulthood and is associated with diabetes distress, which can negatively affect quality of life and glycemic control. Psychological assessments are rarely incorporated into routine care. Patient-reported outcome measures (PROMs) can complement clinical data by capturing patients' perceptions, and their use is increasingly recommended by international organizations.

The REWINDER study integrates PROMs with clinical and administrative data to enhance diabetes care. This analysis specifically explores psychological aspects, focusing on diabetes distress and depressive symptoms.

Methods. Data from 312 individuals with T2DM (aged 40–69) enrolled at the Diabetology Center of Ravenna were analyzed. Three PROMs were used: PAID-5 for diabetes distress, PHQ-9 for depressive symptoms, and WHO-5 for psychological well-being. Descriptive and correlational analyses were conducted to examine the prevalence and interrelations of these indicators.

Results. Diabetes distress affected 26.9% of participants, with 21.5% reporting mild and 14.4% severe depressive symptoms. Poor psychological well-being was found in 23.4%. Among those with mild depressive symptoms, 38.8% also reported distress, which increased to 60% among those with severe symptoms. PAID-5 and PHQ-9 showed a moderate positive correlation ($r = 0.51$), while both were negatively correlated with WHO-5 ($r = -0.50$ and -0.71, respectively).

Discussion. The results highlight the need to integrate psychological assessment into T2DM care. The co-occurrence of distress and depression can affect self-management and clinical outcomes. Given the high prevalence of T2DM in the Romagna region, universal psychological support is impractical. Screening and risk stratification are crucial for timely referrals to tailored interventions. Future research should explore the relationship between psychological factors and metabolic outcomes to inform integrated care models.

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Saturday, 20th September 2025

SYMPOSIUM SESSION

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BODIES, IDENTITIES, AND HEALTH PROCESSES IN LGBTQIA+ LIVES

Proposers

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Discussant

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Abstract

The body is a central site of identity, experience, and expression—particularly within LGBTQIA+ lives, where it often becomes a space of tension and struggle. Yet, the body, frequently violated and contested, is also a site of resilience, self-expression, and transformation—an essential dimension of health and human dignity. More specifically, LGBTQIA+ bodies are too often subjected to social scrutiny, pathologization, and exclusion, positioning them at the intersection of vulnerability and resistance. The scars—whether from trauma, medical neglect, or marginalization—leave profound imprints on both physical and mental health, shaping self-perception, access to care, and overall well-being. Simultaneously, LGBTQIA+ bodies are powerful symbols of identity and self-determination, as individuals navigate gender expression, transitions, and embodied resistance. This symposium aims to deepen the dialogue on how lived experiences within one's body intersect with identity formation and health processes. Additionally, it will examine how societal norms and medical practices can perpetuate harm or, conversely, foster healing and inclusion. Based on these premises and within the framework of the PRIN 2022 project "Intersectional Stigma and Health Equity Promotion for LGBT People in Primary, Sexual/Reproductive, and Mental Health Care Settings", funded by the Italian Ministry of University, the symposium seeks to advance understanding, promote culturally competent practices, and advocate for equitable health outcomes for LGBTQIA+ populations by adopting an intersectional and inclusive perspective. The symposium will open with a work by Mezzalira et al. in which authors qualitatively explore in a group of LGBTQIA+ people their self-defining memories, specific types of autobiographical memories which play a key role in the construction and integration of personal identity. Then, Di Giannantonio et al. will present a new measure which assesses gender dysphoria in trans men

and women and nonbinary people by expanding the concept to both bodily and social dimensions. In addition, Lorusso et al. will explore how Italian transgender and nonbinary people embodied experiences of gender pride, joy, and authenticity, expressed through playful deconstruction of gender norms, foster self-acceptance and transformation. Finally, Bonato et al. will present a study on transgender women's attitudes towards access to parenthood via uterus transplantation.

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The Body at Stake in LGBTQIA+ Individuals' Self-Defining Memories

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Abstract

Even though health disparities exist between LGBTQIA+ individuals and the general population, LGBTQIA+ people are well-known to be able to mobilize consistent resilience capacities to protect themselves from stigma and discrimination deriving from societal cis- and heteronormative assumptions. The ways through which these individuals position themselves within society can not only collide with hostile and oppressive environments but often represent only one of the various expressions of their multiple intersecting identities. However, it is difficult to conceptualize what the construction of identity means for LGBTQIA+ populations, and scarce research exists concerning these people's life stories. To fill this literature gap, the current study was aimed at qualitatively investigating the LGBTQIA+ individuals' narrative identities based on the recall of their self-defining memories (SDMs). A SDM is a highly event-specific type of autobiographical memory that elicits strong feelings and emotions as well as sensory details when they are recalled. An optimal employment of SDMs is associated with the individuals' capacity to confer an integrative meaning on their self, life goals, and relationships through meaning-making processes. In the current study, the SDMs of 76 Italian LGBTQIA+ individuals were analyzed to explore the major themes and subthemes emerging in their memory narratives, as well as the narrative quality and the affective responses to the recall of SDMs. Participants were subdivided into four groups based on their gender identity (i.e., cisgender men, cisgender women, transgender and nonbinary individuals assigned male at birth, and transgender and nonbinary individuals assigned female at birth). The results showed that LGBTQIA+ individuals' SDMs varied among different groups of participants, with an overall pattern of positive affectivity and a critical focus on the body. Emerging themes revolved around life-story ruptures, identity- and especially body-related violations, the need for mirroring experiences, and the significance of the coming out process. Differential patterns based on the participants' SDMs pointed to different trends differentiating LGBTQIA+ specific subpopulations,

which can importantly inform clinical interventions based on the reframing and integration of their narrative identities, especially as concerns their experiences of the body.

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Bodies, Social Gaze, and Gender Norms: Validating the Body and Social Gender Dysphoria Scale

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Abstract

Introduction: Gender dysphoria (GD) has traditionally been conceptualized through a medical lens, with a primary focus on bodily incongruence and dissatisfaction. However, recent research highlights that widely used clinical scales and research tools are often perceived as inadequate by many transgender and nonbinary (TGNB) individuals, as they fail to capture the complexity of their subjective experiences. Qualitative research indicates that GD involves multiple dimensions, highlighting the importance of interpersonal and contextual factors. This study aimed to develop and validate the Body and Social Gender Dysphoria Scale (BSGDS) among Italian TGNB and cisgender LGBQ, testing the factorial structure of the instrument and its relationship with minority stress, body uneasiness, and psychological distress.

Methods: Data were collected via an online survey. Exploratory Factor Analysis (EFA) was conducted on a sample of 377 TGNB and cisgender LGBQ adults aged 18–59 (Study 1). A subsample (N = 249) also completed validated measures related to minority stress, body uneasiness, and psychological distress (Study 2).

Results: EFA with promax rotation indicated excellent sampling adequacy (KMO = 0.94) and a significant Bartlett's test ($p < .001$). The analysis supported a three-factor structure (Bodily Dysphoria, Interpersonal Dysphoria, and Sociocultural Dysphoria) consistent with the constructs being operationalized. All subscales demonstrated high internal consistency ($\alpha = 0.791$ to .935) and good construct validity, showing significant correlations with victimization, non-affirmation, and internalized transphobia, as well as with body uneasiness and psychological distress, including anxiety, depression, and stress.

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Discussion: A comprehensive understanding of GD, informed by firsthand experiences, is crucial for both clinical and research contexts. The scale has the potential to capture multiple dimensions of GD—bodily, social, and contextual—and thereby offer a more inclusive approach for assessment and intervention.

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Embracing Minority Joy: Positive Experiences of Trans and Nonbinary Identities

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Abstract

Introduction: Psychological research on transgender and nonbinary (TNB) health has had a major focus on minority stress and discrimination, highlighting negative health effects of stressors. Academic research is experiencing a growing interest in exploring the role of positive aspects of TNB identities (e.g., gender euphoria) in fostering mental health. Recent qualitative work has explored positive dimensions of TNB identities, such as authenticity, pride, and self-consciousness, with the aim of theorizing a more articulated construct, labeled as "minority joy".

Methods: The aim of this study is to contribute to theorizing the concept of minority joy through the experiences of TNB participants in the Italian context. Data were drawn from two studies exploring the well-being of 12 trans men, 8 trans women and 8 nonbinary individuals (age range = 19-54; mean age = 27,5) using semi-structured interviews. Participants were encouraged to talk about positive events they would not have experienced had they not been TNB. A codebook thematic analysis approach was employed to organize the results.

Results: Findings indicate that TNB individuals have positive experiences in various domains, defined as: (1) Gender Euphoria from authenticity to recognition; (2) Feeling pride and playing with gender norms; (3) Critical thinking as form of liberation from norms; (4) Queer Community as a source of individual and collective support.

Discussion: These findings align with existing literature while providing new insights. The importance of integrating psychological competencies into affirmative therapeutic relationships and prevention programs is underscored to cultivate gender identity pride, joy, and belonging. This can play a complementary role in the process of resilience, processing, and overcoming discrimination.

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Reimagining parenthood: uterine transplantation, clinical trajectories, and the biopolitics of reproductive desire in transgender women

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Abstract

Uterus transplantation (UTx) has emerged as an experimental yet promising technique for cisgender women with absolute uterine factor infertility. Following the first successful birth, which demonstrated its clinical feasibility, UTx has attracted increasing interest for its potential application among transgender women. In addition to the challenges commonly faced by all individuals seeking access to assisted reproductive technologies, transgender women encounter further barriers related to gender affirmation pathways, fertility loss due to hormone therapy, and a cisnormative sociopolitical context. Despite its anatomical and medical complexity, extending UTx to transgender individuals may promote psychological well-being and reproductive autonomy.

This study explores transgender women's perspectives on UTx, specifically their knowledge, reproductive aspirations, and perceived risks and benefits. A cross-sectional survey was administered to 251 transgender women aged 18 to 77 years (M = 23.9; SD = 7.16). Participants completed structured questionnaires assessing sociodemographic variables, desire for parenthood, understanding and attitudes toward UTx, and interactions with healthcare professionals. These dimensions were analyzed through the framework of gender minority stress and resilience.

The study revealed a strong desire for biological parenthood among the 251 participants, with 34.3% expressing a definitive interest and 23.5% reporting probable interest. Of these, 134 participants completed the full questionnaire, including items related to UTx. Awareness of UTx was generally low, with 76.1% reporting little to no familiarity. Despite this, many recognized potential psychological benefits: 80.6% believed UTx could enhance happiness in transgender women, and 50.8% felt it could

increase satisfaction with their gender identity. However, concerns about medical risks (51.5%) and fears of social stigma (23.9%) were reported. Additionally, 50.8% of participants indicated that the country's conservative political climate negatively influenced their desire for motherhood, underscoring the impact of societal context on personal reproductive decisions.

Interest around this procedure aligns with broader discussions around reproductive justice, bodily autonomy, and equitable access to parenthood for all individuals, regardless of gender identity. The inclusion of transgender women in this evolving field raises important bioethical considerations and challenges traditional narratives surrounding gender, fertility, and motherhood. Expanding access to this technology may offer new pathways toward gestational and biological parenthood.

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EXPLORING COUPLE DYNAMICS AND RELATIONSHIP CHARACTERISTICS IN CONTEMPORARY CLINICAL SETTINGS

Proposers

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Discussant

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Abstract

The clinical practice of working with couples is a specialized form of intervention that requests specific expertise and well-structured methodologies. Given that romantic relationships are continuously shaped by evolving social and contextual factors, effective clinical interventions for couples should integrate an understanding of broader social dynamics, contextual influences, and the unique psychological characteristics of each partner.

This symposium aims to explore the complexities of modern couple relationships, addressing the emerging social challenges they encounter and the evolving demands for counselling and psychotherapy. All of the research presented focused on couples from central and northern Italy.

The symposium comprises four presentations.

Cecilia Pace and collaborators from the University of Genoa will explore the psychological and symptomatic profiles of couples across different relationship statuses—dating/non-cohabiting, cohabiting/married, and separated/divorced—while considering key constructs such as attachment, emotional dysregulation, and alexithymia. The primary goal is to delineate distinct functioning profiles that characterize the diverse and evolving forms of contemporary couple relationships.

Silvia Mazzoni (Sapienza University of Rome) and Lucia Porcedda (Salesian University, Rome) will present an in-depth analysis of clinical intervention requests, with a focus on distinguishing different types of couple therapy demands. They will differentiate between therapies explicitly aimed at the couple and 'disguised' couple therapy—cases where the presenting issue appears to be focused on a symptomatic child, but the underlying request reveals deeper relational difficulties.

Marialuisa Gennari, Giancarlo Tamanza and collaborators (Catholic University of Brescia) will focus their presentation on exploring the quality of couple relationships and the meanings attributed to Assisted Reproductive Technology (ART) interventions, drawing from qualitative data collected from couples who underwent ART in a hospital setting in northern Italy. The findings will reveal potential associations between the partners' family histories, relationship dynamics and the significance to ART Services.

Alessandra Santona and collaborators (University of Milan) will present a study examining the factors influencing the disclosure of Assisted Reproductive Technology (ART) conception to children within Italian heteronormative families. The research focuses on parents who have utilized ART, gathering data through an online survey that explores a range of factors including attachment styles, dyadic adjustment, social support, family communication, and specific attitudes toward disclosure to children.

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Cohabiting or not cohabiting? Counterintuitive relationships between relationship status and mental, interpersonal and emotional health

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Abstract

Introduction. Literature suggests that single, divorced or separated individuals show worst outcomes than individuals in stable couple relationships. Specifically, they show more psychopathological symptoms, especially depressive symptoms (Grundström et al., 2021). Some findings also report higher attachment insecurity in single versus partnered individuals, in the form of higher attachment preoccupation (Adamczyk & Bookwala, 2013). Further, an intercountry study found less positive and more negative emotions in singles of twelve countries, not including Italy (Apostolou et al., 2024). However, an Italian study reports contrasting findings (Sagone et al., 2023). Overall, information on these topics is scarce, especially in the Italian context.

Method. This study involved 591 Italian community adults from 18 to 65 years old (49.5% males; Mage = 42.18, SDage =13.60), grouped according to their relationship status: single (21%), in a relationship without cohabitation (19%), married/cohabitating (51%), divorced/separated (9%). The four groups were compared in questionnaire scores of psychopathological symptoms, attachment, and emotions more often experienced in the last week.

Results. Contrasting literature findings, adults in a relationship without cohabitation showed the higher scores of psychopathological problems ($p = .003$), showing highest depression than both cohabitants and divorced/separated ($p \leq .04$). Moreover, they showed less attachment security than divorced/separated ($p = .003$) and higher attachment preoccupation and frequency of "being upset" than both cohabitants and divorced/separated ($p \leq .01$). Single showed highest misuse of alcohol, discomfort with closeness indicating attachment avoidance, and frequency of "shame" than married/cohabitant couples ($p \leq .04$).

Conclusion. The authors remark caution in interpreting results due to disparities in group sizes and exclusive use of questionnaires. However, these results suggest narrowing dimensions able to promote quality of couple relationships rather than focus the relationship status only, specifically the meaning of cohabitation. Moreover, the results suggest group specificities warranting further investigation. For

instance, future studies should account for gender, age or cultural influence concerning high levels of shame in singles or emotional resilience processes in the divorced/separate individuals.

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Why do couples require couples therapy?

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Abstract

Why do couples require couples therapy? The answer to this question was mainly provided by therapists, categorized in diagnostic labels or based on the main problem discussed during the sessions. Few research are based on partner feedback, and often the partners have to answer on predetermined lists of reasons, and their authenticity can be altered. But what is the way in which couples express their suffering at the moment of request? What is the initial awareness? The answer to these questions is an important guide in analysing demand and helping couples. The Family Psychotherapy Academy of Rome collects the first request through a detailed telephone interview and the data are synthesized in a specific sheet where it is also required to report the words of the callers. We decided to carry out an analysis of the content of these qualitative data in order to obtain some categories that would highlight the first request for help from couples (no. 90 requests for therapy). The categories obtained were compared with a list of requests indicated in the research by Doss, Simpson and Christensen (2004). Especially, we expected to have to pay attention to the difference between couples joined and couples separated or in the process of separation, Also noting - in according with Bowen - the frequency with which the request is focused on the problems of the children (camouflaged couple therapy) rather than on the couple relationship.

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Beyond the decision: How relationship quality and family background shape the meaning of Assisted Reproductive Technology

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Abstract

Introduction: The way couples experience the process of assisted reproductive technology (ART) is influenced by a range of factors, including each partner's family history, the quality of the couple's relationship, and the meanings attributed to this delicate process. In a clinical context, understanding how these elements intertwine can provide valuable insights into addressing the emerging emotional and psychological questions that arise during treatment.

Objective: The study aims to explore how couples interpret the decision to access public ART services and whether this decision is linked to the relational dynamics of the couple, as well as to each partner's family history.

Methodology: Eighteen couples who underwent ART treatment at the Montichiari Clinic (ASST degli Spedali Civili di Brescia) were interviewed. A qualitative methodology was used, employing the Generational Clinical Interview (ICG), supplemented with questions regarding the meanings attributed to the decision to pursue ART. Interviews were conducted with both members of each couple, and the collected data were coded by three independent researchers.

Results: While data analysis has been completed, the process of aggregating and interpreting the findings is still underway. At this stage, it is not yet possible to determine the specific meanings that couples attribute to their decision to undergo ART or how these meanings relate to the quality of their relationship. Further synthesis is required to clarify these aspects.

Discussion: As the results are still being consolidated, definitive conclusions cannot yet be drawn. However, ongoing interpretation seeks to deepen the understanding of the relationship between partners' family backgrounds, the quality of their couple dynamics, and the meanings they associate with their decision to pursue ART. These insights may ultimately inform the development of tailored clinical interventions for couples undergoing ART.

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Parenthood through assisted reproduction: the role of parents' interpersonal functioning on disclosure to children

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Abstract

Assisted Reproductive Technologies (ARTs) have made parenthood a reality for many heterosexual couples facing infertility while simultaneously introducing specific psychological and relational challenges for these families. One of the most sensitive issues involves decisions about whether, when, and how to disclose the child's conception through ART. Despite increasing encouragement from researchers, scientific societies, and healthcare professionals to promote openness, the number of parents who choose to inform their children about their conception through ART remains relatively low. Understanding the factors influencing these disclosure decisions is crucial to supporting families in navigating this process.

This study aimed to investigate the interpersonal functioning characteristics of parents in relation to their intentions and behaviors regarding disclosure. The research focused on heterosexual families in Italy formed through ART with gamete donation (N=102) and with couples' own gametes (N=156). Participants completed an online survey gathering sociodemographic information and assessing their disclosure intentions and behaviors through ad hoc questions. Additionally, standardized psychological measures were used, including the Experiences in Close Relationships-Revised, the Dyadic Adjustment Scale, the Multidimensional Scale of Perceived Social Support, and the Family Communication Scale.

Findings suggested no significant differences comparing donor and non-donor ART families regarding family communication quality, attachment-related anxiety and avoidance, and dyadic adjustment. In both family types, these interpersonal functioning characteristics were associated with more positive attitudes and an increased likelihood of disclosing the child's conception through ART.

These results underscore the importance of fostering open family communication and addressing parents' interpersonal functioning to support them in making informed decisions about disclosure. The study also discusses the clinical implications of these findings within the Italian sociocultural context, highlighting

the need for tailored psychosocial interventions. Future research directions should further explore how parental emotional well-being and relational dynamics influence long-term disclosure outcomes.

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THE PROGRESS OF SEXUAL HEALTH IN CLINICAL PSYCHOLOGY: NEW SCIENTIFIC PERSPECTIVES

Proposer

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Discussant

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Abstract

Human sexuality is a complex phenomenon shaped by biological, psychological, relational, and social factors. This symposium explores sexuality from an evolutionary and biopsychosocial perspective, addressing key topics such as inclusive sex education, sex-positive attitudes, erectile dysfunction, and vulvodynia. By integrating research from multiple disciplines connected to clinical psychology, the symposium aims to advance scientific understanding and inform clinical and educational practices. In detail, the topic addressed will be:

1. Analyzing attitudes towards sexuality and their role in health-care practice - Validation of the Sex-Positive Attitudes Scale (SPAS) - This study introduces and validates the SPAS, designed to assess beliefs, attitudes, and stereotypes about sexuality. A sample of 1,026 Italian participants contributed to the validation process, confirming five core dimensions: Openness, Moralism, LGBTQIA+ Stigma, Mechanical View of Sexuality, and Consent & Communication. Findings underscore the SPAS as a reliable tool with applications in clinical and educational contexts

2. Sex Education and Multi-Minority Identities - A qualitative study on sex education experiences among neurodivergent and chronically ill queer individuals reveals the inadequacies of traditional curricula. Participants emphasize the need for an inclusive, non-heteronormative approach, positioning sex education as a means of empowerment and self-expression

3. Parental Attachment and Erectile Dysfunction (ED) -A novel study employing Machine Learning investigates the role of parental bonding in predicting ED. Findings suggest that paternal care serves as a protective factor, whereas maternal overprotection increases the likelihood of ED. These insights emphasize the need to consider early attachment patterns in sexual health assessments.

4. A Biopsychosocial Approach to Vulvodynia - Vulvodynia, a chronic pain condition affecting 16% of women, is examined through psychological and somatic factors. Research highlights the impact of personality traits, psychological distress, and body image on the condition, advocating for a holistic treatment model that integrates both physiological and psychological interventions.

In conclusion, this symposium highlights the need to redefine sex education and sexual health interventions through an evolutionary and biopsychosocial lens. By integrating research on sexual dysfunction, chronic pain, inclusive education, and sex-positive attitudes, it provides a comprehensive framework for advancing both scientific inquiry and practical applications in sexual health and well-being.

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Analyzing attitudes towards sexuality and their role in health-care practice: Validation of the Sex-Positive Attitudes Scale (SPAS)

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Abstract

The present study aims to validate the Sex-Positive Attitude Scale (SPAS), a newly developed instrument designed to assess attitudes, beliefs, and stereotypes about sexuality from a sex-positive perspective. Previous measures often focused on isolated aspects of sexuality, whereas the SPAS seeks to provide a comprehensive evaluation applicable to individuals of diverse sexual orientations, gender identities, and relational statuses. A total of 1,026 participants from the Italian general population took part in the validation study, recruited via social media through a snowball sampling technique. The survey, conducted between March 2021 and January 2022, ensured anonymity and obtained ethical approval from the Department of Dynamic, Clinical, and Health Psychology at Sapienza University of Rome. The research followed a rigorous methodological approach, including exploratory and confirmatory factor analyses to establish construct validity and factorial structure.

The SPAS was initially developed by reviewing literature on key topics such as gender stereotypes, LGBTQIA+ issues, consent, and sex-positive principles. The preliminary version contained 160 items rated on a 7-point Likert scale, later refined by a panel of psychosexology experts to enhance clarity and inclusivity. Internal reliability was assessed using Cronbach's alpha, with values ranging from 0.719 to 0.827, indicating strong internal consistency. The scale was further tested for criterion validity through correlations with other established measures, such as the Sexual Dysfunctional Beliefs Questionnaire (SDBQ).

Factor analysis revealed five key dimensions: Openness, Moralism, LGBTQIA+ Stigma, Mechanical View of Sexuality, and Consent & Communication. These factors collectively contribute to a broader index of sex-positivity. The results confirmed that openness and consent positively correlated with younger age, non-heterosexual orientation, and liberal political views, whereas moralism and stigma were associated with older age, heterosexuality, and conservative ideologies.

The findings highlight the SPAS as a reliable and valid tool for assessing sexual attitudes, with potential applications in clinical settings and sex education. Future research should explore its adaptability across different populations and its impact on interventions addressing sexual health and well-being.

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Experiences and aspiration regarding sexuality education of individuals with multi-minority identities

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Abstract

Introduction: This study aimed to gather knowledge on the past experiences with sex education of historically marginalized queer communities, namely queer people who are neurodivergent and/or live with a chronic disease and/or e disability in Italy adopting an intersectional lens and a participatory approach.

Methods: Five focus groups were held online with Italian-speaking people (*N*=22) addressing their experiences with sexuality. All identified as queer and neurodivergent, or queer and living with chronic illness and/or disability. Reflexive thematic analysis was used to analyze the data and a thematic structure was identified.

Results: During the focus groups participants underlined the importance of representation, content, and modalities of teaching, in sex education, which, instead, was reported to be focused on a heteronormative perspective and stereotypical aspects of sexuality. Participants reported that sex education, when present in Italian formal settings, failed to include information that was sensitive and supportive of queer experiences. A process of autonomous "sex re-education" is therefore necessary. Sex education is seen by participants as a pathway towards liberation and self-expression.

Discussion: The findings underlined the need for a comprehensive queer-competent sex education across Italy and the Netherlands. This can be obtained by expanding sex education beyond cis-ableist-neuroheteronormativity. The results have been implemented to lead the development of a sexual education toolkit.

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Exploring the Role of Parental Care and Overprotection in Predicting Erectile Dysfunction: A Machine Learning Approach

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Abstract

Erectile dysfunction (ED) is a prevalent condition among young men, often attributed to a combination of physiological and psychological factors. While research has established the importance of adult attachment patterns and relational dynamics in sexual health, the potential role of parental attachment in the development of sexual dysfunctions remains underexplored. Attachment theory suggests that early experiences of parental care and overprotection can influence relational styles in adulthood, potentially impacting sexual health. However, no studies have directly investigated whether parental attachment is associated with sexual dysfunctions, such as ED. This study aimed to examine the predictive role of Parental Cure and Overprotection (both to Mother and Father) on ED using Machine Learning (ML)Approaches.

Methods: A cross-sectional sample of 290 male subjects was recruited in May 2022 from the FATHER study, designed to explore parental attachment and its potential relationship with sexual dysfunctions. Presence of ED was assessed using the International Index of Erectile Function (IIEF-15), while parental attachment was evaluated through the Parent Bonding Instrument (PBI), which measured both maternal and paternal care and overprotection. ED Subjects (IIEF<26) were 92 (31.72%). Two Machine Learning approaches were employed. Logistic Regression (LR) was used to evaluate linear relationships, while Gradient Boosting Machine (GBM) was employed to enhance predictive accuracy. Model performance was assessed through accuracy, precision, recall, F1 score, and Area Under the Curve (AUC), with feature importance analysis in the GBM model.

The LR model yielded an accuracy of 64.5%, with high specificity (87.8%) but low sensitivity (21.6%), showing poor ability to detect ED cases. Father Care emerged as a significant protective factor (OR =

0.95, $p < 0.05$), while Mother Overprotection was positively associated with ED (OR = 1.038, $p < 0.05$). The GBM model outperformed logistic regression, with an accuracy of 73.6% and improved precision (55.0%) and recall (44.0%) for ED cases. In the GBM model, Father Care was the most important predictor (53.0%), followed by Mother Overprotection (39.9%).

This study highlights the role of parental attachment as a potential factor in the development of ED. Father Care was identified as a protective factor, while Mother Overprotection appeared to increase the risk of ED. These findings suggest that parental attachment could be considered one of the predisposing factors for ED, in addition to physiological, psychological, relational and social factors. Further research is warranted to explore how early relational patterns interact with other variables to influence sexual functioning.

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Understanding Vulvodynia: Intersecting Psychology, Pain, and Identity

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Abstract

Introduction: Vulvodynia, a chronic vulvar pain disorder affecting approximately 16% of women, is a complex and multifactorial condition with an unknown etiology, lasting at least three months. It impacts somatic, psychological, relational, and sexual socialization dimensions. Although recent research on vulvodynia has been growing, few studies have investigated its psychophysiological etiology and somatic aspects. The present study adopts a biopsychosocial approach to explore the etiological, predisposing, and maintaining factors of vulvodynia by examining the complex experiences of women living with the condition.

Methods: Twenty-five participants diagnosed with vulvodynia, aged between 18 and 55 years, were administered the Clinical Diagnostic Interview (CDI), supplemented with additional questions to investigate the development of the condition and personal experience. The interviews are part of a larger study that also includes personality profile assessments through the SWAP-200, and an online questionnaire measuring psychological distress (K-10), mentalized affectivity (B-MAS), body image (BUT), traumatic experiences (CTQ-SF), identity related to the body (IDEA), personality traits (PID-5-BF), sexual satisfaction (SSS-W), and thoughts associated with sexuality (SMQ-AT).

Results: Using Reflexive Thematic Analysis, several common themes were identified, including the relationship with the body, experiences with sexuality (satisfaction and functioning), the domain of relationships, experiences of violence, and gender representations. The qualitative data were analyzed alongside preliminary quantitative data from the assessment instruments, providing insights into the psychological and somatic dynamics of vulvodynia.

Discussion: These preliminary findings aim to enhance the understanding of vulvodynia by highlighting its complex psychophysiological nature. By integrating psychological and somatic factors, this study advocates for a more holistic approach to vulvodynia, which has significant implications for both research and clinical treatment, providing guidance for more personalized therapeutic interventions.

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NEUROBIOLOGICAL, PSYCHOPHYSIOLOGICAL AND NEUROPSYCHOLOGICAL CORRELATES OF COMMON MENTAL HEALTH AND NEURODEGENERATIVE CONDITIONS: HOW CAN APPLIED RESEARCH INFORM CLINICAL PSYCHOLOGY PRACTICE?

Proposer

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Discussant

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Abstract

Mental health and neurodegenerative conditions, ranging from depression and schizophrenia to dementias, are very common worldwide and profoundly impact patients' cognitive, emotional, and behavioural well-being. The relevance of investigating the neuroscientific correlates of these disorders lies in their potential to provide insight into the underlying brain mechanisms that contribute to these conditions.

Functional neuroimaging has been crucial in mapping brain activity associated with psychopathological conditions. Psychophysiology can help to shed light on the relationship between physiological signals recorded from the brain and cognitive and emotional processes. Clinical neuropsychology complements these findings by providing a deeper understanding of psychological impairment commonly seen in psychiatric and neuropsychiatric conditions.

As the field of clinical psychology continues to evolve, understanding the neuroscientific mechanisms underlying these conditions has the potential to significantly enhance diagnostic accuracy, inform the implementation of effective treatments, and ultimately improve clinical outcomes.

During the symposium, the first contribution (by Imperatori et al.) will present a review of the literature investigating psychopathology through the lenses of the Triple Network perspective. The second

contribution (by Dell'Acqua et al.) will present ERP data on affective processing in preadolescents with a familial risk for depression. The third contribution (by Antonucci et al.) will discuss findings regarding the role of behavioral and personality changes during neurodevelopment in the gene-environment interplays involved in schizophrenia risk pathways. The last contribution (by Cavallo & Cecchetti) will be presenting data about "high tech" cognitive assessment and intervention in neurocognitive disorders, by highlighting their potentialities as well as their current challenges.

Taking into account the neuroscientific evidence is important to support and integrate clinical psychology practice. Neuroscientific studies provide precious insights that inform the diagnostic process, treatment development, and intervention strategies, ultimately leading to more effective, personalized care for patients suffering from these serious clinical conditions.

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Understanding psychopathology from the Triple Network perspective: a review of the literature

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Abstract

Introduction: According to the triple network (TN) model, the default mode network (DMN), the central executive network (CEN), and the salience network (SN) operate dynamically regulating several basic and higher-order cognitive processes, including arousal modulation, self-referential thoughts, and top-down control. The synergic interaction between these networks plays a critical role in executing cognitive control and in guiding adaptive behavior. Conversely, imbalanced communication within and/or between these neural circuits is associated with several psychopathological manifestations, and with various mental disorders.

Methods: An overview of the literature was conducted to examine the main TN alterations associated to the most common psychopathological manifestations.

Results: Several inter- and intra-network connectivity alterations, especially within the SN, and between the CEN and the DMN have been found to be associated with psychopathology, at the transnosographic level.

Discussion: These data suggest the usefulness of the TN model in understanding several psychopathological processes (e.g., rumination, anhedonia and impaired top-down regulation of emotions) providing not only valuable information about the neurophysio-pathogenic processes involved in the onset and development of several mental disorders, but also potential areas of intervention. This perspective fits also very well with the modern view of mental disorders, shifting from a categorical to a dimensional approach.

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Affective processing in preadolescents with a familial risk for depression: insights from ERPs

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Abstract

Introduction: Offspring of depressed parents have about a two-fold risk of developing depression. Hence, identifying potential mechanisms of intergenerational risk is crucial to understanding depression etiopathogenesis and developing prevention programs. One mechanism might be affective processing, whereby reduced motivated attention to emotional stimuli is associated with depression and its risk in adults. However, little is known about how these patterns manifest in at-risk youth before symptom onset. This study used event-related potentials (ERPs) to examine motivated attention to emotional images in preadolescents with and without a family history of depression.

Methods: Participants included 19 preadolescents with a familial history of depression but no current symptoms and 17 controls without a family history or symptoms. Participants performed an S1-S2 task, in which an emotional picture (pleasant, neutral, unpleasant) (S2) was anticipated by a cue (S1) that predicted its valence. During the task, the electroencephalogram was recorded to obtain the late positive potential (LPP), an ERP reflecting motivated attention in an earlier (LPP1, 300-1000 ms post-image) and later time window (LPP2, 1000-2000 ms post-image).

Results: In the early phase of motivated attention, controls showed greater amplitudes for unpleasant vs. neutral images and a marginal increase for pleasant vs. neutral images, with no difference between pleasant and unpleasant ones. In contrast, the at-risk group showed enhanced LPP1 for unpleasant vs. both neutral and pleasant images and for pleasant vs. neutral ones. Controls showed no significant differences across conditions in the sustained attention phase. Instead, at-risk participants displayed larger LPP2 for unpleasant than for pleasant and neutral images. Additionally, LPP2 to unpleasant images was greater in the at-risk group than in controls, and no group differences emerged for pleasant or neutral ones.

Discussion: Familiar risk for depression in preadolescents was associated with heightened motivated attention to unpleasant pictures, highlighting greater elaboration and difficulty in shifting away from those stimuli. This study showed how the ERPs can be leveraged to better understand affective processing in depression risk, contributing to the early detection of vulnerability to the disorder, and the structuring of effective prevention strategies.

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Personality changes during adolescence mediate the relationship between genetic risk for schizophrenia and bullying victimization in the prediction of adult psychotic-like experiences

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Abstract

Introduction: Psychotic-like experiences (PLEs) occur in 7-15% of the population and are related to increased risk for schizophrenia. Genetic factors that contribute to schizophrenia may be associated with changes in personality characteristics. Notably, this association might be mediated or moderated by environmental adversities. We hypothesized that personality development during adolescence may play a role in gene-environment interplays relevant to PLEs. Thus, we tested how personality changes in adolescence predicted PLEs severity in adulthood. Then, we investigated whether the role of polygenic risk for schizophrenia (PRS) and of social adverse events in adolescence on PLEs severity was mediated by personality-based predictions.

Methods: A total of 784 individuals were recruited within the Imagen consortium (Discovery Sample – DS, N=526, and Validation Sample – VS, N=258); personality was assessed at baseline (BL, 13-15 y.o.), Follow-Up-1 (FU1, 16-17 y.o.) and FU2 (18-20 y.o.). Latent Growth Curve Models served to compute the individual change coefficients across personality variables (N=14). A Support Vector Machine algorithm employed these coefficients to predict PLE severity at FU3 (21-24 years) within a double-cycle, nested cross-validation framework. In a subsample (N=653), we computed Structural Equation Models with PRS as a predictor, PLEs at FU3 as dependent variable, and Decision Scores (DS) from the personality-based algorithm as mediator between PRS and PLEs. Models included perceived bullying victimization (BV) either as further serial mediator, or as moderator between DS and PLEs.

Results: Personality changes predicted PLEs severity at FU3 with 65.6% accuracy ($p<0.001$) in the DS, and 69.4% in the VS. Higher levels of neuroticism and openness over time were most predictive of PLEs severity. Mediation analysis revealed a positive direct effect of PRS on PLEs (B=0.08; p=0.022;, and an

indirect effect, mediated by personality-based DS and, subsequently, by self-reported BV (B=0.007). BV did not moderate the relationship between DS and PLEs (B=0.004).

Discussion: Changes in specific personality traits during adolescence predate experiences that may reflect future susceptibility to psychosis. PLEs predictions based on adolescent personality changes are associated with BV, and both would serially mediate the relationship between PRS and adult PLEs severity, thus suggesting that gene-environment correlations may be relevant to PLEs.

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"High-tech" cognitive assessment and intervention in neurocognitive disorders: Acceptable, feasible, effective?

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Abstract

Introduction. Investigating cognitive deficits in neurocognitive disorders (i.e., mild cognitive impairment, MCI, and early-stage Alzheimer's disease, AD) is crucial for early diagnosis, monitoring the progression of the condition, and tailoring effective interventions. "High-tech" tools such as virtual reality (VR), augmented reality (AR), eye-tracking (ET) and computerized cognitive trainings (CCT) have shown promise in fostering our early detection of cognitive impairment and supporting more effective interventions.

Methods. During the last 10 years, our research group conducted various pilot studies including healthy controls, MCI and early-stage AD patients who were administered "high tech" cognitive assessment and intervention tools with the aim of investigating their acceptability, feasibility and possible effectiveness.

Results. The acceptability and usability rates of new technologies were good even in persons not very familiar with them due to their age and relatively low socio-educational status.

Regarding the assessment studies, VR and AR allowed researchers and clinicians to make it more "ecologically valid" the cognitive assessment process, by providing stimuli in an environment controlled but at the same time closer to the complexity of the real world, as compared to traditional assessment settings. ET equipment allowed us to monitor "objectively" where patients are actually looking at when they are supposed to explore stimuli, reading text, watching videos and so on, helping to discriminate for example between memory and attentional deficits.

Regarding the intervention study, CCT allowed patients to work in autonomy with high intensity without the necessity to go repeatedly to the hospital or clinics. They reached a significant improvement in various neuropsychological domains, and their achievements were stable after 6 months from the end of the intervention.

Discussion. The studies published in the literature so far, as well as our results, suggest that high-tech approaches can provide important insights about the nature and progression of cognitive deficits, while

offering at the same time engaging and effective interventions. Open questions pertain to the current limited availability of these technologies and the paucity of studies targeting the direct comparison with the traditional assessment and intervention settings.

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THE "SECOND GENDER". MENTAL HEALTH CHALLENGES AMONG CONTEMPORARY FEMALE ADOLESCENTS AND YOUNG WOMEN

Proposer

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Abstract

Mental health data highlight a significant gender gap. Borrowing Simone de Beauvoir's formulation, "becoming a woman" appears to impose a substantial psychological burden: globally, adolescent girls and young women consistently report lower life satisfaction, higher psychological distress, and poorer self-rated health compared to their male counterparts. This gender gap has notably widened in recent years, a trend that precedes even the onset of the COVID-19 pandemic. These mental health disparities intensify with age, reaching their apex during adolescence and young adulthood. Emerging evidence suggests that the most pronounced gender gaps occur in contexts such as Western European societies, where young women navigate complex and often conflicting gender norms. In these settings, they encounter a "double burden," simultaneously striving to fulfill traditional social roles while confronting substantial economic, political, and academic pressures. Gender disparities are also evident in access to mental health care, help-seeking behaviors, and the modalities of treatment available. In 2023, the World Health Organization (WHO) highlighted the "urgent need for more tailored mental health interventions for girls and women." Approximately one in three women globally report having experienced physical and/or sexual abuse in their lifetime, frequently perpetrated by intimate partners. Furthermore, recent epidemiological data indicate a growing incidence of disorders related to body image and identity, including conditions involving gender incongruence. However, it remains unclear whether this observed vulnerability genuinely reflects greater susceptibility among girls and young women, increased likelihood of seeking help, or biases in the perception of their psychological fragility—biases that may even influence diagnostic processes. Current empirical research provides limited insights into the underlying

mechanisms driving this persistent gender gap. The symposium begins with a contribution by *Milanese et al.*, examining the impact of gender stereotypes on identity formation and bodily experiences among adolescents and young adults. Subsequently, *Melcarne et al.* present qualitative findings on female adolescents' relationships with their self-image. *Tavoloni et al.* further contribute by exploring body uneasiness and eating symptoms among young women. Lastly, *Boursier et al.* conclude with a study investigating narcissism and shame in a sample of young women.

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Identity, Sexism, and Cultural Violence: A Quantitative Study on Mental Health Risk in Female Adolescents and Young Adults

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Abstract

Introduction: Recent findings on youth mental health raise the question of a real global crisis, which affects women in particular. Well-being and identity development are heavily influenced by the outcome of the elaboration of bodily maturation pathways and cultural norms. A strongly rooted cultural issue, that negatively impacts this process and to which young people are early exposed, is sexism. This phenomenon is closely linked to gender-based and intimate partner violence. Drawing on this data, aim of this study is to explore the relationship between early experiences, internalisation of gender norms, identity and mental health, bringing into focus cultural attitudes towards sexism, consent and violence in Italian youth.

Methods: Self-report questionnaires assessing Identity Development and diffusion, Attachment, Epistemic Trust, Sexism, Trauma exposure, Psychological Distress and relationship with violence (IDEA, IPO, AIDA, ASQ, ETMCQ, ASI, CTQ-SF, K10), were administered to a sample of 668 adolescents and young adults aged 14 to 32 (M 21.5; SD 3.17).

Results: Group comparisons and correlational analyses revealed that female adolescents and young adults experience higher levels of symptoms and psychological distress, particularly related to key dimensions such as the influence of others' gaze on self-concept and body image, identity diffusion, epistemic mistrust, as well as greater difficulties in attachment. Sexist attitude is consistent in both male and female adolescents, with the highest levels of hostile attitudes found in male adolescents as compared to other subgroups. Higher rates of violent behaviour have been found in male adults when compared to peer females. Additional analyses on the female sample revealed the mediating role of epistemic mistrust and proneness to define oneself through others' gaze, in the relationship between discomfort with closeness and symptoms. Finally, the mediation role of identity diffusion in the relationship between discomfort with closeness and psychological distress was tested for female adolescents.

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Discussion: Shedding light on the relationship between identity construction, early experiences and culture may be crucial for a better understanding of clinically relevant phenomena such as the deterioration of young people's mental health and the prevalence of gender-based violent behaviour among youth.

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Becoming a Woman: Subjective Experiences and Meanings of Female Identity in Adolescence

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Abstract

Introduction: Identity is a "paradoxical property", both individual and collective. From a bio-psycho-social perspective, the individual psyche and the social environment intersect, giving form to the complexity of the self. Gender norms and stereotypical representations are deeply embedded in this process, especially during adolescence. Recent literature, emphasising the intrinsic mind-body interrelation, sheds light on the embodied nature of gender, a biosocial sediment that both shapes the body and takes form through it - as the body itself is a social entity. The interplay between intrapsychic and cultural dimensions in contemporary subjectivation remains significantly unexplored in psychodynamic research. The present study aims to begin bridging this gap.

Methods: The study involved 20 interviews with 10 male cisgender adolescents and 10 female cisgender adolescents aged 16-19 years. The semi-structured interview consisted of three areas: (1) bodily experience; (2) internalisation of gender beliefs and ideals; (3) future self-image. Only female participants' interviews were analysed, using Interpretative Phenomenological Analysis (IPA).

Results: Transcripts were analysed applying the following research question: 'What are the lived experiences and personal meanings associated with female identity?'. While preserving the uniqueness of each narrative, three primary common themes emerged: (1) the gaze of the other; (2) relationship with the ideal; (3) conscious and unconscious mechanisms of regulation and control. Several sub-themes were identified, including the body as an observed object, the unattainability of the ideal, sexuality, hyperconformity and defensive responses, dysfunctional eating behaviours.

Discussion: It is not easy to outline the role of gender norms and representations in subjectivation, as well as the internalisation of related attitudes. By analysing the experiences of inhabiting one's own (social) body, the results of the study aim to explore the boundaries of what it means to 'become' a woman, investigating meanings that, both in everyday life and in the therapy room, are often kept out of reflection, remaining 'unformulated.' The explosion of images occurring in contemporary times, challenging the feminine as traditionally understood, highlights the need to reflect on the encounter between

subjectivation and cultural meanings. Finally, the study aims to make a comparison between female and male identity themes and subthemes.

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Eating Symptomatology and Body Image Disturbances in Assigned Female Adolescents and Emerging Adults: A Comparative Study

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Abstract

Introduction: Adolescence and emerging adulthood are critical periods associated with a heightened risk of developing eating disorders (EDs) and body image disturbances (BID), particularly in assigned female at birth (AFAB). Despite this evidence, to date, no studies have compared EDs symptoms and BID in adolescence and emerging adulthood. Given these gaps, the present study aims to compare potential differences in assigned-female adolescents (13–18 years) and emerging adults (19–25 years) patients receiving treatment at a residential program for EDs.

Methods: At the beginning of a specialized residential treatment program for EDs, a national sample of assigned-female adolescents (N = 95) and emerging adults (N = 112) with a DSM-5-TR diagnosis of anorexia nervosa (AN) or bulimia nervosa (BN) completed a comprehensive psychometric assessment. Self-report measures included the Eating Attitude Test (EAT-40), the Eating Disorder Inventory-3 (EDI-3), the Bulimic Investigatory Test, Edinburgh (BITE), and the Body Uneasiness Test – Form A (BUT-A). Additional clinical variables (e.g., age at EDs onset, frequency of dietary restriction per week) were extracted from patients' medical records.

Results: Findings showed that adolescent patients most frequently reported dietary restriction, starvation behaviors, and hyperactivity, whereas emerging adults exhibited increased rates of both purging behaviors and binge-eating episodes. Notably, a substantial proportion of both adolescents (45.3%) and emerging adults (40.3%) reported non-suicidal self-injury (NSSI) symptoms. Accordingly, female emerging adults demonstrated greater preoccupation with food (EAT-40) and more severe bulimic symptoms (BITE and EDI-3) than their adolescent counterparts, while adolescents reported higher levels of dieting behaviors (EAT-40) and body-related compulsive self-monitoring (BUT-A).

Discussion: These results provide new insights into the specific characteristic of EDs symptomatology in adolescence and emerging adulthood. Furthermore, the presence of non-suicidal self-injury (NSSI) symptoms across both groups highlights the significant co-occurrence of self-injurious behaviors with EDs and BID, emphasizing their relevance in clinical contexts involving EDs patients.

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Shame and the "narcissistic solution" in young women: reflections starting from two studies

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Abstract

Shame is a topic of debated interest within the domain of pathological narcissism. Literature posited shame as a core emotional component of narcissism, related to self-esteem discrepancies and unconscious feelings of insecurity, expressed through hypersensitivity to the others' evaluation or, conversely, through grandiose self-views, as a counter-shame response. Shame arises from the perception of failing to match real and ideal Self, one's own and others' expectations, whether these are explicitly asserted or only supposed and gradually internalised. In this regard, narcissistic individuals differently engage in maladaptive self-shame regulation processes which deeply affect them. Consequently the *exposed-self* may adopt a "narcissistic solution" to fulfil the deep-seated need for validation from others. Traditionally, women's inclination to experience and disclose shame through the line of vulnerable narcissism has been highlighted, reflecting cultural and gender-specific nuances. Accordingly, in a psychodynamic clinically-oriented perspective on the body-objectification theory and the anti-mattering paradigm, the present work aims to discuss two studies examining the role of body shame and shame proneness in narcissistic women.

Study 1 involved 424 young women (mean age=23.64 ± 3.53), recruited through social media platforms via a snowball sampling procedure. Participants completed self-report measures assessing anti-mattering, shame proneness and vulnerable/grandiose narcissism. Two mediation models were tested in which anti-mattering mediated the relationships between shame proneness and vulnerable/grandiose narcissism. Results indicated that in both models, shame proneness had a significant direct and indirect effect, via anti-mattering, on grandiose and vulnerable narcissism (R^2=.15; p<.001 and R^2=.43; p<.001, respectively).

In Study 2, a total of 569 young women (mean age=24.27±4.65) were similarly recruited through social media platforms. Participants completed self-report measures assessing body shame and body surveillance, and vulnerable/grandiose narcissism. Two mediation models were tested, to evaluate the mediating effect of body shame between body surveillance and vulnerable/grandiose narcissism. Both models confirmed the mediation of body shame, with a greater effect on vulnerable narcissism compared to grandiose narcissism (R^2=.29; p<.001 and R^2=.09; p<.001, respectively).

Findings underscore a direct, though not exclusive, link between the facets of shame and vulnerable narcissism, suggesting several implications regarding the role of feelings of not-mattering and self-concealment in the narcissistic solution employed by contemporary young women.

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PSYCHOPHYSICAL WELL-BEING OF UNIVERSITY STUDENTS: ANALYSIS OF REQUESTS FOR SUPPORT AND EFFECTIVENESS OF INTERVENTIONS

Proposer

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Discussant

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Abstract

In recent years, an increasing number of university students have been requesting and accessing counseling services. University life marks a period of significant transition, and the academic environment often places considerable pressure on students' performance. The intersection of these two factors frequently leads to diminished well-being and elevated levels of distress. This interplay may contribute to increased levels of anxiety, depression and psychological distress. Given the data highlighting the prevalence of psychological problems and low levels of well-being among university students, the challenge faced by major Italian universities in recent years has been to provide support interventions appropriate to the level of distress and capable of psychological well-being of students. The need to ensure effective counselling services has led to the development of longitudinal research protocols to monitor these interventions, with the aim of evaluating their effectiveness and sustainability. The adoption of widely used and scientifically recognized tools (such as CORE-OM and SAES) within these research protocols has further facilitated dialogue and comparison between different Italian universities regarding the psychological well-being of their students and the effectiveness of the interventions provided. Based on these premises, the present symposium aims to present and illustrate the data collected by four Italian universities regarding their psychological counselling services, exploring the characteristics of the students who seek these services and the effectiveness of the delivered interventions. First, Craig et al. (2025) will present a work focused on the relationship between psychological well-being, academic engagement and distress in university students, as well as an evaluation of effectiveness of

provided interventions. Gullo et al. (2025) will share the results of a latent profile analysis in order to identifying the principal students' profiles of demand and their relationship with effectiveness of counselling. Gelo et al. (2025) will report preliminary results about longitudinal trend and effectiveness of counselling services for university students. Finally, Colli et al. (2025) will present a study focused on identifying potential predictors of the treatment response to different formats through which university counselling is delivered.

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Psychological Counseling as a Pathway from Distress to Well-Being in University Students

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Abstract

Introduction: According to the dual continua model, psychological well-being (PWB) and psychological distress are distinct but related aspects of mental health. This study investigates the relationship between PWB, academic engagement, and psychological distress in university students who sought support from a University Psychological Counseling Service. It also evaluates the effectiveness of psychological counseling in enhancing well-being and reducing distress.

Methods: A total of 246 students completed self-report questionnaires measuring psychological well-being (Ryff's Psychological Well-Being Scale), academic engagement (SInAPSi Academic Engagement Scale), and psychological distress (CORE-OM). For the longitudinal component, participants were assessed before (T0) and after (T1) a cycle of six counseling sessions. Data were analyzed using multiple regression and mediation models to identify predictors of distress, while paired t-tests evaluated changes following the intervention.

Results: The Environmental Mastery and Self-Acceptance dimensions accounted for 36% of the variance in psychological distress ($R^2 = 0.363$, $p < 0.001$), both showing negative associations with distress. Autonomy and Self-Acceptance significantly increased between the two time points, with mean differences of -2.37 ($p = .046$) and -2.79 ($p = .032$), respectively.

Discussion: Psychological counseling effectively reduces distress in the short term, though more comprehensive support may be necessary for higher-risk students. These findings highlight the need for integrated mental health strategies within academic settings to foster resilience and promote well-being.

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First data on student's distress and effectiveness of academic psychological support intervention

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Abstract

Introduction: In recent years, numerous studies have highlighted the growing prevalence of mental health issues among university students, particularly concerning depression, anxiety, and stress-related disorders. Concurrently, there has been a rising demand to evaluate the effectiveness of university counseling interventions in order to optimize the allocation of available resources. The present study analyses the demand for psychological support received by the Psychological Support Service of the University of Palermo (SIASP) with the following aims i) identifying the principal profiles of demand (in terms of symptoms and severity, academic disengagement, and other personal/academic characteristics); and II) examine the relationship between the identified profiles and effectiveness of support treatments (of low and medium intensity) provided by the SIASP.

Methods: A total of 180 students completed self-report measures at baseline (T0=before psychological intervention) and at the end of treatment (T1: after 5, 10 or 24 sessions): student's personal and academic information, depression scale (PHQ-9), anxiety scale (GAD-7), psychological distress (CORE-OM) and academic engagement (SAES). Students also completed the CORE-10 after each session to monitor treatment. Latent profile analysis (LPA), generalized linear model (GLM) and group comparison tests were performed to achieve the aims of the study.

Results: LPA identified three principal profiles that showed different levels of severity and risk of self-harm and suicide ideation. The three identified profiles showed also different conditions of anxiety and depression, as well as different difficulties in academic engagement and in other domines. Preliminary

outcome data shows significant improvement between pre- and post-intervention with a 54% rate of subjects achieving clinically significant improvement. Longitudinal data from ongoing interventions show very different timing of changes for the three profiles.

Conclusions: The study explores various aspects relating to academic psychological support. First, it analyses students' demand for support, highlighting the complexity and heterogeneity of this demand, it also provides data that support the effectiveness of the interventions in decreasing the distress, and stimulates reflection about the importance of adapting the type of intervention to the level of distress.

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Psychological counselling at the University of Salento: Preliminary findings

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Abstract

Introduction. University students are in a complex and delicate developmental transition which, combined with the demands of academic performance, is often a source of psychological and emotional distress for university students. For this reason, more and more resources are being allocated to psychological counseling services within universities in order to offer support and assistance to the student population. In this context, the University of Salento has activated a free university psychological counseling service for students since January 2024 and has implemented a research protocol to monitor its progress. The present work aims to provide first preliminary data on the matter.

Methods. A total sample of N = 66 students (71.21% female [mean age = 23, SD = 3.42], 28.79% male [mean age = 24, SD = 7.71]) completed a cycle of psychological counseling at the Psychological Counseling Service of the University of Salento between January and December 2024. The counseling intervention was delivered by five psychologists following a psychodynamic approach aimed at promoting the ability to recognize and process the intersubjective dynamics of affective symbolization that characterize the individual and relational life of students. The intervention consisted of 6 weekly sessions plus a follow-up session at 3 months. The following self-report measures were administered to the students before the intervention (t0), after the intervention (t1), and at follow-up (FU): (a) Sinapsi Academic Engagement Scale (SAES) to assess students' academic engagement; and (b) Clinical Outcomes in Routine Evaluation - Outcome Measure (CORE-OM) to assess well-being, problems and symptoms, and functioning. Students also completed the single-item Emotional and Psychological Outcome (EPO-1) after each session and a client satisfaction questionnaire at the end of the intervention. Finally, psychologists completed the Psychodiagnostic Chart-2 (PDC-2) at the end of the intervention.

Results. Preliminary results are presented regarding the psychodiagnostic profile of the students and the time course of the assessed outcome variables.

Discussion. The results will be discussed with regard to the impact that psychological counseling may have in promoting academic engagement and emotional, enhancing psychological and emotional well-being, and reducing distress. Suggestions for further implementations and research protocols will also be discussed.

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What works, for whom, and how much is needed in the context of psychological university services

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Abstract

One of the main challenges faced by university psychological services concerns the optimization of the psychological interventions offered (counseling, psychological support, psychotherapy), in relation to the type of setting (individual or group) and the variety of issues or requests brought by students. Providing an optimal response in terms of intervention type (setting, format, and duration) according to the specific needs of students represents not only a clinical responsibility but also a matter of resource allocation. It is not uncommon for proposed interventions to prove insufficient, requiring the mobilization of additional resources and viceversa.

Aims. The aim of this study is to identify potential predictive variables of treatment response across different intervention formats (psychoeducational group, psychological support, and brief psychotherapy) in the context of a University psychological service.

Methods. Data were collected from 2024 from users of the university's counseling and psychotherapy services, focusing on three types of intervention: group intervention (14 groups, N = 89), psychological support (N = 65), and brief psychotherapy (N = 78).

All participants completed a battery of tests at both the beginning and end of treatment, including instruments assessing global functioning, symptomatology, and well-being. Change was assessed using pre- and post-treatment scores (T0 and T1) on the CORE-OM, BSI, and OQ-45. Moderator variables included personality functioning level and reflective functioning.

Results. All three intervention types yielded general change rates characterized by small to moderate effect sizes. Participants with high reflective functioning and personality organization levels showed moderate effect sizes in group and support interventions, and large effect sizes in brief psychotherapy. Participants with low levels of functioning exhibited small but significant effect sizes in group and psychotherapy interventions, while no significant change was observed in the psychological support condition.

Findings are discussed in relation to their clinical and operational implications.

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PATHOLOGICAL NARCISSISM, MALIGNANCY AND AGGRESSIVENESS IN INTERPERSONAL RELATIONSHIP

Proposer

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Discussant

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Abstract

Pathological narcissism, malignant narcissism and interpersonal dysfunction seem go 'hand in hand'. Specifically, in romantic contexts and in peer relationship, individuals with pathological narcissistic traits have been characterized by interpersonal manipulation and exhibiting self-centred, callous, deceptive, or controlling behaviours, which can also encompass stalking and interpersonal violence. The interpersonal aggressiveness can manifest through various forms including physical, psychological, emotional and sexual abuse leading to severe consequences for the victims.

Starting from these considerations, the symposium will address these issues in different phases of the life cycle from a clinical and criminological point of view.

Specifically, the symposium will focus on the relationships between malignant narcissism and intimate partner violence considering the perpetration by both females and males. Moreover, the symposium will explore how empathy and positive response bias contribute to the expression of narcissistic traits and their association with interpersonal sadism. Finally, the relationships between malignant narcissism and bullying behaviours in adolescence will be considered.

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The Relationship Between Malignant Narcissism and Intimate Partner Violence: a Study on Community-Dwelling Participants

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Abstract

Introduction: Intimate partner violence (IPV) is a pattern of abusive behaviors - encompassing physical, sexual, and psychological maltreatment - perpetrated by one individual against another within an intimate relationship, with the primary aim of acquiring or maintaining power, control, and authority. A variety of risk factors have been found for IPV, including personality traits and disorders. Previous research has primarily investigated the relationship between IPV and pathological narcissism; up to now no studies were carried out considering the malignant narcissism. Malignant narcissism is considered as a severe variant of narcissism characterized by elements of grandiosity, cold-heartedness, proneness to paranoia, and aggression. Starting from these considerations, the presentation aims to explore the relationship between malignant narcissism and IPV.

Methods: The sample was composed by Italian community-dwelling adult participants who volunteered to participate in the study. Participants were administered the following measures: Personality Inventory for DSM-5 (PID-5), Partner Perpetration Scale (PPS) and Multidimensional Measure of Emotional Abuse (MMEA).

Results: To obtain a malignant narcissism index (MNARC), we relied on a scoring procedure using the PID-5 trait scores. We computed a weighted sum of the scores of 11 PID-5 traits. The MNARC index showed significant associations with emotional abuse. Malignant narcissism was related to the tendency to isolate the partner from family and friends, and to show jealousy and possessiveness. Moreover, MNARC index showed significant associations with proneness to use humiliation, name calling, verbal attack and threats against the partner. Finally, individuals with high scores on MNARC traits were at risk of physical abuse perpetration.

Discussion: These findings supported and expanded the relationship between IPV and pathological narcissism. Our data suggested that both emotional and physical components of IPV were associated with a severe variant of narcissistic pathology characterized by antagonistic traits (tendency to manipulate others, emotional callousness, deceitfulness), as well as hostility, suspiciousness, impulsivity and risk

taking. Future research should explore the role of variables that potentially moderate the relationship between emotional and physical IPV and malignant narcissism.

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Doctor my wife beats me: A relationship based on violence, narcissism, and addiction

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Abstract

According to public opinion, the idea is widespread that only men practice violence within a couple's relationship, as if the role of offender is exclusively theirs and the woman always must play the role of victim. There is, however, plausible evidence that violence is also perpetrated by women against men, who, in some cases, display characteristics typically associated with masculinity. The present case study presents the story of a couple characterized by a dysfunctional bond, maintained by narcissism, dependence, counter-dependence and violence. The story of Sergio and Anna represents an example of interpersonal violence. Sergio endures his wife's decisions and does not undertake any change that she does not approve and is constantly humiliated; while Anna needs constant confirmation of her power over her husband, allowing her narcissistic traits emerge in her aggressive, unempathetic behaviour, coercive actions, and objectifying attitude toward her husband. Sergio decides to undertake a therapeutic path to describe his experience, emotions and beliefs that led him to maintain a bond based on physical and psychological violence, submitting to a woman from whom it was difficult for him to distance himself. He chose to undertake an inner journey of awareness and change, questioning his relationship with violence in both current and past personal and family ties. He came to understand that he was part of a system complicit in violence itself and, therefore, capable of becoming an agent of transformation and resolution.

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Narcissism and interpersonal sadism: an examination of positive response bias and the mediating role of empathy

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Abstract

Pathological narcissism is increasingly conceptualized as a personality configuration marked by exaggerated self-views, low empathy, and a strong tendency toward self- favorable presentation. This study examines how empathy and positive response bias contribute to the expression of narcissistic traits and their association with interpersonal sadism. A community sample of 183 adults (65% female; M = 27.4, SD = 4.6) completed measures of narcissism, sadism, empathy, and response distortion. To assess self- presentation strategies, the protocol included both established validity indicators—such as the Lie (L) and Correction (K) scales—and two additional instruments currently under validation. The Response Bias Inventory (RBI) evaluates distinct forms of positive self- distortion, encompassing both self-deceptive and impression management components. The GIBSO, instead, focuses on the defensive minimization of psychological symptoms. Both instruments showed excellent internal consistency (RBI α = .90; GIBSO α = .85). Narcissism was positively linked to Self-Deceptive Enhancement (r = .39, p < .001), suggesting that individuals high in narcissism tend to believe in and exaggerate their positive traits, aligning with a self-enhancing view. Additionally, narcissism was also associated with sadistic subjugation (r = .26, p < .001), which supports its connection to dominance-based interpersonal strategies. In contrast, sadistic traits—especially verbal and vicarious forms— were negatively related to both empathy and defensiveness, indicating a lack of motivation for managing one's image. Mediation analysis showed that a lack of empathy explained the negative relationship between sadism and defensive response styles. These findings suggest that while narcissistic individuals may distort their self-image through unconscious enhancement, those high in sadism are less likely to engage in self-monitoring due to a reduced empathic concern. This distinction emphasizes the important role of empathy in shaping how maladaptive traits are expressed and perceived. Specifically, narcissism appears to be closely tied to self-deceptive processes that maintain an unrealistic but coherent self-image, with significant implications for clinical and forensic personality assessment.

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The Mediating Role of Malignant Narcissism in the Relationship Between Moral Disengagement and Bullying Behavior in Adolescence

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Abstract

Introduction: Malignant narcissism represents a severe and complex variant of pathological narcissism, characterized by a combination of grandiosity, coldness, lack of empathy, and aggressive tendencies. The presence of these antagonistic traits in adolescence is associated with the perpetration of bullying behaviors. Against this background, this study aims to assess the relationship between malignant narcissism and bullying behaviors considering also the role of moral functioning. Specifically, we evaluated if malignant narcissism mediates the relationship between bullying perpetration and moral disengagement.

Methods: All participants (N=406; M=16.01; DS=1.33; male=53.9%) were administered the Personality Inventory for DSM-5 Short-Form (PID-5-SF), the Peer Relationship Questionnaire (PRQ) and the Moral Disengagement (MD) questionnaires. Participants were recruited through a non-probabilistic sampling method via online dissemination of the test battery after obtaining informed consent from the parents. Pearson correlation analyses and regression models were performed to identify the variables to include in the mediation models.

Results: To obtain a malignant narcissism index (MNARC), we relied on a scoring procedure using the PID-5 trait scores. We computed a weighted sum of the scores of 11 PID-5 traits. The MNARC was significantly correlated with the PRQ Perpetration subscale, showing that the bullying perpetration is characterized by personality traits such as grandiosity, coldness, lack of empathy and manipulativeness. The results also showed a positive correlation between MNARC and MD, indicating that individuals with malignant narcissism tend to justify or minimize their actions. Moreover, our analyses demonstrated a positive association between MD and bullying perpetration. Finally, the mediation model's results suggest that MNARC index completely mediates the relationship between MD and bullying perpetration.

Discussion: This study supports the relationship between malignant narcissism and bullying perpetration in adolescence. Moreover, our findings suggest that the relation between MD and bullying behaviors is

due entirely to their shared associations with MNARC. In conclusion, the malignant narcissism traits represent a crucial risk factor for bullying perpetration.

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PROBLEMATIC SEXUALITY ACROSS 42 COUNTRIES: FINDINGS FROM THE INTERNATIONAL SEX SURVEY

Proposer

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Abstract

Introduction. Sexuality is a fundamental part of every individual's life and includes a wide range of basic and extremely complex behaviors. In recent decades, it has become clear that sexual issues can lead to significant clinical distress and be related to various psychopathological manifestations. In 2011, the WHO included Compulsive Sexual Behavior Disorder (CSBD) in the ICD-11 classification. Therefore, the study of the problematic sexuality is fundamental from clinical and research point of view.

Methods. The International Sex Survey is an international, multi-laboratory, multi-lingual study that uses cross-sectional survey methods and self-report, involving more than 42 countries worldwide. The research was translated into Italian and disseminated through a secure online platform (Qualtrics Research Suite). The time required for charging varied from 25 to 35 minutes. Inclusion criteria were: a) being at least 18 years old (or the legal age to provide informed consent) and b) understanding any of the languages in which the survey is available. Exclusion criteria were: (a) failing two out of three attention questions and/or (b) producing contradictory response patterns. Participants were asked sociodemographic questions, specific questions on some dispositional dimensions, sexuality and the use of pornography evaluation and scales already validated in the literature, to analyze hypersexuality, paraphilic sexual behavior, problematic use of pornography and the psychopathological dimensions associated with them.

Results. The International Sex Survey has provided a large class of valid data on how normal and pathological sexuality is distributed in the population. The study recorded 82,243 responses from 42 countries in the world. The average age of the sample is 32.4 years. 3.4% of the sample belongs to a

gender minority and 30.4% showed a sexual orientation other than heterosexuality (9.3% bisexual, 7.5% heteroflexible, 5.6% homosexual). 54% reported having sexual intercourse at least once a week while 38% used pornography at least once a week. Furthermore, it provided valuable information on compulsive sexual behavior, paraphilias and problematic use of pornography allowing a deeper understanding of these disorders.

Discussion. This is the first study conducted on a large population and with a systematic methodology in relation to the assessment of sexual behavior. The current International Sex Survey will contribute to prevention work by identifying high-risk populations in order to identify the most effective interventions. It will also provide healthcare professionals with valid tools to identify profiles positively correlated with greater sexual well-being. All results and presentations are freely available on the OSF page of the ISS project: https://osf.io/c695n/?view_only=7cae32e642b54d049e600ceb8971053e

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Exploring the Interplay of Attention-Deficit/Hyperactivity Disorder (ADHD) with Compulsive Sexual Behaviors: An Undirected and Bayesian Network Analysis across multiple sociodemographic characteristics

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Abstract

Introduction. Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental condition that features multiple psychiatric comorbidities. Particularly, it has been shown that ADHD patients may present with high rates of compulsive sexual behaviors, such as hypersexuality and problematic pornography use (PPU). This association has been shown to be moderated by multiple sociodemographic characteristics, ranging from age to gender. Our aim is to highlight which ADHD domain can drive and sustain the comorbidity between ADHD and compulsive sexual behaviors, using both an undirected and Bayesian network approach.

Methods. A large sample of 82,243 individuals across 42 countries of the world provided measures of ADHD, hypersexuality and PPU. We then estimated the Gaussian graphical network structure and assessed their bridge centrality indices. Bayesian network analysis was then used to model conditional dependencies and infer potential causal pathways. Analyses were stratified by biological sex, gender identity, and age to evaluate potential moderating effects.

Results. ADHD symptoms reflecting inattention (e.g., task avoidance) and impulsivity (e.g., restlessness) demonstrated the highest bridge centrality, linking ADHD with hypersexuality and PPU. These same nodes also exhibited the strongest causal influence in Bayesian models. Notably, these patterns remained consistent across all demographic subgroups, with no significant moderating effects detected.

Discussion. These findings suggest that boredom proneness and sensation-seeking—common in individuals with inattention and impulsivity—may drive the link between ADHD and compulsive sexual behaviors. Inattentive symptoms may prompt individuals to seek immediate, highly stimulating content such as pornography as a form of coping or self-regulation. Concurrently, impulsivity may reflect underlying reward-processing deficits, such as those described in reward deficiency syndrome, thereby increasing susceptibility to hypersexual behaviors. These results underscore the importance of targeting specific ADHD domains in prevention and intervention strategies for compulsive sexual behavior.

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An overview of the cross-cultural studies of the International Sex Survey Network

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Abstract

Introduction. Problematic sexuality represents a significative indicator of psychopathological risk, and it can manifest through compulsive sexual behaviour disorder (CSBD) or a dysregulated use of pornography. This field is currently studied by the International Sex Survey network (ISS) and the aim of this presentation is to perform an overview about the actual knowledge by ISS.

Methods. It was performed a mini-narrative review of literature inserting the main keywords "ISS and cross-cultural validations", "ISS and CSDB", "ISS and problematic sexuality, "ISS and pornography" and "International Sex Survey and Compulsive Sexual Disorder Behaviour". Through this method the main articles by the ISS network were screened and analysed.

Results. 19 articles deriving from ISS network were found. Most of them regard cross-cultural validation studies of psychometric tools to study sexuality and some specific behaviour or psychological aspects related to it. Articles concerning the cross-cultural validation about psychometric questionnaire to assess problematic sexuality was published. The most representative is the Compulsive Sexual Disorder Behaviour Inventory (CSBD-I). Moreover, most of articles were characterized by analyses made according to gender and sexual orientation.

Discussion. The ISS studies represent an important milestone about the research and the literature on the sexuality and its evaluation. In particular, the cross-cultural approach permitted and will permit to deeply investigate the sexual behaviour and the related psychological characteristics in a large sample, according to different cultures, gender, sexual identities and sexual orientations.

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Depression and Anxiety Symptoms' Associations with Problematic Pornography Use (PPU) Across Genders

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Abstract

Introduction: Problematic Pornography Use (PPU) is a growing concern, particularly in the context of mental health. This study investigated the associations between PPU, depression, and anxiety symptoms across different gender identities. Prior research suggests that men exhibit higher PPU, while women and gender-diverse individuals experience greater psychological distress (i.e., depression and anxiety).

Method: Data were obtained from the International Sex Survey (ISS), a large-scale, cross-sectional study conducted across 42 countries. Participants completed validated measures, including the Problematic Pornography Consumption Scale (PPCS) and the Brief Symptom Inventory (BSI-18) for depression and anxiety symptoms. A one-way ANOVA was used to assess gender differences, while moderation analysis examined the role of gender (i.e., men, women, and gender-diverse individuals) in the associations between psychological distress and PPU.

Results: Results corroborated that men reported the highest levels of PPU, whereas depression and anxiety were significantly higher among women and gender-diverse individuals. Furthermore, both anxiety and depression were positively correlated with PPU. Moderation analysis revealed that men exhibited the strongest association between psychological distress and PPU, suggesting that they may rely more heavily on pornography as a maladaptive coping mechanism.

Conclusions: This study underscores the complex interplay between PPU and mental health across gender identities. While gender-diverse individuals experience the highest levels of psychological distress, men

demonstrate the strongest link between such distress and PPU. These findings highlight the need for gender-sensitive mental health interventions addressing PPU and its psychological implications.

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Compulsive sexual behavior disorder and paraphilic disorders: findings from the International Sex Survey

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Abstract

Introduction: Compulsive Sexual Behavior Disorder (CSBD) and paraphilic disorders are two of the main issues in the field of sexology. Despite this, there is still a lack of scientific studies addressing these topics in large, representative samples, particularly within the LGBTIQ+ population. Thanks to data from the International Sex Survey (ISS), a large international research project involving more than 42 countries, it has been possible to expand our understanding of these disorders. This presentation addresses the epidemiology of CSBD and paraphilic disorders, with a particular focus on the LGBTIQ+ population and a comparison between data collected in Italy and the UK.

Methods: Data were obtained from the ISS, a large-scale, cross-sectional study conducted across 42 countries. Participants completed a set of socio-demographic questions including those regarding their sex at birth, gender identity, sexual orientation and sexual experiences. Validated questionnaires such as the CSBD-19 Scale and the Paraphilic Disorders Scale were also proposed.

Results: A total of 2,438 individuals of Italian nationality were recruited, 27.7% of whom identified as part of the LGBTIQ+ population. In the UK sample (n = 1120), this percentage was significantly higher. The prevalence of CSBD was significantly higher in the LGBTIQ+ population, particularly in terms of loss of control and the presence of negative psychosocial consequences. Some paraphilic disorders also showed higher prevalence within the LGBTIQ+ population. The risk of CSBD was found to be greater in the UK population.

Discussion: These findings highlight the importance of considering sexual orientation and gender identity in the assessment and treatment of CSBD and paraphilic disorders. The higher prevalence observed in the LGBTIQ+ population underscores the need for inclusive, tailored interventions and further research focused on minority stress and related psychosocial factors. Cross-cultural differences, such as the increased risk observed in the UK sample, suggest that sociocultural context may also play a significant role in the manifestation of these disorders.

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PERSONALITY FUNCTIONING, TRAITS, AND INTERPERSONAL DYNAMICS: A CONTEMPORARY UNDERSTANDING OF PERSONALITY PATHOLOGY AND ITS THERAPEUTIC IMPLICATIONS

Proposer

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Discussant

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Abstract

The investigation of personality pathology within an integrated contemporary framework involves the interplay among personality functioning, traits, and interpersonal dynamics. Self and interpersonal difficulties characterizing personality disorders can be better understood when considering these interrelated elements. This symposium presents potential mechanisms accounting for the distinct and combined roles of functioning, traits, and interpersonal dynamics in personality disorders, both in defining core psychopathological features and their effects in the therapeutic relationship.

The first presentation (Guarino et al.) offers a systematic review of the Shedler-Westen Assessment Procedure (SWAP) in adolescence, assessing its clinical and research utility. Across 29 studies, the SWAP emerged as a reliable tool for identifying empirically derived personality subtypes in youth, tracking personality change during psychotherapy, and clarifying links with psychological mechanisms and outcomes. These findings highlight the importance of assessing personality structure early in development to support treatment planning.

The second presentation (Boscaro et al.) explores the clinical usefulness of the Alternative Model for Personality Disorders (AMPD) by longitudinally monitoring personality functioning and traits in adult psychotherapy. Preliminary data indicate that both LPFS-BF and PID-5 domain scores change over the early course of psychodynamic treatment, supporting the clinical value of dimensional models for capturing therapeutic change and guiding treatment.

The third presentation (Fanti et al.) investigates paranoid subtypes and their associations with narcissistic functioning in a large nonclinical sample. Five distinct profiles emerged, varying in severity and narcissistic traits, suggesting that paranoia is not a unitary phenomenon but reflects diverse patterns of intra- and interpersonal functioning. These findings support a more personalized and dimensional understanding of paranoia and narcissism.

The final presentation (Di Sarno et al.) examines the relationship between pathological narcissism, perceived therapist dominance, and in-session affect in psychotherapy. Intensive longitudinal data show how narcissistic traits and interpersonal perceptions shape patients' emotional experiences in real time.

Together, these presentations underscore the need for a multidimensional perspective on personality pathology. Integrating personality functioning, traits, and interpersonal dynamics may enhance both clinical understanding and therapeutic effectiveness. Clinical and research implications will be discussed.

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The evidence around the Shedler-Westen Assessment Procedure in adolescence: A systematic review of assessment, changes over time and associations with clinical outcomes

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Abstract

Introduction. The Shedler-Westen Assessment Procedure (SWAP) is a personality assessment instrument designed to integrate psychometric accuracy and clinical experience, identify empirical personality groupings and monitor changes in personality traits and disorders over time. A growing body of evidence indicates that emerging patterns of personality pathology in adolescence are highly prevalent and persistent, resembling personality disorders in adults (although developmental differences have been observed). Against this background, the present review aims to summarize the evidence around the SWAP and its related versions used in adolescence.

Methods. In accordance with PRISMA-2020 guidelines, a systematic review was conducted in PubMed, EBSCO/PsycInfo, PEP-Web and Web of Science to identify relevant articles published until March 2025. The search terms were: ("Shedler Westen Assessment Procedure*" OR "Shedler-Westen Assessment Procedure*" OR "SWAP-200*" OR "SWAP-II*" OR "SWAP-A*") AND (youth* OR young* OR adolescen* OR teen* OR minor* OR student*). To be included, a study had to be an original article in which adolescent(s) were assessed with any version of the SWAP. Studies without original data were systematically excluded.

Results. Twenty-nine studies were included and their quality evaluated with NOS (Newcastle-Ottawa Scale). In adolescence, SWAP proved to be a unique instrument for deriving empirical personality subtypes across different clinical populations (e.g., eating disorders, panic disorder, disruptive behavior, history of suicide attempts); it is also remarkable in clinical settings for tracking personality changes over time and for determining how the associations between personality structure and psychological factors (such as defense mechanisms or countertransference) influence therapeutic processes and outcomes.

Discussion. SWAP has demonstrated to be a robust and promising instrument for both assessment during psychotherapies and clinical research with adolescent populations. The results from the reviewed studies support the presence of defined (albeit still emerging) personality styles or disorders in this developmental

stage. The findings underscore the clinical relevance of considering personality dimensions during adolescence in order to better understand patients' mental functioning and plan more tailored interventions.

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Psychotherapy effectiveness through the lenses of *DSM-5* Alternative Model of Personality disorders

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Abstract

Introduction: Previous studies stressed that clinicians consider personality rather than *DSM-5* Section II personality disorders as central aspects for planning and delivering psychological treatment. Recent investigations suggested that personality features play a central role in shaping therapeutic relationship and alliance tailoring treatment to clients' needs and aims and predicting outcomes. Up to now, only few studies examined the usefulness of *DSM-5* Alternative Model of Personality Disorders (AMPD) constructs for monitoring ongoing treatment.

Methods: A sample of consecutively admitted adult psychotherapy participants was administered the Level of Personality Functioning Scale-Brief Form (LPFS-BF) and the Personality Inventory for *DSM-5* (PID-5), as well as psychopathology and life satisfaction measures before starting treatment. Forty participants (54.8% female; mean age = 31.30 years, *SD* = 15.16) agreed to take part in the longitudinal part of the study; specifically, participants were asked to take part in test-retest assessment sessions every two months.

Results: Preliminary data showed that LPFS-BF total score values decreased during the course of the first four months of individual psychodynamic psychotherapy treatment, Wilcoxon signed ranks test z value (z_W) = -2.21, p<.05; similar findings were observed for the LPFS-BF Self Functioning scale scores, z_W = -2.56, p<.05, at least during the four months of treatment. Additionally, PID-5 Disinhibition scale scores diminished during the first four months of psychotherapy, z_W = -3.29, p<.001.

Discussion: The results of the present study provided additional empirical evidence for the clinical utility of adopting a dimensional perspective in the assessment of personality disorders, paving the way for future studies on the sensitivity of personality functioning and personality traits to changes within the context of psychotherapy.

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Beyond the Mask: Toward a Personalized Understanding of Paranoid Subtypes and their Narcissistic Expressions in the General Population

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Abstract

Recent research suggests that paranoid presentations lie on a continuum of severity, supporting a multidimensional approach to understanding these experiences. Paranoia is, indeed, a highly heterogeneous condition, characterized by substantial variability in symptom expression across individuals—pointing to the existence of distinct subgroups. Moreover, while several studies have identified a link between pathological narcissism and paranoia, the ways in which paranoid symptoms manifest in individuals with narcissistic traits remain inconsistent across findings.

The present study explored how paranoid presentations emerge across subtypes in a nonclinical population, and how these subtypes relate to manifestations of pathological narcissism. A Latent Profile Analysis conducted on a sample of 864 nonclinical participants (mean age = 35.7 ± 12.7) identified five distinct profiles, arranged along a gradient of severity: an adaptive–trustful group with above-average paranoid features (N = 485), a slightly paranoid group characterized by prominent ideas of reference and associated distress (N = 211), a mild paranoid group marked by increased frequency and conviction of paranoid thoughts (N = 56), a moderately paranoid group with dominant ideas of persecution and reference (N = 71), and a severely paranoid group showing elevated symptom severity across all dimensions, particularly the most impairing (N = 41).

These increasingly severe profiles were consistently associated with higher levels of pathological narcissism. The adaptive–trustful group showed below-average levels across all narcissism-related constructs, while each subsequent group demonstrated progressively stronger associations. The final group reported the highest levels of narcissistic grandiosity and vulnerability, narcissistic neuroticism, agentic extraversion, and narcissistic antagonism. Notably, the adaptive–trustful group was uniquely

characterized by a higher degree of self–other differentiation, suggesting a more integrated intra- and interpersonal functioning.

Taken together, these findings support the existence of multiple paranoid subtypes in the general population, each varying in severity and exhibiting distinct patterns of association with narcissistic functioning. These results underscore the importance of adopting a multidimensional and personalized framework for conceptualizing paranoia—particularly when considering its interplay with narcissistic traits. Such an approach may have significant implications for the development of targeted assessment strategies and tailored clinical interventions.

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Sampling patients' interpersonal perceptions and affects in psychotherapy: an update

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Abstract

Perceived interpersonal interactions with the therapist are strongly intertwined with patients' emotional experiences during the sessions, and both represent key targets for treatment in personality pathology. This longitudinal experience sampling study investigates how traits of pathological narcissism and interpersonal perceptions of dominance shape patients' emotions during individual psychotherapy.

Psychotherapy patients (N = 157; 136 female; M age = 25.27) were assessed on their traits of grandiose (GN) and vulnerable narcissism (VN). Then, they were asked to report their emotions and perceptions of dominance in each psychotherapy session for 17 weeks, providing a total number of 1,619 observations (M observations per patient = 10.31).

Multilevel models adjusting for the linear effect of time revealed that: (a) perceiving the therapist as more dominant than oneself was related to experiencing more shame and boredom, and less pride during the sessions; (b) patients high in GN and VN reported more shame, more scorn, and more boredom during treatment sessions, while VN also predicted anger and GN also predicted pride and envy; (c) high narcissistic traits (both GN and VN) strengthened the link between perceiving the therapist as more dominant than oneself and concurrently experiencing more boredom during the sessions; (d) high traits of GN amplified the link between perceptions of dominance and concurrent experiences of envy during the sessions.

Results suggest that both dispositional (i.e., narcissism) and relational (i.e., interpersonal perceptions) factors contribute to shaping patients' emotions, "colouring" the therapeutic relationship with several possible meanings.

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MAPPING THE DYNAMICS OF INTERPERSONAL SYNCHRONY: A MULTIDISCIPLINARY LOOK AT BRAIN, BEHAVIOUR, AND CLINICAL INTERVENTION

Proposer

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Discussant

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Abstract

Interpersonal synchrony—across behavioral, acoustic, physiological, and neural domains—is increasingly recognized as a core mechanism underpinning social connection, emotional engagement, and therapeutic alliance. This symposium offers a multidisciplinary perspective on the dynamic nature of synchrony, combining different approaches to trace how temporal alignment between individuals shapes human interaction.

Opening the session, Bertamini et al. present a novel approach to quantify acoustic synchrony in autism interventions, showing that early patterns of vocal coordination between child and therapist predict clinical outcomes at one year. Their findings highlight synchrony as both a marker and mechanism of developmental change.

Expanding to neural dynamics, Cavallaro et al. explore how relationship closeness influence interpersonal neural synchrony in real-life dyads, including mother-child interactions. Their fNIRS results reveal that social closeness and the interactive experience modulate coherence in key brain areas (inferior frontal gyrus, temporoparietal junction), drawing links between social bonding, context, and shared brain activity.

Cimmino Picone et al. present a microanalytic case study integrating psychodynamic process coding with physiological data. Their findings highlight how arousal and physiological synchrony fluctuations correspond to therapeutic ruptures, defenses, and emotional breakthroughs—demonstrating that bodily alignment mirrors relational shifts even in remote settings.

Finally, Gregorini et al. focus on the neurophysiological correlates of interpersonal coordination during a motor synchronous task interacting with different virtual partners (other) or with no interactive partner (self). Their EEG results show that predictability and temporal adaptation modulate alpha desynchronization in the sensorimotor area, while borderline traits reveal vulnerability in self-other integration.

Collectively, these studies converge on a view of interpersonal synchrony as a dynamic, multilevel process sensitive to developmental status, relational context, and individual traits. They foster the contribution of integrative models that unite behavioral, physiological, and neural data to understand better the processes underpinning synchrony as essential for therapeutic change and human connection.

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Early child-clinician acoustic synchrony patterns predict autism intervention outcome: an AI-based automated analysis using dynamic systems theory and affective computing

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Abstract

Introduction. Patient-therapist interpersonal dynamics are central to psychotherapy, yet their contribution to treatment outcomes remains poorly understood. Research on psychotherapy mechanisms often relies on observational methods that are time-consuming, labor-intensive, and difficult to quantify. This limitation is particularly evident in autism research, where interpersonal synchrony and intersubjectivity are increasingly recognized as crucial elements in developmental interventions.

Methods. To address this gap, we investigated whether child-clinician acoustic synchrony during Naturalistic Developmental Behavioral Intervention (NDBI) predicts clinical outcomes. We followed 25 autistic preschoolers and 17 therapists across two 60-minute intervention sessions, one at baseline and another after three months, totaling 50 videos. We developed an automated deep learning pipeline to accurately segment audio and differentiate between child and clinician speech. We then applied complex dynamic systems theory and non-linear metrics to quantitatively model child-therapist acoustic synchrony. Finally, we examined whether changes in synchrony metrics over the first three months could longitudinally predict clinical outcomes at one year, accounting for developmental trajectories over time.

Results. Our findings reveal that early changes in synchrony dynamics accurately predicted clinical outcomes at one year. Specifically, better treatment responses were associated with: (i) Synchrony patterns characterized by increased variability, predictability, and self-organization, suggesting adaptive and flexible social interactions.

(ii) Acoustic features linked to emotional engagement, reinforcing the importance of affective communication in therapy.

Conversely, children with a poorer prognosis exhibited the opposite synchrony patterns.

Discussion. Our findings highlight the potential of synchrony-based measures as early markers of treatment efficacy and potential mechanism of action. Our non-invasive, fully automated approach offers a scalable and objective method for analyzing naturalistic therapy sessions. From a clinical standpoint, results emphasize that the early weeks of treatment are critical for long-term developmental gains and reinforce the importance of emotional engagement and adaptive interaction patterns.

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Interpersonal Neural Synchrony in Real-Life Social Interaction: Investigating the Effect of Interpersonal Closeness and Social Interactivity

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Abstract

Introduction: The synchronization of neural activity between individuals plays a fundamental role in social interactions, providing insight into the brain mechanisms that support human connection and socio-emotional development. While interest in this phenomenon has grown, existing hyperscanning studies have examined neural synchrony across diverse social relationships and tasks, often yielding inconsistent results that hinder cross-study comparisons and the establishment of a unified theoretical framework.

Methods: This study investigates how relationship closeness and social engagement shape neural synchrony using functional near-infrared spectroscopy (fNIRS) hyperscanning. Brain activity was recorded from 142 dyads - close friends (n = 70), romantic partners (n = 39), and mother-child pairs (n = 33) - across three distinct interaction conditions: passive video co-viewing, structured cooperation in a game, and unstructured free interaction. Neural synchrony was assessed in the bilateral inferior frontal gyrus (IFG) and temporoparietal junction (TPJ) using wavelet transform coherence.

Results: Results revealed that real interacting dyads exhibited significantly greater synchrony than non-interacting, randomly paired controls ($q < .001$), particularly in networks involving the right IFG, left IFG, and left TPJ. Social closeness influenced synchrony patterns, with mother-child dyads displaying lower synchrony than adult-adult pairs at both the global ($p < .001$) and local levels. Interactivity also played a role, with the highest global synchrony observed during passive video co-viewing, followed by the cooperative game and free interaction ($p < .001$). However, specific neural connections, such as those between the left IFG and right TPJ, exhibited peak synchrony during structured cooperation.

Discussion: These findings underscore the impact of brain maturation and task structure on interpersonal neural synchrony, offering a methodological framework to guide future research on the neural basis of social interaction.

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Capturing Physiological Arousal and Synchronization During Clinical Phenomena: An In-Depth Analysis of a Single-Case Study

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Abstract

Introduction: The literature focusing on the psychophysiological components of complex clinical processes is still in its infancy. To the best of our knowledge, only a few studies (e.g., Kleinbub et al., 2025) have highlighted the correspondence between specific clinical dynamics and physiological responses during therapy. This contribution presents a single-case study conducted within the IBISCO – Interpersonal Biofeedback Intervention Supporting Caregivers Online (PRIN) Project and explores physiological and clinical phenomena that emerge during brief psychological treatment. Namely, therapist interventions, the patient's conflictual theme, and defense mechanisms in relation to patient arousal and patient–therapist physiological synchronization (PS) are examined.

Methods: A 45-year-old female patient participated in eight remote, audio- and video-recorded, psychodynamically oriented clinical sessions. Transcripts were coded using the Psychodynamic Intervention Rating Scale (Cooper & Bond, 1992), incorporating recent refinements to the scale proposed by Palmieri et al. (2025). Additionally, the Core Conflictual Relationship Theme (Luborsky & Crits-Christoph, 1998) and the Defense Mechanisms Rating Scale (Perry, 1990) were applied to the verbatim transcripts. Physiological signals were recorded moment-by-moment using Shimmer3 wireless GSR sensors and analyzed using the DyadSync R package (Kleinbub, 2023).

Results: Increased arousal in the patient was observed in association with the use of more primitive defense mechanisms and the emergence of a core conflictual theme. Furthermore, therapist interventions related to emotional processing were linked to variations in arousal. Complex patterns of physiological synchronization also emerged.

Discussion: Physiological indices were confirmed as a potential "window" (Ishikawa, 2023) into both the patient's subjective experience and the dynamics of the therapeutic micro-process. These findings

contribute to our understanding of the somatic underpinnings of clinical phenomena and highlight the potential of integrating biofeedback into remote psychological interventions.

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Neural mechanisms underlying interpersonal coordination: the role of borderline traits on alpha desynchronization

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Abstract

Interpersonal synchrony relies on modulating interpersonal coordination processes, such as anticipation and temporal adaptation, while integrating self and others' actions. However, the neural mechanisms that underpin such processes and the implications of pathological personality traits still need to be investigated. To fill this gap, 47 participants (Mage = 24.3 ± 2.60) were recruited. After the assessment of borderline traits through a self-report, participants completed a sensorimotor synchronization task, which entailed either tapping in synchrony with a virtual partner that varied in its degrees of temporal adaptivity (interactive conditions: non-adaptive, moderately adaptive, overly adaptive) or tapping in the absence of a virtual partner at the rate of an initial pacing cue (self-condition: where self-generated taps produced sound). EEG activity was recorded throughout all conditions. Wavelet analysis showed alpha desynchronization (8-12 Hz) under the central sensorimotor area in all the conditions. However, the cluster permutation test revealed significant differences between conditions only when participants tended to anticipate the next partner's response compared to when they were delayed. Specifically, higher alpha desynchronization was found when the partner was non-adaptive compared to the other interactive conditions; and in the self-condition compared to the interactive conditions. Borderline traits significantly impacted alpha desynchronization and moderated the effect of all the conditions. These results suggest that predictability rather than adaptation of the partner's response can underpin disinhibition and spontaneous engagement as a potential marker of the mirror neuron system. However, borderline traits significantly modulate such neural activity. Overall, these findings give insight into how the partner's characteristics can affect neural correlates during synchrony and the contribution of psychopathological features within the existing literature on the patient-therapist relationship.

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FROM ROOTS TO RESPONSE: WHY LEVERAGING ON BEHAVIORAL CORRELATES OF PSYCHOPATHOLOGY DEVELOPMENT FROM EARLY SIGNS TO CARE

Proposer

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Discussant

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Abstract

Psychopathology trajectories are inherently heterogeneous and underpinned by multifaceted etiopathogenetic mechanisms. Each individual clinical fate emerges from the interplay between factors of intrinsic genetic liability – impossible to modify – and extrinsic environmental vulnerability – difficult to control. Along these pathways, behavioral correlates of early signs and full-blown symptoms stand out for their malleability. This symposium will explore how the identification of such modifiable indicators can inform personalized care, from timely detection to psychotherapeutic strategies, shedding light on their role as targets of intervention potentially able to alter courses of illness, resilience, and treatment response.

Dr. Leonardo Fazio will start the session, presenting a study focused on the role of dysfunctional thinking strategies in contributing to psychosis risk courses. He will demonstrate how ruminative thinking may partially influence the relationship between adverse life events and Psychotic-Like Experiences (PLEs), in their frequency and persistence, across subsequent time windows between adolescence and young adulthood.

Dr. Alessandra Raio will discuss a longitudinal study aimed at disentangling the role of personality in shaping gene-environmental pathways of vulnerability to psychosis and depression. She will show how data-driven personality subtypes, identified across early and late adolescence, may differentially modulate chronic stress and substance use burden while also contributing to the translation of polygenic risk for schizophrenia and major depressive disorder into adult outcomes of PLEs and depression.

Dr. Rodolfo Rossi will present path models reproducing the link between intentional and non-intentional traumatic experiences, psychopathological outcomes (including PLEs, depression, anxiety, and post-traumatic symptoms), and addiction behaviors at age 18. He will elucidate how internalizing symptoms, insecure attachment, and low resilience predict internet addiction while externalizing traits and PLEs are associated with gambling, alcohol, and cannabis use, irrespective of the experienced trauma type.

Dr. Renan Göksal will close the session, discussing highlights from a scoping review that analyzes 12 studies on therapists' cognitive, emotional, and behavioral responses when working with adult individuals diagnosed with antisocial personality disorder or psychopathy. She will outline the core dynamics of clinical management with these patients, including the most common reactions experienced by therapists, and the challenges they need to navigate to ensure effective clinical care.

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Ruminative thinking mediates the effects of exposure to adverse life events on the presence and persistence of psychotic-like experiences

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Abstract

Several studies have demonstrated that exposure to adverse life events during childhood or adolescence is associated with the presence of psychotic-like experiences (PLE), as well as their persistence over time, which is in turn associated with an increased risk of psychotic outcomes. Ruminative thinking, i.e. the tendency to dwell on particular issues or ideas, may affect the perception of adversity and the ability to cope with adverse life events, potentially impacting the onset and persistence of PLE. The present study aims to evaluate the association between adverse life events and the presence and persistence of PLE in a longitudinal sample of young adults and adolescents and to investigate whether this relationship is mediated by ruminative thinking. A longitudinal naturalistic sample of 706 volunteers was evaluated at the ages of 18 and 22 within the Imagen Consortium. The presence of adverse life events (i.e. events perceived as strongly negative by the participants) throughout their life was analyzed using the Life Events Questionnaire. The presence of PLEs was assessed using the Community Assessment of Psychic Experience (CAPE-42), while ruminative thinking was measured using the Ruminative Response Scale. The results demonstrated that both the frequency and the persistence of PLEs over time were associated with greater exposure to adverse life events ($r=0.32$, $p<0.001$ and $F1=9.8$; $p<0.001$, respectively) and greater ruminative response ($r=0.66$, $p<0.001$ and $F1=94.9$; $p<0.001$, respectively). Mediation analyses revealed that average rumination partially mediated the relationship between the frequency of adverse life events and the frequency of PLEs (direct effect Z:5.4, $p<0.001$; indirect effect Z:6.9, $p<0.001$; total effect Z:5.9, $p<0.001$), as well as the persistence of PLEs over time (direct effect Z:2.8, $p<0.005$; indirect effect Z:4.3, $p<0.001$; total effect Z:4.3, $p<0.001$). Our results confirm that the presence of adverse life events can increase both the risk of experiencing PLE in healthy individuals and their persistence over time, and

suggest that dysfunctional coping strategies, such as ruminative thinking, may be related to psychosis proneness.

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Adolescent personality subtypes link gene-environmental interplay with subclinical psychosis and depression in adulthood

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Abstract

Introduction. During adolescence, Psychotic-Like Experiences (PLEs) and mood alterations often co-exist, contributing to protean psychopathology conditions that may precede major psychiatric disorders with a genetic basis. Neurodevelopmental changes in adolescents, together or subsequent to environmental stress, contribute to shaping personality and cognitive patterns. In a naturalistic cohort, we investigated how clusters of adolescents based on cognitive and personality functioning are associated with adult PLEs and subclinical depression via gene-environmental risk interplay.

Methods. A sample of 666 participants from the IMAGEN consortium was assessed at Baseline (BL: 13-15 years), Follow-Up (FU) 1 (16-17 years), FU2 (18-20 years), and FU3 (21-24 years). We identified separate cognitive and personality subtypes using K-means at BL and FU2. We used Random Forest Regression to predict FU2 PLEs and depression from 38 environmental risk (e-risk) scores – each aggregating different indicators evaluating substance use and life adversities at FU1, FU2, and FU3. Then, we tested the association between subtypes' assignment and e-risk individual predictions via ANOVAs. Finally, we implemented moderation analyses to simultaneously test i) whether e-risk predictions mediated the link between polygenic risk (PRS) for schizophrenia/Major Depressive Disorder and FU3 PLEs/depression, and ii) whether the PRS pathways towards both e-risk and outcomes were moderated by individual proximity to the assigned subtype centroid (i.e., prototypicality).

Results. At BL and FU2, two cognitive subtypes (good VS poor decision makers) and three personality subtypes (easy-going, impulsive-explorers, self-focused) emerged. Chronic substance use and stressful events explained 35% and 28% of the variation in FU2 PLEs and depression levels, respectively. At BL and FU2, only personality subtypes were significantly associated with PLEs and depression e-risk load ($p<0.001$). Easy-going prototypicality negatively moderated the schizophrenia PRS–FU3 PLEs pathway ($\beta=-4.41$; Confidence Interval-CI=[-8.16,-0.66]) at BL only. Conversely, self-focused prototypicality

positively moderated the same pathway at BL (β=3.86; CI=[0.25,7.47] and FU2 (β=5.78; CI=[1.39,10.14]).

Discussion. During adolescence, the personality patterns we identified via clustering covary with the burden of chronic stress and substance use across different premorbid conditions. Personality subtypes moderated genetic associations with subclinical psychosis but not depression. These findings highlight the developing personality in adolescence as a potential target for intervention in vulnerable individuals.

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Pathways from Early Trauma to Addictive Behaviors in Adolescence: The Role of Psychopathology, Attachment, and Resilience

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Abstract

In this cross-sectional study, we investigated the relationship between various forms of traumatic experiences—classified as either intentional (e.g., abuse, violence) or non-intentional (e.g., accidents, natural disasters)—occurring at different developmental stages, and their associations with psychopathological outcomes and substance use behaviors by age 18. Drawing on a large, community-based adolescent sample, we aimed to disentangle the complex psychological pathways that link early trauma to later behavioral addictions and substance use.

We proposed and tested a set of multi-dimensional models that incorporate anxiety, depression, psychotic-like experiences (PLEs), and post-traumatic symptoms as mediating or interacting variables. These models also account for the role of insecure attachment patterns and individual resilience resources in modulating vulnerability to behavioral dysregulation. Behavioral outcomes of interest included use of cannabis and alcohol, as well as engagement in gambling and internet addiction.

Our results indicate that distinct psychological pathways underlie different patterns of addictive behavior. Specifically, excessive internet use appears to be primarily associated with internalizing psychopathology—particularly symptoms of anxiety and depression—as well as with insecure attachment and diminished personal resilience. This suggests that internet addiction may serve as a maladaptive coping strategy for managing internal distress in emotionally vulnerable adolescents.

Conversely, externalizing psychopathology and the presence of psychotic-like experiences were more strongly associated with risky behaviors such as gambling and the use of cannabis and alcohol. These associations persisted regardless of whether the traumatic experience was intentional or non-intentional in nature, highlighting the robust impact of externalizing traits and PLEs on risk-prone behaviors.

Overall, our findings emphasize the importance of a nuanced understanding of the specific pathways from trauma to adolescent psychopathology and addiction. Prevention and intervention strategies should be tailored to target both the internalizing and externalizing dimensions of trauma response, with particular attention to enhancing resilience and secure attachment as protective factors.

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Exploring Therapists' Emotional Responses with Individuals Diagnosed with Antisocial Personality Disorder: A Scoping Review

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Abstract

Aims: To provide a review of journal articles on therapists' emotional responses (i.e., countertransference) when treating individuals with antisocial personality disorder (ASPD) and/or psychopathy. A secondary aim is to explore therapists' experiences and perspectives on the clinical management of these individuals.

Methods: A scoping review was conducted according to PRISMA-ScR guidelines. A systematic search was performed in PubMed, Web of Science, and EBSCO/PsycINFO for studies published between January 1, 1990, and December 6, 2023. Eligible studies included therapists providing clinical care to individuals diagnosed with ASPD or psychopathy using standardized and validated tools, focusing on their cognitive, emotional, and behavioral responses. No restrictions were applied regarding context, location, or study design (protocol: https://osf.io/eaquj).

Results: Twelve studies were included, predominantly from Europe, with most focusing on therapists working with individuals with ASPD. Only two studies examined psychopathy. Key findings were categorized into four main concepts: (a) "common emotional responses of therapists", which included nervousness, fear of aggression, detachment, and frustration when working with these individuals; (b) "willingness to deliver clinical care", indicating the key role of therapists' confidence in their knowledge and skills when delivering psychological treatment. Motivation to provide care was higher among therapists working in forensic settings compared to those in non-forensic settings; (c) "emotional responses related to misogynistic behaviors", related to the additional challenges reported by female therapists working in group therapy settings; (d) "opinions about clinical management and therapeutic alliance", which emphasized effective treatment relied on respect, recognition, and the ability to maintain flexible yet firm boundaries within the therapeutic relationship.

Conclusion: Working with individuals with ASPD poses significant emotional challenges for therapists, emphasizing the need for specialized training and supervision to enhance their skills and confidence. The lack of cohort studies and randomized controlled trials examining therapists' emotional responses toward individuals with ASPD represents a gap in the literature that should be addressed in future research. Moreover, the limited evidence on psychopathy highlights the need for further investigation.

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EMOTIONAL HEALTH IN CONTEMPORARY PARENTHOOD: INSIGHTS INTO THE CHALLENGES FACED BY MOTHERS AND FATHERS

Proposer

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Discussant

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Abstract

The aim of this symposium is to explore various dimensions of emotional well-being and the challenges associated with contemporary parenting. It will feature four contributions, each shedding light on different aspects of emotional health in parents, including an exploration of emotional exhaustion, burnout, and the broader psychological impact of parenting in an increasingly demanding and often overwhelming environment.

The first two presentations by Andrei and colleagues focus on longitudinal data from a national research project on parental burnout (PB). One presentation investigates the phenomenon of PB in the general population, examining factors that contribute to emotional exhaustion and the emotional toll of parenting. The second contribution delves into the experiences of parents with pre-existing psychopathology, offering insights into how mental health conditions exacerbate the risk of burnout and its emotional consequences.

The third contribution by Piombo et al. shifts the focus to the dynamics of parenting style, emotional intelligence, and digital engagement, with a comparative analysis between adoptive and non-adoptive parents. This study highlights the role of perceived emotional intelligence in shaping parenting strategies and explores how digital tools are integrated into parenting practices, particularly in the context of adoptive families.

The final presentation by Tracchegiani examines the intersection of emotional well-being, caregiving helplessness, and intimate partner violence. It addresses the unique challenges faced by mothers who

experience burnout while also being victims of intimate partner violence. The study explores how caregiving helplessness plays a critical role in the emotional exhaustion and distress that many of these mothers experience.

By bringing together these diverse perspectives, the symposium will offer a comprehensive view of the emotional health challenges faced by parents today, with a particular focus on the intersection of burnout, mental health, parenting style, and the impact of external stressors such as intimate partner violence and digital engagement. These insights will deepen our understanding of the emotional struggles that affect contemporary parents, informing future interventions and support strategies.

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Understanding Parental Burnout: Preliminary Findings from a Multiregional Longitudinal Study in Italy

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Abstract

This study presents preliminary results from a multiregional Italian project focused on enhancing the understanding of parental burnout (PB) by examining its construct validity, clinical utility, and epidemiology. The project also seeks to address key questions, such as whether mothers and fathers experience PB differently, and which developmental or contextual factors may contribute to its onset. The project was Funded by the European Union – Next Generation EU, Mission 4 Component 1 CUP J53D23017150001.

Parents (N = 682) were recruited through schools located in four distinct Italian regions. Participants completed an online survey administered via Qualtrics. The survey collected both quantitative and qualitative data, allowing for a more comprehensive investigation of parental experiences. Specifically, parents were asked to report on their demographic characteristics, work and family composition, health status, and lifestyle. In addition, they completed a series of standardized self-report measures, including the Parental Burnout Assessment (PBA).

The study design includes four waves of data collection, each spaced three months apart, to allow for longitudinal monitoring and the identification of patterns and changes over time. The data presented here refer to the initial wave of collection. The recruitment strategy was inclusive of both mothers and fathers, enabling the examination of gender-related differences in PB.

Preliminary analyses suggest heterogeneity in PB experiences across parents, with early indications of gendered patterns and associations with work-family balance and individual wellbeing. These findings

will be further explored and refined as subsequent waves of data become available. The integration of qualitative data is expected to deepen the interpretation of quantitative results, shedding light on subjective meanings and contextual nuances.

Supported by PRIN-PNRR funding, this project contributes to the growing international literature on parental burnout and aims to inform future intervention strategies and policy initiatives by providing a culturally grounded and empirically robust framework. Data collection is ongoing.

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Parents with persistent depressive disorder (dysthymia) with anxious distress: an empirical contribution on coparenting characteristics in a sample with children at the onset of puberty

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Abstract

Background: The onset and persistence of psychological issues in childhood and adolescence are often predicted by the presence of psychopathological symptoms in parents. Children's symptoms may result from low-quality caregiving, exposure to cognitive distortions from their primary caregivers, or immersion in stressful environments. These factors can be conceptualized within the framework of parental burnout, characterized by profound physical and emotional exhaustion.

Aims: to examine the relationship between a parental psychiatric diagnosis of Persistent Depressive Disorder (Dysthymia) with Anxious Distress (PDDad), as defined in the DSM-5, and specific characteristics of the coparenting relationship. These characteristics may serve as additional risk factors in caregiving practices, contributing to the stabilization of parental burnout syndrome, which could influence the emotional development of the child.

Methods: The study reports findings derived from the administration of assessment tools as part of the project "Focus on Parents: Antecedents, Trajectories, and Role Differences in Parental Burnout." The project was Funded by the European Union – Next Generation EU, Mission 4 Component 1 CUP J53D23017150001. The instruments used include the Parental Burnout Assessment, the Parenting Styles and Dimensions Questionnaire, the Confusion, Hubbub, and Order Scale, and the Coparenting Relationship Scale (CRS). The study involved 50 parents diagnosed with Persistent Depressive Disorder (Dysthymia) with Anxious Distress (PDDad) and their children (average age=11 years). This clinical sample was compared to a control group of parents without a psychiatric diagnosis.

Results: 40%, did not complete the assessment process. The clinical sample exhibited higher levels of parental burnout syndrome compared to the control group. Perceived support within the coparenting relationship was notably lower among parents in the clinical group. Children in the clinical group were

more frequently exposed to parental conflict. Quantitative analyses revealed significant differences in the CRS subscales measuring agreement and division of caregiving tasks.

Discussion: The clinical profile of parents diagnosed with PDDad appears to have a maladaptive impact on their ability to engage in emotional and physical caregiving. These parents tend to be less emotionally available, less sensitive, and more prone to negative emotions, despair, and irritability. These findings underscore the importance of developing targeted interventions, to support parents struggling with PDDad and mitigate the potential long-term effects on their children's emotional development.

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Parenting Style, Perceived Emotional Intelligence of Adolescents, and Digital Engagement: A Comparative Study Between Adoptive and Non-Adoptive Parents

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Abstract

Introduction. While adoptive and non-adoptive parenting share many common features, adoptive parenthood may involve specific relational experiences and educational strategies. In today's digital society, parents play a crucial role in supporting adolescents' emotional development and guiding their use of technology. This study explores how parenting style, digital engagement, and their adolescents' emotional intelligence interrelate and compares adoptive and non-adoptive parents across these dimensions.

Methods. A sample of over 150 parents of adolescents (aged 13–17) was divided into adoptive and non-adoptive groups. Participants completed standardized questionnaires assessing parenting style (authoritative, authoritarian), digital literacy, involvement in digital device use with adolescents, trust in AI, and their adolescents' trait emotional intelligence. Correlational and ANOVA analyses were conducted to show preliminary results.

Preliminary Results. Perceived adolescent emotional intelligence was significantly positively correlated with an authoritative parenting style ($r = .302, p < .001$), and negatively correlated with authoritarian parenting ($r = –.304, p < .001$). These associations suggest that parents who adopt a more supportive and autonomy-promoting style tend to perceive higher emotional competence in their adolescents. In contrast, controlling styles are linked to lower EI.

Comparing groups, adoptive parents reported significantly higher perceived emotional intelligence in their children ($F = 26.40, p < .001$), greater digital literacy ($F = 20.43, p < .001$), more involvement in digital activities ($F = 7.14, p = .001$), and higher trust in AI ($F = 3.63, p = .029$). No significant group differences were found for authoritative parenting, while a trend toward lower authoritarian scores in adoptive parents emerged ($F = 2.52, p = .084$).

Conclusions. Perceived adolescent emotional intelligence is closely linked to parenting style, particularly to supportive and non-coercive approaches. Adoptive parents report higher emotional and digital engagement, suggesting possible strengths in navigating the demands of contemporary parenthood.

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When parenting feels overwhelming: The role of caregiving helplessness in burned-out mothers victimized by intimate partner violence

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Abstract

Introduction: Mothers exposed to physical and psychological Intimate Partner Violence (IPV) are at increased risk of parenting stress and parental burnout. In this vein, IPV represents an assault to their caregiving system, fostering helplessnessness, that is a mental and behavioural state marked by feeling overwhelmed and unable to regulate both their child's behavior and their own emotional reactions. This, in turn, may heighten the risk of parental burnout. However, no studies to date have explored the mediating role of caregiving helplessness in the relationship between IPV and parental burnout.

Methods: This cross-sectional study involved a community sample of 600 cisgender heterosexual mothers (M = 40.91; SD = 6.54) with at least one child aged 2–18 years (M = 8.32; SD = 5.05). All participants were married or in a romantic relationship with the child's father. Measures included the *Conflict Tactics Scale* (CTS-2), the *Caregiving Experiences Questionnaire* (CEQ) and the *Parental Burnout Assessment* (PBA) to investigate whether mothers who experienced IPV (i.e., physical and/or psychological aggression) reported higher levels of caregiving helplessness and parental burnout compared to those who did not experience IPV. The study also examined whether caregiving helplessness mediated the relationship between IPV and parental burnout.

Results: Eight out of ten mothers reported experiencing at least one episode of physical and/or psychological IPV in the past year. Mothers exposed to greater IPV exhibited significantly higher levels of caregiving helplessness and more severe parental burnout symptoms. Structural equation modelling revealed a significant direct effect of IPV on exhaustion, emotional distancing from the child, and feeling fed up with parenting, but not on contrast with previous parental self. Furthermore, greater IPV exposure was associated with increased caregiving helplessness, which, in turn, contributed to more severe parental burnout symptoms.

Discussion: This study is the first to identify how IPV-related disruptions in the caregiving system contribute to parental burnout, highlighting the detrimental impact of IPV on both caregiving and parental well-being. The findings emphasize the need for interventions addressing parental burnout in

mothers by considering IPV experiences and targeting caregiving helplessness as a key factor in mitigating burnout risk.

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NEW FRONTIERS OF ASSESSMENT: TOOLS AND PERSPECTIVES IN PSYCHOPATHOLOGY

Proposers

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Discussant

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Abstract

The evolving landscape of psychopathology necessitates continuous refinement and innovation in assessment tools. As new psychological conditions emerge and existing ones shift in presentation, the methods for their evaluation must adapt accordingly. This symposium, *New Frontiers of Assessment: Tools and Perspectives in Psychopathology*, will explore the dynamic interplay between the development of psychopathological conditions and the tools designed to measure them. The central argument is that assessment methods should not merely capture static constructs but evolve alongside the changing nature of mental disorders. Through a series of cutting-edge contributions, the symposium will examine how contemporary measurement tools align with the complexities of modern psychopathology. The first presentation, *Rethinking Suicidal Ideation: Mental States related to Suicidal Ideation Scale (MESIS)*, will introduce an innovative approach to assessing suicidal ideation, emphasizing the importance of capturing the complexity of mental states rather than treating it as a monolithic construct. Next, *The Schedule for Nonadaptive and Adaptive Personality-2 (SNAP-2): A Bridge Between the Past, the Present… and the Future* will explore how personality assessment tools can serve as a conceptual link between traditional and emerging models of personality pathology, demonstrating their relevance across different theoretical paradigms. Further advancing the discussion on novel assessments, *Development and Initial Validation of The Experiences*

of Trading Questionnaire will focus on the psychological implications of financial trading behaviors, addressing the need for tools that capture the emotional and cognitive dynamics of this modern phenomenon. Finally, *Understanding Eco-Psychopathologies: Coding the Eco-Psychopathologies Interview (EPI) Using a Psychodynamically Informed System* will delve into the emerging field of eco-psychopathology, illustrating how climate-related distress and maladaptive responses can be systematically assessed using a psychodynamically oriented coding system. By bringing together diverse perspectives and innovative tools, this symposium aims to emphasize the necessity of a reciprocal relationship between psychopathological phenomena and their assessment instruments. The discussions will underscore the idea that as psychological conditions evolve due to societal, environmental, and technological changes, so too must our methods of measurement. This integrative approach will offer valuable insights into the future of psychopathological assessment, fostering dialogue on how best to capture the nuances of mental health in an ever-changing world.

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Rethinking suicidal ideation: mental states related to suicidal ideation scale (MESIS)

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Abstract

Introduction: Suicidal ideation (SI) represents a complex and multifaceted dimension prevalent across several clinical and subclinical groups. Currently, there is a gap in the assessment of the facets of SI due to the heterogeneity of the construct and the difficulty in operationalizing the associated dimensions. A nomological network based on an emotion regulation perspective could help untangle the complex and nuanced functions of suicidal ideation that contribute to suicide risk. This study aims to validate the *MEntal States related to Suicidal Ideation Scale (MESIS)*, designed to assess SI and associated emotion regulation functions.

Methods: The current study was conducted on a non-clinical sample divided into two groups: Sample 1 (N=510) with a mean age of 28.30 years (*SD*=11.66) and Sample 2 (N=488) with a mean age of 28.09 years (*SD*=11.67). A self-report survey containing the MESIS was administered. Preliminary and exploratory factor analyses were conducted on Sample 1. Subsequently, parallel analyses were performed to identify the optimal number of factors for extraction, revealing two principal components. Finally, confirmatory factor analysis was carried out on Sample 2, using indices that estimate the model's goodness of fit (CFI, RMSEA) and the internal consistency of each subscale.

Results: The analyses supported 37 items with a three-factor structure (Section I) and a four-factor structure (Section II). The first section assesses generic ideation, death ideation, and specific ideation. The second section explores suicidal mental states related to: (1) Escape, (2) Relational, (3) Impact, and (4) Revenge. The confirmatory factor analysis's model fit indices (RMSEA; CFI) confirmed the structure, and Cronbach's alpha values (ranging from .74 to .96) indicated good internal consistency.

Discussion: The nomological network underlying the MESIS conceptualizes SI as a multifaceted dimension and evaluates its severity by investigating the frequency and intensity of thoughts related to suicide. It also enables clinicians and researchers to deepen their understanding of the beliefs or mental states associated with SI, contributing to the assessment and treatment of suicide-related outcomes and exploring the manifestations of suicidal thoughts.

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The Schedule for Nonadaptive and Adaptive Personality-2 (SNAP-2): A bridge between the past, the present… and the future

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Abstract

Introduction: The Schedule for Nonadaptive and Adaptive Personality-2 (SNAP-2) is a self-report measure designed to assess personality traits extending from the normal into the pathological range. In particular, the SNAP was designed: (1) for the clinical assessment of maladaptive-range traits that comprise PD; (2) to facilitate investigation of personality trait dimensions and their structure across the adaptive-nonadaptive personality boundary; and (c) to investigate whether and how personality traits combine to form discrete diagnostic categories.

Methods: The Italian translation of the SNAP-2 was administered to a sample of 837 community-dwelling adult participants and 429 adult clinical participants. Moreover, an independent sample of 369 psychotherapy participants was administered the SNAP-2 in the context of an independent study on grandiose and vulnerable narcissism.

Results: The SNAP-2 trait and diagnostic scales showed adequate internal consistency, 6-month temporal stability (n=97 community-dwelling participants), factor structure, and nomological network validity with respect to Five Factor Model trait measures, self-reports and interview ratings of *DSM-5* Section II personality disorders and *DSM-5* Section III dysfunctional personality domains. Moreover, the SNAP-2 trait scales showed their usefulness in characterizing vulnerable and grandiose narcissism in the independent psychotherapy sample.

Discussion: As a whole, our findings showed that the Italian translation of the SNAP-2 scales provide reliable and valid measures of personality pathology, while being usefulness in integrating normal and pathological personality dimensions. Implications for hierarchical models of psychopathology will be discussed.

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Development and Initial Validation of The Experiences of Trading Questionnaire

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Abstract

Introduction: Problems related to financial trading (and especially trading with cryptocurrencies) can result in significant negative consequences. Developing tools that distinguish between normal and pathological trading is challenging because of the threat of self-confirmatory approach. With this two-steps study, we first collected qualitative methods and then develop a self-report questionnaire to identify key features of problematic trading.

Method: We administered the *Experiences of Trading Interview* to a sample of non-professional cryptocurrencies traders. The results of qualitative analyses were used to develop the Experiences of Trading Questionnaire. This was administered to a sample of 107 traders (M_{age} = 38.59 ± 10.95; 90.4% males) together with measures of addiction to trading.

Results: We reached a brief 32-item instrument comprising three sections about trading experience: i) generally, ii) after losses, and iii) after gains. The first section comprises 20 items and four scales: i) anthropomorphizing the market, ii) overthinking, iii) functional impairment, and iv) dissimulation. The second section comprehends eight items and two scales: i) self-blaming and ii) chasing losses through perseveration. Finally, the third section has a single four-item scale: chasing gains through perseveration.

Discussion: Qualitative method is useful in reducing epistemological biases. The Experience of Trading Questionnaire is promising for advancement in future research.

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Understanding Eco-psychopathologies: Coding the Eco Psychopathologies Interview (EPI) Using a Psychodynamically Informed System

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Abstract

Introduction: In recent years, several eco-psychopathologies have emerged, recognized as the psychological consequences of climate change. Despite growing scientific interest, the literature remains fragmented, lacking a unified theory and a clear definition of the phenomenon. The absence of specific tools and a shared operationalization makes assessment challenging. This study addresses the issue through the development of the Eco Psychopathologies Interview (EPI).

Methods: The coding system was designed by a team of four clinicians and researchers and is based on a psychodynamic theoretical model aimed at classifying key elements of the interviewees' narratives while assessing their level of emotional processing. To refine the scale, the team conducted group discussions and individually analyzed 20 interviews. Finally, the final version was validated through the involvement of two external coders, unaware of the study's objectives, who analyzed all transcripts. Additionally, interrater agreement was assessed.

Results: The coding system includes three main scales: Lived Experience, Reality Testing, and Level of Integration. Lived Experience, which includes the subscales Meaning Attribution, Memory, Expectations, and Effectiveness of Regulation Strategies, examines ego functioning in narrating personal experiences. Reality Testing, comprising Experience Recognition, Emotional Salience, and Recognition of Relational Implications, assesses the ability to coherently express the infertility experience, focusing on emotional and relational aspects. Level of Integration, divided into Defense Mechanisms, Impact Recognition, and Coherence, analyzes the degree of integration of different dimensions within one's personal history. The obtained scores classify participants into three risk categories: low, moderate, and high.

Discussion: Interviews are essential clinical tools for exploring individual representations, but their analysis and systematization present significant challenges. The EPI and its coding system emerge as a promising option for the psychological assessment of eco-psychopathologies.

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WHEN A PARENT IS BORN: A SCREENING AND INTERVENTION MODEL FOR THE PREVENTION OF PSYCHOSOCIAL RISK FACTORS DURING PREGNANCY

Proposers

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Discussant

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Abstract

The perinatal period involves significant psychological and physical changes, often triggering stress and evoking past childhood experiences. Childhood maltreatment can negatively impact parenting through impaired mentalizing abilities and increased psychopathology risk. Additional risk factors, such as poor prenatal attachment, stress, and lack of social support, may further affect parental well-being and child outcomes. However, limited knowledge exists on the combined predictive role of these factors on parenting outcomes, their clinical relevance, and the paternal experience of pregnancy in shaping maternal and child well-being.

Based on these premises and within the framework of the PRIN 2022 project *"Prediction of psychopathological outcome and parental reflective functioning based on perinatal risk factors: a machine learning quanti-qualitative longitudinal study on mothers and fathers"* this symposium aims to present several contributions identifying psychological risk factors that promote or hinder parental well-being, from pregnancy to six months postpartum.

The project employed a longitudinal mixed-methods sequential approach, integrating quantitative analyses followed by qualitative assessments.

First, the UniBa Unit will present findings on Machine Learning applications to identify psychological determinants of perinatal depressive symptoms, the role of reflective function, and their prognostic relevance for postpartum symptomatology.

The Salento University Unit will then introduce the project's qualitative methodological approach, which is based on semi-structured interviews that explore perceived social support in parenthood.

UniPa Unit will examine the paternal experience of pregnancy, presenting how childhood maltreatment, low reflective functioning, and depression impact paternal prenatal attachment.

Finally, UniMe Unit will present the *Guidelines on Psychosocial Protective and Risk Factors in Pregnancy* for healthcare settings, a key clinical output of the PRIN project.

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Best practice in prevention and treatment of PPD in the couple

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Abstract

Introduction: During pregnancy and postpartum, psychopathological distress affects mothers, fathers, and family well-being. Postpartum depression (PPD) impacts 10-20% of mothers and 5-10% of fathers, disrupting caregiving and family dynamics. The DSM-5 acknowledges peripartum onset, as maternal depression rates are often higher during pregnancy. Prenatal symptoms increase PPD risk and affect mother-child bonding. In this set, paternal mental health is crucial, with paternal affective disorders nearly three times more frequent in the perinatal period, impacting the couple, maternal health and child development. Despite its prevalence, PPD is underdiagnosed and undertreated, emphasizing the need for evidence-based guidelines. The aim of these best practice is to provide evidence-based recommendations to guide healthcare workers for the screening and treatment of PPD through a multidisciplinary approach and the proposal of clinical instruments, improving the quality of healthcare and support for both parents.

Method: These evidence-based guidelines are based on clinical data research and a critical analysis of the literature focusing on international guidelines regarding screening tools, intervention protocols and the most prevention and treatment strategies for maternal and paternal PPD.

Results: The results suggest recommendations to improve PPD management in a multidisciplinary clinical approach. Key strategies include personalizing psychological interventions, strengthening social support, based on data results of machine learning for early diagnosis and promoting training for healthcare professionals, providing them competences and instruments to address both clinical and psychological aspects, improving the PPD prevent and treatment.

Conclusion: The adoption of these clinical best practice can improve healthcare quality and reduce the impact of PPD on family health. An integrated approach, based on the clinical screening of psychological and social variables is essential to address the treatment of the couple. Future research should focus on validating standardized screening tools across populations and assessing the long-term psychological support strategies.

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Parents in the making: A computerized qualitative content analysis of mothers' perinatal narratives

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Abstract

Introduction. The qualitative psychological literature on parents' perinatal experiences has emerged as a vibrant field since the early 2000s. In the last five years, there has been a marked increase in studies focusing on issues of psychopathology, but also on cognitive, emotional and physical changes during the perinatal period.

Despite these insights, several gaps remain: a predominance of studies conducted in Anglo-Saxon, Asian, African, and Northern European contexts; a scarcity of research on Italian samples and on the involvement of fathers and couples; and a reliance on traditional quantitative data collection and analysis methods. These considerations underscore the need for research to employ innovative digital data collection techniques, automated analysis tools, and to explore protective factors and positive parental experiences during the perinatal period.

Method. A qualitative design with semi-structured interviews was used to explore the views and experiences of pregnant women. A total of 114 women in their second or third trimester (M = 34.3 years, SD = 5.05) were recruited from health centers and interviewed about their pregnancy experience, highlighting needs, difficulties and the role of their partner, family, friends and professional services.

Results. This study has allowed us to map the semantic structures underlying pregnant women's discourse, providing important insights into the way they represent their experience. Secondly, through cluster analysis, we were able to identify four main themes around which their narratives were organized:

Conclusion. The results of this study make a fundamental contribution to the understanding of perinatal experiences, highlighting how the dimensions identified shape pregnant women's self-representations and modulate their interactions with their partner, family and health care system. These findings highlight the importance of considering the complexity of motherhood as a moment in which individual

representations are intertwined with cultural meanings, and reinforce the need to use idiographic methods to explore in depth positive and protective experiences during the perinatal journey.

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Paternal Antenatal Attachment: The Role of Childhood Maltreatment and Depressive Symptoms During Pregnancy

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Abstract

Introduction: It has been traditionally assumed that paternal attachment to the child develops only after birth. Recent research has demonstrated that fathers form an attachment to their unborn child during the antenatal period. The present study aims to demonstrate that both childhood maltreatment (CM) and psychological distress, in terms of depressive symptoms, are significant predictors of impaired paternal bonding with the unborn child. This hypothesis is based on evidence that CM may affect paternal antenatal attachment (PAA). It has been linked to an increased risk of psychological distress, including depression, which can further impact PAA.

Methods: Fathers (278) were recruited during obstetrical partner visits. Participants were asked to complete questionnaires after signing informed consent. CM was retrospectively investigated via the Childhood Trauma Questionnaire for the areas of abuse and neglect. Psychological variables were investigated using the Paternal Antenatal Attachment Scale (PAAS) and the Edinburgh-Postnatal-Depression-Scale. Using structural equation modeling (SEM), we tested two models: in model A, we considered two independent effects on PAA, specifically a direct effect of CM on PAA, as well as a direct effect of depressive symptoms on PAA. In model B, we tested the direct effect of CM and depressive symptoms on PAA, and we included an indirect effect in which CM conditions PAA through depressive symptoms. Both model A and model B were tested for abuse and neglect.

Results: The analysis of the results showed a good fit to the data in Model B (CM=Abuse: RMSEA 0.18 and AIC 6340, CFI 0.99 and TLI 0.99; CM=Neglect: RMSEA 0.5 and AIC 6325, CFI 0.98 and TLI 0.95) and a modest fit in Model A (CM=Abuse: RMSEA 0.87 and AIC 6353, CFI 0.92 and TLI 0.84;

CM=Neglect RMSEA 0.11 and AIC 6345, CFI 0.87 and TLI 0.74), evidencing a better fit to the data in Model B.

Discussion: Our analyses support the hypothesis that CM, in terms of both abuse and neglect, can influence PAA both directly and indirectly through its effect on depressive symptoms. This would suggest that CM can impact PAA through various pathways and highlights the role played in this context by depressive symptoms.

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Psychological determinants of perinatal depressive symptoms and the role of reflective function: a machine learning study

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Abstract

Introduction: The perinatal period is characterized by burdening physical and psychological changes which may lead to post-partum depression. Studies showed that many psychosocial factors modulate the coping strategies that pregnant women might rely on during pregnancy. Amongst those, reflective function (RF) seems to act as a protective factor towards subsequent psychopathology in pregnant women. We aimed (i) at training and validating a machine learning (ML) algorithm aimed at discriminating higher vs. lower perinatal depressive symptoms (PDS), (ii) at investigating the prognostic relevance of the algorithm by verifying associations between ML decisions and post-partum depression, and (iii) at investigating the mediating role of RF in the relationship between ML decisions and PDS.

Method: We recruited 851 pregnant women, which were split in a Discovery Sample (DS, N=509 form Palermo), and three Validation Samples (VS, N=59 from Bari, N=228 from Lecce, N=55 from Messina). In 41 women, post-partum depression was assessed 6 months after delivery. We trained in DS and validated in VS a ML algorithm discriminating higher vs. lower PDS based on item-wise information on attachment style, stressful life events, social support, childhood trauma, and coping strategies. Prognostic relevance of the algorithm to post-partum depression was investigated via ANOVA, while moderation analysis testing the role of RF in the relationship between ML decisions and PDS via R.

Results: The algorithm discriminated higher vs.lower PDS with 71.8% accuracy in DS(permuted p=0.001), and with accuracies ranging between 69.3% and 81.6% in VS. Higher ML decision scores were associated with subsequent post-partum depression (p=0.001). RF significantly mediated the association between ML decisions and PDS, such that higher RF certainty and lower RF uncertainty were significantly associated with PDS.

Conclusion: We identified specific psychosocial impacting PDS levels, which might therefore specifically be targeted in early intervention programs. Our mediation findings suggest that such findings should involve personalized actions aimed at boosting RF to make pregnant women able to better cope with the challenges of the perinatal period and prevent post-partum psychopathology.

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IMPLICIT EMOTION REGULATION IN CLINICAL AND HEALTH PSYCHOLOGY: THE KEY ROLE OF DEFENSE MECHANISMS

Proposer

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Discussant

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Abstract

Defense mechanisms have been recently integrated into the broader concept of emotional regulation as an essential aspect of adaptation (1-2). This symposium will debate on the key role of defense mechanisms in clinical and health psychology as an essential contributor of individual adaptation (3).

First, Dr. Fiorini Bincoletto and Dentale will report results of a cross-sectional study on 416 Italian participants aimed at exploring defensive profiles for Epistemic Trust (ET), Mistrust (EM), and Credulity (EC). Findings showed three coherent defensive profiles corresponding to the three epistemic stances. While ET was positively associated with higher defensive functioning, EM was strong associated with immature defenses, suggesting higher psychological vulnerability as compared to EC.

Second, Dr. Franchini will show findings of a research aimed at investigating the role of defensive functioning, epistemic trust, and sociodemographic characteristics on dyadic adjustment (DAS) of 192 Italian individuals in stable romantic relationships. These findings suggested that adaptive defense mechanisms and the ability to trust the partner are relevant factors in influencing dyadic adjustment and that mature defenses play a greater role in supporting dyadic adjustment as the relationship length increases.

Third, Dr. Silvestro et al. will discuss findings of a cross-sectional study conducted on 66 patients with chronic respiratory diseases. Defensive functioning was associated with mental health and mediated the relationship between disease type and physical health. Interestingly, patients with worse physical health

showed significantly higher defensive functioning, suggesting that chronic conditions may shape distinct psychological adaptation processes.

Finally, Dr. Juli will illustrate preliminary results of a research conducted on 18 patients with feeding and eating disorders (FEDs) in semi-residential treatment. Among FEDs, patients with bulimia nervosa reported highest psychological distress. Defensive functioning was associated with mental health, emotion regulation and body satisfaction, while immature defenses predicted psychological maladjustment.

In conclusion, we will debate on the relevance of assessing defensive vulnerability in clinical practice in order to target effective personalized psychological interventions (4-5).

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How we (do not) trust: defensive profiles of epistemic trust and its disruptions

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Abstract

Introduction: Recent empirical studies have significantly advanced our understanding of epistemic trust and its disruptions, extending the frameworks of attachment and mentalization theories to explore how epistemic stances shape both individual and interpersonal functioning. Although many investigations have examined the relationships between these stances and various psycho(patho)logical dimensions, the connection with defense mechanisms remains largely uncharted. This study aims to explore that relationship by establishing defensive profiles for Epistemic Trust (ET), Mistrust (EM), and Credulity (EC).

Methods: A total of 416 Italian participants completed the Epistemic Trust, Mistrust, and Credulity Questionnaire (ETMCQ) along with the Defense Mechanisms Rating Scale-Self-Report-30 (DMRS-SR-30).

Results: Findings indicate that ET is positively associated with more mature defensive functioning and negatively with immature defenses. In contrast, both EM and EC are linked to less adaptive defenses, with EM showing a particularly strong association with immature defenses, suggesting a more pronounced overall impairment compared to EC. Hierarchical regression analyses further highlighted unique associations between each epistemic stance and specific defense mechanisms, resulting in the delineation of three coherent defensive profiles.

Discussion: This study's findings underscore the importance of differentiating specific defense patterns related to ET and its disruptions. These defensive profiles of ET, EM, and EC offer valuable insight for understanding individuals' intra- and interpersonal functioning and could inform the development of tailored psychological interventions.

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Defense Mechanisms and Epistemic Trust: pathways to Dyadic Adjustment

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Abstract

Introduction: Dyadic adjustment reflects the overall quality and functioning of a romantic relationship, encompassing aspects such as consensus, satisfaction, cohesion and affective expression between partners. Previous research has suggested that individual psychological factors, such as defensive functioning and mentalization, may influence how couples navigate relational dynamics. However, empirical studies exploring these associations—particularly from both partners' perspectives—remain limited. The present study aimed to investigate the role of overall defensive functioning (ODF) (DMRS-SR-30), epistemic stances (ETMCQ), and some specific sociodemographic variables (i.e., relationship duration and current or past psychotherapy experience) in predicting dyadic adjustment (DAS).

Methods: The sample comprised 192 Italian individuals (M_{age} = 26.00, *SD* = 4.65) in stable romantic relationships, with both partners completing self-report questionnaires. A linear mixed-effects model was applied, with couple membership entered as a random intercept. Fixed effects included psychological variables, sociodemographic covariates, and an interaction term between defenses and relationship duration.

Results: Our findings showed that higher ODF ($F(1,162.5) = 5.76$, $p = .018$), greater epistemic trust ($F(1,136.9) = 4.72$, $p = .032$), having undergone psychotherapy ($F(1,152.1) = 6.99$, $p = .009$), and shorter relationship duration ($F(1,94.5) = 5.58$, $p = .020$) were significantly associated with better dyadic adjustment. Notably, a significant interaction between ODF and relationship duration ($F(1,159.8) = 5.32$, $p = .022$) indicated that the positive effect of mature defenses on dyadic adjustment became stronger as the length of the relationship increased.

Discussion: These findings suggest that the capacity to regulate internal conflicts through adaptive defense mechanisms, and the ability to trust the partner are relevant factors in influencing dyadic adjustment. Interestingly, the interaction between defensive functioning and relationship duration suggests that mature defenses support dyadic adjustment as the relationship length increases. These results emphasize

the importance of identifying the psychological factors that positively influence dyadic adjustment to better understand the dynamics underlying relationship quality.

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Defensive Functioning in Chronic Allergic Diseases: focus on Severe Allergic Asthma and Hymenoptera Venom Anaphylaxis

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Abstract

Background: Implicit emotion regulation strategies influence the individual adaptation process to internal and external stressors. Growing evidence highlights the impact of defensive functioning on perceived physical and mental health of patients with chronic diseases. This study explores the relationship among defensive functioning, psychological symptoms, and perceived physical and mental health in patients with Severe Allergic Asthma (SAA) and Hymenoptera Venom Anaphylaxis (HVA).

Methods: In this study, 66 patients were assessed, including 34 with SAA and 32 with HVA. The psychological evaluation included: the Short-Form Health Survey (SF-36), the Beck Depression Inventory (BDI-II), the Hamilton Anxiety Rating Scale (HAM-A), the Toronto Alexithymia Scale (TAS-20), and the Defense Mechanisms Rating Scales Self Report-30 (DMRS-SR-30). Group comparisons were analysed with independent t-tests, while mediation models examined how defensive functioning influenced the connection between disease type and reported health status.

Results: Independent t-tests indicated that males reported higher physical ($p = .001$, $d = 0.83$) and mental health ($p = .032$, $d = 0.54$) scores than females. Patients with SAA demonstrated greater defensive functioning ($p = .018$, $d = 0.66$) but poorer physical health ($p < .001$, $d = 1.07$) compared to those with HVA. Mediation analysis revealed that defensive functioning partially mediated the link between disease type and physical health ($\beta = -0.113$, $p = .038$), explaining 39% of the direct effect. The mediation effect for mental health was not significant ($p = .052$), although defensive functioning independently predicted better mental health ($p = .002$).

Discussion: This study underscores the role of defensive functioning as an implicit emotional regulation mechanism, influencing psycho-physiological health in chronic respiratory patients. Patients with SAA, despite reporting poorer physical health, exhibited stronger defensive functioning, reflecting unique

adaptation processes shaped by chronic conditions. Mediation analyses highlighted its partial role in linking disease type to physical health. These findings emphasize the value of assessing defense mechanisms in clinical settings to guide psychological interventions aimed at improving emotional regulation and well-being in chronic respiratory diseases.

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Psychological distress and defense mechanisms in Feeding and Eating Disorders

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Abstract

Aims: Feeding and Eating disorders (FEDs) are among the most challenging mental disorders because of their pervasive symptomatology and frequent relapses. Research has paid much attention to the role of emotion regulation in the onset and maintenance of FEDs, but little is known on the association between implicit regulating strategies as defense mechanisms and different facet of FEDs. This study aimed at exploring the psychological functioning, including defensive functioning, of 124 outpatients with different FEDs treated in a multidisciplinary daily-care service for FEDs in South Italy.

Methods: 124 patients were assessed at intake using a psychodiagnostics survey including Eating Disorder Inventory**,** Edi-3; Symptom Checklist-90-R, SCL-90-R; Minnesota Multiphasic Personality Inventory-2, MMPI-2; Body Uneasiness Test, BUT; Binge Eating Scale, BES; Body Shape Questionnaire, BSQ316B; Il Personality Inventory for DSM, PID-5; Defense Mechanisms Rating Scales – Self-Report-30, DMRS-SR-30.

Results: The majority of FEDs patients showed also comorbidity with personality disorders (PDs). However, the patients with both FEDs and PDs dis not showed significant higher psychological distress as compared to patients with only FEDs. Among FEDs, bulimic patients showed significant higher psychological distress and depression than obese patients, while no difference were found among anorexia, bulimia and binge eating disorders. Defensive functioning was highly associated with other outcome measures and predicted psychological maladjustment. Immature defenses were significantly more used by bulimic patients than other FEDs patients. Finally, mature defenses showed a mediation effect on anxiety to determine psychological maladjustment.

Discussion: These findings suggest the importance of analyzing the psychological impact of FEDs in light of specific characteristics associated to different diagnostic pictures and their changes over time. The role of emotional regulation in symptom management and treatment outcome is essential. Defense mechanisms may play a key role in enhancing adaptation and must be taken into careful consideration when planning personalized treatment for patients with FEDs.

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PSYCHOLOGICAL WELL-BEING, INCLUSION, AND ADAPTATION: MULTIDISCIPLINARY PERSPECTIVES ON HEALTH, IDENTITY, AND CHALLENGES IN ACADEMIA

Proposer

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Discussant

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Abstract

The present symposium has been organized by the Early CAreer Researchers' network (E-CARE) of the Clinical and Dynamic Section of the Italian Association of Psychology. This association aims to facilitate learning, networking, and interdisciplinary collaboration among researchers in the early stages of their careers, promoting the exchange of expertise and fostering collaboration at both national and international levels.

This symposium brings together multidisciplinary research exploring the complex interplay between psychological well-being, identity, and adaptation across different contexts. The contributions examine how discrimination, chronic health conditions, and psychological interventions influence mental health, shaping both personal and professional trajectories.

In the first contribution, Fasola and colleagues adopt an intersectional approach to analyze the compounded psychological impact of multiple forms of discrimination—such as gender, socio-economic status, ethnicity, sexual orientation, and disability—on students, researchers, and professors in Italian academia. Through a mixed-methods design, the study underscores the pervasive nature of these challenges, emphasizing the urgent need for institutional interventions to promote inclusivity and support mental health.

The second study by Gattoni explores the psychological consequences of a medically prescribed gluten-free diet, revealing its association with maladaptive eating attitudes, food insecurity, and body dissatisfaction. By synthesizing findings from 14 studies, the review highlights how these subclinical eating behaviours affect the quality of life and mental health of individuals with celiac disease, calling for psychological interventions to enhance dietary adherence and emotional well-being.

The third contribution by Mancinelli presents an evaluation of a school-based prevention program targeting emotional dysregulation and problematic smartphone use in pre-adolescents. Findings suggest that participation in psychoeducational focus groups contributes to a reduction in risk factors associated with psychological distress, emphasizing the effectiveness of early interventions in fostering well-being.

Finally, the contribution by Pistorio investigates the long-term psychological impact of parental bonding on health-related quality of life in kidney transplant recipients. Results indicate that maternal care during childhood serves as a protective factor for psychological health, while overprotection may hinder emotional coping mechanisms in adulthood.

Together, these studies highlight the need for integrated, interdisciplinary approaches to promote psychological well-being and inclusion, offering valuable insights for academia, healthcare, and policy development.

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Academic (Un)Belonging: Investigating the Emotional Burden of Discrimination in Italian Academia

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Abstract

While scholars have extensively documented the impact of gender discrimination on academic experiences and career progression in the past two decades, the psychological consequences of multiple, overlapping forms of inequality remain insufficiently considered. Indeed, most research has focused on individual axes of discrimination - such as gender or race - without fully accounting for their intersections and compounded effects on well-being. Despite institutional efforts promoting inclusivity, empirical evidence on how different forms of discrimination interact to shape mental health and academic satisfaction remains limited.

The present work aims to bridge that gap by adopting an intersection lens to examine the psychological impact of discrimination in academia, considering the cumulative effects of gender, socio-economic status, ethnicity, sexual orientation, and disability. More specifically, through a mixed-method approach, the study explores how these overlapping dimensions manifest in academic settings and how they affect the quality of life and the ability to balance academic and personal commitments of professors, researchers, and students. By integrating both quantitative and qualitative data, this research provides a more comprehensive understanding of how intersectional oppression affects well-being, career trajectories, and academic engagement.

The results highlight how, alongside gender discrimination—which continues to significantly affect the quality of life of researchers and professors — other factors such as socio-economic status, sexual orientation, and disability also play a crucial role in shaping their well-being. Moreover, group discussions strongly emphasized the impact of precarious employment conditions and economic disadvantage, further contributing to psychological distress. These findings underscore the need for targeted institutional interventions to foster a more inclusive and supportive academic environment.

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Subclinical eating behaviours in Celiac Disease: a Scoping Review

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Abstract

Introduction: Celiac disease (CD) is an autoimmune disorder caused by the ingestion of the gluten allergen, leading to damage to the small intestine and nutrient malabsorption. Currently, the only safe treatment is the gluten-free diet. Due to the restrictions imposed by this dietary pattern, this treatment may affect people with CD's relationship with food, increasing the risk of subclinical eating behaviours. This scoping review aimed to identify the presence and the diversity of subclinical eating behaviours among adults with CD.

Methods: The scoping review observed the PRISMA guidelines to select studies. Two independent reviewers conducted all the phases of the review, and a third expert was called in to redress any doubts/conflicts.

English, peer-reviewed full-text papers regarding quantitative studies focusing on adults diagnosed with CD and sub-clinical eating behaviours that do not reach significance for a full eating disorder diagnosis were retrieved from the following databases: PubMed, Psycinfo, Web of Science, Scopus, Cochrane Library.

The main outcomes involved eating behaviours that did not reach significance for a full eating disorder diagnosis and that might be related to emotional regulation, e.g. maladaptive eating, food insecurity disordered eating, hypervigilance.

Results: 1658 articles have been identified. After de-duplication, 962 articles were screened first by title and abstract and then by full text, resulting in a final selection of 14 articles.

In total 3724 subjects participated in the distinct studies (M: 595/F: 3129; age: 35.14±8.37), mostly referring a moderate adherence toward gluten-free diet and with an average BMI of 22.50±2.48.

The subclinical eating behaviours identified by the included studies were the following: maladaptive eating attitudes, disordered eating, food insecurity, hypervigilance, and body dissatisfaction. In addition, most of the included articles (n=9) sought to investigate the relationship between these conducts, dietary compliance, quality of life (QoL), social anxiety, and psychiatric comorbidities.

Discussion: Subclinical eating behaviours constitute a relevant issue for people with CD with consequences on their QoL, mental health, and adherence towards a gluten-free diet. Further studies are needed to develop strategies to enhance patients' psychological state.

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Reducing Risk and Enhancing Psychological Adjustment among Pre-adolescents: Evaluation of School-based Focus Groups from the LOOK@ME Project

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Abstract

This study originates from the LOOK@ME project, a research-intervention prevention-focused project conducted in middle schools in northern Italy since 2017. The project identifies pre-adolescents at risk for adjustment difficulties, and those already exhibiting clinically relevant symptoms, through measures assessing emotional dysregulation, psychological symptoms, and problematic smartphone use. Based on the screening results, six weekly psychoeducational focus groups are implemented to enhance psychological adjustment, followed by post-intervention evaluations. By aggregating pre- and post-intervention data across the project cohorts (2018-2023), this study evaluates the focus groups' impact through an overall risk score (ORS), comprising the aforementioned variables, and comparing pre- and post-intervention data between students who participated in the focus groups (FG) and those who did not (non-FG). The FG sample includes 118 youth aged 11-13 years (Mage = 11.84±0.51; 50.85% female), while a balanced non-FG sample of 118 youth aged 11-14 years (Mage = 11.77±0.5; 48.31% female) was extracted from the broader dataset. The ORS was computed by averaging the standardized (z) scores of the Difficulties in Emotion Regulation Scale-Short Form, the Smartphone Addiction Inventory, and the Strength and Difficulties Questionnaire subscales. A mixed-model ANOVA revealed a significant within-subject difference ($p = .01$) but no between-subject difference. Risk categories were established based on the ORS z-scores (non-clinical: $z < 1$; at-risk: $z = 1\text{-}2$; clinical: $z > 2$). Chi-square analysis comparing pre- and post-intervention category shifts showed significant within-subject differences (FG: $p<.001$; non-FG: $p=.01$), and an inversion of the baseline risk-category frequency distribution between FG and non-FG. While no significant post-intervention difference was found between groups, the shift in risk distribution suggests a positive effect of focus groups for FG participants. In line with the secondary prevention framework and the psychoeducational nature of the intervention, findings suggest that the focus groups enhanced students' emotional awareness, explaining the observed changes in risk categories. The project's preventive impact is reinforced, highlighting the need for continued interventions promoting youth psychological well-being.

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The interplay between parental bonding and health-related quality of life in kidney transplant recipients

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Abstract

Background: This study aimed to investigate the role of subjective experience on maternal and paternal behavior during childhood as a potential predictor of health-related quality of life in kidney transplant recipients.

Methods: A cross-sectional study involving a sample of 99 kidney transplant recipients (69.7% males, mean age = 52 ± 9.93 years) was conducted. These participants completed the Parental Bonding Instrument (PBI) and the Short Form-36 (SF-36) Health Survey.

Results: Regression analyses revealed that higher perceived maternal care during childhood was positively associated with better psychological health during adulthood. Conversely, higher levels of perceived maternal overprotection were negatively associated with psychological health in this population.

Conclusions: The results suggest maternal affection and support may be protective factors. In contrast, excessive maternal protection could impair the development of emotional coping mechanisms necessary for dealing with the stresses of adult life.

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ATTACHMENT AND MENTALIZATION: METHODOLOGICAL ADVANCES AND CLINICAL IMPLICATIONS IN DIFFERENT CONTEXTS

Proposer

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Discussant

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Abstract

The present symposium is organized by the Early CAreer REsearchers network (E-CARE) of the Clinical and Dynamic Section of the Italian Psychological Association (AIP). The E-CARE group brings together researchers in the early stages of their careers with the aim of promoting the exchange and sharing of knowledge and fostering national and international collaboration.

The symposium focuses on attachment and mentalization, offering insights into recent methodological developments and analyzing their impact on psychological distress, somatization, academic engagement, intention to dropout of the University, and dating relationships.

The first contribution by Filosa and Santoro analyzes the psychometric properties of the Earned Secure Attachment Questionnaire (ESA-Q) and offers insights into its reliability and validity in clinical and research contexts.

The second contribution by Passeggia explores the complex relationship between mentalization, psychological distress, academic engagement and intention to dropout of university, highlighting the importance of tailored clinical interventions in higher education.

The third contribution by Quinto, Bonifati and Graceffa examines attachment styles in patients with psoriasis and vitiligo, highlighting their impact on wellbeing and the importance of assessing attachment in dermatology patients.

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The fourth contribution by Tironi, Berlin and Coppola uses attachment theory and the mentalization model as a theoretical framework to examine the state of mind in relation to romantic relationships in adolescence. The findings highlight the complexity of romantic relationship representations in adolescence and emphasize the need for interventions to promote healthier relationships.

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A new tool for assessing earned secure attachment: development and validation of the earned secure attachment questionnaire

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Abstract

Introduction: Earned Secure Attachment (ESA) refers to the sense of security in attachment relationships among adults who were exposed to parental failures in early relational contexts. Although various procedures have been developed to evaluate ESA, no instruments currently allow for the easy and rapid assessment of ESA alongside other attachment patterns. The present study aimed to develop and investigate the psychometric properties of the "Earned Secure Attachment Questionnaire" (ESA-Q), that assesses adult attachment styles, including the ESA, childhood attachment styles and the degree of elaboration of early attachment relationships.

Methods: An initial pool of items have been formulated. The most representative items were selected based on the evaluations of experts in attachment theory. A sample of 1,148 Italian volunteers (913 women, 76.5%), aged between 18 and 60 (M = 32.92; SD = 11.53), was recruited through social media. Participants completed the ESA-Q and other self-report instruments assessing childhood trauma, parental bonding, adult attachment styles, personality functioning, reflective functioning, emotion dysregulation and psychopathology. The factor structure of the ESA-Q was tested through Confirmatory Factor Analysis (CFA). The internal consistency of each ESA-Q scale was assessed using McDonald's omega. Measurement invariance of the ESA-Q was examined across two groups based on age (≤30 years versus ≥31 years) and two groups based on psychotherapy experience (never versus yes). Construct validity was evaluated through correlations between ESA-Q scale scores and scores on other measures.

Results: The final version of the ESA-Q consisted of 27 items. The CFA supported the expected factor structure of the ESA-Q, showing good indices of fit. McDonald's omega values indicated a satisfactory internal consistency. The ESA-Q exhibited measurement invariance across different groups. Correlation analyses revealed several significant associations, supporting the construct validity of the ESA-Q.

Discussion: Results revealed that the ESA-Q is a valid and reliable instrument that can be employed in clinical practice and research. The ESA-Q exhibits the limitations inherent in self-report measures, such

as social desirability and recall bias. Future studies could further examine the psychometric properties of the ESA-Q in clinical samples and across different cultures.

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The mediating role of academic engagement in the relationship between reflective functioning, psychological distress and intention to dropout during COVID-19 pandemic

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Abstract

This study investigates the mediating role of academic engagement (AE) in the relationships between reflective functioning (RF), psychological distress (PD), and intention to drop out among university students during the COVID-19 pandemic. This research explores how shifting academic modalities—ranging from online learning during the second lockdown (T1), to blended learning post-lockdown (T2), and finally face-to-face learning after the end of the pandemic (T3)—affect AE and its effect on students' mental health and persistence at university. Data from 1177 Italian university students were analyzed using multigroup structural equation model, considering as splitting variable an innovative measure of gender differences, academic gender congruence (AGC), namely the match between students' perceptions of themselves in terms of gender and the perception of the gender composition of their degree course. Results indicated that AE mediates the relationship between RF, PD, and intention to dropout across all phases, with the strongest protective effects observed during the online learning phase (T1), especially for incongruent students. The findings also suggested that the transition between different learning modes and students' academic gender congruence impacted the mediating role of AE. Overall, the study showed that gender incongruence represented a risk factor impacting on AE, and in turn on persistence, and it emphasized the role of academic environments that contribute to contrast gender incongruence and foster student retention and engagement during critical contingencies such as the COVID-19 pandemic. Finally, these results highlighted the importance of addressing students' PD needs and AE, through tailored clinical interventions in higher education.

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The Impact of Attachment Style on Psychological Distress and Somatization in Psoriasis and Vitiligo Patients: The Role of Social Support and Cognitive Reappraisal

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Abstract

Background: Dermatological conditions can greatly affect patients' psychological well-being. Individuals with skin disorders often experience high levels of psychological distress, struggles with emotional regulation, alexithymia, and lower psychological and social well-being. Although many studies have explored the role of parental bonding and attachment styles in mental health of chronic patients, there is limited understanding of their specific influence on individuals with dermatological conditions. This study aimed to explore the prevalence of dysfunctional attachment in patients with psoriasis and vitiligo and examine how this relates to clinical variables (e.g., disease duration and body mass index) and psychological factors, including emotion regulation, social support, somatization, disease attitudes, and euthymia.

Methods: A total of 129 psoriasis patients and 9 vitiligo patients from the San Gallicano Dermatological Institute (Rome) participated. Due to the small sample size of vitiligo patients, these participants were excluded from preliminary correlation analyses. Participants completed a range of questionnaires to gather sociodemographic and clinical information (e.g., weight, height, disease duration, disease family history) and psychological assessments, including the General Health Questionnaire (GHQ-12), Somatic Symptoms Scale (SSS-8), Euthymia Scale, Measure of Parental Style (MOPS), Multidimensional Scale of Perceived Social Support, Emotion Regulation Questionnaire, and Whiteley Index (WI-7).

Results: Around 35% of psoriasis patients exhibited dysfunctional attachment. These individuals reported significantly higher levels of psychological stress, somatization, and illness anxiety compared to those with secure attachment. Correlation analyses showed frequent associations between attachment dimensions and stress, somatization, and illness attitude. Negative correlations were found between maternal abuse and overcontrol with euthymia, and between perceived social support from friends with

disease duration and body mass index. However, no significant differences were found in relation to social support and emotion regulation strategies.

Conclusion: The preliminary results emphasize the importance of assessing attachment patterns in dermatology patients, particularly in those patients with chronic skin disorders frequently burdened by prolonged disease duration.

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The Words of Dating Relationships: Autobiographical Narratives of Adolescents Through the Lens of Attachment and Mentalization

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Abstract

Introduction: Adolescence is a critical period for identity formation and romantic relational development. Attachment research shows that the *state of mind* regarding relationship representations depends not only on the content of narratives but also on their linguistic properties. Intense and sometimes contradictory emotional experiences typical of adolescence may distort adolescents' ability to mentalize, i.e., the ability to understand their own and others' mental states, which is crucial for navigating complex emotional and relational experiences. Using mentalization and attachment as a guiding framework, this study explores the linguistic characteristics of the *state of mind* related to romantic relationships in adolescents' autobiographical narratives, examining words related to emotions, mental states, and specific modes of expression.

Method: Thirty adolescents (15–18 years, M = 16.89, 62% female) participated in a semi-structured interview, partially aimed at exploring their representations of present or past experiences in their dating relationship. Additionally, through a stream-of-consciousness task, they were asked to discuss thoughts and feelings related to a couple conflict. Linguistic analyses were then applied to the transcripts, with a focus on language and mental states related to dating relationships.

Results: The described relationships are mostly about past experiences, with references to negative emotions, especially related to anger. Doubtful and introspective words are particularly present in the narratives of boys. Adolescents seem to emphasize the social aspect of relationships as well as the importance of communication. However, references to the body and sexuality are scarce. Regarding the conflict, adolescents seem to access an emotional lexicon in which negative emotions such as anger and sadness prevail, especially among boys, while anxiety/fear is less represented. Girls use more words related to introspection and communication. In both narratives, there are references to the past and present, while references to the future are almost absent.

Conclusion: The findings highlight the complexity of adolescents' representations of romantic relationships and suggest potential gender differences in how relationships and conflicts are processed. These results undersocre the need for interventions that promote reflection and awareness on mental states to help adolescents navigate romantic experiences more effectively and support healthier relationships.

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UNLOCKING NEW FRONTIERS IN AND TOWARDS EMERGING ADULTHOOD: NAVIGATING CONTEXTUAL CHALLENGES AND AGE-SPECIFIC INSIGHTS

Proposers

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Discussant

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Abstract

With the transition from an industrial economy to an information-based society, emerging adulthood has gained recognition as a distinct developmental life stage (Arnett, 2000; 2006). Arnett was the first to conceptualize this period – spanning from ages 18 to 29 – as a crucial phase marked by opportunities for growth and heightened vulnerabilities. Early research on this concept underscored the importance of studying and supporting individuals during this transformative time, given the emotional, relational, and psychological challenges that may impact long-term well-being. Emerging adulthood is a multifaceted period, characterized by key developmental tasks such as identity exploration, emotional and financial independence, and the redefinition of familial relationships. This transition often entails moving out of the parental home, stepping into the professional world, and broadening social and romantic connections. However, the way these experiences unfold is deeply shaped by the specific sociocultural, economic, and environments in which young adults navigate their paths, ultimately influencing their developmental trajectories in unique and significant ways. This symposium brings together innovative research on the mental health challenges of and towards emerging adulthood, offering age-specific insights, highlighting context-aware strategies to enhance well-being through targeted interventions. The symposium will open with a work by Spaggiari et al. aimed to assess the mediating role of intolerance of uncertain and emotion dysregulation in the relation between adult insecure attachment and separation anxiety symptoms in nonclinical emerging adults. Then, Scandurra et al. will introduce a new measure designed to assess academic psychological distress in university students, anchoring distress to its specific context and offering insights for targeted clinical interventions. In addition, Raffagnato et al. will explore the

relationship between academic anxiety and suicide risk on a sample of Italian university students, identifying possible risk and protective factors for suicidal thoughts and behaviors. Finally, Ferro et al. will present a prevention program for adolescents, designed to reduce psychological distress and suicide risk also in the early stages of transitions to emerging adulthood.

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Unraveling the Threads: Examining Intolerance of Uncertainty and Emotion Dysregulation as Mediators in the Relation Between Insecure Attachment Styles and Separation Anxiety in Emerging Adulthood

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Abstract

Introduction. Emerging adulthood is a peculiar developmental age characterized by several emotional and relational challenges that may pose a risk to psychosocial well-being. Within this context, some psychological constructs can be particularly relevant. First, insecure attachment styles shape the way individuals behave in their relationships and are strictly related to separation anxiety symptoms. Moreover, Intolerance of Uncertainty (IU) and emotion dysregulation, recognized as transdiagnostic factors, may intervene in the pathway from insecure attachment to adult separation anxiety symptoms. However, very few studies in the literature have focused on these relations in emerging adulthood. The present study aimed to assess the mediating role of IU and emotion dysregulation in the association between insecure attachment styles and separation anxiety in a group of Italian emerging adults. Moreover, direct associations were expected between attachment insecurity dimensions and IU and emotion dysregulation, and between the latter constructs and separation anxiety symptoms.

Methods. 849 non-clinical emerging adults (618 women) between 18 and 26 years old filled out online surveys made of sociodemographic questions and self-report questionnaires assessing insecure attachment dimensions, IU, emotion dysregulation, and separation anxiety symptoms.

Results. Direct relations were identified among the examined constructs: attachment insecurity dimensions were positively associated with IU and emotion dysregulation. Moreover, these latter constructs were positively linked to separation anxiety symptoms. Importantly, two specific dimensions of attachment insecurity, namely "Need for approval" and "Relationship as Secondary", were connected to adult separation anxiety symptoms both directly and indirectly, with the mediation involving higher IU and inability to control behaviors (i.e., a dimension of emotion dysregulation) levels.

Discussion. This study contributes to shed light on the complex interplay between insecure attachment dimensions and separation anxiety symptoms during the vulnerable life stage of emerging adulthood. In

particular, findings suggest that IU and emotion dysregulation can serve as targets of interventions to prevent separation anxiety symptoms and, thus, promote the psychosocial well-being of this population.

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Capturing the struggles of emerging adulthood in the university context: Development and validation of the Academic Psychological Distress Scale

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Abstract

University students frequently encounter unique academic pressures that contribute to psychological distress, referred to as *academic psychological distress*. However, existing assessment tools fail to capture the multidimensional nature of this construct comprehensively. In the present contribution, we will present the development and validation of the *Academic Psychological Distress Scale* (APDS), a novel instrument designed to assess this form of distress across affective, cognitive, somatic, and social domains. The APDS was developed through a combination of deductive and inductive methodologies, drawing on established theoretical frameworks and qualitative data from focus groups. Two independent samples of university students (N = 310 for exploratory factor analysis; N = 367 for confirmatory factor analysis) completed the preliminary version of the scale alongside related measures of academic and general psychological distress. The scale's factor structure and multiple forms of validity—including content, convergent, discriminant, construct, and criterion validity—were evaluated. Exploratory factor analysis revealed a six-factor structure comprising 37 items, which was refined to 25 items following confirmatory factor analysis. The six identified factors were: Academic Anxiety, Academic Stress Somatic Responses, Academic Loneliness, Academic Negative Self-Worth, Academic Fatigue, and Academic Demoralization. The APDS demonstrated strong psychometric properties, including high internal consistency and evidence supporting its convergent, discriminant, and construct validity. The APDS showed significant positive correlations with academic stress and general psychological distress, and negative correlations with academic engagement and academic performance. As such, the APDS offers a reliable, multidimensional tool for assessing academic psychological distress among university students, supporting the development of targeted interventions. Future research should examine the scale's applicability across diverse populations and evaluate its utility in both clinical and preventive contexts to promote student well-being.

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Academic Anxiety and suicide risk: an exploratory analysis on mental health among Italian university students

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Abstract

Introduction: According to data from the World Health Organization (WHO), suicide is one of the leading causes of death among young people aged 15 to 29 (World Health Organization, 2024). The scientific literature highlights how many young people experience anxiety, stress, and depression in the academic context, compromising their adaptation. Sometimes, this distress can intensify to the point of having a significant role in the suicide risk of university students.

Objective and Methods: The objective of the study is to explore the relationship between academic anxiety and suicide risk through a survey conducted using self-report questionnaires on a sample of 239 Italian university students (M=22.6; SD=2.84; 70%Female; 27.6%Male; 1.3%Intersex).

Results: 8.8% of the students had planned at least one suicide attempt in the last 6 months year, and 4.2% had attempted suicide at least once. Logistic binomial regression analysis showed that university students with high academic anxiety are about 3.5 times more likely than those with moderate anxiety to have suicidal thoughts. Furthermore, having had (or having) a history of NSSI represents a severe risk factor that increases the likelihood of having suicidal thoughts almost sixfold. Emotional stability and perceived social support from family and friends were identified as significant protective factors.

Conclusions: The observed picture is worrying and requires specific attention in the academic context, which must implement prevention and support programs specifically for its students.

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Adolescent Prevention Program to Reduce Psychological Distress and Suicide Risk in Emerging Adulthood

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Abstract

Adolescence is a phase marked by significant developmental challenges that lay the foundation for the harmonious growth of an emerging adult personality. The plasticity of this period presents both opportunities for growth and vulnerabilities, particularly as adolescents today face increasingly intense risk factors compared to previous generations.

The action-research conducted aimed to promote well-being and prevent psychological distress among young people through group meetings designed to foster the development of emotional and relational skills that serve as protective factors for mental health. These meetings targeted both adolescents and their caregivers, including parents, teachers, and other educational figures.

For adolescents, the primary goal was to facilitate the development of skills essential for building resilience, recognizing early signs of distress, and seeking help. Simultaneously, interventions for adults focused on identifying key challenges in their relationships with adolescents and enhancing their ability to listen, communicate, and recognize early signs of distress.

The study involved 287 participants, including 98 parents (Mean age = 46.6 years, SD = 5.98; 76 females, 22 males), 68 educational figures (Mean age = 40.3, SD = 13.7; 42 females, 26 males), and 121 adolescents (Mean age = 13, SD = 1.37; 42 females, 76 males, 3 "prefer not to say").

Parents reported difficulties in balancing their parenting style to simultaneously meet their child's need for both protection and autonomy. They also struggled to maintain an authoritative stance that was neither overly permissive nor excessively authoritarian. Similarly, other educational figures (teachers, coaches, and educators) found it challenging to adopt an authoritative yet supportive approach toward adolescents, who often appeared both highly vulnerable and, at times, resistant to rules.

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A NEW HORIZON FOR CLINICAL PRACTICE: STEPS TOWARDS A DIMENSIONAL APPROCH TO PSYCHOPATHOLOGY

Proposers

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Discussant

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Abstract

Recent advances in the dimensional conceptualization of psychopathology underscore the limitations of categorical diagnostic systems and support the adoption of models that better reflect the complexity and heterogeneity of mental disorders. The four empirical contributions presented here collectively illustrate this paradigmatic shift through distinct yet converging lines of research. Sideli examines the psychosis continuum, emphasizing the clinical and theoretical relevance of dimensional and staging models over traditional categorical classifications. This contribution highlights how psychotic-like experiences (PLEs) and full-threshold psychotic disorders may be more accurately conceptualized as points along a continuum, particularly when considering the moderating effects of environmental risk factors. Andò & Brienza, and Zennaro investigate perseverative thinking (PT), a transdiagnostic cognitive process underlying several forms of repetitive and maladaptive thinking, including worry, rumination, and obsessions. Through the application of a hierarchical Exploratory Structural Equation Model (ESEM), the study identifies a data-driven model of PT encompassing both disorder-specific and transdiagnostic components, offering preliminary evidence for its alignment with the Hierarchical Taxonomy of Psychopathology (HiTOP) framework. Fossati addresses the dimensional structure of hoarding and collecting behaviors within the obsessive-compulsive (OC) spectrum. Findings from Exploratory Graph Analysis (EGA) suggest that adaptive and maladaptive object acquisition behaviors constitute a distinct domain from obsessive-compulsive disorder (OCD) and related conditions, underscoring the need to

disentangle the mechanisms underpinning heterogeneity within the OC spectrum. Finally, the fourth contribution (Brienza et al.) presents the Italian adaptation of two core assessment instruments consistent with the HiTOP model: the Externalizing Spectrum Inventory – Brief Form (ESI-bf) and the HiTOP Self-Report (HiTOP-SR). Preliminary psychometric findings support their internal consistency and validity, promoting their applicability in both research and clinical settings and reinforcing the value of dimensional, data-driven approaches to psychopathological assessment.

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A Dimensional and Data-driven Perspective on Perseverative Thinking Expressions

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Abstract

Introduction: Several repetitive and intrusive thinking styles have been conceptualized as significant factors in the onset, maintenance, and course of various psychopathological conditions. These thinking styles are typically described in a disorder-specific manner, with each categorical mental disorder being associated with a particular maladaptive thinking style. However, evidence suggests that such styles can be subsumed under a broader, transdiagnostic process that accounts for much of the variance among them. This shared process is referred to as *perseverative thinking* (*PT*—a higher-order, transdiagnostic construct that links disorder-specific thinking styles). The aim of the present study is to investigate a data-driven model of perseverative thinking that incorporates the most common disorder-specific thinking styles.

Methods: The sample consisted of 283 participants (M_{age} = 30.5, SD_{age} = 13.2), recruited online in both Italian and English. Participants completed mostly used measures assessing PT positive and negative value components (e.g., Perseverative Thought Questionnaire; Response to Positive Affect scale) and the different types of manifestations that this can take such as rumination, worry, obsessions (e.g., Ruminative Response Scale; Penn State Worry Questionnaire; Brief Obsessive-Compulsive Scale). An Exploratory Structural Equation Model (ESEM) was computed to identify and extract patterns of covariation among the features of perseverative thinking.

Results: Based on the collected data, a hierarchical ESEM was computed, yielding an acceptable model fit ($\chi^2(56) = 155.505$, $p < 0.001$; *CFI* = 0.948; *TLI* = 0.928; *RMSEA* = 0.087; *SRMR* = 0.042). This model encompassed both transdiagnostic and disorder-specific thinking styles. Positive rumination and reflection were excluded as they did not fit the current model.

Discussion: A hierarchical model of perseverative thinking was identified, capturing both transdiagnostic components and shared variance across categorical disorder-specific maladaptive thinking styles. Future research will also examine the relationship between the perseverative thinking model and the spectra outlined in the Hierarchical Taxonomy of Psychopathology (HiTOP).

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The psychotic continuum and its association with environmental risk factors

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Abstract

Introduction: There is growing awareness that psychotic phenomena, from subclinical psychotic-like experiences (PLEs) to psychotic disorders might be better captured by dimensional models, rather than traditional categorical models.

Methods: The presentation will first discuss different conceptual models to define, describe, and assess psychotic phenomena. Next, evidence from epidemiological studies regarding the effect of environmental risk factors on the psychotic continuum will be presented.

Results: Dimensional and hybrids models might be more appropriate to describe the complexity of psychosis, particularly for subclinical symptoms, early stages, and non-prototypical presentations. Furthermore, in line with a liability-stress model, environmental risk factors such as cannabis use, minority status, and traumatic experience have been consistently associated with the psychotic continuum. Affective symptoms, such as depression, anxiety, and emotional dysregulation play a significant role as mediators of the effect of social stress on psychosis.

Discussion: A dimensional staging model of psychosis seems to better respond to the need for care of people at clinical risk for and affected by psychotic disorders, providing targeted interventions consistent with a stepped care model.

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Bridging the Gaps between HiTOP and Clinical Practice: Introducing the ESI and the HiTOP-SR in the Italian context

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Abstract

Introduction: The Hierarchical Taxonomy of Psychopathology (HiTOP) offers a fundamental conceptual departure from traditional classification of mental illness, acknowledging evidence showing that disorders are dimensional in nature and can be organized in a hierarchical manner. The possibility to rely on HiTOP-based measures would improve the opportunity to adopt this system clinically. Among measures consistent with the HiTOP nosology, the Externalizing Spectrum Inventory – Brief Form (ESI-bf) and the HiTOP-Self Report (HiTOP-SR) represent prominent instruments.

Methods: According to the translation-back translation guidelines, the Italian version of the ESI-bf was completed on a sample of 116 individuals (Mage = 44.57; SDage = 16.32). Ninety participants also completed the Personality Inventory for DSM-5 (PID-5) to assess convergent and discriminant validity.

The HiTOP-SR measure (405 items assigned to 87 scales describing common and uncommon thoughts, feelings, and behaviors that may indicate psychopathology) will be presented, and the adaptation guidelines for the HiTOP-SR will be described.

Results: Preliminary data indicated that the ESI-bf demonstrated good internal consistency (Cronbach's α = .73–.98). Correlations between the ESI-bf facets and scales and the target PID-5 traits showed moderate to strong effect sizes (r = .40–.60).

As to the HiTOP-SR, the results of its adaptation efforts, which involved ten steps (coordinated by the HITOP-SR adaptation team), showed that the Italian translation of the HiTOP-SR could be safely used in the Italian contexts.

Discussion: Overall, these preliminary findings introduced the Italian-language adaptations of the ESI-bf and HiTOP-SR, supporting the usefulness of adopting a dimensional approach to the assessment of broad dimensions of psychopathology. Implications for assessment in applied clinical contexts include the need for balancing the length of administration sessions with the need for feasibility by reducing burden without necessarily compromising the assessment validity.

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Hoarding, collecting and obsessive compulsive spectrum disorders: A dimensional perspective

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Abstract

Introduction: Both collecting behaviors and hoarding involve the acquisition of objects; however, collecting does not result in distress and impairment and represents a healthy behavior. Indeed, collecting is a an intentional and purpose-driven behavior, characterized by seeking, selecting, gathering and storing objects which are organized in a systematic way and related to a specific theme; rather hoarding is characterized by the accumulation of objects, without a specific theme and in a disorganized fashion.

Methods: To evaluate the inter-relationships between hoarding, adaptive and maladaptive collecting behavior, and obsessive-compulsive disorder (OCD) and other OCD-related disorders, a sample of community-dwelling adults (N = 518; 59.8% female; mean age = 38.60 years) was administered *DSM-5* Level 2 Repetitive Thoughts and Behaviors (FOCI), the Obsessive–Compulsive Spectrum Disorder Scales for *DSM-5*, as well as the Saving Inventory-Revised and the Compulsive Acquisition Scale (CAS).

Results: Exploratory Graph Analysis (EGA) and bootstrap EGA results consistently showed that hoarding measures and adaptive and maladaptive collecting behavior self-reports clustered together, whereas an OCD and other OCD-related disorders dimension was identified.

Discussion: As a whole, our data seemed to suggest that adaptive and dysfunctional objects acquisition and saving mechanisms may represent a dissociable domain, which yielded meaningful relationships with the OCD network, while suggesting the need for further study capturing the possible heterogeneity within the obsessive-compulsive spectrum and highlighting the mechanisms underlying different OCD spectrum manifestations.

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CULTURAL DIFFERENCES IN CLINICAL, SOCIAL AND HEALTH SERVICES

Proposers

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Discussant

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Abstract

The composition of our country's population is undergoing a progressive transformation, reflecting increasingly complex migratory dynamics. Consequently, the landscape of users accessing public clinical services is also diversifying, including individuals with origins, languages, cultural values, and conceptions of mental health that are profoundly different from our own.

This heterogeneity raises crucial questions for clinical practice: How do the experiences, lived realities, and representations of psychological distress among these patients influence the therapeutic process? What adaptations are necessary for the clinical approach to effectively and respectfully address these specificities? How can clinicians innovate their competencies to navigate these emerging scenarios?

At the same time, it is essential to reflect on our own perceptions, implicit biases, and the ways in which we construct the therapeutic relationship with this new patient population. This symposium aims to explore these challenges, offering insights into how clinical practice can—and must—evolve to respond in a more inclusive and culturally sensitive manner to the needs of a changing society. The goal is also to integrate research data with national and international experiences, fostering a discussion on best practices in clinical services.

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The Impact of Post-migration Living Difficulties on Young Migrants' Mental Health

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Abstract

Introduction. Young migrants experience multiple potentially traumatic experiences before, during and after their migratory journey. Several studies (Aragona et al., 2014; Skiess-Jokanovic et al., 2021) have highlighted the role that post-migration events have on the psychological well-being of young migrants, generating or worsening the conditions of vulnerability already present due to previous traumatic experiences.

Method. Twenty-five young migrants aged between 18 and 22 hosted in reception centers (CAS and SAI) in Calabria were interviewed. A qualitative-quantitative methodology was used with the aim of investigating the perception of individual well-being and the direct or indirect experience of potentially traumatic post-migration events.

Results. Young migrants reported experiencing different potentially traumatic post-traumatic events mainly related to difficulties in accessing health services, recognition of a legal status, fear of expulsion, and isolation and separation from their families. A correlation was highlighted between the level of psychological well-being and exposure to potentially traumatic post-migration events.

Discussion. The results of the research are in line with what has already been described in the literature. As exposure to potentially traumatic post-migration events increases, the perception of psychological well-being decreases and, consequently, the state of psychological distress increases.

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Clinical Competencies for Working with Migrants in Social Services

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Abstract

This study examines how immigrants navigate and interpret the Italian Social Services system, shedding light on their lived experiences and cultural representations. By exploring the specific meanings attributed to these Services by migrant couples and immigrant social workers, the research aims to identify essential skills and strategies for fostering effective support structures for migrant populations.

The study is based on a sample of 30 migrant couples from Ghana and Morocco. Data collection involved a couple clinical interviews designed to explore intercultural encounters and adaptation processes. Additionally, three focus groups were conducted with 15 South American social and healthcare workers, centering on their professional experiences in nursing homes. The collected data were analyzed using a bottom-up content analysis approach, allowing for an in-depth examination of emergent themes and patterns.

Findings reveal the ways in which migrants perceive and engage with Social Services, uncovering both the cultural frameworks that shape their expectations and the systemic barriers they encounter. Awareness of migrants' representations—both as service users (migrant couples) and as service providers (RSA workers)—allows us to identify the challenges that must be addressed by Service providers, including intercultural meanings gaps and the complexities of establishing trust-based relationships with immigrants.

These insights underscore the importance of culturally responsive Service models and collaborative approaches to strengthen the working alliance and common aims between migrants and professionals, ultimately enhancing the effectiveness and accessibility of Social Services.

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Barriers in accessing mental health services: perspectives of migrant patients and linguistic and cultural mediators

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Abstract

Linguistic and cultural barriers can obstacle the access of mental health services of Third Country Nationals (TCNs) citizens residing in Europe. These communication barriers can also affect the clinical intervention with TCNs clients in mental health settings, posing unique challenges in the complex triadic relationships and alliance among mental health professional, the TCN client, and interpreters or cultural mediators when involved in the therapeutic process.

Method. This study employed T-LAB software to conduct a thematic analysis of interviews to nine linguistic and cultural mediators and four TCNs clients carried out within the "Mental Health 4 All" EU-funded project. Interviews aimed at eliciting insights into their experiences regarding barriers and care in mental health services.

Results. The analysis identified four thematic clusters, including "barriers" and "care" of which frequency and significance were the focus of this study. Results revealed that "barriers" cluster was the most frequently discussed among mediators, highlighting issues such as language difficulties, lack of culturally sensitive services, and inadequacy of available resources. In contrast, patients predominantly emphasized the "care" cluster, indicating a focus on their therapeutic experiences and quality of support received. Interestingly, while mediators expressed concerns about barriers, patients showed resilience and a positive outlook on their care, suggesting that effective therapy may lead to a greater focus on positive aspects rather than challenges.

Conclusion. The study underscores the critical need for targeted interventions to address the communication barriers faced by TCNs in accessing mental health services, promoting better quality of the care provided. Moreover, the emphasis posed by mediators on barriers highlights a specific need or potential stressor in this population, warranting investigation as a possible target for training and intervention.

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Cultural Awareness: A Tool for Recognizing Biases and Stereotypes in Clinical Settings

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Abstract

This study examines the presence of ethnic biases, i.e., ethnic stereotypes, ethnocentrism, and microaggressions among Italian clinicians. While ethnic stereotypes simplify group characteristics, ethnocentrism places one's culture at the center, and microaggressions manifest as subtle discriminatory actions, often unconscious.

We developed a questionnaire for recognizing biases and stereotypes in clinical settings. Preliminary data are reported from a sample of 53 Italian psychologists, as part of a larger and ongoing data collection. Data revealed variability in their responses, suggesting a complex view of cultural diversity in clinical practice. While 49.1% of respondents rejected the idea that violent behavior is typical of specific ethno-cultural groups, 47.2% expressed varying degrees of agreement. Similarly, while 62.3% disagreed with the notion that certain ethno-cultural groups struggle with anger control, yet 30.2% partially accepted it. Although explicit bias is generally rejected, implicit stereotypes persist in clinical reasoning. Ethnocentric attitudes were also evident but not uniformly recognized. While 41.5% of clinicians believe psychiatric diagnoses should be independent of cultural background, a substantial 54.7% supported universal assessment tools, potentially overlooking cultural influences on mental health. 35.8% of respondents admitted feeling less comfortable when interacting with patients from different cultural backgrounds, and 41.5% experienced diagnostic uncertainty in these cases, revealing an implicit discomfort that may affect patient care. The presence of conflicting perspectives on microaggressions further underscores the need for deeper reflection. While 73.6% of clinicians recognized that praising a non-native speaker's proficiency in Italian could be inappropriate, a significant 26.4% did not acknowledge its problematic nature.

These results highlight the coexistence of persistent attitudes and implicit biases. Data collection is ongoing; however, it can be hypothesized and tested with further analyses, that greater exposure to a cross-cultural context in the clinical settings could negatively correlate with propensity for culturally stereotyped thinking, ethnocentrism, and microaggressions.

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GROUP METHODOLOGY IN CLINICAL AND NON-CLINICAL SETTINGS

Proposer

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Discussant

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Abstract

This symposium provides a comprehensive analysis of the efficacy of group interventions in addressing psychosocial issues through rigorous methodological investigation. The studies presented demonstrate how the interplay between theory and practice can be utilized to develop innovative solutions to the psychosocial problems affecting diverse populations in various clinical and educational settings.

The application of group interventions, rooted in established psychological and educational theories, is explored across diverse contexts such as bullying prevention in schools, psychophysical health management during pregnancy, support for professional caregivers, and the analysis of emotional and narrative dynamics in therapeutic groups. The symposium highlights the integration of various methodologies, from psychoeducational approaches and narrative analysis to attachment and polyvagal theories, showing how these can converge to achieve significant therapeutic outcomes.

The focus is on the intersection of attachment theory, narrative techniques, and psychoeducational strategies, all employed to formulate interventions that not only address specific psychological issues but also aim to enhance the relational and emotional skills of the participants. Preliminary results from the studies suggest that integrating these approaches can facilitate substantial advancements in understanding and managing group dynamics, positively impacting both individual and collective resilience.

This symposium illustrates the transformative potential of group interventions, highlighting their relevance as tools for psychosocial intervention and as catalysts for change in various clinical and

educational domains. The discussions are aimed at outlining future research directions and proposing practical applications of these interdisciplinary methodologies.

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BullyBuster: Importance of Prevention and Group Work

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Abstract

On February 7, in observance of Safer Internet Day, the focus is placed on crucial issues such as bullying and cyberbullying, promoting the importance of a safer and more respectful internet for all. The slogan "Be the change: unite for a better internet" encourages collective action for improving the online environment. This day also coincides with the National Day Against Bullying and Cyberbullying, established in 2017 by the Ministry of Education, Universities, and Research (MIUR).

Bullying is defined as a repeated aggressive behavior characterized by a power imbalance between the bully and the victim. This imbalance can manifest in various forms: physical violence (e.g., pushing, punching, slapping) or verbal abuse (e.g., insults, threats, intimidation) in the case of direct bullying. Indirect bullying, on the other hand, involves social exclusion, defamation, or slander aimed at isolating the victim from the group.

Cyberbullying, a more recent form of bullying, takes place through the use of electronic and digital means, such as social networks, chat apps, emails, websites, or any other form of online communication. The effects of this form of violence can be devastating, as the boundary between online and offline life is often blurred, allowing victims to be harassed even outside the school or social environment.

Schools are at the forefront of addressing these issues. Psychoeducational programs and awareness-raising activities have been implemented to teach students how to prevent and address bullying and cyberbullying. One example is the BullyBuster APP project, which uses digital tools for education and awareness.

An essential aspect of combating bullying is observation. Monitoring the dynamics among students, both during leisure time and in class, is critical for identifying early signs of bullying or cyberbullying. Timely intervention through group-based approaches is key to addressing the issue: rather than isolating the bully, it is essential to transform negative dynamics within the group, working collectively toward positive change.

In this way, the school community can address the phenomenon constructively, focusing on individual change that, through collective support, can have lasting effects in creating a healthy, respectful, and safe environment for all.

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Integrating Narrative Mapping and Sentiment Analysis: A Hybrid Approach to Clinical Group Dynamics

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Abstract

Introduction: This study proposes integrating a tool like the Narrative Style Mapping Grid (GIN) with Sentiment Analysis to investigate the narrative and emotional development of clinical groups. These two methodologies used for group narrative analysis provide a unique framework to understand group dynamics, emphasizing the complex balance between collective experiences and individual emotional expression.

Objectives: The objectives of the study are to analyze the narrative and relational progression of three groups, assess the quality of their interactions and dynamics (conflicts and integrations), monitor emotional trends, and evaluate the impact of various facilitation styles.

Materials and Methods: The participants are trainee psychotherapists. The study employed a comparative longitudinal design that utilized both qualitative and quantitative methods. Data were collected through the transcriptions of group sessions. Thematic elements were then analyzed using Atlas.ti, and the corresponding emotions were categorized as positive, negative, or neutral.

Results: The results highlighted several distinct narrative phases: Fusion, Identification, and Maturity, each marked by specific emotional and relational characteristics. During the Fusion phase, positive emotions correlate with cohesive and inclusive group narratives, while during the Identification phase, negative emotions highlight narrative conflicts. Maturity is associated with narrative and emotional integration, indicating a certain relational stability.

Discussion: The integration of qualitative and quantitative analyses clearly revealed the complex dynamics of emotional and narrative changes, showing how narrative conflicts and their resolution play a crucial role in the different developmental phases of the group. The approach used in the study demonstrates the potential of hybrid methodologies to enhance understanding of group dynamics, guiding towards more targeted and effective interventions.

Conclusions: The study confirms the effectiveness of using GIN and Sentiment Analysis together in outlining the complex interaction between narratives and emotions in clinical groups. The evidence from the use of hybrid methodologies offers interesting insights for both research and clinical practice, suggesting more effective group therapeutic interventions.

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Psychophysical health and body awareness during pregnancy: preliminary evidence from a group intervention based on polyvagal theory

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Abstract

Introduction. Pregnancy is a period of profound physical and emotional changes, during which body awareness plays a crucial role in psychological well-being. The present study aimed to test the effectiveness of an online intervention based on polyvagal theory to improve the psychophysical health of women during pregnancy, highlighting the importance of group work.

Method. A randomized controlled trial involved 113 pregnant women (mean age = 32.3, *SD* = 4.5), assigned to an experimental group (n = 57) or a control group (n = 56). The experimental group participated in a four-week online program centered on polyvagal theory and focused on body awareness in small groups, while the control group received psychoeducational sessions of the same duration. Participants completed questionnaires at baseline (T0), post-intervention (T1), and one month after childbirth (T2), including the Edinburgh Postnatal Depression Scale (EPDS), the Generalized Anxiety Disorder Scale (GAD-7), and the Body Perception Questionnaire (BPQ). To assess the effect of the intervention in reducing the perception of negative bodily signals, a repeated-measures ANOVA was conducted.

Results. Preliminary findings showed no significant differences between the two groups in anxiety and depressive symptoms. However, regarding body awareness, a statistically significant main effect of time emerged ($F_{(1,73)}$=22.04, p<.001), indicating that, on average, scores on the Body Awareness subscale decreased from pre- to post-intervention (t=4.69, p<.001). This effect was further qualified by a significant time×group interaction ($F_{(1,73)}$=4.94, p=.02), suggesting that the reduction was greater in the experimental group (t=4.74, p<.001) compared to the control group (t=1.81, p=.27).

Conclusions. The intervention based on polyvagal theory appears to enhance body awareness during pregnancy, with potential benefits for emotional regulation. Group support may represent an additional protective factor. Future studies should investigate long-term effects and their impact in the postpartum period.

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A pilot study on the group attachment-based intervention eConnect STAFF for professional caregivers of adolescents in residential care

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Abstract

Adolescents in residential care can show emotional and behavioral dysregulation due to their adverse traumatic backgrounds, causing job-related stress in their professional caregivers, who can struggle to interpret and respond appropriately to adolescents' behaviors. A promising option to deal with these problems is Connect STAFF, a trauma-informed attachment-based group intervention adapted from the evidence-based Connect Parent Group for Foster Parents (Moretti et al., 2020). Connect is a brief intervention structured in nine sessions of 90 minutes, each one guided by an attachment principle, and one feedback session of 60 minutes. The intervention aims at fostering the caregivers' ability to understand adolescents' attachment needs behind problematic behaviors to reduce them through strengthening the dyadic relationship.

Method. This study reports preliminary data of the online Italian adaptation of Connect STAFF, eConnect STAFF, delivered to twelve professional caregivers (49.5% males; M_{age} = 37.92, SD_{age} =11.42), of adolescents (Mage = 17 years) placed in Ligurian residential care facilities with ratio 1.37 adolescents each caregiver. Professional caregivers filled out questionnaires the week before (T1) and after intervention (T2), and four months later (T3), reporting on several dimensions, including their assisted adolescents' attachment, affective dysregulation, and their caregiving strain. They also provide feedback on satisfaction with the intervention.

Results. The Wilcoxon ranked test revealed a medium reduction of adolescents' attachment anxiety ($|r|$ = .46, p = .009) and affective dysregulation ($|r|$ = .34, p = .049) from T1 to T2. Adolescents' affective suppression as well resulted markedly decreased from T1 to T3 ($|r|$ =.60, p = .001). Moreover, after having attended the intervention, professionals reported a reduction in the perceived caregiving strain

from T2 to T3 (|r| =.37, p = .030). The feedback was mainly positive, suggesting satisfaction and perceived utility of having attended Connect STAFF.

Conclusion. In conclusion, eConnect STAFF appears to be a feasible option to support professional caregivers of adolescents with adverse backgrounds placed in residential care, but further research is needed.

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THE MULTIPLE DECLINATIONS OF REAL AND VIRTUAL AGGRESSIVENESS ON SEXUAL WELLBEING

Proposer

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Discussant

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Abstract

Frequent reports of several forms of victimization, or attempted violence towards fragile persons are documented in literature. Unfortunately, this phenomenon may cover a broader range of situations, modalities, and of risk factors for both the victims and the perpetrators. In this field, especially due to the even broader development of virtual world, we have to study the aggressiveness comparing its manifestation in the real and in the virtual world. It is important to highlight that, contrary to the common way of thinking, we can find more similarities than differences in adopting aggressiveness in these two social contexts. For what concerns the link between aggressiveness and sexuality, it is recognized that some specific psychological and psycho-social aspects may determine the negative repercussions of aggressive tendencies on sexual wellbeing. Among these aspects, some psychopathological traits such as paranoid ideation, and passivity in observing image based sexual abuse, together with the lack of external and internal consent, or the virtual jealousy and attachment will be discussed. The attempt of this symposium is to stimulate a debate about the clinical characteristics of the real/virtual aggressiveness, their impact on sexual wellbeing and intimate relationships, and on the possible strategies for preventing abuse. Following a critical perspective, there will be presented original data showing the different characteristics of both users of virtual world and of persons in real world who adopt aggressive sexual behaviors.

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The role of internal and external consent and of mentalized affectivity in sexual satisfaction

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Abstract

Although the focus on sexual satisfaction and pleasure has become prominent in the last years in the field of psycho-sexology, scarce data are still available regarding the role internal and external consent, together with mentalized affectivity, may have on the perception of pleasurable sexual activity. The main aim of this study is to evaluate if internal or external consent may differently impact on sexual satisfaction. Then, the mediating effect of mentalized affectivity is also studied.

Methods. An internet-based sample of people belonging to general population has been enrolled through Google Moduli platform. The link has been shared to several social media platforms. The protocol consisted of four psychometric questionnaires evaluating internal consent (Internal Consent Scale, ICS), external consent (External Consent Scale, ECS), sexual satisfaction (New Sexual Satisfaction Scale, NSSS), and mentalized affectivity (Mentalized Affectivity Scale, MAS). Specific demographics have been also collected.

Results. A sample of 251 subjects has been enrolled. Of these, 53,8% were females, and 45% males. 74,9% of the sample declared to have heterosexual orientation, 8% homosexual orientation, 12,4% bisexual orientation and the rest part declared pansexual, asexual or other type of sexual orientation.

Both internal and external sexual consent were positively associated with sexual satisfaction, with internal consent showing a slightly stronger effect. Relationship status also played a significant role, with individuals in committed relationships (51,4%) reporting higher levels of sexual satisfaction than singles. No significant mediation effects were observed for affective mentalization.

Discussion and conclusions. These data show that sexual consent plays a central role in sexual satisfaction. On the contrary, mentalized affectivity seems to not have an impact in mediating the link between consent and satisfaction. Based on these evidence, it appears necessary to discuss and improve the knowledge and the communication about sexual consent with patients in clinical settings.

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Paranoid Ideation and Psychoticism in their specific relationship with Problematic Sexuality

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Abstract

Introduction. Limitation to the capacity to love and problematic sexuality could be considered as indicators of psychopathological suffering. In this study, we aimed to investigate the relationship between problematic sexuality, specifically hypersexuality, and the symptom dimensions of psychoticism and paranoid ideation, with a focus on the role of the Capacity to Love (CTL), in a non-clinical sample.

Methods. Through an online platform, we recruited a convenience sample of 521 subjects (390 females and 131 males; age span: 18-50). Recruited subjects completed a psychometric protocol that included completion of the following measurement tools: (1) the Capacity to Love Inventory (CTL-I), (2) the Hypersexual Behavior Inventory (HBI), (3) the Brief Symptom Inventory (BSI).

Results. Results indicated a significant inverse correlation between CTL and both paranoid ideation and psychoticism, with hypersexuality positively correlated with these symptoms. Linear regression analysis revealed that CTL acts as a protective factor, while hypersexuality is a predictive factor for both psychoticism and paranoid ideation.

Discussion. The relationship between the limitation of the capacity to love, hypersexuality and paranoid ideation and psychoticism sheds light on the importance of integrating the assessment of a central aspect of human life, i.e. the capacity to love, with problematic sexuality and psychopathological symptoms, in the clinical practice of prevention of sexual and psychological problems.

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Beyond Revenge Porn, a Social Network Analysis of an Image-Based Sexual Abuse perpetrator community

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Abstract

Background and aims: Image-based sexual abuse (IBSA) encompasses the non-consensual creation, distribution, and threat of dissemination of intimate materials, facilitated by online platforms that enable widespread sharing. IBSA is a multidimensional construct, including unauthorized image capture (e.g., "upskirting," "deep faking"), non-consensual distribution (e.g., revenge pornography), and coercive threats (e.g., sextortion). Online communities perpetrate and sustain IBSA through group dynamics such as conformity, anonymity, and social influence. We aimed to identify the social structure within an IBSA perpetrator community, to recognize the types of users who occupy central positions in the group, and the role they play in influencing interactions.

Methods: A sample of more than 524,000 messages (spanning approximately 4 months) extracted from a Telegram group of IBSA perpetrators was analysed using social network analysis (SNA). SNA examines interactions within a network, representing individuals as actors and their connections as ties. Ties have direction (flow of influence) and value (strength).

Results: We found a core-periphery structure, with a small subset of users (~3.5%) acting as key disseminators. Subgroups emerged with distinct roles, including content suppliers, amplifiers, and a majority of passive observers. Findings highlight the structural resilience of IBSA communities, where normalization dynamics reinforce IBSA behaviour.

Conclusion: Disrupting influence hierarchies may be crucial for effective intervention strategies. Future research needs to focus on identifying the characteristics that shift a passive observer into a more active role to then guide educational interventions on IBSA perpetration.

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Mating strategies in the manosphere: an evolutionary approach to address Incel's relationships

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Abstract

The *Manosphere* refers to online communities and culture centered on men's rights and misogyny, opposing feminism. The Manosphere encompasses several subcultures, including various "Pill" groups and Incels. They are heterosexual men who believe they are unable to engage in satisfactory relationships, due to the overpower of females in the mating system. A basic assumption of the Manosphere is that women are in control of the mating market, excluding unattractive partners, and this may lead to gender-based online and offline violence.

The present explorative research aims to assess, within the Manosphere, mating strategies, romantic attachment and jealousy patterns, along with the traits of Dark Tetrad (DT) that may influence these variables.

A total of 406 Italian cisgender men (aged 18-45 M=29.76 DS= 6.59) were recruited by a link to the survey forwards on main social network. Participant, after completing a sociodemographic questionnaire, filled out an ad-hoc questionnaire based on the LMS theory and a set of questionnaires to assess Incel traits, DT, jealousy, attachment and mating strategies. A sample of subjects (n=133) identified as potential Incel/Redpilled using *k-means cluster* analysis method was compared with a control sample (n=273), using t-test on the study variables.

Incel/Redpilled group showed higher levels of Machiavellianism, psychopathy and sadism, but lower levels of narcissism, compared to the controls. They showed higher symptoms of depression and anxiety, and avoidant/anxious attachment pattern, and higher levels of cognitive jealousy than controls. Incel/Redpilled showed higher scores in the partner up-grade mating strategy and lower in the partner investment than controls.

This first explorative study on the mating system within the manosphere confirms previous literature suggesting that Incel/Redpilled show traits of DT, anxiety and depression symptoms and an avoidant/anxious attachment style. What is of notice is the fact that they do not invest in mating but desire an upgrade of their actual partner and show little investment and effort in their relationships.

Incel/Redpilled show psychological vulnerabilities, they don't invest in the relationship and but are in search for a partner "upgrade", which can lead to frustration and unsatisfaction. Social and clinical implications will be discussed.

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THE PERSPECTIVE OF CLINICAL PSYCHOLOGY ON DIABETES CARE: CURRENT AND FUTURE DIMENSIONAL TRAJECTORIES

Proposer

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Discussant

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Abstract

Diabetes care represents a tough challenge due to multi-faceted conditions which entangle both medical and psychological issues. As a matter of fact, daily care management is related to a number of therapeutic behaviours which encompasses dietary attitudes, pharmacological therapies and recurrent medical consultations.

Psychological well-being is an essential feature of healthcare processes; diabetes impacts largely and severely on people's quality of life, their families' and, as a consequence, on the healthcare system. Type1 (T1D) and Type2 (T2D) diabetes are related to several psychological up to psychopathological and psychiatric conditions, in both developmental ages and adulthood.

The present symposium is aimed to describe in a dimensional and life-span fashion the gravest challenges that patients, their families and healthcare professionals might sustain.

The discussion will be focused on topics related to the psychosocial impact of early T1D screening procedures; receiving a pre-clinical diagnosis may trigger anxiety, stress, and uncertainty not only about disease progression, but also the complex decisions families face in managing future risks.

Furthermore, the neuropsychological and body-image related features of young patients with T1D will be described in terms of adaptation to the diagnosis and psychopathological risk.

In this framework, factors that predict the burden of distress caused by diabetes will be addressed and light will be shed on the role of clinical psychologists as active members of any multidisciplinary diabetes care team.

Moreover, the role of the clinical psychologists and of their main instrument of intervention, the language, will be clarified in its judging and discriminatory aspects.

Such a conceptual perspective is important for defining the role and the competencies of clinical psychologists working in diabetes care.

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The impact of the interplay between executive functions and body image on psychopathological dimensions in youth with Type 1 Diabetes

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Abstract

Introduction: Type-1 Diabetes (T1D) is a chronic pathology with typical onset in childhood/adolescence. Despite the development of Automatic Insulin Delivery (AID) systems, i.e. multi-infusional or insulin-pump devices, T1D is demanding in terms of every-day management; such efforts are necessary to avoid possible severe consequences such as Diabetic Ketoacidosis.

Executive Functions (EF) are a cluster of cognitive processes crucial for the behavioral adaptation to every-day life. The life–span development of EF is linked to brain maturation. A tight connection between EF and T1D in youth is still to be proven while several adjustments to daily routines, i. e. dietary attitudes and blood sugar management, place significant demands on both the individuals and their families, negatively impacting psychological functioning. Literature suggests that EF might modulate the expression of distress related to body image and food intake. Body image perception is a broad dimension that has to be considered in psychological well-being evaluation during adolescence and represents an early risk factor of psychopathology.

Methods: The present work aims at clarifying the relations between T1D blood metrics and the interplay between EF and body image.

Results: Data regarding EF, body image and self-esteem from a sample of adolescents with T1D referring to the Pediatric Unit of San Raffaele Hospital will be discussed in light of clinical implication, particularly on psychopathological dimensions.

Discussion: In conclusion, prevention strategies may emerge from data discussion as major issues to be addressed in a multidisciplinary diabetes care context.

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The EDENT1FI Project: early screening for Type 1 Diabetes and its psychosocial impact in the European context

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Abstract

The EDENT1FI* project (European action for the Diagnosis of Early Non-clinical Type 1 diabetes For disease Interception) is a European initiative involving 13 countries, including Italy, aimed at developing a coordinated screening strategy for the early identification of type 1 diabetes (T1D). By detecting the disease in its pre-clinical stages, the project seeks to anticipate diagnosis, enable risk monitoring, and facilitate access to potential preventive therapies.

Early screening for T1D represents a significant step forward in reducing the disease burden at onset and improving long-term outcomes. However, it also raises significant challenges—not only clinical and organizational, but also psychological. Receiving a pre-clinical diagnosis may trigger anxiety, stress, and uncertainty - not only about disease progression, but also the complex decisions families face in managing future risks.

For this reason, EDENT1FI places particular emphasis on the psychological dimensions of early T1D screening. The project examines how families emotionally experience the screening process, how they perceive its potential benefits and limitations, and how the program is received across diverse cultural and healthcare settings in Europe. Data on emotional well-being, distress, and attitudes toward early diagnosis are gathered through validated questionnaires and qualitative interviews with both families of screened children and key stakeholders. In parallel, systematic reviews are conducted to synthesize current evidence on the psychological impact of early screening, as well as the views of healthcare professionals, policymakers, and other relevant actors regarding its feasibility, acceptability, and ethical implications.

The project aims to generate a comprehensive understanding of these dimensions and to develop evidence-based recommendations for improving risk communication and psychosocial support. These findings will inform the EDENT1FI network and European health institutions, supporting the design of more ethical, effective, and people-centered screening programs.

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Role and competencies of the psychologist in diabetes care according to the consensus report of international experts

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Abstract

Introduction: Individuals with diabetes are challenged with complex and multifaceted condition. Patient-centered care is therefore important to promote optimal medical and psychological outcomes. Psychological well-being is recognized as an essential element of diabetes care. This is critical since it has been estimated that one in four people who suffer from diabetes both type 1 and type 2 experience moderate to severe psychological distress. These patients would greatly benefit from professional psychological support.

The emotional and psychological needs of people who suffers from diabetes can be described as a continuum ranging from healthy coping and diabetes-related distress to several psychological and psychiatric conditions such as depressive symptoms and eating disorders. Several national and international guidelines thus recommend offering psychological support to patients and, accordingly, including a clinical psychologist as core member of any multidisciplinary diabetes care team.

Method: Recently, a panel of clinically experienced psychologists from the International Psychosocial Aspects of Diabetes Study group (PASD) was convened to individuate and define the roles and competencies of the clinical psychologist working in adult diabetes secondary care.

Results: This panel developed the STAP framework, which defined multiple roles and four main competencies: specialized knowledge, teamwork and advice, assessment and psychotherapy. Unfortunately, such roles and competencies are not accounted for by most university and post graduate curricula.

Discussion: This paper calls for collaborative and integrated efforts amongst national diabetes organizations and clinical psychology societies to plan and accredit post graduate training in diabetes care for psychologist in accordance with the STAP framework.

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Type 2 Diabetes and Stigma: The Role of Clinical and Health Psychology

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Abstract

Stigma experienced by patients with type 2 diabetes and obesity leads to significant psychological and psychopathological effects, including depression, anxiety, social isolation, reduced self-esteem, and decreased adherence to demanding, latest-generation pharmacological therapies. Although treatment strategies have greatly improved from a medical-pharmacological standpoint, within a biopsychosocial model—now considered essential—attention to individual psychological and socio-relational aspects is critical for successful patient management. Moreover, stigma, occurring both in patient-to-patient interactions and healthcare professional-to-patient relationships, is an often-underestimated variable that deserves heightened attention. For instance, among healthcare professionals, the presence of stigmatizing, judgmental, or blame-focused communications emphasizing personal responsibility for the illness increases patients' feelings of guilt and shame. Such stigmatizing language can impair the therapeutic relationship, discourage treatment adherence, and exacerbate clinical outcomes, including medical-organic aspects. Therefore, raising awareness among healthcare professionals regarding non-stigmatizing communication is essential for enhancing therapeutic effectiveness and improving patients' quality of life. Continuous training programs addressing these topics are strongly recommended.

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NON-RESPONSE AND DROP-OUT IN PSYCHOTHERAPY OF BORDERLINE PERSONALITY DISORDER

Proposer

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Discussant

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Abstract

Borderline Personality Disorder (BPD) is a complex and debilitating psychiatric condition for which psychotherapy is widely recognized as the primary and most effective form of treatment. Despite advances in therapeutic approaches, high rates of non-response and premature dropout continue to pose significant challenges, undermining both clinical outcomes and the long-term recovery of patients. These issues highlight a critical gap in our understanding of why psychotherapy fails for a substantial proportion of individuals with BPD.

This symposium addresses the urgent need to investigate the underlying mechanisms and predictors of psychotherapy failure in BPD. In line with the principles of precision medicine, the overarching goal is to identify clinically meaningful subgroups of patients who are at heightened risk for non-response and dropout. A particular focus is placed on the role of psychological and neural factors—ranging from symptom profiles and personality traits to neurobiological markers—that may inform the personalization of treatment and the development of targeted clinical strategies.

The research presented spans a diverse array of methodologies, integrating both quantitative and qualitative approaches to capture the complexity of the phenomenon. Several contributions employ large-scale data analyses and machine learning techniques to improve predictive accuracy and identify patterns not discernible through traditional statistical models. Complementing these data-driven approaches, other studies adopt a qualitative lens, delving into the lived experiences of therapists to uncover the relational, emotional, and contextual dimensions that contribute to treatment disengagement.

Together, these interdisciplinary perspectives underscore the need for a more nuanced and multidimensional understanding of psychotherapy outcomes in BPD. By bridging objective predictors with subjective experience, and by leveraging technological innovation alongside clinical insight, this symposium aims to inform more responsive, individualized, and effective therapeutic pathways for individuals with BPD.

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Neural Correlates of Treatment Response in Borderline Personality Disorder: A Multi-Kernel Learning Analysis of Gray and White Brain Matter

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Abstract

Introduction. Borderline Personality Disorder (BPD) is characterized by a pervasive pattern of instability in interpersonal relationships, impulsivity, self-image, and affect. Neuroscientific research has focused on the neural basis of BPD, highlighting the role of limbic, frontal regions, and macro-networks such as the Default Mode, Executive, and Salience network. Psychotherapy has shown effective in treating BPD, with many patients experiencing symptom improvement after several weeks, along with changes in amygdala and other affective regions. However, a subset of patients does not respond to psychotherapy, and the reasons for this variability remain unclear. Identifying predictive markers of treatment non-response could enhance clinical decision-making and optimize therapeutic strategies, ultimately increasing the proportion of BPD patients who benefit from available interventions.

Methods. Data from 50 patients with BPD undergoing psychotherapy were included in the present study. Based on changes in scores from the Difficulties in Emotion Regulation Scale (DERS), collected at baseline and post-treatment, participants were classified as responders or non-responders. Using the Pattern Recognition for Neuroimaging Toolbox (PRoNTo), we investigated whether pre-treatment structural brain data (including both gray and white matter) could effectively classify treatment responders and non-responders.

Results. Preliminary findings from Multi-Kernel Learning analysis showed that white matter within an affective network, including areas like the amygdala, cingulum, hippocampus, insula, orbitofrontal cortex, and caudate, played a significant role in classification, with balanced accuracy of 74% (68% for responders, 80% for non-responders). The cingulum, superior longitudinal fasciculus, internal capsule, and sagittal striatum were the most predictive regions. Similarly, gray matter in the Salience network contributed to classification, with balanced accuracy of 70% (76% for responders, 64% for non-responders), with the rectus and insula as key predictors.

Discussion. These results suggest that white and gray matter integrity in affective network and salience network may play a crucial role in determining psychotherapy response. However, while the classification accuracy suggests potential for using structural brain data to differentiate responders from non-responders, the small sample size (n=50) may not capture the full complexity of the neural mechanisms. Indeed, additional research is needed to explore how these networks relate to emotion regulation difficulties in BPD and psychotherapy outcomes.

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Maladaptive Personality Traits and Therapy Dropout in Young Adults: The Role of Psychoticism, Borderline Symptoms, and Functioning

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Abstract

Introduction. Young adults entering psychological treatment often display maladaptive personality traits and borderline symptoms, which can impair psychosocial functioning and elevate the risk of premature therapy discontinuation. Dropout in psychotherapy – particularly for individuals with personality disorders – remains a significant barrier to effective treatment and optimal care delivery. Understanding the role of specific personality features in both functional outcomes and dropout is crucial for advancing personalized interventions and improving engagement in therapy. This study explores how distinct maladaptive traits and borderline symptomatology predict psychosocial impairment and treatment dropout among young help-seeking individuals

Methods. A sample of 124 help-seeking young adults (44.7% male, 55.3% female; M age = 20.8 ± 2.1 years) was recruited from the Mental Health Service of Niguarda Hospital, Milan. Participants completed the Personality Inventory for DSM-5 (PID-5), the Borderline Symptom List (BSL-23), and the Social and Occupational Functioning Assessment Scale (SOFAS). Dropout status was recorded, and data were analyzed using correlation and multivariate regression analyses (SPSS 29.0).

Results. Preliminary findings revealed significant associations between psychosocial functioning and age, education level, detachment, psychoticism, and borderline symptoms. While higher education was linked to better functioning, psychoticism emerged as a key predictor of poorer outcomes. Ongoing analyses of dropout data are expected to show that elevated borderline symptoms, higher psychoticism scores, and lower functioning significantly increase the likelihood of therapy dropout.

Discussion. These findings highlight the importance of early assessment of personality pathology in youth mental health care. Traits such as psychoticism and borderline features are particularly associated with poorer psychosocial functioning and an increased risk of treatment dropout. Addressing dropout requires early engagement strategies, therapist continuity, and flexibility in the therapeutic process. Assessing personality traits at the start of treatment can support clinical decision-making and help adapt interventions to individual needs. Strengthening the therapeutic alliance and improving patients' capacity

for self-reflection may further reduce dropout. At a systemic level, improved care coordination and greater accessibility of services are essential to maintaining engagement and enhancing treatment outcomes for young people with personality disorders.

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Understanding Therapeutic Challenges: Borderline Personality Traits and Their Influence on Clinical Outcomes

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Abstract

Introduction: In routine clinical practice, approximately 10-15% of patients do no benefit from treatments. Among the most common characteristics observed in non-responders' patients is the high prevalence of borderline personality functioning. Borderline traits may introduce significant challenges during treatment, even in patients who do not fully meet the diagnostic criteria for borderline personality disorder. The aim of this study is to explore clinicians' experiences with difficult and/or unsuccessful treatments, as well as their perspectives on the influence that typical borderline traits and characteristics may have had on the treatment.

Methods: 15 psychotherapists with different theoretical backgrounds and at least 2 years of clinical experience were interviewed about their experience with difficulties therapies, asking them to focus on a particularly challenging patient with whom therapy has been conducted or is ongoing for at least eight sessions, and to analyse the difficulties encountered during treatment. Additionally, clinicians were asked to provide feedback on the presence or absence of characteristics and traits typical of borderline personality functioning in the patient under consideration derived from PDM-2. The interviews were recorded, transcribed and analysed through Thematic Analysis.

Results: Results about the impact of borderline personality traits on therapeutic environment, relationship and outcomes will be presented.

Discussion: Regardless of the presence of a formal diagnosis, traits indicative of borderline personality functioning may pose specific challenges in treatment. If not identified and appropriately addressed, these difficulties could compromise the overall effectiveness of the treatment provided. Clinicians should be aware of the presence of such characteristics and to systematically evaluate their potential impact in treatment process.

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Predicting outcomes in psychotherapy for borderline personality disorder: a systematic review

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Abstract

Aims: Although psychotherapy represents the most recommended treatment for patients with Borderline Personality Disorder (BPD), literature suggests high heterogeneity in individual response rates to treatment, as well as high costs for services due to numerous relapse rates and the occurrence of self-harm and/or suicidal attempts episodes. Furthermore, there is a lack of consistent findings regarding which factors may influence psychotherapeutic treatment outcomes. This aim of this study is to review and summarize data about patients, therapists and treatment characteristics influence on psychological outcomes or non-response to psychotherapy.

Methods: Systematic searches of electronic database MedLine, Scopus, PubMed, PsychInfo, Web of Sciences were performed in June 2024. Inclusion criteria concerning (a) presence of BPD diagnosed patients treated with psychotherapy; (b) presence of data about characteristics that predict treatment outcomes/non-response to treatment. Exclusion criteria: study not in English. Of the 8,829 studies extracted from databases, 37 met the inclusion criteria.

Results: In 37 studies reviewed, several psychological (e.g.: symptoms severity) and therapeutic (e.g.: therapists' levels of training, therapeutic alliance) characteristics were found to be predictive to outcomes and non-response to treatment. High heterogeneity across designs of study, type of treatment, outcome variables and definition of non-response to treatment was found too.

Results highlights two main aspects. First, a high percentage of patients do not improve during psychotherapy; second, patients' characteristics and therapeutic process could affect the outcome of psychotherapy. Further studies are needing for develop treatments able to effectively address these features.

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THE CRITICAL ROLE OF LONGITUDINAL STUDIES IN THE PERINATAL PERIOD: INSIGHTS FROM DIVERSE CONTEXTS

Proposers

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Discussant

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Abstract

The perinatal period, which includes pregnancy and the first postnatal year is a time of significant change and adjustment for parents. During this period, parents experience heightened positive emotions alongside difficult negative emotions, making it a critical window of vulnerability to emotional and psychological challenges. The World Health Organization (WHO) has emphasized the importance of perinatal health care for both pregnant women and their offspring.

Longitudinal studies, which track the combined impact of biological, psychological, and social factors across multiple time points beginning in pregnancy are essential for distinguishing the independent and cumulative effects of these variables on the developmental trajectories.

The symposium will embrace this perspective, focusing on specific perinatal conditions and context. The team from University of Brescia will focus on the specificity of medical assisted pregnancies, a major scientific advancement for individuals struggling to become parents. The study will assess prenatal attachment in these women at two time points to understand their experiences.

The multicenter team coordinated by the University of Cagliari will report longitudinal data on the associations between maternal attachment mental states during pregnancy, postpartum stress, and mother-infant bonding at six months postpartum, underling the interconnection between body and mental experiences.

The team from the University of Chieti, through a review of the literature about preterm birth, will underline the need for longitudinal studies to the understanding of the multifaceted nature of mother-child relationship and premature child emotional development.

The team from the University of Torino will deepen a longitudinal approach in the study of intimate partner violence (IPV) in the perinatal period. Specifically, they will explore whether maternal romantic attachment to her partner and reflective functioning moderate the link between IPV and maternal mental health and mother-infant attachment.

The knowledge gained from these contributions will enhance reflections on targeted interventions aimed at improving perinatal and child health outcomes, ensuring better support for families during this pivotal period.

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Distress and development of prenatal attachment during pregnancy in women conceiving through oocyte donation or in vitro fertilization (IVF)

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Abstract

Becoming a parent is a complex psychological process and can be even more so when, for different reasons, couples resort to assisted reproduction techniques (ART), potentially encountering a high amount of distress. One of the developmental tasks of childbearing is forming the bond with the fetus (prenatal attachment). In the case of egg donation, a question arises about the lack of a genetic bond with the unborn child and the implications that this could have on the prenatal attachment development. A prospective two-group cohort study was implemented to compare the development of prenatal attachment and emotional well-being between women who conceived through egg donation (ED) and those who conceived via standard in vitro fertilization (IVF), who therefore share a genetic link with the fetus even though they are undergoing ART. The Maternal Antenatal Attachment Scale (MAAS) and the Matthey Generic Mood Questionnaire (MGMQ) were administrated at T1 (19-23 gestational weeks) and T2 (28-32 gestational weeks). A sample of 26 IVF and 55 ED women at T1, and 11 IVF and 37 ED women at T2 were recruited across private clinics (IVI Italy, Spain). The results show that prenatal attachment was higher at T1 in ED women compared to IVF women. At T1 women conceiving by egg donation had a minor emotional stress compared to women with standard IVF treatment. However at T2 no significant differences were observed between the two groups with respect to prenatal attachment and also with respect to distress. With caution due to the small sample and the high rate of attrition, the results show that the lack of a genetic link does not seem to influence the prenatal attachment bond, confirming the importance of the emotional bond that is built in the complex psychological journey of parents who have long sought a child beyond the genetic bond.

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Exploring the Role of Maternal Attachment and Postnatal Stress on Mother-Infant Bonding at 6 Months

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Abstract

Aims: Maternal attachment mental state is critical in stress regulation and caregiving behaviors. However, most existing research relies on cross-sectional designs and self-reported attachment measures, which capture distinct but complementary aspects of attachment relative to interview measures. This longitudinal study examines the associations between maternal attachment mental states during pregnancy, postpartum stress, and mother-infant bonding at six months postpartum.

Methods: The study followed 98 expectant Caucasian mothers in Italy, assessing attachment mental states during the third trimester of pregnancy (M = 35.20 gestational weeks, SD = 2.20; Time 1, T1) using the Adult Attachment Interview (AAI). At two months postpartum (T2), maternal stress was measured via the Perceived Stress Scale, and at six months postpartum (T3), mother-infant bonding was evaluated using the Maternal Postnatal Attachment Scale. Of the initial sample, 91 mothers continued to T2, and 90 to T3, yielding retention rates of 92.86% and 91.84%, respectively. Mediation analyses examined whether postpartum stress mediated the relationship between maternal attachment coherence of mind and bonding.

Results: Mothers with lower coherence of mind during pregnancy reported higher postpartum stress at T2, which, in turn, was associated with lower-quality mother-infant bonding at T3.

Conclusion: Postpartum stress mediates the relationship between maternal attachment mental states and bonding quality. Findings emphasize the importance of attachment-focused and stress-reduction interventions during the perinatal period to enhance mother-infant relationships and support positive developmental outcomes.

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Understanding the impact of preterm birth through time: The role of longitudinal research on mother-infant relationships and child development

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Abstract

Introduction. Preterm birth poses significant challenges for both children and their parents, particularly in relation to the early mother-infant relationship and the child's emotional development. Numerous studies have shown that prematurity can interfere with bonding processes, increase maternal stress and contribute to emotional and behavioural difficulties in children over time.

Methods. A comprehensive literature search was conducted across the PubMed, PsycINFO, Web of Science, and Scopus databases to identify peer-reviewed articles published over the last two decades. Eligibility criteria included longitudinal studies investigating emotional difficulties in preterm-born children, specifically in relation to the mother-infant relationship. Additionally, the presentation will include a case study of a preterm mother-infant dyad, followed from 3 to 9 months of the infant's age, using the video-feedback technique. The study reports findings derived from a project funded by the European Union–Next Generation EU as a Research Project of National Relevance (PRIN 2022; Mission 4 Component 2; CUP D53D23009400006).

Results. Longitudinal studies have consistently highlighted that preterm birth may negatively affect the emotional development not only in extremely preterm infants, but also in those born moderately or late preterm. These effects extend to maternal sensitivity, and child's capacity for emotional regulation. Longitudinal studies reveal patterns of continuity and change over time that are often not apparent in cross-sectional research.

Discussion. The findings highlight the essential role of longitudinal research in capturing the complex and dynamic trajectories of development following preterm birth. Only by following the same individuals over time, researchers and clinicians can better understand the nuanced interplay between early adversity, caregiving environment and psychological outcomes. This review highlights the urgent need for more longitudinal studies to inform targeted interventions and improve developmental outcomes for preterm infants and their families.

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Examining the role of Adult Attachment and Reflective Functioning in the context of Perinatal Intimate Partner Violence: A study protocol

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Abstract

Introduction: Perinatal Intimate Partner Violence (PIPV) is a serious public health issue affecting maternal and infant health and their relationship both during pregnancy and after childbirth. However, its underlying mechanisms are still poorly understood. The current study aims to examine the associations between PIPV and maternal mental health and mother-infant attachment. It will analyze the impact of PIPV on maternal mental health (i.e., anxiety and depressive symptoms), and mother-infant attachment during pregnancy and the postpartum period. We will, then, explore whether maternal adult attachment to her partner and reflective functioning moderate the link between PIPV and maternal mental health and mother-infant attachment.

Method: The current study employs a two-wave longitudinal design. Two hundred pregnant women will participate in the study from the second trimester of pregnancy (T0) to three months postpartum (T1). In all assessment waves, mothers will complete a self-report questionnaire including sociodemographic data and measures of PIPV, maternal mental health, mother-infant attachment, adult attachment, and reflective functioning. Both waves will include questionnaires available in Italian, English, and French. Finally, at the end of the questionnaire, a booklet containing information on all the antiviolence services based in the Piedmont region will be made available for download.

Discussions: The study's findings could provide information on PIPV during the perinatal period in the Italian context. Specifically, the results could provide evidence of the associations between the mother's mental health issues and PIPV, which could contribute to developing screening procedures to identify mothers at risk and those who need specialized assistance during the perinatal period. Additionally, the results of the study could provide evidence on mother-infant attachment during pregnancy and the postpartum period in cases of PIPV, helping policymakers develop and implement policies preventing the effects of PIPV exposure during the perinatal period.

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INCLUDING DADS, STRENGTHENING FAMILIES: ADDRESSING FATHERS' MENTAL HEALTH AND ROLE IN CAREGIVING

Proposers

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Abstract

Fathers play a pivotal role in child development and family well-being, both through direct caregiving and by supporting maternal adjustment. However, despite their increasing involvement in childcare, fathers remain underrepresented and struggle to be engaged in both research and clinical practice. This symposium aims to address this gap by examining paternal experiences, well-being, and caregiving behaviors during the perinatal period and early childhood, highlighting their significance for family dynamics and child development. The first contribution (Mancinelli & Filippi) systematically maps the available literature investigating perinatal fathers' needs, barriers, and facilitators to help-seeking behaviors. The study has been conducted within a theoretical framework that has the potential to guide targeted and actionable initiatives fostering interventions and policy implementation. The second contribution (Casu, Baldoni, & Agostini) adopts a dyadic perspective to investigate the associations between perinatal affective symptomatology and couple adjustment during pregnancy. Findings underscore the interconnected emotional experiences of expectant parents, demonstrating that both maternal and paternal affective symptoms impact relationship quality. This highlights the necessity of addressing perinatal mental health at the couple level to promote healthier relational dynamics and facilitate a positive transition to parenthood. The third contribution (Zarbo & Vardaro), based on findings from the TI-GENERO study, explores the links between paternal well-being, involvement in caregiving, and key psychological and relational factors. The results highlight the critical interplay between paternal mental health, self-efficacy, and engagement in childcare, emphasizing the importance of

supporting fathers' psychological well-being to enhance their caregiving role. Finally, the fourth contribution (Porreca) explores the intergenerational transmission of self-regulation (SR) between fathers and children, examining the role of paternal emotional regulation and executive functions. The study finds significant associations between fathers' SR abilities and those of their children, suggesting that paternal self-regulatory capacities may have a direct influence on child development.

Together, these contributions provide a comprehensive understanding of paternal involvement across different dimensions—help-seeking behaviors, caregiving engagement, emotional well-being, and self-regulation. By integrating individual, relational, and intergenerational perspectives, this symposium highlights the need for research, interventions, and policies that actively include and support fathers during the perinatal period and early childhood.

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Breaking barriers: a scoping systematic review of needs, barriers, and facilitators to perinatal fathers' help-seeking behaviors

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Abstract

Fathers' role in caregiving and their impact on children's development is now widely acknowledged. However, despite evidence indicating that fathers experience emotional and mental health challenges during the perinatal period, research and healthcare efforts remain mother-centric. Accordingly, this scoping systematic review utilizes the information-processing model of help-seeking to map the literature focused on perinatal fathers' needs, barriers, and facilitators regarding seeking, accessing, and engaging with perinatal mental health services. Findings from this study aim to guide targeted interventions and policy measures to foster perinatal fathers' help-seeking and improve paternal mental health support. A search across six databases was conducted under the Preferred Reporting Items for Systematic Reviews and Meta-Analysis extension for Scoping Reviews guidelines. Studies published up to September 2024, that examined perinatal fathers' (from conception to 12 months post-birth) help-seeking behaviors, perceived challenges and facilitators in obtaining formal or informal emotional assistance, and experiences with perinatal services and interventions were included. A total of 806 studies were identified through databases and manual searches, with 47 meeting the inclusion criteria and published between 1997 and 2024. A broad spectrum of needs, barriers, and facilitators influencing men's help-seeking behaviors was found at the individual (most frequent barrier: paternal factors), socio-cultural (most frequent barrier: view of fatherhood and masculinity), and practical levels (most frequent barriers: health-care context), affecting different stages of the help-seeking process (i.e., recognition and interpretation, generating solutions, decision-making, and evaluating help-seeking efforts). The most frequently cited facilitator across the models' stages instead involved using and integrating digital solutions. Some studies' limitations were identified. Moreover, none of the included studies were conducted in the Italian context. Taken together, these findings emphasize the importance of adopting a more comprehensive and father-inclusive approach to perinatal mental health care to foster fathers' help-seeking behavior. Based on the identified needs, barriers, and facilitators, evidence-based recommendations for research, clinical practice, and policy initiatives were proposed, while underlining the importance of accounting for cultural specificities.

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Dyadic associations between perinatal affective symptomatology and dyadic adjustment in the third trimester of pregnancy

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Abstract

Introduction: The perinatal period is a critical transition that can impact psychological functioning and couple relationships. A growing body of literature has documented the prevalence and clinical relevance of affective symptomatology not only in mothers but increasingly in fathers too. However, while most studies have focused on individual outcomes, a dyadic perspective is crucial to understand the interconnected emotional experiences of both partners during the transition to parenthood.

Perinatal affective symptomatology has been shown to influence couple functioning, particularly relationship satisfaction, communication, and emotional closeness, yet few studies have examined how maternal and paternal symptomatology may concurrently and reciprocally influence relationship quality during pregnancy.

This study explores the dyadic associations between perinatal affective symptomatology and dyadic adjustment in expectant couples.

Methods: Using a cross-sectional design, opposite-sex expectant couples were recruited from three Italian perinatal health services during routine gynaecological visits. A total of 208 couples at the third trimester of pregnancy (208 mothers aged 31.91 ± 5.01 years; 208 fathers aged 35.30 ± 6.58 years) completed the *Perinatal Assessment of Maternal/Paternal Affectivity* and the *Dyadic Adjustment Scale*. The Actor-Partner Interdependence Model was applied.

Results: Mothers' and fathers' perinatal affective symptoms were associated with both their own and their partners' lower dyadic satisfaction, consensus, and affectional expression. Perinatal affective symptomatology in both parents was also linked to their own lower dyadic cohesion.

Discussion: The findings underscore the importance of viewing couple functioning as an interdependent system, particularly during pregnancy, when emotional states between partners are especially interconnected. At the same time, specific relational dimensions, such as perceived closeness and engagement in shared activities, may be more influenced by individual emotional states, suggesting that not all aspects of the relationship are equally shaped by mutual dynamics in this phase.

Recognizing both dyadic and individual pathways of influence highlights the value of addressing affective symptomatology in both expecting parents. This may foster not only personal wellbeing, but also healthier relational dynamics, with potential benefits for early parent–infant interactions. Longitudinal studies are needed to explore how these emotional and relational patterns in expectant couples evolve postpartum and influence early caregiving and co-parenting dynamics.

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Paternal Well-Being and Caregiving Involvement: Findings from the TI-GENERO Study in Italy

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Abstract

Introduction: Fatherhood plays a crucial role in child development and family dynamics. However, paternal involvement in early childcare and its association with well-being remains underexplored. The TI-GENERO study aimed to investigate paternal participation in childcare and its association with well-being. Moreover, we explored the association between parental well-being, individual resources (i.e. mentalization skills), father-child relational issues (i.e. parental mentalization, parental self-efficacy, quality of the relationship, parenting stress) and external influences (partner and societal expectations).

Methods: A total of 62 fathers with at least one child under the age of three were recruited online with a snowball procedure. Participants completed the Italian version of the Psychological General Well-Being Index (PGWBI), the Parental Stress Scale (PSS), the Parenting Sense of Competence (PSOC), the Reflective Functioning Questionnaire (RFQ), the Parental Reflective Functioning Questionnaire (PRFQ) and a scale assessing the quality of the father- child relationship. Moreover, the influence of society and partner on their desire of paternity was investigated with two ad hoc questions. Correlational analyses were conducted to explore the relationships between these factors and paternal caregiving involvement.

Results: Fathers were involved in childcare for only 26% of daytime hours (compared to 46% for mothers) and 33% of nighttime hours (22:00-07:00), with mothers handling the remaining 66%. The percentage of involvement of care during night-time hours was significantly positively associated with the PGWBI total score (r=.298). In turn, PGWBI was significantly positively associated with RFQ certainty for mental states (r=.321), PSOC (r=.317), and the Quality of Father-Child relationship (r=.537). Moreover, PGWBI was significantly negatively associated with PRFQ Prementalization (r=-,396), influence of both society (r=-.272) and partner (r=-.308) expectations on their desire of fatherhood, and parental stress (r=-549).

Discussion: Findings highlight a strong link between paternal well-being and involvement in childcare. Fathers experiencing greater well-being reported enhanced self-efficacy and lower parenting stress, which may contribute to a more engaged and positive parenting role. The study underscores the need for supporting paternal mental health and promoting father- child bonding, particularly in the early years of

development. Future research should explore longitudinal patterns and potential cultural influences on paternal caregiving behaviours.

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Father and child self-regulation: which role of parenting behaviors?

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Abstract

Introduction: Self-regulation (SR) abilities are increasingly recognized as crucial for children's success and have been extensively linked to quality of parental practices. The literature highlights the presence of an intergenerational transmission of SR abilities, suggesting that parents with high SR tend to have children with better regulatory competencies. Notably, it is suggested that this transmission might be mediated by social mechanisms, such as for example quality of parenting behaviors. Although there is robust correlational evidence that multiple dimensions of maternal parenting are linked to child SR, fathers and father figures have been scarcely included in empirical investigation and little is known about the role of paternal SR and parenting behaviors in promoting children's SR. The objective of the present cross-sectional study was to investigate the presence of associations between parental SR, parenting behaviors and child SR in low-risk families.

Methods: The study involved 60 fathers (Mage=36.10 yrs old, SD=4.64) recruited from the general population and their preschool children (Mage=41.80 mths old, SD=20.39, 60% Males). The dyads were assessed with respect to child SR (CBCL-DP) and to father SR, intended both in terms of emotional regulation (DERS) and executive functions, as cognitive flexibility (BCST), working memory (Corsi Backward), inhibitory control (Go/No-go), and planning (Tower of London). Quality of parenting behaviors, in terms of paternal Emotional Availability (EAS) and disciplinary strategies, was assessed during videotaped episodes of disciplinary tasks.

Results: Preliminary results highlighted that child SR was associated with both paternal emotion regulation (r=.650, p=.022) and inhibitory control (r=-.656, p=.021). No associations were found with respect to quality of parenting.

Discussions: The results of the present work support the hypothesis of an intergenerational transmission between parent and child SR abilities also in the case of fathers, whereas. the role of parenting behaviors in this specific context appears less clear and needs to be further investigated. Implications for practice are discussed.

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PATHWAYS TO PSYCHOSIS: ENVIRONMENTAL RISK FACTORS, PSYCHOLOGICAL PROCESSES, AND EARLY CARE

Proposers

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Discussant

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Abstract

Developmental models of psychotic disorders have underlined the importance of understanding risk factors and psychological processes associated with early stages in order to improve early care.

In his talk, dr. Poletti will present a neurodevelopmental and phenomenological model of Self-disorders in schizophrenia spectrum disorders. His talk proposes a two-stage phenomenological-developmental model, exploring the early deficit in multisensory integration and their impact on the ontogeny of the Minimal Self in the first years of life. It also examines subsequent emergence of schizotaxic vulnerability, which later manifests as typical anomalies of subjectivity, such as basic symptoms and self-disorders.

In his talk, dr. Rossi will present data from a study on 1010 Italian late adolescents investigating complex psychological pathways linking traumatic experiences and psychotic-like experiences (PLEs). The role of different types of intentional and unintentional trauma, the mediating and moderating effect of attachment insecurity, PTSD and complex PTSD symptoms, and resilience will be described. The network models presented in this talk will highlight how gender shapes the psychological pathways lining trauma to PLEs and could inform personalized and gender-specific treatment strategies.

In her talk, prof Sideli will present data about the association between cannabis use and the psychotic continuum, with a specific focus on sub-clinical psychotic experiences. The interplay between cannabis use and traumatic experience will be analysed as well as the mediating role of affective symptoms and emotion dysregulation. Given the high prevalence of cannabis use among adolescents and young adults

and the detrimental impact of cannabis use on the developing brain, understanding psychopathological pathways leading some cannabis users to experience PLEs and paranoia might have significant impact on early intervention programs.

Finally, Dr. Boldrini will present evidence- and consensus-based clinical recommendations to prevent psychosis in subjects at Clinical High Risk for Psychosis (CHR). Research is still needed to identify specific interventions that are superior to others in preventing psychosis. His work will show how to implement psychosis prevention services offering transdiagnostic mental health care, to prevent psychosis, reduce duration of untreated psychosis or improve psychosis outcomes. Furthermore, the importance of staff training will be discussed, focusing on risk estimation and communication.

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Self-disorders in the schizophrenia spectrum: a neurodevelopmental and phenomenological model

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Abstract

The concept of basic Self-disorders captures the experiential subjective aspects associated with vulnerability to schizophrenia spectrum disorders. Self-disorders emerge prior to, and constitute the underlying structure for, the emergence of major diagnostic symptoms, including positive and negative psychotic ones. Self-disorders are also detectable in populations with familial risk for SSD. This talk proposes a two-stage phenomenological-developmental model, exploring the early deficit in multisensory integration and their impact on the ontogeny of the Minimal Self in the first years of life. It also examines subsequent emergence of schizotaxic vulnerability, which later manifests as typical anomalies of subjectivity, such as basic symptoms and self-disorders.

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Gender differences in complex pathways to psychosis

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Abstract

In his talk, dr. Rossi will present data from a community probabilistic sample of 1010 Italian late adolescents.

Albeit the relation between traumatic experiences and psychotic symptoms is well established, the exact role of a number of potential psychological and psychopathological intervening variables and their gender-specificity deserves further elucidation.

In this talk, a number of complex psychological pathways linking traumatic experiences and psychotic-like experiences (PLEs) will be proposed. Firstly, the role of resilience and insecure attachment as potential mediators and moderators will be taken into account. Such pathways will be addressed separately for male and female participants, allowing to pinpoint any sex differences in the psychological mechanisms underlying the trauma-PLEs relationship. Furthermore, the details concerning any gender-specific effect of different trauma types will also be discussed, separating the role of traumatic experiences with and without intention to harm.

Subsequently, the role of stress-related psychopathology will be taken into account, including measures of both PTSD and complex PTSD symptoms and their gender-specific impact on PLEs. Finally, a network model putting together PTSD/cPTSD and PLEs, highlighting gender differences by means of a network comparison model, will be presented.

The models presented in this talk will highlight how gender shapes the psychological pathways lining trauma to PLEs and could inform personalized and gender-specific treatment strategies.

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The role of cannabis use along the psychotic continuum: evidence on mediating and moderating factors

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Abstract

Introduction: Cannabis use is a well -recognized risk factor for psychotic disorders. However, fewer studies have investigated the association between cannabis use and psychotic-like experiences (PLEs) and paranoia.

Methods: The association between cannabis use and the psychotic continuum, with a specific focus on sub-clinical psychotic experiences will be discussed, by presenting data from case control and cross-sectional studies.

Results: The relationship between cannabis and psychosis is particularly strong when cannabis use begins at early age, with daily frequency, and high-potency cannabis. Furthermore, studies suggest an interplay between cannabis use and traumatic experience on the risk for psychosis, which might be explained by biological and psychological mechanisms.

Discussion: Given the high prevalence of cannabis use among adolescents and young adults and the detrimental impact of cannabis use on the developing brain, understanding psychopathological pathways leading some cannabis users to subclinical psychotic experiences and psychotic symptoms may have significant impact on early intervention programs.

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Clinical guidelines for the prevention of psychosis

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Abstract

Aims: To summarize available evidence on a set of a-priori clinically relevant areas related to psychosis prevention in subjects at clinical high risk of psychosis (CHR-P). To grade evidence and elaborate transparent, replicable, and up-to-date guidelines with evidence- and consensus-based clinical recommendations.

Methods: We ran meta-umbrella, umbrella, systematic reviews, or we relied on recently completed systematic evidence syntheses, to summarize available evidence on risk factors for and age at onset of psychosis, tools to assess clinical high risk of psychosis (CHR-P), rates of transition to psychosis, risk calculation and ethical considerations around risk communication, CHR-P biological and clinical correlates, efficacy/cost-effectiveness of specific interventions or of psychosis prevention services in preventing psychosis. Starting from the authors' literature knowledge, we identified relevant reviews, and updated the search up to 19/09/2024 if the most updated evidence synthesis publication was published before September 2022 (more than two years old), prioritizing meta-umbrella over umbrella and over systematic reviews, and following the same methodology of the most updated review (e.g., an updated umbrella review for (meta-) umbrella review, an updated systematic review for systematic review). Where no previous evidence synthesis was available, we conducted one. We then graded evidence and prepared guidelines for prevention of psychosis following the World Federation of Societies of Biological Psychiatry (WFSBP) methodological framework for clinical guidelines development.

Results: Thirteen evidence syntheses were reported, updated or conducted. Considering the evidence obtained and its grading, a list of 12 recommendations has been generated. Agreement from international experts and from individuals with living/lived experience of psychosis was >4/5 for all 12 recommendations (AGREE framework).

Conclusion: Disclosure of results and conclusions in this abstract is limited due to the ongoing peer-review process and the simultaneous engagement with key international associations for endorsement. The current guidelines will provide context, content, tools and specific guidance that are useful for researchers, clinicians, health care administrators and other stakeholders alike who aim to reduce the risk for individuals to develop psychosis.

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THE CHILD IN HOSPITAL: THE CLINICAL PSYCHOLOGICAL APPROACH IN CHILDHOOD

Proposer

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Discussant

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Abstract

Introduction: Hospitalization can be a very stressful and potentially traumatic experience for a child. Clinical psychological intervention in paediatric settings is articulated on two levels. On one side, it refers to non-specific psychological conditions in the child that are peculiar to the hospitalisation per se. On the other side, with reference to the medical condition that determines the child's admission to hospital, it aims to verify the child's psychological status as well as the possibility of psychological support for the child and his family.

This symposium will present studies conducted in various Italian hospitals on paediatric patients that describe some of the clinical psychological intervention protocols currently applied. The first contribution (Cellucci, Nicolais) will describe how the exposure to adverse socio-relational environments in childhood influences migraine symptoms through biological and physiological alterations, focusing on cardiovascular functioning and blood biomarkers. These results guide the clinical psychological treatment of children especially the choice between a treatment focused either on the child, the parents or the whole family (Sant'Andrea Hospital, Rome).

The second contribution (Bignamini, Cadonati, Spada) describes how in the child's hospital care pathways (ASST Papa Giovanni XXIII, Bergamo), psychological intervention can act as a facilitator, for the care

team, in understanding the functioning of the parents and the children themselves. A model of intervention with children will be presented, aimed at fostering their informed participation in the healthcare process, through symbolic play and simulation activities, preparatory to healthcare procedures In the third contribution will be described the work of the clinical psychology team in the neonatal intensive care unit (Isola Tiberina Hospital, Rome) where the main aim is providing care and assistance to parents facing the preterm birth of their child and to health professionals working in this context. The fourth contribution (Borghi, Vegni) will describe the activities of the hospital clinical psychology team (ASST Santi Paolo e Carlo, Milan) in three areas of intervention in paediatric and/or adolescent age. Specifically, the psychological assessment and treatment in adolescents with cleft lip and palate highlight, in children with inherited metabolic disorders such as phenylketonuria, and finally, in haemophilic children will be described.

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Primary headache in pediatric setting and the role of exposure to stressful environments: a psychophysiological and biological investigation

Filippo Cellucci [1, 2], Chiara Morale [1, 2], Giulia Di Vincenzo [1, 2], Alessandro Ferretti [3, 4], Giovanni Di Nardo [3, 4], Pasquale Parisi [3, 4], Giampaolo Nicolais [1, 2]

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Abstract

Introduction: Primary headache significantly impacts patients' quality of life and increased public health costs. Recent evidence has highlighted how psychological factors, particularly related to exposure to stressful environments, act as triggers. While this link has been widely documented in adults, further investigation is needed in children and adolescents. This study examined whether primary headache in patients aged 7 to 17 years is associated with specific stress experiences and psychological susceptibility. It also explored whether adverse socio-relational contexts influence these symptoms through biological and physiological alterations, focusing on vagal modulation and blood biomarkers.

Methods: Children and adolescents (ages 7–17) with a migraine diagnosis were recruited from Sant' Andrea Hospital in Rome. Participants were assessed using the Children's Somatization Inventory (CSI-24) to evaluate somatic symptoms severity and persistence. Attachment was measured through the Experiences in Close Relationships-Revised Child version (ECR-RC). In addition, detection of sympathetic-vagal balance was conducted through heart rate variability (HRV) in resting state and during projective test (Separation Anxiety Test). Biological markers included coagulation indices and counts of immune cell populations were measured in blood samples.

Results: Findings indicate that avoidant attachment is associated with increased self-reported somatic symptoms. Psychophysiological data revealed that children with primary headache exhibited significantly lower HRV compared to matched controls both during the baseline condition and during SAT administration, suggesting impaired autonomic self-regulation. Notably, HRV reduction in patients was

most pronounced during specific SAT vignettes identified as particularly stressful in terms of sympathetic-vagal balance efficiency. Additionally, partial thromboplastin time was inversely correlated with avoidant attachment scores.

Conclusion: These results highlight novel associations between attachment avoidance, autonomic imbalance, and coagulation markers in paediatric primary headache. The findings underscore the relevance of family relational dynamics in the expression of psychosomatic symptoms and suggest the potential benefit of integrated and multidisciplinary interventions.

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The hospitalized child: a clinical psychological approach, tools and resources

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Abstract

Psychological intervention in pediatric hospital settings represents a transformative opportunity, fostering a shared narrative through the identification and reinforcement of available resources. The frequent encounter with high levels of anxiety makes it necessary to seek alternatives to feelings and thoughts of helplessness, promoting a sense of control over fears.

Caring for a hospitalized child primarily means working with healthcare professionals so that they do not feel threatened by the activation of the parents' Interpersonal Motivational caregiving System (IMS) toward their child. Equally important is allowing healthcare professionals to activate their own IMS in their care for the child, including care directed toward the parents themselves.

Promoting the activation of the Cooperative IMS between caregivers and parents (when not in a state of dysregulation), is of central importance as the child's care can only be achieved by "joining forces." Psychological intervention can serve as a facilitator in understanding the functioning of both parents and children in conditions of vulnerability, instability, and potential trauma.

Any meeting with the child should occur following a preliminary discussion and shared planning of the intervention with the parents, who are the primary holders of an exclusive and vital bond with the child.

Direct intervention with the child should mainly occur when parental resources appear insufficient, adaptation processes seem stalled, or when parents experience difficulty regulating their child's emotional responses due to their own emotional dysregulation.

Children need help understanding what is happening to them, who is or isn't responsible, what will be done to them and why; like their parents, they need to perceive a sense of control over their fears, especially when they cannot control the reality itself.

The theory of Interpersonal Motivational Systems, Attachment theory, Psychotraumatology, and Cognitive Processing Therapy (CPT) are useful tools to support resources and promote health.

Finally, a model of intervention with children will be presented, aimed at fostering their informed participation in the care process, through symbolic play and simulation activities in preparation for medical procedures.

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Meet, get to know each other, grow. The work team in the Neonatal Intensive Care Unit

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Abstract

Background: In recent years, hospital organizations have found themselves having to compare their performance with defined standards, internationally accepted and created according to the principle of "patient centrality".

Method: Psychologists deal with the subjectivity of people, with their experiences-emotions, with the relationships of the world of subjectivity in relation to the contexts and the psychological intervention places at the center of the reflection the interweaving between technical, relational and organizational resignations of the processes of it cures and is characterized as an intervention which, starting from the specificity of the persons brought to slabs, aims to affect the multiplicity of relationships in which the persons themselves are involved (whether they are sick people, families, or healthcare personnel).

Results: Supported the collaborative process between the Clinical Psychology Unit team and the Neonatal Intensive Care team within a Roman hospital. With a view to continuity of care and assistance aimed at parents facing the risk of a preterm birth and health professionals, reception paths have been created for parental couples in the various stages of hospitalization: from the Obstetrics ward to the Neonatal Intensive Care Unit outpatient follow-up.

Conclusion: The paper presents a clinical case as an example of a multidisciplinary intervention.

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From Pediatric to Adult Care: Psychological Challenges in the Transitional Age

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Abstract

The transition from pediatric to adult care represents a crucial developmental phase, particularly for children affected by chronic or congenital conditions. This theoretical contribution, grounded in clinical and research experience, explores the psychological dimensions of this transition through three core areas of vulnerability.

The first area concerns the impact of chronic illness on the patient him/herself, such as the identity formation. Clinical observations in adolescents with cleft lip and palate highlight how bodily difference and medicalized life trajectories can interfere with self-definition processes, raising issues of shame, self-image, and social belonging.

The second area addresses the relationship between the patient and his/her family system, for example in maintaining therapeutic adherence. In the context of inherited metabolic disorders such as phenylketonuria, both the child and the family are required to continuously adapt to complex dietary and treatment regimens. The psychological burden of maintaining long-term compliance often reveals ambivalence, denial, and shifting responsibilities within the family system.

The third area focuses on the gradual shift in disease management from parents to the adolescent patient, thus involving the relationship between patient, family, and healthcare professionals. Hemophilia care, especially the self-administration of prophylactic infusions, represents a clear example of how autonomy, competence, and responsibility must be supported and psychologically processed by the young patient.

These three areas, although clinically distinct, converge in highlighting the necessity for an integrated psychological approach that considers not only the individual and developmental aspects, but also the relational and systemic ones.

In conclusion, the transitional age calls for a reconfiguration of roles, identity, and responsibility, which often exposes both patients and families to psychological fragility. Hospital clinical practice should adopt a developmentally sensitive perspective, promoting gradual autonomy, emotional elaboration of the illness, and support for family restructuring. Thus, tailored psychological interventions should be promoted to adapt to the evolving needs of the patient–family dyad, with particular attention to the

symbolic and emotional meanings attached to the illness and its management. Strengthening this transitional process may reduce long-term psychological distress and enhance adherence, self-efficacy, and quality of life in adult care.

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LGBT+ STIGMA AND DISCRIMINATION SEEN FROM MULTIPLE PERSPECTIVES

Proposer

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Discussant

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Abstract

Even though LGBT+ issues are increasingly being addressed, both scientifically and politically/culturally, and that LGBT+ people are increasingly demanding that their rights, like those of all people, be respected, there still seems to be a long way to go to achieve an inclusive and respectful society.

Over the last decades, subjects related to rights, well-being and training have become increasingly prominent in research, with the purpose of offering new perspectives to the people directly involved, the scientific community and professionals who are involved in these contexts in various ways.

The first contribution, presented by Urone and colleagues, is focused on sexual consent in LGB Individuals. The aim of the research was to analyze the challenges experienced by LGB people regarding sexual consent. 23 participants answered to a semi-structured interview that have been processed with Thematich Analysis. The results suggest that ambiguity and pressure still play a role in sexual interactions and highlight the need for educational initiatives focused on LGBTQ+ experiences.

The second contribution, presented by Trombetta and colleagues, discusses the interaction between adult attachment, internalized homonegativity and quality of couple relationships in gay and lesbian couples. 674 participants have been involved in the research and answered an anonymous self-report questionnaire. High levels of attachment anxiety increases the negative effects of internalized homonegativity on relationship quality, while high levels of attachment avoidance had a protective effect.

The third contribution, presented by Policardo and colleagues, discusses the role of the body in the lives of transgender and non-Binary people. 233 participants completed an online questionnaire regarding

body appreciations, body acceptance and other variables among Italian transgenders persons. One of the results shows that compassion for one's own body is a skill that can be developed.

The fourth contribution, presented by Serri and colleagues, discusses the factors that can predict the use of an affirmative approach by Italian teachers. 545 teachers from different grade levels participated filling an online survey which explored the dimensions on the gender essentialism, comfort to work with trans* students. The result showed the importance of anti-gender rhetoric connecting to the educational and institutional level.

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Sexual Consent in LGB Individuals: Dynamics, Challenges, and Psychological Implications

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Abstract

In contemporary discussions about sexual consent, much of the focus has been on its legal and moral dimensions, often within heterosexual frameworks. Sexual consent is not a static or universally understood concept but is shaped by cultural, psychological, and societal influences, including gender norms, past experiences, and the dynamics of power. In the context of gay and lesbian communities, these dynamics can be further complicated by the legacies of heteronormativity, internalised stigma, and societal expectations surrounding sexual roles.

This study aims to examine the specific challenges encountered by bisexual, gay and lesbian individuals in establishing, expressing, and interpreting sexual consent. Semi-structured interviews were conducted with 23 participants (aged 19-57, M = 27.47, SD = 9.622). Using Thematic Analysis, we explored the role of internalised stigma, heteronormative influences, and power imbalances within same-sex relationships. Additionally, we highlighted the impact of community norms, past experiences of discrimination, and the intersection of gender roles in shaping consent practices. By exploring how same-sex couples navigate consent, particularly in the presence of desire and attraction, this research highlights the tension between their freedom and autonomy and social pressures. It also underscores the need for nuanced approaches to consent that consider both emotional and sexual desires. Findings suggest that while awareness of consent is generally high, ambiguity and pressure still play a role in sexual interactions, emphasizing the need for targeted educational initiatives and affirmative consent models tailored to LGBTQ+ experiences. However, sexual consent within gay and lesbian relationships involves complex intersections of desire, power, and identity. For this reason, the main contribution of this research is to offer a more inclusive understanding of consent, advocating for policies and interventions that address the specific needs of gay and lesbian individuals.

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How internalized homonegativity and adult attachment shape relationship quality in gay and lesbian people in Italy: a moderation model

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Abstract

Numerous studies have demonstrated an association between minority stress, especially internalized homonegativity, and the quality of the couple relationships in lesbian and gay (LG) people. Recently, attention has focused on dimensions of psychological functioning that might moderate this relationship, and further studies in this direction are needed. Accordingly, the present study aims to analyze the relationship between internalized homonegativity and relationship quality by assessing the moderating role of adult attachment (anxiety and avoidance).

A total of 674 lesbian and gay participants who had been involved in a couple relationship in the past 12 months were included in the study and responded to self-report questionnaires.

The emerging results show a negative association between internalized homonegativity and the quality of the couple relationship. However, moderation analyzes showed that at low levels of attachment anxiety and high levels of attachment avoidance, the relationship between the two variables is no longer significant.

The data demonstrate the moderating role of adult attachment in the relationship between internalized homonegativity and relationship quality in LG individuals. Specifically, high levels of attachment anxiety appear to be a risk factor, whereas high levels of attachment avoidance appear to play a protective role. Although further studies are needed to confirm the results presented here, the findings provide useful theoretical and clinical information.

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Body acceptance buffers trans-specific body anxiety: A moderation study among transgender individuals

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Abstract

Introduction. Body image is an important psychological domain in the lives of transgender and non-binary (TGNB) people, often shaped by experiences of gender dysphoria and sociocultural misrecognition. Research has documented elevated rates of body dissatisfaction in TGNB populations, particularly in contexts involving body exposure and intimacy. Emerging evidence suggests that self-compassion may be a protective factor in promoting positive body image. Experimental findings support the importance of self-compassion in promoting body satisfaction among TGNB individuals, but the moderating role of a specific form of compassion, namely body compassion, remains unexplored. This study examines whether body acceptance (a dimension of body compassion) moderates the association between trans-specific body anxiety and body appreciation among transgender individuals in Italy.

Method. A total of 233 transgender participants (Mage=24.3, SD=6.48) completed an online questionnaire assessing body appreciation, trans-specific body image worries, and body acceptance. A moderation model was tested with body appreciation as the outcome variable, trans-specific body image worries as the predictor, and body acceptance as the moderator.

Results. Regression analysis revealed a significant negative association between trans-specific body anxiety and body appreciation (β=-0.14, $p<.01$). In contrast, body acceptance was strongly and positively associated with body appreciation (β=.74, $p<.001$). The interaction between body anxiety and body acceptance was statistically significant (β=.11, $p<.01$), indicating a moderating effect: the negative association between anxiety and body esteem was weaker among participants with higher body acceptance. The model accounted for 62.6% of the variance.

Conclusions. Our findings suggest that body acceptance may act as a psychological buffer, moderating the negative association between trans-specific body concerns and body appreciation. Individuals who report higher body acceptance appear to be less vulnerable to the effects of anxiety in contexts involving body

exposure. Increasing body acceptance may therefore help to foster a more positive relationship with the body among TGNB individuals. As body compassion is a skill that can be developed, these findings may inform culturally responsive interventions in the Italian context.

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Affirmative Practices and Trans Subjectivities: The Role of Teacher Training Amid Anti-Gender Backlash

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Abstract

In recent years, anti-gender mobilizations have exerted a growing influence on public policy across several national contexts, including Italy, fostering an escalation in discriminatory discourses and acts of violence targeting LGBTQIA+ communities, with transgender individuals being disproportionately affected. This adverse sociopolitical environment has deeply shaped the educational landscape, where the implementation of supportive and affirmative measures for trans* students frequently relies on the discretionary initiative of individual educators or school institutions, operating within a climate often characterized by sociopolitical resistance and parental contestation.

Despite the growing body of literature on gender identity and education, the school system continues to reproduce structural inequalities, highlighting the need to ensure all students access a psychologically safe, inclusive, and containing learning environment (Meyer, 2022). Trans* students, in particular, report high levels of marginalization, discrimination, and symbolic violence within educational settings (Hellstrom & Beckman, 2020; Kosciw et al., 2022).

This study investigates the factors predicting the adoption of affirmative practices by Italian teachers towards trans* students. A sample of 545 teachers from various educational levels participated in an online survey designed to explore the variables influencing their capacity to create welcoming and safe school environments. The study examined several dimensions, including gender essentialism, university-level training on gender identity issues, perceived self-efficacy, and comfort in working with trans* students.

Findings indicate that specific university training mitigates the dysfunctional effects of essentialist beliefs, strengthens teachers' perceived self-efficacy, and increases their level of comfort, thereby facilitating the adoption of inclusive and affirmative practices. The study highlights the critical importance of acting at both educational and institutional levels to counter anti-gender rhetoric, offering tools that support a

cultural transformation capable of embracing the complexity of subjective experience and promoting the psychological well-being of trans* students.

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FROM UNDERSTANDING TO TREATMENT: EMERGING CHALLENGES ACROSS BEHAVIORAL ADDICTIONS

Proposers

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Discussant

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Abstract

Recent research has identified a variety of behaviors—such as online gaming, and social media use—as potentially addictive. While they are not formally recognized in diagnostic manuals, these activities exhibit characteristics commonly associated with established addictive behaviors, such as salience and withdrawal-like effects. As such, it is important to deepen our understanding of these behaviors to unravel the complex mechanisms underlying behavioral addictions. This symposium aims to present and discuss current scientific evidence regarding shared and unique psychological risk factors and processes across recognized (i.e., gambling disorder) and potential behavioral addictions.

The first presentation examines the connection between self-defining memories and gaming behaviors among 22 male players of World of Warcraft. Findings reveal that individuals' integration of their personal memories is closely linked to their gaming motivations and the potential development of maladaptive gaming patterns. The second talk addresses love addiction, based on interviews with 30 treatment-seeking individuals to explore their metacognitive functioning. Results indicate that, while individuals display adequate understanding of their own mind, they experience notable difficulties in understanding the minds of others. The third contribution investigates the mediating role of various mattering facets in the relationship between insecure attachment and ghosting (both victimization and perpetration) on social networking sites. Finally, the fourth presentation introduces an action research

initiative aimed at preventing problem gambling among women and the elderly, whose gambling rates have risen in recent years. Preliminary findings suggest that higher problem gambling scores are associated with increased social loneliness and diminished quality of neighborly relationships.

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Gaming disorder symptoms are associated with unintegrated memories: a mixed-method pilot study

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Abstract

Introduction: Despite growing interest in problematic online gaming, few studies have examined the link between self-defining memories (SDMs) and gaming variables. SDMs can differ in terms of event type, narrative structure, and level of integration, and are relevant to identity process. This study explores the relationship between SDMs and gaming variables.

Methods: A group of 22 male players of World of Warcraft was assessed using measures related to problematic gaming, gaming motivation and involvement, personal memories, and identity processes. The measures included the Motivation to Play in Online Games Questionnaire (MPOGQ), the Video Game Involvement Scale (VIS), the GAMing Engagement Screener (GAMES), the Sense of Self Scale (SOSS), and the Self-Defining Memories Questionnaire (SDM).

Results: Correlation analysis revealed significant associations between SDMs' characteristics and game-related variables, suggesting a link between memory integration and maladaptive gaming patterns. In particular, memories of integrated experiences were positively correlated with the motivation to help and chat with other players and with the immersive components of gaming. In contrast, memories of non-integrated experiences, where there is neither reflection on the content nor derived meanings, showed a strong positive association with symptoms of gaming disorder.

Discussion: The results of this study may provide relevant insights into the relationship between SDMs and behaviors related to online gaming. Specifically, the findings suggest that the way individuals integrate their memories is closely tied to their motivations for gaming and potential maladaptive gaming patterns. The association between non-integrated memories and symptoms of gaming disorder highlights the importance of memory processing and elaboration in understanding problematic gaming patterns.

Moreover, the positive relationship between integrated memories and social and exploratory gaming motivations suggests that a well-structured and reflective autobiographical memory system may foster adaptive engagement with gaming. From a clinical perspective, these results support interventions aimed at promoting the integration of SDMs, thereby contributing to adaptive involvement in gaming.

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The metacognitive functioning in Love Addiction: a research on 30 patients

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Abstract

In the fields of behavioral addictions, literature emphasizes the focus on metacognitive beliefs, highlighting a gap concerning the underlying processes of metacognition. Metacognitive functioning is conceptualized as a transdiagnostic construct across psychopathological conditions. For the analysis of metacognitive functioning, 30 interviews with patients diagnosed with Love Addiction were transcribed and coded using the Metacognition Assessment Scale (MAS). The results suggest that the group has a good understanding of their own mind, but faces difficulties in understanding others minds, both from an egocentric and decentered perspective. Furthermore, it was found that the most used coping strategy to deal with perceived psychological distress is the voluntary regulation of mental states, directly modifying maladaptive perceptions. This study represents a preliminary step towards a deeper clinical understanding of Love Addiction, focusing on the metacognitive areas that are most deficient and those that appear to be more functional.

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The Roles of the Different Facets of Mattering in the Relationship Between Attachment Anxiety and Ghosting

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Abstract

Introduction: Ghosting is a common behaviour, defined as the unilateral dissolution of a relationship by cutting off communication, and literature has shown its association with the anxiety dimension of attachment. Individuals with attachment anxiety may engage in ghosting to manage their fear of rejection by ending relationships before they are abandoned. Conversely, their intense need for closeness and validation may overwhelm others, increasing the likelihood of being ghosted. Thus, underlying this relationship appears to be a common foundation in terms of mattering, as in both cases there seems to be an intense need for significance, validation, and emotional security. Therefore, this study aims to deepen this speculation by exploring the mediating role of mattering in the relationship between attachment anxiety and ghosting.

Method: A sample of 611 participants (65.3%F; M_{age} = 26.94±6.86) was recruited for this study. The Italian versions of well-known self-report measures were used to assess attachment anxiety and three different facets of mattering (i.e., Fear of not mattering, Anti-Mattering, and Unmet Need to Matter). Moreover, ghosting perpetration and victimization were assessed through an ad hoc question. To verify the proposed model, a Structural Equation Modeling was performed.

Results: The tested model showed good fit indices ($\chi^2_{(123)}$= 515.565, p < .001; RMSEA = 0.069 (*90%C.I.* = 0.063–0.075), CFI = 0.949, SRMR = 0.060) and the variables accounted for 19.70% and 17.80% of the variance in Ghosting Victimization and Ghosting Perpetration, respectively. Results showed the significant mediating role played by Anti-Mattering and Unmet Need to Matter in the relationship between anxious attachment and Ghosting Victimization, while only Unmet Need to Matter emerged as a significant mediator for Ghosting Perpetration.

Discussion: This study provides insights into the psychological mechanisms underlying the relationships between attachment anxiety and ghosting, highlighting the pivotal role of different facets of mattering depending on whether one is perpetrating or experiencing such behaviours. Since the widespread of ghosting and considering that attachment is resistant to change, this study emphasizes the importance of addressing the different aspects of mattering to prevent such behaviours while promoting more adaptive strategies to help individuals cope with these feelings.

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"L'azzardo è fare rete". An action research project for the prevention of problem gambling among women and the elderly

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Abstract

Introduction. Gambling participation among women and elderly has grown over the years. Understanding the psychosocial determinants of gambling and implementing prevention strategies is a priority of public health policy. In 2024, an action-research project ('L'Azzardo è fare Rete') was launched on the request of the Lecce Local Health Authority to prevent and counter problem gambling. The project paid specific, though not exclusive, attention to women over 18 and the elderly over 60 and targeted proximity settings (e.g. parishes, cultural and recreational associations) as privileged places to identifying gamblers at risk, intercepting psychosocial malaise and promote well-being.

Methods. The project was articulated in three main phases: a) networking of local services and associations that in various ways involve women, the elderly and/or deal with vulnerable social groups; b) administration of a survey among the beneficiaries of the realities involved to identify levels of gambling engagement, myths linked to gambling, qualities of relational networks, constraints in the request for help; c) Awareness-raising meetings to dispel false myths on gambling, facilitate sharing of experiences, inform on help services, promote collective awareness on the part played by each member of the community in the prevention of psychosocial risk factors.

Results. 146 local realities were contacted and 51 adhered to the proposal to become partners and drivers of the research-intervention actions envisaged by the project. 411 participants completed the survey (mean age: 48.48 $\pm$ 18.86; women: 68.37%; over 60: 32%); 22.41% of women and 51.9 of the over 60s reported that they gamble; 7.8% of women and 14.50% of the over 60s were identified as risk or problem gamblers, according to the cut-offs of the Problem Gambling Severity Index (PGSI). Preliminary results from one-way ANOVA show that participants with higher scores on PGSI scored higher on the social loneliness and perceived social support scales and lower on the quality of neighbourly relations scale. Awareness-raising meetings started from the discussion of what emerged from the survey. *Discussion.* Innovative efforts to mitigate the impact of social isolation and strengthen social connectivity

are crucial to prevent non-problematic gamblers from becoming risk or problem gamblers gambling among women and the elderly.

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Saturday, 20th September 2025

THEMATIC SESSION

EMERGING ISSUES IN GENDER AND SEXUALITY

Chair:

Luca Rollé

University of Turin

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Alias career at university: at the SInAPSi University Centre the "Solə" group to create new spaces and perspectives

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Abstract

Providing quality, inclusive and equal education for all individuals is one of the seventeen goals of the UN 2030 Agenda for Sustainable Development. Yet, not for all students the academic experience turns out to be such, with negative impacts in terms of mental health, attendance and dropout rates (Batini and Santoni, 2009): this is the case of Transgender and Gender Diverse (TGD) students. As sustained by Hendricks and Testa (2012) with the gender minority stress theory, all additional stressors related to gender non-conformity negatively affect mental and physical health, generating important health disparities between the transgender and cisgender population. For a TGD student at university, having to justify the mismatch between one's appearance and the name on one's document or booking an exam not being able to use one's chosen name are stressors to which one may be constantly exposed. Hence the need for the 'alias career', introduced at the Federico II University in 2010 for students and extended in 2016 to all staff. The regulation was then revised in 2023, eliminating the need to present certification of gender dysphoria.

The Anti-Discrimination Section of the SInAPSi University Centre of the Federico II University has a privileged view on gender-related issues, intercepting students with diverse identity experiences. Also thanks to the exchange with the office in charge of alias career management, it was possible to meet several alias students and collect their needs. Considering that one of the main sources of support for TGD persons is the support of peers and the trans community (Amodeo, Picariello, Scandurra and Valerio, 2015; Mizock and Lewis, 2008), the Section started the group 'Solə - Students Beyond Invisibility', a reflection space dedicated to TGD students with the aim of facilitating the construction of a network by counteracting the experience of loneliness and working on the activation of personal resources through the group device. Through storytelling and sharing, as well as experiential role-playing activities, the group activates mirroring processes and offers new perspectives for looking at oneself.

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Gendered Clinical Implications of Social Support's Role Against Minority Stress: Baseline Findings from a Brazilian LGB Online Intervention Development Study

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Abstract

Introduction: Minority stress, arising from prejudice and discrimination experienced by lesbian, gay, and bisexual (LGB) individuals, significantly impacts mental health. While the deleterious effects of minority stress are well-documented, the protective role of factors like social support, particularly its function as a moderator, requires further empirical validation, especially within contexts such as Brazil, which presents high rates of anti-LGB violence. This study, a cross-sectional analysis within a larger research project testing self-guided online interventions in Rio Grande do Sul, Brazil, aimed to investigate the relationship between social support, minority stress, and mental health outcomes (anxiety and depression) among Brazilian LGB individuals.

Methods: Participants for this study were drawn from the baseline cohort of the main intervention project. The sample comprised 1,269 Brazilian LGB individuals, recruited via social media advertisements. Participants completed online questionnaires assessing socio-demographic data, minority stress perceived social support; anxiety symptoms; and depressive symptoms. Data analysis involved correlation and moderation models.

Results: 34.4% reported severe anxiety symptoms and 83.4% were at risk for a depressive episode. Women showed significantly higher prevalence for both severe anxiety and risk of depression compared to men. Despite this, 54.5% of the total sample perceived high social support, with no significant gender difference. Minority stress was significantly correlated with poorer mental health outcomes and lower social support for both genders. Moderation analysis revealed that perceived social support significantly buffered the relationship between minority stress and depressive symptoms for men, but not for women. No significant moderation effect was found for anxiety symptoms in either gender.

Discussion: Social support operates as a crucial, yet gender-specific, protective factor against the adverse mental health impacts of minority stress within this Brazilian LGB sample, moderating the link with depression for men. The absence of this effect for women, despite similar levels of perceived support

and higher mental health burden, show distinct barriers such as summed stressors (e.g., gender and sexual orientation discrimination) limiting the efficacy of their support networks. These findings underscore the need for gender-sensitive mental health interventions for LGB individuals in Brazil, emphasizing support network strengthening for men and addressing structural stressors for women.

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Work-related Stress and Psychopathological Risk Among Nurses: Specificities in Coping Profiles according to Gender and Life/Career Stages

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Abstract

Introduction: research has emphasized the need to support nurses in coping effectively with stress/psychological burden experienced routinely in their work. However, people' appraisal of events and coping strategies may differ in women and men and may vary throughout the life span, so requiring the development of research accounting for potential gender- and life-stages-specificities to customize interventions fostering nurses' adjustment/wellbeing. Responding to this need, the study adopted a Person-centred approach: 1. to verify whether patterns of coping strategies (Problem-Focused/Seek-Advice/Self-Blame/Wishful-Thinking/Avoidance) adopted by nurses to deal with stress varied according to Gender and differed throughout Life/Career Stages (young/less experienced, middle-aged/senior, elderly/highly experienced nurses); 2. to explore potential differences in perceived stress (Effort-Reward-Imbalance) and psychological health (SCL-90-R-Global-Severity-Index) according to the emerged patterns by Gender and across the Life/Career Stages.

Methods. Overall, 536 nurses (317 Women, 219 Men) completed self-assessment measures. Non-hierarchical k-means Cluster Analysis was used to derive patterns of coping by Gender. Cross-tabulations/χ^2analyses and MANOVAs were used to explore potential differences in pattern-belonging, stress and psychological health according to Gender and Life/Career Stages.

Results. Cluster Analyses revealed a 4-factor solution across genders, yet suggesting three similar patterns labelled as Solution-Oriented, Disengaged, and Dysregulated-Emotion-focused, while another one gender-specific pattern: i.e., Detached-Emotion-focused for men and Self-Blaming-Emotion-focused for women. The belonging to coping patterns varied by Life/Career Stages: less experienced nurses mainly adopted emotion-focused patterns, while senior/highly experienced nurses mainly adopted Solution-Oriented and Disengaged patterns. Nurses belonging to Dysregulated-Emotion-focused group were at the highest risk for stress and psychological disease across Gender and Stages. Men belonging to

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Disengaged group and women belonging to Self-Blaming-Emotion-focused group were also found to be at notable risk.

Discussion: findings can be used to develop interventions fostering adjustment processes and health among nurses by accounting for gender and life-stages specific challenges.

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Lives on the Margins: LGBTQ+ Youth and Mental Health in inland area of Central-Southern Italy

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Abstract

This study aligns with an established body of research—primarily developed in the United States—and with earlier contributions such as the *Journal of Homosexuality*'s special issue dedicated to LGBTQ+ individuals in rural contexts. In this framework, the paper investigates the psychological and relational conditions of young gay and lesbian people living in a rural area of Southern Italy, where strong heteronormative norms, pervasive family expectations, and the lack of clinical services or dedicated community spaces are still deeply rooted. Twenty in-depth interviews were conducted with LGBTQ+ youth aged 18 to 30, recruited through snowball sampling. The collected narratives were analyzed using qualitative content analysis, focusing on subjective experiences related to discrimination, isolation, and identity development within a socially restrictive environment. Participants described pervasive isolation, family rejection—sometimes leading to being forced out of the home—and significant difficulties in expressing and sustaining intimate relationships, which are often internalized as deviant or shameful. The psychological impact includes anxiety, depressive symptoms, social withdrawal, and unstable identity formation. Dating apps were frequently mentioned as the only accessible space for connection and intimacy, yet also perceived as limiting and emozionale unfulfilling in terms of broader social inclusion. In response to these findings, it may be valuable to develop flexible and accessible interventions tailored to the needs of rural LGBTQ+ youth. These could include telepsychotherapy, support and peer self-help groups, and the creation of online and offline spaces for socialization that offer safety, recognition, and a sense of belonging. An integrated approach—combining individual and group work with community-based initiatives—may foster the processing of rejection-related trauma and support the development of self-acceptance and affirming sexual identities.

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Narratives and challenges of trans* activism on social media

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Abstract

Introduction: social media platforms are critical tools for activism, allowing individuals to amplify their voices and advocate for social causes. Trans* activists use these platforms to express support, share narratives, and raise awareness. Activism serves as a means of coping with societal oppression and fosters resilience. However, social media accessibility exposes trans* activists to a spectrum of responses, ranging from positive engagement to hostility and online harassment. Therefore, there is a need for further research examining both the benefits and challenges specific to trans* activists in the current socio-political climate. Additionally, generational differences in social media activism remain underexplored. This study aims to qualitatively explore trans* activists' experiences on social media, focusing on challenges, coping strategies, psychological impacts, and intergenerational differences.

Methods: This study employs a qualitative research design using online focus groups with trans* activists who publicly advocate for LGBTQ+ rights on social media. The focus groups have been moderated by two researchers using a semi-structured interview, allowing participants to share their experiences, challenges, and coping strategies. A preliminary review of the interview guide has been conducted with members of the trans* community. Participants have been recruited through purposive sampling, ensuring diversity in age (Generation X, Generation Y, Generation Z), and geographical location. Six focus groups (two per generation) have been conducted, each consisting of six participants, for a total of 36 individuals. Thematic analysis has been used to analyze the transcribed discussions.

Results: as the study is currently ongoing, specific findings are not yet available. However, we anticipate identifying key themes related to the emotional and psychological impacts of social media activism, differences in generational approaches to online advocacy, and strategies used to navigate online hostility and engagement.

Discussion: while definitive conclusions cannot yet be drawn, this study is expected to contribute valuable insights into the lived experiences of trans* activists on social media. The findings may inform future research, mental health interventions, and digital policy recommendations aimed at supporting transgender individuals engaged in activism.

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Gender role in radiotherapy: psychosocial differences between males and females during cancer care. Single-centre report in adult and paediatric oncological patients

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Abstract

Introduction: recent studies indicate that gender plays a role in influencing the side effects and outcomes of radiotherapy (RT), highlighting the importance of gender-specific clinical approaches. However, there remains a knowledge gap regarding potential gender differences in the domain of psychosocial profile during RT. This retrospective analysis examines the psychosocial impact of RT on a cohort of adult and paediatric patients in Italy who received psycho-oncological support during RT from January 2020 to April 2024.

Methods: medical charts for a total of 750 adult (418 females and 332 males) and 145 paediatric patients (78 male and 67 females) have been reviewed. In our Radiation Oncology Department, two psycho-oncological pathways are available for adults: 1) dedicated pathways for patients with head and neck, brain, or rectal and anal cancers, where psychological support is provided automatically; and 2) support

for other patients upon request or clinical recommendation. For paediatric patients, psychoeducational/psychotherapeutic interventions tailored to the needs of patients/caregivers are initiated at the start of RT to ensure compliance and promote psychological well-being. The psychological assessment was conducted using the Distress Thermometer (DT) and the Hospital Anxiety and Depression Scale (HADS).

Results: in female patients, levels of distress (DT≥4; $p<0.001$), anxiety (HADS-A≥8; $p<0.001$), and depression (HADS-D≥8; $p<0.001$) were significantly higher than in men (see figure). A history of psychological disorders and RT with palliative intent or local control of disease were associated with increased anxiety and depression. Men accessed psychological support less frequently than women. In contrast, no significant gender differences in psychosocial distress were observed among paediatric patients. Both genders received consistent psychological support, and familial trauma and RT intent did not significantly affect their scores.

Conclusion: in this retrospective analysis gender is a crucial predictor of psychosocial outcomes in adults undergoing RT, with females experiencing higher distress levels. Prior mental health stability appears protective against anxiety and depression. In paediatric patients, interventions remain effective across genders. Early psychological assessments are essential for both groups to identify patients at risk and enhance coping strategies.

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Preliminary results of a quali-quantitative study on the lived work experience of LG people

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Abstract

This study represents a quali-quantitative deepening of a systematic review of the literature and of a qualitative study indicating that the majority of LG workers still suffer from the dominant heteronormativity and segregation policies and have experienced discrimination and micro-aggressions in the workplace, with important and recurring effects on psychological health, job satisfaction, and life satisfaction. It is so possible to affirm that, despite an increase in the promotion of equal opportunities at work, there is still persistent discrimination against LG workers.

We present preliminary results from a quali-quantitative analysis of 24 in-depth interviews conducted using the Free Association Narrative Interview (FANI) method with six gay men and six lesbian women working in the city of Naples. The interviews' text corpora went through a stemming process (automatic lemmatization), and a Thematic Analysis of Elementary Contexts was performed. Cluster analysis was carried out by an unsupervised ascendant hierarchical method (Bisecting K-Means Algorithm). The co-occurrence of semantic features characterizes this analysis.

The interviews' text corpus was characterized by 48545 occurrences (of which 5826 are distinct forms; threshold=7). Within the corpus, 949 elementary context units (e.c.u.) were identified and 3982 lemmas. Five Cluster were highlighted: 1. Occupational experience report; 2. Occupational history report; 3. Lived professional experience; 4. Lived vertical affective experience; and 5. Lived horizontal affective experience. The quali-quantitative analysis of the interviews mostly confirmed the data collected in the previous systematic review, as well as in the first qualitative study.

The clusters that emerged from the analysis carried out show that affective experiences (both on the horizontal and vertical axis) intersect with the subjects' work experience and their account of it, confirming what was also hypothesized in relation to the psychoanalytic frame of reference and confirming, moreover, the conception of the subject as psychosocial and identity as a prismatic construct. Taken together, the results suggest the need for the implementation of interventions aimed at minimizing the effects of stigma and heterosexism on LG workers and promoting their well-being in work contexts.

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Saturday, 20th September 2025

THEMATIC SESSION

PSYCHOLOGICAL WELL-BEING AND DISTRESS AMONG UNIVERSITY STUDENTS

Chair:

Maria Francesca Freda

University of Naples Federico II

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Hidden Selves and Harmful Patterns: How Silencing Impacts Female University Student Empowerment

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Abstract

Italian universities have strengthened their commitment to student psychological well-being, as seen in efforts to establish and improve counselling services. There has been significant focus on developing Gender Equality Plans and addressing violence against women.

The present study is based on a construct found in the literature to be associated with relational, physical, sexual, and psychological violence, as well as depression: Silencing the Self. This construct refers to a relational strategy used to avoid conflict in relationships to maintain intimacy and a sense of safety.

We aimed to examine how this relational strategy might be associated with a tendency toward chronic tolerance of abuse in relationships. This tendency is further linked to difficulties in emotional regulation and low levels of empowerment—understood as traits of independence and assertiveness in women that enable them to access skills and resources to more effectively cope with present and future stressors and negative events.

The sample consisted of 114 female university students, heterogeneous in terms of geographic distribution, universities, and faculties, aged between 19 and 27 years. Participants completed a battery of questionnaires to assess Silencing the Self (Silencing the Self Scale – STSS), self-destructive interpersonal style (SELF-DISS), empowerment (Personal Progress Scale Revised – PPS-R), and emotional regulation (Difficulties in Emotion Regulation Scale – DERS; Emotion Regulation Questionnaire – ERQ).

The results showed that the sample could be divided into two groups based on low or high scores on the STSS. Female students with high levels of Silencing the Self reported greater emotional dysregulation, increased use of emotional suppression, higher levels of self-destructive interpersonal style, and lower empowerment (all $p < .001$). Furthermore, the relationship between higher levels of Silencing the Self and lower empowerment was partially mediated by high scores on the SELF-DISS. This suggests that a relational style focused on maintaining closeness to others by hiding or silencing parts of oneself is linked

to dysfunctional relational patterns, which in turn lead to reduced independence and fewer resources for effectively coping with adversity.

These findings highlight the important role that universities could play in fostering female students' self-expression, both in social contexts and within counselling services.

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Profiles of psychological well-being and vulnerabilities in Italian university students. Findings from the Prin Digiwell Project

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Abstract

The Covid 19 pandemic has negatively affected the quality of life and well-being of university students, particularly those attending healthcare and/or-medical courses. Recent investigations suggested that students' levels of anxiety, depression and stress might be associated with their emotion regulation strategies and their psychological well-being. In Italy, during the pandemic, it was found that almost 35% of university students reported impaired levels of well-being (languishing condition).

The purpose of this study was to identify students with high psychological distress vs students with optimal levels of well-being. Their sociodemographic and academic conditions were also explored.

A sample of 345 students were recruited. They were assessed with the Depression, Anxiety and Stress Scale (DASS); Difficulties in Emotion Regulation Scale (DERS); and the Mental Health Continuum (MHC). Correlation analyses and general linear models were used for investigating differences among groups of students according to academic, sociodemographic and clinical characteristics.

Gender and socio-economic status had no impact on questionnaires' scores. Older students presented better levels of well-being and emotion regulation, and lower levels of distress, when compared to freshmen and younger students. The most vulnerable were super seniors students who presented clinically significant levels of psychological distress (DASS scores above the established clinical cut-offs).

This research shed new lights on the characteristics of university students' profiles of well-being and psychological vulnerabilities. These findings can be used to target specific therapeutic interventions to the most vulnerable groups of students, in order to prevent further psychopathology and the dropping of academic careers.

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Time well spent: the long-term effects of psychodynamic counseling intervention on university students' present and future time attitudes

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Abstract

Introduction: time attitudes reflect positive and negative feelings toward the past, present, and future, and are associated with constructs of psychological and academic well-being. Recent studies have highlighted the key role of university counseling services in reducing student distress and promoting their well-being. However, the effect of counseling interventions on students' temporal attitudes is still underexplored. This study examines the long-term effect and stability of a psychodynamic counseling intervention on time attitudes, measured using the Adolescent and Adult Time Inventory - Time Attitude Scale.

Methods: the sample consisted of 89 university students (M*age* = 22.67, SD*age* = 3.15; 66.3% female) who sought help from the counseling center at Sapienza University of Rome. Participants were assessed at four different time points: T0 (at the intake to the center), T1 (just before the intervention; 1 month later), T2 (immediately after the intervention; 1 month later), and T3 (3-months follow-up). The intervention consisted of four psychodynamic counseling sessions. Changes in time attitudes were analyzed, using linear mixed models (LMM) including in the model sex, age, and time point comparisons as fixed components and the intercept of participants and counselors as random components.

Results: controlling for age and sex and accounting for random effects , participants showed both after the intervention (T2) and at follow-up three months later (T3), a significant increase in positive attitudes toward the present, R^2 marginal = 0.08; R^2 conditional = 0.43; $p < .001$, and positive attitudes toward the future, R^2 marginal = 0.10; R^2 conditional = 0.39; $p < .001$, alongside a decrease in negative attitudes toward the present, R^2 marginal = 0.05; R^2 conditional = 0.39; $p < .001$. No changes were observed in attitudes toward the past or in negative attitudes toward the future.

Discussion: this study highlights that psychodynamic counseling significantly improves university students' time attitudes toward the present and future, with lasting effects. Positive changes were maintained at the three-month follow-up, supporting counseling's role in enhancing students' psychological well-being.

Given the link between time attitudes, psychological and academic well-being, these findings support the development of targeted interventions.

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Psychological Well-being and Academic Satisfaction in University Students

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Abstract

University life can impact students' psychological well-being (Sheldon et al., 2021; Muzi et al., 2021), especially during *emerging adulthood*, a developmental phase spanning approximately from ages 18 to 29 characterized by identity exploration (Arnett, 2000), to which many university students belong. Academic pressure and social transitions have been identified as major contributors to emotional distress in this population (Karaman et al., 2021), while factors such as academic satisfaction play a protective role in promoting mental health. This study investigates the relationship between psychological well-being and academic satisfaction in emerging adults enrolled in two universities in northern-central Italy, within the framework of the PRISMA project, which aims to promote individual and social resources in the academic environment (PROBEN n.1159 23/07/2023).

Data were collected from students at the University of Genoa (UniGe; N = 200, 100 M, mean age = 23.78 ± 2.86) and the University of Ferrara (UniFe; N = 200, 100 M, mean age = 23.83 ± 2.76). Students' well-being was assessed using the Mental Health Continuum–Short Form (MHC-SF; Petrillo *et al.*, 2014), which investigates emotional, social, and psychological functioning, while academic satisfaction was measured with the College Satisfaction Scale (CSS; Lodi *et al.*, 2017). Statistical analyses examined correlations between well-being and academic satisfaction.

In both university groups, results revealed a significant positive correlation between well-being and academic satisfaction (UniGe: $\varrho = .581$, $p < .001$; UniFe: $\varrho = .558$, $p < .001$). These results suggest a consistent association between students' well-being and their positive perception of the academic environment: students who report greater satisfaction with their academic experience also tend to exhibit higher levels of well-being.

The results support the hypothesis of a meaningful interplay between academic satisfaction and psychological well-being in emerging adults, underlining the relevance of university settings not only as educational environments but also as contexts for psychosocial development. This evidence highlights the value of targeted interventions aimed at fostering academic engagement, relational quality, and

perceived support, contributing to the promotion of student mental health through structured, evidence-based initiatives.

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Chronotype, insomnia, and psychological distress as predictors of academic burnout in university students: a cross-sectional study

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Abstract

Academic burnout is an increasingly common psychological condition among university students, characterized by emotional exhaustion, reduced personal efficacy, and cynicism toward the academic experience. Among individual differences, chronotype, which reflects an individual's biological sleeping and activity time preference, has been suggested as a relevant factor. Chronotype classified individuals as morning-type (early risers, most alert in the early part of the day), intermediate-type, and evening-type (late sleepers, more active in the late afternoon or evening).

The purpose of this study was to investigate the relationships between levels of academic burnout, psychological factors (i.e., depression, anxiety), symptoms of insomnia, and chronobiological disposition (i.e., chronotype).

A total of 349 university students (mean age = 24.65± 8.07) completed the Beck Depression Inventory-II (BDI-II), Beck Anxiety Inventory (BAI), Insomnia Severity Index (ISI), Burnout Assessment Tool (BAT), and Morningness-Eveningness Questionnaire (MEQ). Multiple regression analyses indicated that depression, anxiety, and insomnia were significant predictors of academic burnout. Moreover, chronotype was also a significant predictor of burnout, controlling for anxiety, depression and insomnia symptoms.

Students classified as evening types reported significantly higher levels of academic burnout (M = 3.06, SD = 0.89) compared to students classified as intermediate (M = 2.47, SD = 0.79) and morning types (M = 2.20, SD = 0.74). One-way ANOVAs further revealed significant differences among chronotype groups in terms of depression ($F(2,346) = 10.29$; $p < .001$) and insomnia ($F(2,346) = 6.04$; $p = .003$). Specifically, evening-type students showed the highest levels of depressive symptoms (M = 16.86, SD = 12.19) and insomnia (M = 8.47, SD = 5.59), while morning types showed the lowest levels (BDI: M = 8.89; ISI: M = 4.76).

These results indicate that the evening chronotype seems to be a contributor to academic burnout in university students, even after controlling for anxiety, depression and insomnia symptoms. Interventions aimed at promoting sleep hygiene, flexible scheduling, and regulating circadian rhythm may help prevent the development of burnout in students with an evening chronotype.

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Effectiveness of a Transactional Analysis-Based Group Intervention for Academic Burnout in University Students

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Abstract

Introduction: Burnout, first identified as an occupational syndrome (Freudenberger, 1974; Maslach, 1976), has become a critical focus of research due to its detrimental effects on mental health, productivity, and overall well-being. In educational settings, "academic burnout" manifests as emotional exhaustion from study demands, detachment from educational tasks, and a sense of inefficacy in academic performance, negatively impacting students' academic success and psychological health (Schaufeli et al., 2002; Zhang et al., 2006). Despite its prevalence, interventions specifically addressing academic burnout remain underdeveloped, with most strategies adapted from occupational burnout research.

Method: This study evaluates the effectiveness of a group intervention based on Transactional Analysis (TA) to mitigate symptoms of academic burnout. The intervention focuses on promoting self-awareness, enhancing emotional regulation, and encouraging positive social interactions to reduce burnout and improve psychological well-being. Participants completed standardized questionnaires to measure emotional exhaustion and coping strategy effectiveness before and after the intervention.

Statistical Analysis: To analyze the collected data, the Wilcoxon signed-rank test for paired data was employed. This non-parametric test was used to compare pre- and post-intervention scores of participants, allowing assessment of mean differences in burnout symptoms and coping abilities. The use of this test is particularly suitable for data distributions that do not follow a normal distribution and for small sample sizes, as in the case of this study.

Preliminary Results: The results indicate a significant reduction in emotional exhaustion and improvement in coping strategies among participants, suggesting potential efficacy of the intervention.

Ongoing Research: Future objectives include consolidating these results and further investigating the mechanisms underlying the intervention's effectiveness. Through this approach, the study aims to provide a foundation for evidence-based interventions tailored specifically to academic settings, contributing to enhanced resilience and improved academic outcomes for students.

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Who Benefits from Analytic Psychodrama? Psychological Characteristics Associated with Significant Improvement in Young Adults Attending a University Psychological Support Service

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Abstract

Introduction: Analytic psychodrama is a group-based intervention based on free association, role-playing, and the enactment of real-life experiences. At the Psychological Support Service (SAP, Chief – Professor Silvana Grandi) of the University of Bologna, it has been used for years to help students experiencing psychological distress, demonstrating promising effects in reducing anxiety and depressive symptoms. This study aimed to explore whether participants who achieved reliable improvement following analytic psychodrama differed from those who did not in terms of trait emotional intelligence, alexithymia, empathy, and perception of group climate, both at baseline and post-intervention. Rather than focusing on symptom change per se, the goal was to characterize the psychological profiles of students who respond to treatment in a significant way.

Methods: Participants were 118 university students (27% male; 0.8% non-binary) accessing the SAP of the University of Bologna for anxious and depressive symptoms. Psychological assessments were conducted before and after participation in analytic psychodrama intervention. The Reliable Change Index was computed on the CORE-OM total score (excluding risk items) to classify individuals as significantly improved or not. Between-group comparisons (Reliably improved vs. Not reliably Improved) were performed separately at T1 and T2 using multivariate analyses of variance on: Trait Emotional Intelligence Questionnaire – Short Form (TEIQue-SF), Toronto Alexithymia Scale (TAS-20), Interpersonal Reactivity Index (IRI), and Group Climate Questionnaire (GCQ).

Results: At T1, patients who went on to show reliable improvement presented higher alexithymia, lower scores on TEIQue-SF Wellbeing, Self-Control, Sociability, and Global Score, along with higher Personal Distress (IRI), compared to those who did not show a reliable improvement. At T2, those classified as reliably improved reported lower alexithymia, and higher Emotionality (TEIQue-SF) and Perspective Taking (IRI), relative to participants who did not meet the threshold for reliable change.

Discussion: The findings suggest that analytic psychodrama may be particularly effective for young adults presenting with more pronounced emotional difficulties at intake, offering them a pathway to significant psychological reorganization. Moreover, the enhanced emotional competence and perspective-taking among those who benefit most from this intervention empirically support their centrality in the therapeutic process of analytic psychodrama.

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"Speak Clearly, Live Better": A Psychoeducational Intervention within the PROBEN Project

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Abstract

Introduction: assertiveness is a core communicative skill in the regulation of interpersonal relationships and the promotion of psychological well-being. Within the academic environment, the development of assertive abilities plays a crucial role in helping students face the emotional, communicative, and relational challenges typical of university life.

Methods: this study is part of the inter-university project "APPbenessere: A Network and Systemic Approach to Promoting the Psychophysical Well-being of University Students", promoted by all universities in the Campania region. It involves the implementation of an experiential workshop entitled "Speak Clearly, Live Better", organized and conducted by the University Suor Orsola Benincasa of Naples. The workshop, scheduled between June and July 2025, consists of four thematic sessions and aims to enhance assertiveness through practical exercises, simulations, body-based techniques, and shared reflection. Participation will be voluntary and will involve an estimated sample of approximately 20 university students, recruited through open invitation.

Results: participants will undergo pre- and post-intervention psychometric assessment in order to detect changes in assertiveness levels and to investigate potential correlations with Honesty-Humility, Emotionality, Extraversion, Agreeableness, Conscientiousness, Openness to Experience personality traits according to the HEXACO theoretical model. The research design involves the use of standardized instruments and a quantitative, exploratory-correlational approach. Data analysis, expected in July 2025, will assess the effectiveness of the intervention and explore the role of assertiveness as a protective factor in academic settings.

Discussion: the expected results may offer valuable insights for the development of psychoeducational programs aimed at supporting student well-being.

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Saturday, 20th September 2025

THEMATIC SESSION

EMPIRICAL AND CLINICAL TRENDS IN BODY IMAGE, EATING BEHAVIORS, AND OBESITY

Chair:

Giulia Gagliardini

Mercatorum University

Mediterranean Journal of Clinical Psychology

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Understanding the Connection Between Body Image and Self-Esteem Among Indian and Italian Students

Marzieh Abdoli [1], Roberto Santonicola [1], Omkar Nayak [2], Ameet Fadia [2], Madhavi Rairikar [2], Avinash De Sousa [2], Paolo Cotrufo [1]

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Abstract

Body image and self-esteem are closely intertwined constructs that contribute to psychological well-being and psychiatric risk, particularly in youth. While their relationship has been extensively examined in adolescent populations, limited cross-cultural research has addressed how these constructs manifest in university students from differing sociocultural contexts. This study aims to assess the relationship between self-esteem and body image among Indian and Italian university students and to determine whether cultural context moderates this association. A total of 767 participants (391 from India and 376 from Italy) completed the Rosenberg Self-Esteem Scale (RSES), the Body Investment Scale (BIS), and the Body Uneasiness Test (BUT). Correlation analyses, regression models, and moderation analyses were conducted to evaluate associations between self-esteem and body image variables and to assess the moderating role of nationality. Indian students reported significantly higher self-esteem and more positive body image compared to Italian students, who showed higher body uneasiness, particularly in subscales related to weight phobia and body image concerns. Self-esteem demonstrated a strong positive correlation with body image ($r = 0.72$) and body investment ($r = 0.61$) and a negative correlation with global body uneasiness ($r = –0.58$), weight phobia ($r = –0.54$), and other indicators of body dissatisfaction. Regression analyses confirmed that self-esteem significantly predicted both positive body investment and reduced body uneasiness, with R^2 values ranging from 0.15 to 0.51. Moderation analysis showed that nationality significantly affected the strength of these relationships. The protective influence of self-esteem against body uneasiness was stronger among Italian students, particularly regarding compulsive self-monitoring and weight-related anxiety. Findings underscore that self-esteem and body image are shaped by cultural factors and operate differently across collectivist and individualist societies. While self-esteem functions as a protective factor in both contexts, its influence is amplified in individualistic settings, where physical appearance holds greater significance in identity formation. These results have

direct implications for culturally adapted mental health interventions aimed at early identification and prevention of body-related psychopathologies among university students.

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Obesity and residential treatment analysis of clinical changes and predictive factors

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Abstract

Introduction: Obesity is one of the foremost public health challenges, with significant psychological and physical implications. This study explores the effects of residential multimodal treatment on BMI change, examines predictive factors, and analyzes pre-and post-treatment responses in a sample of individuals with obesity. The multimodal treatment lasted an average of 8 weeks.

Methods: A longitudinal pre-post-treatment design was conducted on a sample of 739 people (73% women, Mage= 42.9; SD= 18.6). Data were collected before and after the 8-week treatment. A socio-demographic questionnaire was administered, and BMI was recorded at both time points to assess treatment effects. Self-report measures included tools assessing psychological and physical aspects and perceived quality of life. To assess treatment effects, a paired t-test was used to compare BMI before and after treatment. Furthermore, a multiple linear regression was conducted to identify the psychological and physical factors predicting BMI change.

Results: The preliminary results show a significant difference in BMI between pre-and post-treatment, with $p<.001$, indicating a positive and significant effect of the treatment. The variables included in the regression model explain the variance in the pre–post BMI difference, highlighting the influence of psychological and physical factors.

Discussion: The results suggest that psychological health is an important factor in determining BMI change, reinforcing the importance of an integrated approach to obesity treatment that considers both psychological and physical factors. The study contributes to the literature on obesity, emphasizing that residential and multimodal treatment are both effective for individuals with obesity, and that therapeutic outcomes tend to improve over time.

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Perfectionism, Symptoms of Body Dysmorphia, and Obsessive-Compulsive Symptoms as Risk Factors for Eating Disorders – Preliminary findings

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Abstract

Introduction: Perfectionism is a trait characterized by the need to achieve high standards and constant self-criticism, accompanied by concern about the evaluation of one's performance. It manifests in a continual search for perfection, both in relation to oneself and others, and may also be directed toward social expectations. Perfectionism is a common risk factor for the development and maintenance of disorders like obsessive-compulsive disorder and eating disorders. Moreover, recent studies suggest that perfectionism traits represent a risk factor for the development of body dysmorphic disorder. Specifically, self-oriented perfectionism, characterized by high personal standards and strong self-criticism, is associated with both body dysmorphia symptoms and body image distortion. The aim of our study is to explore the relationship between perfectionism traits, body dysmorphia symptoms, obsessive-compulsive symptoms, and the risk of developing eating disorders.

Methods: Our sample consisted of 100 participants. The CPQ was used to evaluate clinical perfectionism, the MPS to explore perfectionism dimensions, the OBQ-20 to analyze obsessive-compulsive beliefs, the QDC for body dysmorphia symptoms, the EDI-3 to assess eating disorders, the TOS for healthy and nervous orthorexia symptoms, and the DOS for the evaluation of nervous orthorexia.

Results: the risk of developing eating disorders, as assessed by the EDI-3, was associated with clinical perfectionism ($p<0.05$), socially prescribed perfectionism ($p<0.05$), obsessive-compulsive beliefs ($p<0.05$), nervous orthorexia symptoms ($p<0.05$), the presence of body dysmorphia symptoms ($p<0.001$), and BMI ($p<0.01$). Additionally, individuals at risk for eating disorders exhibited higher levels of clinical perfectionism (0.003), higher levels of obsessive-compulsive beliefs (0.007; 0.011; 0.034), and more body dysmorphia symptoms (<0.001).

Discussion: Our study highlighted that perfectionism, obsessive-compulsive symptoms, and body dysmorphia are significant risk factors for eating disorders. The results suggested that perfectionism,

obsessive-compulsive symptoms and body dysmorphia represent transversal characteristics in eating disorder risk.

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Emotion Regulation and Obesity Prevention: Insights from the ERA Trial

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Abstract

Childhood obesity is a major public health problem and is associated with difficulties in emotional regulation and enteroceptive awareness. Digital interventions hold promise for prevention, especially when co-designed with end users. The Emotion Regulation App (ERA) was developed using a co-design approach to improve engagement and effectiveness in promoting healthier emotional and eating behaviors in school-aged children.

This study aims to evaluate ERA approval and effectiveness.

A nonrandomized controlled trial was conducted in two elementary schools in southern Italy, with 101 participants aged 6-10 years assigned to the ERA intervention (N=55, male=60%) or a control condition (N=46, male=54%). The intervention consisted of ERA usage in small group (5-7 children) in a controlled environment. A total of eight sessions were administered over four weeks. Pre- and post-intervention assessments included an *ad hoc* questionnaire on expectations and enjoyment of the app, and psychometric measures of emotion regulation, self-esteem, and eating habits. Descriptive statistics and mixed-effects models were conducted, including sex and age as covariates.

ERA has been accepted, with children reporting involvement and interest: before exposure, 53% of participants were motivated to try the product. After use, 62% reported high levels of enjoyment and 82% would continue to enjoy ERA. Compared with the control group, the intervention group showed improvements in emotion expression ($z=3.06$, $p=.002$) and differentiation ($z=2.39$, $p=.017$), and decrease in food restriction behaviors ($z=2.13$, $p=.033$).

The co-design process contributed to the engagement and interest generated by ERA, underscoring its value for mHealth. In addition, children's emotional skills improved: reduction in suppression strategies suggests that ERA encouraged children to express their emotions more freely, providing a safe context without fear of judgment or negative consequences, while the enhancement of emotion differentiation skills suggests that ERA fostered a key skill of emotional regulation, namely distinguishing between similar but qualitatively different emotions. Finally, the reduction in food restriction is relevant in the

context of obesity prevention, as restrictive behaviors are often linked to episodes of binge eating, a known risk and maintenance factor for overweight and obesity conditions. These results suggest that co-designed digital tools can effectively support emotion regulation and obesity prevention.

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Linking Emotional Maltreatment in Childhood to Overeating: The Mediating Roles of Reflective Functioning and Food Addiction

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Abstract

Background: Emotional maltreatment during childhood is recognized as a major risk factor for the development of disordered eating patterns, particularly those involving overeating. Research also suggests that early emotional maltreatment may impair reflective functioning – the capacity to understand one's own and others' mental states – potentially increasing susceptibility to impulsive, dysregulated, and addictive behaviors. Despite this, the specific role of food addiction (FA) within this framework remains underexplored. This study aimed to examine a mediation model in which childhood emotional maltreatments are linked to overeating via deficits in reflective functioning and symptoms of FA.

Methods: A cross-sectional study was conducted with 311 individuals [105 M and 206 F (M_{age} = 41.24, *SD* = 12.37)] from the Italian general population. Participants completed self-report measures including: the emotional maltreatment scale of the Traumatic Experience Checklist (TEC); the Reflective Functioning Questionnaire (RFQ), the modified Yale Food Addiction Scale 2.0 (mYFAS2.0), and the Addiction-like Eating Behavior Scale (AEBS). A multiple mediation analysis (5,000 bootstrap) was performed using observed variables.

Results: The mediation model supported the proposed hypotheses. Childhood emotional maltreatments were associated with increased FA symptoms ($p < .001$) through reduced reflective functioning ($p < .001$). In turn, FA symptoms were positively related to overeating ($p < .001$). The proportion of explained variance (R^2) was .357.

Discussion: These findings underscore the crucial function of FA as a link between deficiencies in reflective functioning and maladaptive eating behaviors associated with excessive food consumption. These findings enhance the comprehension of the psychological mechanisms underlying disordered eating and

underscore the necessity of creating therapies that target both deficits in reflective functioning and FA in individuals with histories of emotional maltreatments.

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Inside the perspective of peer mentors: Developing a collaborative virtual network approach to eating disorder self-management

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Abstract

Introduction: Eating Disorders (EDs) significantly impact physical and mental health, with high chronicity rates, particularly among adolescents. Among the contributing factors, social media play an ambivalent role: while often associated with the dissemination of harmful content promoting unrealistic body ideals and pro-ED behaviors, they also serve as platforms for alternative narratives. These narratives are often led by content creators who use social media to promote awareness, emotional insight, empathy, and engagement, sharing personal recovery journeys. This study explores the contribution of Italian content creators with lived ED experience. The aims are (1) to examine how these creators perceive and carry out their role in raising awareness and supporting recovery; (2) to explore the psychological, emotional, and ethical challenges they face in creating and sharing content, and how their personal experiences influence their approach; (3) to assess the value of interdisciplinary collaboration between content creators and mental health professionals.

Methods: Ten creators who had ED experience were recruited via Instagram and participated in online semi-structured interviews, which explored the perceived role as peer mentors in health communication, strategies for sharing recovery-oriented content, and views on digital advocacy. Thematic Analysis was conducted using a hybrid approach combining manual coding and artificial intelligence-assisted analysis.

Results: Findings were structured according to the interview questions, with key themes emerging: personal and social motivations for sharing one's story; psychological benefits of the storytelling process; ambivalent role of social media in ED prevention and management; emotional challenges and difficulties in handling online interactions; most effective communication strategies; and value of interdisciplinary collaborations with mental health professionals.

Discussion: Participants recognized social media as powerful tools for outreach but highlighted the need for digital literacy and professional support to reduce misinformation and avoid inadvertently promoting harmful behaviors. Creators remain committed to creating a safe, informative online space is part of the

INTERconNEcT-EDs project, a collaborative digital initiative integrating ED experts and creators to develop support and prevention networks.

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From Emotion Dysregulation and Mentalization to Emotional Eating and Overeating: The Role of Food Addiction

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Abstract

Background: research has consistently highlighted that deficits in mentalization can heighten vulnerability to emotion regulation difficulties. These impairments, in turn, are frequently associated with the use of maladaptive coping strategies, such as emotional eating, which may contribute to patterns of disordered eating like overeating. Despite this, the specific contribution of a food addiction (FA) diagnosis has received limited attention. The present study sought to test a moderated mediation model, exploring whether the relationship between mentalization, emotion regulation difficulties, and overeating is mediated by emotional eating and moderated by the presence of a FA diagnosis.

Methods: a cross-sectional study was conducted with 323 individuals [98 M and 225 F (M_{age} = 44.45, SD = 11.28)] from the Italian general population and 37 (11.4%) of them received a diagnosis of FA via modified Yale Food Addiction Scale 2.0 (mYFAS2.0). Also, participants completed self-report measures including: the short form of Difficulties in Emotion Regulation Scale (DERS-SF); the Reflective Functioning Questionnaire (RFQ), and the Three-Factor Eating Questionnaire 18 Revised (TFEQ-18-R). A moderated mediation analysis (5,000 bootstrap) was performed using observed variables.

Results: the moderated mediation model showed that the proportion of explained variance (R^2) was .554. In particular, deficit in mentalization and difficulties in emotion regulation were associated with emotional eating ($p < .001$). Also, emotional eating was strongly associated with overeating behaviors ($p < .001$). Lastly, FA moderates the relationship between emotional eating and overeating ($p < .001$).

Discussion: these results emphasize the moderating function of FA in the link between emotional eating and overeating, originating from impairments in mentalization and difficulties in regulating emotions. Furthermore, they contribute to a deeper understanding of the psychological processes involved in

disordered eating characterized by excessive food consumption and highlight the importance of developing interventions specifically addressing FA.

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From hysteria to anorexia: An archival and thematic analysis of female patients' records in an Italian asylum (1907-1951)

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Abstract

Introduction: hysteria and anorexia nervosa have long been recognized as Western culture-bound syndromes, shaped by sociocultural dynamics and gender norms. While hysteria was frequently diagnosed in psychiatric hospitals during the late 19th and early 20th centuries, anorexia nervosa gained nosographic recognition only later. However, historical medical literature suggests that extreme food restriction and emaciation – often classified as sitophobia or hysteria – may represent early manifestations of modern anorexia nervosa. Building on these insights, this study investigates restrictive eating behaviors within hysteria diagnoses and explores how shifts in psychiatric classification reflect broader sociocultural transformations.

Methods: archival research at the State Archive of Padua enabled the examination of 1,079 medical records from the historical Padua Psychiatric Hospital (1907-1951). A total of 272 diagnostic labels were identified and grouped into macro-categories, with a particular focus on hysteria-related cases and associated restrictive eating behaviors. A thematic analysis was conducted on patient records presenting both hysteria diagnoses and severe food restriction, tracking patterns in diagnostic classification, symptom descriptions, and treatment approaches over time.

Results: among the total cases, 41 (3.8%) were diagnosed with hysteria, with eating-related symptoms documented in 17 cases (41.46%). Severe emaciation was reported in 7 cases (17.07%). Treatments included forced feeding, sedatives, and ovarian massage, reflecting gendered psychiatric interventions. The limited presence of hysteria in the sample suggests that its classification was not as widespread as commonly assumed, likely influenced by regional, cultural, and institutional factors shaping psychiatric practice.

Discussion: findings indicate that hysteria and anorexia nervosa historically overlapped but were progressively delineated as separate conditions. The lower incidence of hysteria diagnoses in this sample highlights the role of contextual variables, such as medical paradigms, institutional policies, and

sociocultural expectations, in shaping psychiatric classification. Further research should extend this analysis to later archival records and contemporary epidemiological data to better understand the evolving relationship between psychiatric diagnoses, culture, and female mental health.

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Associazione Italiana di Psicologia

Saturday, 20th September 2025

THEMATIC SESSION

AI AND DIGITAL TECHNOLOGIES IN CLINICAL RESEARCH AND PRACTICE

Chair:

Angelo Compare

University of Bergamo

Mediterranean Journal of Clinical Psychology

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Associazione Italiana di Psicologia

Teaching Rorschach Administration Through an Avatar-Based Serious Game: a Preliminary Evaluation

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Abstract

In recent years, there has been a significant increase in the use of interactive software developed for educational purposes. Among these, serious games, defined as any game developed in a computer-based environment using a pedagogical approach with the aim of facilitating teaching and learning, are emerging as valuable tools for enhancing the training of psychologists.

Indeed, the practical experience that psychologists require for their training is hindered by challenges in accessing real patients, particularly in the context of assessment. The Rorschach Test serves as a prime example of this challenge.

The Rorschach is one of the most complex tools to learn and apply accurately due to the time required to master its administration, the need for supervision, and the difficulties in managing both technical procedures and interpersonal dynamics with clients.

Given the challenges of traditional training methods, serious games can improve the quality and effectiveness of training by providing flexibility, interactivity, and engagement. Based on active learning principles, they create a realistic, safe environment where students can make mistakes without consequences and receive unbiased feedback from trainers.

Thus, the present study aims to provide a preliminary evaluation of AVAROR, an avatar-based serious game for training psychologists to administer the Rorschach test.

A sample of 10 experts in Rorschach Test administration (M = 38.90; SD = 8.50) were recruited. After a brief training session, they first administered the Rorschach Test to an avatar and, in a second phase, controlled the avatar's actions. They then completed a short questionnaire assessing the software's usability, their experience with the test administration, and providing qualitative feedback on potential improvements to the software.

The usability of AVAROR was evaluated good. The experience in administering Rorschach Test scores indicate that the expert perceived a high efficacy in the administration process. Finally, AVAROR was

evaluated as accurately simulating a real Rorschach Test administration experience and as a valuable tool for training in its administration.

These findings offer a preliminary evaluation of AVAROR as a promising tool for training in Rorschach Test administration, highlighting potential future enhancements for psychologists' training.

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Little Robot, Would You Like to Be My Friend?

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Abstract

Background: few studies have appreciated caregivers' involvement in child-robot interaction. The present project explored the feasibility of the "child-robot-caregiver" system.

Methods: we employed a QTRobot with the Rehabilitation Robotic Companion for Children and Caregivers (R2C3) interface in a Wizard of Oz protocol. We proposed children (N=235) engage in motor rehabilitation exercises, emotional expression activities, and activities for developing social skills. The robot supplied supportive feedback and stimulated an interaction with the caregiver. The system was tested in a public space during a science outreach event. The opinions of the caregivers (N = 94) were evaluated using the System Usability Scale (SUS) and semi-structured interviews. The children's adherence (N = 235) was assessed qualitatively.

Results: caregivers perceived the system as usable (mean SUS score=3.99, max=5 points). They appreciated the robot, its appearance, and the feedback. They criticized the robot's voice, the speed of its interaction, and the risk of technology replacing human interaction. Suggestions included programming the robot's responses according to the children's ages; adding a reward point system; and developing the robot's face-video expressions to "attune them emotionally" to those of the children. Children displayed sharing behaviors with the robot; they often projected human characteristics onto it as a "living creature", and welcomed their caregivers into their activities.

Conclusions: R2C3 permitted including caregivers in play activities between a child and a robot in a smooth but improvable way. In the future, we hope to implement this protocol to complement the treatment of children with neurodevelopmental disorders.

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AI, Chatbots, and Psychotherapy

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Abstract

Introduction: the integration of artificial intelligence (AI) into psychological practice has led to the emergence of therapeutic chatbots, software designed to support mental health through techniques such as Cognitive Behavioral Therapy (CBT). However, the effectiveness of these tools in replicating fundamental aspects of psychotherapy, such as the therapeutic setting and transference, raises profound questions. Additionally, the increasing humanization of these systems can provoke unsettling feelings, consistent with Freud's concept of the uncanny.

Method: to explore these issues, a literature review was conducted on studies addressing constructs such as the therapeutic setting, setting violations, transference, and the uncanny. Materials were categorized into subthemes consistent with the psychodynamic concepts explored, aiming to evaluate the capability of chatbots to replicate an authentic therapeutic relationship.

Results: findings highlight the incapacity of chatbots to develop a therapeutic setting, both internally and externally, due to the lack of genuine empathy and an on-demand approach that compromises relational boundaries. Transference cannot fully emerge without a human interlocutor, and discovering interactions with an artificial entity can evoke a sense of uncanniness. Automated and sometimes ambiguous AI responses increase user ambivalence, placing them within a "liminal therapeutic space."

Conclusions: the study proposes the concept of an uncanny setting, a new theoretical perspective describing the emotional space generated by interactions between users and chatbots. Although useful in certain contexts, the use of AI in psychotherapy necessitates further research to evaluate the deep psychological impacts of these tools, particularly given the ongoing anthropomorphization of AI.

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The role of digital technologies in promoting healthy and sustainable eating: a systematic review of the literature

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Abstract

Introduction: promoting food sustainability is crucial in addressing challenges related to climate change and public health. Improving a healthy and sustainable diet also brings individual benefits, such as preventing chronic diseases and enhancing psychological well-being. While various technological tools have proven effective in improving a wide range of sustainable behaviors, their ability to increase healthy and sustainable eating choices through psychological mechanisms remains understudied.

Methods: a systematic review of the literature using PRISMA criteria was conducted to investigate the use of technologies in improving healthy and sustainable eating behaviors and to summarize the psychological mechanisms used by the available technological tools. Keywords such as "sustainable diet" and "food sustainability" were combined with keywords identifying technological tools (e.g., "Virtual Reality," "mobile app," and "web app") across four databases (PsycINFO, PsycArticles, PubMed, and ProQuest).

Results: a total of 16 articles were identified. Six articles explored the use of virtual reality, six examined mobile apps, three focused on web platforms, and one on augmented reality. The results showed that technologies motivate behavioral change in the field of nutrition through psychological mechanisms such as awareness (n=10), self-efficacy (n=5), self-monitoring (n=4), and nudging (n=5). However, only a few studies included follow-up assessments (n=5).

Discussion: the findings highlight that by targeting psychological mechanisms, digital technologies (in particular, virtual reality and mobile apps) can serve as useful resources for improving healthy and sustainable food behaviors and promoting physical and psychological well-being in the general population. However, further studies are needed to prove the long-term effects of these tools and to fully assess the effects of the available software across a wider variety of samples, such as clinical populations.

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Artificial Intelligence and Psychotherapy: Psychoanalytic Reflections from Silicon Valley to Italy

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[2] APsA – American Psychoanalytic Association - Council on Artificial Intelligence, United States

Abstract

The recent establishment of theCouncil on Artificial Intelligence (CAI) within the American Psychoanalytic Association (APsaA) reflects a growing recognition of the relevance of artificial intelligence (AI) to psychoanalytic theory and clinical work. At the 2025 annual meeting in Silicon Valley, the group sparked an important interdisciplinary dialogue on how AI is beginning to reshape the relational, symbolic, and affective dimensions of psychotherapeutic practice. This presentation revisits and expands upon those reflections, adapting them to the European and specifically Italian clinical context. While some pilot projects—such as Co-Adapt (IDEGO & University of Trento)—have begun exploring chat-based digital tools for psychological support, Italy currently lacks a structured framework for integrating AI into psychotherapy. These early developments call for robust theoretical and clinical engagement before such tools become widespread without psychoanalytic grounding. A striking and controversial example is *Replika*, an AI chatbot developed for empathetic interaction, which in documented cases has produced disturbing responses, including incitement to self-harm. This raises urgent clinical questions: What forms of *transference* and *countertransference* arise in relationships with non-human agents? How is the therapeutic setting redefined when patients form symbolic or affective bonds with machines? AI does not merely simulate behavior—it absorbs and reflects unconscious patterns. Drawing on Luca Possati's concept of the *algorithmic unconscious*, this presentation proposes that AI agents act as social mirrors shaped by a collective technological unconscious. As hybrid psychic devices, they externalize projections and may subtly reshape the internal world of the subject. These dynamics highlight the urgency of understanding how clinicians should respond when patients displace desire, dependency, or aggression onto intelligent technologies. One key outcome of this reflection is the proposal to launch a transnational research initiative linking the U.S. and Europe, aimed at studying how AI can be ethically and effectively integrated into psychotherapeutic practice. This presentation would combine psychoanalytic, neuroscientific, and technological perspectives to explore and regulate the evolving relationship between subjectivity and artificial agents.

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Motives Behind the Method: A Qualitative Analysis of Narratives from Self-Harm e-Communities on Reddit

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Abstract

Introduction: Self-Harm (SH) typically emerges during adolescence, with recent studies indicating a rise in prevalence. In parallel, SH e-Communities have also been gaining popularity among people that engage in this behaviour, as it offers a place to communicate, build community, seek advice from peers who also self-harm, while maintaining a desired level of anonymity. Given the unique context that members in these communities find themselves, the aim of this study was to explore first-person narratives on three SH e-Communities on Reddit, to examine associations between disclosed method of SH and stated motivations for engaging in this behaviour.

Method: First-person narrative posts were collected from 01/01/2020 to 31/12/2023 from 3 SH e-Communities on Reddit, namely r/selfharm, r/MadeofStyrofoam and r/AdultSelfHarm. After filtering for inclusion criteria and a predefined list of SH method related keywords, a random sample of 500 narratives were extracted proportionate to the frequency of posts made from each e-Community. Two independent coders simultaneously coded the narrative for SH method, motivations based on the four-function model (FFM) of non-suicidal self-injury, specific function within the FFM, SH location, ongoing nature of behaviour, presence of suicidal ideation or attempts, and feelings related to the act.

Results: Preliminary analyses suggest that certain methods of self-harm frequently co-occur with specific motivations. Cutting was the most commonly reported method and often appeared alongside motivations such as affect regulation, self-punishment, sensation seeking, and socially oriented reasons like communicating with others or receiving attention. Less frequent methods such as Scratching, Hitting and Burning, were primarily associated with automatic functions. These patterns suggest emerging trends in how individuals connect specific SH methods to underlying motivations. Chi-square and Kruskal-Wallis tests were used to examine associations between SH methods, motivations and variations in Reddit post scores.

Conclusion: This study aimed to explore associations between SH methods and the diverse motivations for engaging in this behaviour. Results underscore the wide range of motivations reported by individuals who SH and highlights important implications for healthcare providers. Understanding the association between SH methods and motivations could inform more targeted and effective intervention strategies.

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reACT♀: A Serious Game to Help Female STEM Students Manage Stress

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Abstract

Introduction: Female students and Ph.D. students in Science, Technology, Engineering, and Mathematics (STEM), often face gender discriminatory and unfair situations throughout their academic careers. These challenges can lead them to emotional distress and a sense of helplessness negatively impacting their mental health and their motivation to pursue STEM careers. This research aims to evaluate our serious game reACT♀ with two objectives: 1) assessing the efficacy of the intervention on female students' psychological well-being and 2) collecting usability and user experience feedback.

Methods: The proposed behaviour change intervention adapts the World Health Organization's Self-Help Plus stress management program, based on Acceptance and Commitment Therapy (ACT), delivering it through a digital serious game, reACT♀, designed for female STEM students and guided by a virtual avatar. The study is conducted in four phases: screening and pre-test assessments in the lab (Phase 1, T0), six weeks of independent use of reACT♀ (Phase 2), post-test evaluations to measure changes in psychological well-being and the user experience (Phase 3, T1), and a 3-month follow-up to test long term efficacy on psychological variables (Phase 4, T2). The present preliminary analysis includes 16 female students (M age = 24.38, SD = 2.70) who completed all four phases, including questionnaires in T0, T1, T2 and the serious game levels.

Results: The General Health Questionnaire ($\chi^2(2) = 9.87$, $p < .01$) and the Perceived Stress Scale scores ($\chi^2(2) = 25.13$, $p < .001$) decreased across T0, T1 and T2, indicating lasting improvements. The intervention also significantly enhanced active coping strategies and emotion regulation. Participants reported that the game was highly usable and engaging, suggesting that it effectively captured user interest.

Discussion: reACT♀ shows promising potential in improving psychological well-being and stress management among female STEM students and Ph.D. students over time. Future research should include control groups and larger, more diverse samples to strengthen the validity of the results.

Additionally, further improvements are needed in engagement patterns and technical functionality to optimize the overall experience, effectiveness and scalability of the serious game reACT♀.

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"Wave Island": a Serious Game for Emotion Regulation through Pubertal Changes

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Abstract

Emotion regulation (ER) is the process responsible for identifying, experiencing and managing emotions. ER is an essential skill for adaptive functioning particularly during adolescence when the physical experience of puberty becomes both a mental and emotional experience. In this transitional phase of life, in the absence of adequate emotional abilities, the mind needs to protect itself from the emerging physiological demands generated by a sexualized body. As a result, the harmony in the body-mind relationship could be broken. Adolescence is a critical period for the development of mental health disorders. Preventive interventions using innovative approaches, such as serious games, have shown promising results in emotional regulation in young people by promoting active learning. This presentation provides an overview of the methodological and theoretical framework of an innovative intervention program - a project financed by the PRIN 2022 funds - on emotional regulation focusing on pubertal changes during early adolescence (11-13 years old), called "Wave Island". It will be a serious game that represents adolescent conflicts and the emotions they generate metaphorically. The gaming experience will be integrated with a smart band to collect physiological parameters, such as heart rate. Gameplay includes challenges, interaction with characters, and feedback from physiological data monitoring, making the game more or less difficult. The game will be an adventure where the players will have the opportunity to confront themselves with the game's responses and improve emotional regulation processes.

The adventure will be a journey among islands, beginning on "Wave Island" which is hit by a tidal wave that overwhelms everything. Thanks to the presence of a guide – an expert figure who offers support – the protagonist will understand his role in overcoming challenges that will lead to the other islands in the archipelago: the Island of Shame/Disgust and the Island of Anger. The names of these islands evoke a teenager's typical emotions.

This intervention is designed to encourage adolescents to reflect on their internal emotional experiences through play. It is expected to promote increased emotional self-awareness, thereby equipping adolescents with the psychological resources needed to navigate pubertal changes and contributing to

the prevention of psychopathological development.

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Saturday, 20th September 2025

THEMATIC SESSION

CONTEMPORARY CLINICAL AND SOCIAL ISSUES

Chair:

Silvia Casale

University of Florence

Mediterranean Journal of Clinical Psychology

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Navigating Sexuality and Relationships in Neurodevelopmental and Severe Mental Health Conditions: A Qualitative Study of Caregiver Perspectives

Miriam Belluzzo [1], Veronica Giaquinto [2], Camilla Esposito [3], Erica De Alfieri [1], Daniela Volpe [2], Anna Lisa Amodeo [2]

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Abstract

Background: Despite being integral to human well-being, the sexual, affective, and relational needs of individuals with intellectual disabilities (ID), autism spectrum disorder (ASD), and severe mental illness (SMI) are frequently overlooked or stigmatized. Caregivers often lack guidance in supporting these aspects of development. This study investigates how parents and caregivers perceive and navigate these needs in their dependents.

Methods: Six focus groups were conducted with 10 caregivers (parents and professional caregivers) of individuals diagnosed with ID (including genetic syndromes), ASD, and SMI, recruited from the Argo Centre of the FOQUS Foundation. Data were analyzed thematically using MAXQDA to identify patterns and insights.

Results: Four key themes were identified: (1) developmental differences and unique needs, (2) manifestations of sexuality, emotional processes, and autonomy, (3) the role of caregivers in supporting development, and (4) socialization and safety concerns. Participants emphasized struggles with societal stigma, managing inappropriate behaviors, and fostering independence while ensuring safety. Despite challenges, caregivers expressed a strong desire for targeted training programs.

Conclusions: The findings underscore the necessity of specialized caregiver education and systemic support to address the unmet needs of individuals with ID, ASD, and SMI. Although the small sample limits generalizability, this study offers actionable insights for developing inclusive interventions and policies.

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Loneliness: relationship between individual characteristics and depressive symptoms

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Abstract

Introduction: Loneliness — defined as the subjective perception of a discrepancy between desired and actual relationships — is associated with factors such as introversion, depression and a lack of social skills. It can lead to feelings of isolation or emotional detachment and ultimately impact mental health. However, this condition reflects a feeling of social isolation that can also occur in the presence of others, which emphasizes the importance of a deeper understanding of the underlying mechanisms. In this context, the present study investigated the influence of individual characteristics, including personality traits, emotional dysregulation and loneliness, on mental health.

Methods: The survey was conducted online via the Qualtrics platform and included a sample of 377 young adults (age range 18-35 years, mean age 23.8±3.8 years, 77.5% female), a population that is frequently exposed to relevant stressors and changes. To analyze the relationship between gender, personality, emotional dysregulation, loneliness and depressive symptoms, a hierarchical regression analysis was conducted, assuming depressive symptoms as dependent variables and using the specific subscale of the Brief Symptom Inventory.

Results: The full model of gender, personality, emotion dysregulation and social/emotional loneliness explained a significant amount (56%) of the variance of the depressive symptoms [$F(9,367) = 52.3$, $p < .001$]. The emotional dysregulation appeared to be the strongest contributor ($\beta = .460$, $p < .001$), followed by emotional loneliness ($\beta = .191$ $p < 0.001$) and detachment trait ($\beta = .157$, $p < .001$). The addition of emotional loneliness to the prediction of depressive symptoms also led to a statistically significant increase in R^2 of .043 [$F(2, 367) = 17.89$, $p < .001$].

Discussion: The results show that emotional aspects of loneliness and emotion regulation as well as certain personality traits are significantly related to depressive symptoms in young adults. This underscores the need for tailored interventions to promote and support emotional and relational well-being.

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Are electromagnetic hypersensitivity and fibromyalgia actually a small fiber neuropathy? A preliminary study

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Abstract

Introduction: Fibromyalgia (FM) is characterized by chronic widespread pain (CWP) axial, plus left and right-side, plus upper- and lower-body pain, with muscoloskeletal stiffness and tenderness, for more than 3 months and non pain symptoms.

FM patients were investigated with skin biopsy for Small Fiber Neuropathy SFN: Grayston's metanalysis 2018 concerning 8 studies about FM pooled prevalance of Small Fiber Neuropathy (SFN) (49%).

Electromagnetic hypersensitivity (EHS) is characterized by a variety of no specific symptoms, but very similar to SFN Awhich afflicted individuals attribute to exposure to Electromagnetic field EMF (self - reported).

Methods: The study was carried out on 31 subjects:11 with EHS and FM, 10 with EHS and 10 controls. All subjects were administered nine tests: Scales of General Well-Being (SGWB), The Rosenberg Self-esteem Scale (RSE), The Multidimensional Scale of Perceived Social Support (MSPSS), The Connor-Davidson Resilience Scale (CD-RISC), The General Self efficacy scales (GSE), Locus of Control test (LOC), Beck Anxiety Inventory (BAI), The Center Epidemiological Studies (CES- D) Big Five Questionnaire (BFQ). Futhemore, the subjects underwent skin biopsy.

Results: Results showed that thin fiber pathology exists in EHS (primary outcome), in EHS with or without fibromyalgia FM.

MANOVA performed to assess differences between FM – EHS, EHS and control group for SGWB, RSE, MSPSS, CD-RISC, GSE, LOC, CES- D, BAI and BFQ, was significant. After MANOVA the ANOVAs for each dependent variables showed just one significant result for BAI. Post – hoc showed significant differences between FM – EHS, EHS and control group ($p < 0.05$). For all test the subjects result's lie under the pathology threasholds.

Also we analyzed 21 patients. SFN was found in 15 patients showing an epidermal denervatuo whereas 6 patients presented a normal epidermal innervation.

11 of 11 in the FM-EHS group and 4 of 10 in the EHS group showed SFN.

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Examining arousal and emotional valence in the responses of risk and no-risk gamblers in the general population

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Abstract

Introduction: Problem gambling is a worldwide public health problem that is prevalent in the Italian population. Literature showed significant associations between several cognitive-emotional risk factors and problem gambling, such as impulsivity, decision-making, emotional dysregulation, and attentional bias. In this field, the literature highlighted the need for multidimensional and multimethod approaches to investigate these variables, including self-report, behavioral tasks, and physiological measures. Concurrently, a need has emerged to validate stimuli for task improvement and to examine gamblers' responses to these stimuli, particularly in studies of attentional biases. In this context, the present study aimed to validate a new set of stimuli for gambling studies and to examine associations between gambling severity and arousal and emotional valence associated with the stimuli.

Methods: A sample of 348 participants aged 18-63 years (M = 24.97; DS = 9.90) was recruited via an online survey consisting of sociodemographic information, gambling habits, and the Problem Gambling Severity Index (PGSI). Additionally, participants were asked to view a series of images and to rate their desire to gamble (arousal) and the emotional valence (neutral, positive, or negative) associated with them. The stimuli utilized were created by selecting images from freely available online sources or by creating them ex novo using photographs and graphics software and including several gambling activities.

Results: The database contained a total of 124 images. The results indicated a satisfactory distribution of rated images along the parameters of arousal and emotional valence. The analysis showed that individuals' rating responses were related to gambling severity. In the risk gambling group, gambling-related stimuli elicited higher levels of arousal compared to neutral images. In addition, the results indicated a higher desire to gamble, and more positive emotions associated with gambling stimuli in risk gamblers compared to the no-risk group in the general population.

Discussion: This database is a valuable resource for research on gambling behavior through behavioral and physiological measures, particularly for attentional bias. The clinical implications, limitations of the study, and future directions of research will be discussed.

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Beyond the Heatwave: Exploring Eco-Anxiety and Eco-Depression in the Context of Climate Change

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Abstract

Introduction: Climate change represents one of the most serious threats of 21st century and has become increasingly difficult to ignore: heatwaves, hurricanes, floods, wildfires, and more. Not only physical health is at risk, but the psychological impact of these events is also significant. Several studies showed that direct or indirect exposure to climate change can generate feelings of loss, helplessness, anger, and worry, both for oneself and for future generations. The present study aimed at a) assessing eco-anxiety and eco-depression in community-dwelling adults and b) exploring individual differences in the perception of climate change and environmental engagement.

Methods: A sample of 100 (M_{age}=27.88; DS_{age}=5.25; female=87.5%) Italian community-dwelling participants completed the Climate Change Anxiety Scale, the PROMIS-Anxiety, the PROMIS-Depression, and the Personality Inventory for ICD-11. Correlation analysis was used to explore correlation between of eco-anxiety, eco-depression, and individual differences.

Results: Preliminary results showed that eco-anxiety was positively correlated with PROMIS-Anxiety symptoms (r = .78, p = .04) and functional impairment (r = .81, p = .03), suggesting that higher climate-related worry is associated with greater psychological and daily functioning difficulties. Moreover, Dissocial personality traits were negatively correlated with climate anxiety (r = -.86, p = .01), potentially indicating that lower environmental concern among individuals with higher dissocial tendencies. Additionally, eco-depression was strongly associated with functional impairment (r = .90, p = .01), highlighting its potential clinical importance.

Discussion: These preliminary findings indicated that eco-anxiety and eco-depression are relevant phenomena, at least in this sample, confirming the need to consider them in environmental policymaking. Finally, these findings highlighted the importance of adopting a psychological perspective when addressing climate-related issue and considering individual differences when promoting environmental engagement.

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The role of psychological distress, effort-reward imbalance and decision-making style in dropout intentions: a cross-sectional study on student sample

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Abstract

Introduction: The literature consistently demonstrates that university students are particularly susceptible to developing psychological issues, with recent studies revealed a significant rise in mental health concerns among students in the last decades. This increase has been related with escalating rates of university dropout. The dropout phenomenon is multifaceted, encompassing not only psychological, but also social and financial factors. However, the psychological determinants underlying this phenomenon require further clarification. In addition to well-known psychological distress, one potential risk factor may be students' perception of an imbalance between their efforts and the rewards they receive.

Methods: The present study aimed to investigate the interrelationship between psychological distress, the imbalance between effort and reward, and decision-making styles in relation to dropout intentions. A total of 291 university students, coming from different Italian universities, aged 19-40, were administered the Effort-Reward Imbalance Student Questionnaire, the Clinical Outcomes in Routine Evaluation—Outcome Measure (CORE-OM), and General Decision Making Style and item derived from Hardre and Reeve's measure of dropout intentions.

Results: A linear regression analysis indicated that greater imbalances between effort and reward, increased difficulties with functioning and risk, and an avoidant decision-making style are all significant predictors of dropout intentions. Furthermore, a mediation analysis demonstrated that the relationship between the effort-reward imbalance and dropout intentions was mediated by the problems in functioning and risk subscales (CORE-OM).

Discussion: The present study firstly sheds light on a crucial psychological factor influencing dropout intentions among university students: the perceived imbalance between the efforts they invest and the rewards they receive. Moreover, findings suggest that when students perceive this imbalance, it leads to increased psychological distress, which further exacerbates their intentions to drop out. This insight is significant, especially considering the established correlation in the literature between students' intentions

to leave and their actual dropout behavior. Understanding these dynamics can help in developing targeted interventions to support students and reduce dropout rates.

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What resilience skills do emergency workers need during a widespread phase of a socio-health emergency? The role of hardiness and resilience on burnout and secondary trauma

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Abstract

Introduction: Emergency volunteers who intervene during the COVID-19 pandemic faced a lot of challenges such as working long hours, limited resources and the risk of infection. They were exposed to high stress and are more likely to the development of burnout, mental illnesses and secondary trauma. The literature has highlighted that there are individual factors that could protect mental health, such as hardiness and resilience. The aim of this study is to analyze how these protective factors interact with stress, trauma and burnout in emergency volunteers workers during COVID-19 pandemic.

Methods: Our study involved a sample of 476 Italian Red Cross An online survey was used during the second phase of the COVID-19 pandemic. The questionnaire included tools to measure general stress, emergency stress, burnout and resilience and hardiness skills.

Results: The results indicated a positive correlation between emergency stress, secondary trauma and burnout and a negative correlation between these factors and the protective factors of hardiness and resilience. In addition, volunteers can experience depersonalization and emotional exhaustion caused by emergency stress and secondary trauma. During the emergency, hardiness played a higher protective role than resilience. Resilience showed a significant moderating effect between the components of secondary trauma and burnout. Hardiness was found to have moderation effects on the relationships between burnout and emergency stress and between burnout and secondary trauma. Hardiness was found to be a good moderator on the relationships between burnout and emergency stress and between burnout and secondary trauma.

Discussion: It is essential to implement training programs in hardness and resilience, provide psychological support to volunteers and adopt organizational strategies to improve mental health and well-being. Resilience and hardiness skills must be considered essential for volunteers' psychological wellness. These are important to provide them with appropriate tools to face the challenges of the emergency without compromising their ability to manage emotional load and psychological breakdown.

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Linking depressive symptoms and time perception through spatial attention in middle-aged adults: preliminary results

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Abstract

Introduction: Depressive symptoms (DS) in middle age predict later-life limitations. Psychotherapy is often costly, making it essential to identify mechanisms that enhance treatment or reduce costs. Time perception—the ability to estimate durations—has been linked to DS, though findings remain debated, and attempts to modulate time perception for DS relief have been inconclusive. An explanation is that DS and time perception may share underlying cognitive mechanisms rather than a direct link. Spatial attention is a strong candidate as a shared mechanism, given its association with both.

We present preliminary findings from a broader PRIN 2022 study on strategies to modulate DS and time perception, addressing the following questions: (1) Do middle-aged adults with DS exhibit altered time perception? (2) Do they show altered spatial attention? (3) Are spatial attention alterations associated to time perception and/or mood?

Methods: Thirty participants were divided based on Beck Depression Inventory-II scores into age- and sex-matched groups: with DS (score ≥ 14; N = 11; 8 females; M age = 50.18 years, SD = 8.56) and without DS (score < 14; N = 19; 13 females; M age = 50.78 years, SD = 8.02). Participants completed: a time perception task assessing duration estimation and sensitivity to time (i.e., the ability to discriminate similar durations); a line bisection task measuring spatial attention; a self-report measure of state mood. Group differences were analyzed via independent-sample t-tests, and correlations between spatial attention, time perception, and mood were examined.

Results: Participants with DS, compared with those without DS, exhibited reduced sensitivity to time but no differences in duration estimation. They also showed a leftward shift in spatial attention. Notably, spatial attention correlated negatively with mood (i.e., lower mood was linked to a stronger leftward shift) but not with sensitivity to time.

Discussion: Middle-aged adults with DS exhibited (1) altered sensitivity to time, but not duration estimation, and (2) altered spatial attention. Moreover, (3) spatial attention alteration is associated with mood but not time perception. These findings suggest that targeting spatial attention, rather than time perception, may offer a novel approach to modulate DS.

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The Moderating Role of Adverse Childhood Experiences in the Relationship between Crohn's Disease Activity and the Development of PTS Symptoms

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Abstract

Introduction: Crohn's disease (CD) is a chronic inflammatory bowel disease (IBD) characterized by a relapsing course, debilitating symptoms, and potential long-term complications. Patients with chronic illnesses are more vulnerable to post-traumatic stress (PTS) symptoms, which may arise from both the illness itself and the diagnostic or therapeutic procedures. Studies indicate that approximately one-third of patients with IBD exhibit significant PTS symptoms, including flashbacks, nightmares, hypervigilance, and sleep disturbances, which can sometimes progress to post-traumatic stress disorder (PTSD). This study examines the moderating role of adverse childhood experiences (ACEs) in the relationship between disease activity and PTS symptoms.

Methods: this cross-sectional study involved consecutive CD outpatients. Participants completed two self-report questionnaires: the Revised Impact of Event Scale (IES-R) and the Adverse Childhood Experiences (ACEs) questionnaire. Disease activity was evaluated using the Harvey Bradshaw Index. Data were analyzed using Pearson correlation coefficients and moderated regression analyses in SPSS software (version 27).

Results: a total of 172 CD patients were included. Of the total sample, 48 patients (31.2%) exhibited a score of 33 or higher on the IES-R, suggestive of PTSD. Correlation analyses showed that ACEs scores were significantly associated with all IES-R subscales: intrusion ($r = .405$, $p < .001$), avoidance ($r = .348$, $p < .001$), and hyperarousal ($r = .363$, $p < .001$). Additionally, patients with higher ACEs scores had significantly more severe disease activity ($r = .272$, $p < .001$). The highest ACEs scores were related to

psychological abuse. Hierarchical regression analysis further demonstrated that the relationship between CD activity and the overall IES-R score was significantly stronger among patients with high ACEs scores ($b = .21$, $p < .001$) compared to those with medium ($b = .12$, $p = .005$) or low scores ($b = .06$, $p = .291$).

Discussion: the findings suggest that adverse childhood experiences increase psychological vulnerability in patients with Crohn's disease, influencing the course of the illness. Integrating psychological assessment into clinical practice appears essential to improve the overall management of IBD and to prevent the worsening of post-traumatic symptoms.

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di Psicologia

Saturday, 20th September 2025

THEMATIC SESSION

NEW PERSPECTIVES ON TRAUMA AND DISSOCIATION

Chair:

Adriano Schimmenti

Kore University of Enna

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fNIRS assessment during an Emotional Stroop Task: the relationship between early interpersonal trauma, interoceptive awareness, and activity in the prefrontal cortex

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Abstract

Introduction: early interpersonal trauma (EIT) can alter the trajectories of brain development, impairing the functionality of prefrontal regions, particularly the orbitofrontal cortex (OFC). The OFC is crucial for processing and modulating emotional stimuli, especially during tasks that require cognitive effort. EIT may also impair interoceptive awareness (IA), which is the ability to perceive and interpret internal bodily signals, thereby affecting emotion regulation in adulthood. The present study aimed to investigate the relationship between EIT, IA, and prefrontal activity, using functional near-infrared spectroscopy (fNIRS) during an Emotional Stroop Task (EST).

Methods: ten participants performed the EST while fNIRS recorded cortical activity in the prefrontal cortex. Visual stimuli depicting interpersonal physical contact, selected from the Interpersonal Hand Gestures Dataset (IHGD) and having neutral, positive, or negative valence, were presented before displaying emotionally neutral words in various font colors. Participants were instructed to respond according to the color of the words: this enabled the assessment of emotional interference and cognitive control. Participants also completed the Traumatic Experiences Checklist (TEC) and the Multidimensional Assessment of Interoceptive Awareness (MAIA).

Results: participants completed the three experimental conditions (neutral–neutral, positive–neutral, negative–neutral). Group-level analysis showed increased oxyhemoglobin (HbO) levels in the OFC (specifically in Brodmann areas 10 and 11). Only in the negative-neutral condition, Spearman's rho correlations revealed significant negative associations between HbO levels and the "Trauma Impact subscale" of the TEC as well as with the "Not Worrying" and "Not Distracting" subscales of the MAIA.

Discussion: Negative emotional stimuli elicited increased OFC activity during the EST. Individuals reporting higher levels of EIT showed altered activation patterns in this region, potentially reflecting impaired emotion regulation and cognitive control mechanisms. Conversely, those with higher levels of

IA engaged prefrontal areas more effectively, indicating more adaptive neural responses. These preliminary findings suggest that EIT impacts emotion regulation strategies at the neural level, while IA seems to act as a protective factor by enhancing prefrontal activation during emotionally demanding cognitive tasks. Further research is needed to clarify these mechanisms and to inform trauma-sensitive intervention strategies.

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Dissociation and Fibromyalgia: A Systematic Review of the Literature

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Abstract

Introduction: Fibromyalgia is a chronic pain disorder characterized by widespread pain and often accompanied by psychological symptoms, such as dissociative phenomena. Among these, dissociative symptoms —encompassing somatoform dissociation, depersonalization, derealization, dissociative disorders— have been increasingly recognized in individuals with fibromyalgia. Despite growing interest, a systematic synthesis of the empirical literature exploring the relationship between fibromyalgia and dissociative phenomena is still lacking. This systematic review aimed to investigate the prevalence, features, and psychological correlates of dissociative symptoms in adults diagnosed with fibromyalgia.

Methods: A systematic search was conducted in three electronic databases (Web of Science, PubMed, Scopus), without date restrictions, following PRISMA guidelines. Eligible studies were peer-reviewed, empirical research articles written in English, focusing on adult fibromyalgia populations (≥18 years) and assessing dissociative symptoms as a primary or secondary outcome. The final selection comprised 13 studies with a total sample of over 1,100 fibromyalgia patients. Dissociation was measured using validated instruments such as the DES, SDQ-20, or DIS-Q.

Results: Dissociative symptoms were found to be highly prevalent in individuals with FM, with somatoform dissociation particularly prominent. Several studies reported significant associations between dissociation and childhood trauma, depression, anxiety, pain intensity, sleep disturbances, and cognitive impairment. Compared to patients with rheumatoid arthritis or healthy controls, FM patients consistently exhibited higher dissociation scores. In some cases, dissociation acted as a mediator between trauma and symptom severity or as a predictor of treatment resistance.

Discussion: These findings suggest that dissociative symptoms are a relevant yet often overlooked aspect of FM's clinical profile. Their strong links with trauma and psychological distress underscore the need for comprehensive assessment and trauma-informed care. Incorporating dissociation screening into

routine FM management may enhance diagnostic accuracy and support more personalized interventions. Future longitudinal and interventional studies are warranted to clarify causal mechanisms and inform targeted treatment strategies.

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Childhood emotional abuse and somatic symptoms: the mediating effect of self-hate

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Abstract

Childhood emotional abuse is a recognized risk factor for adult psychopathology and physical health problems, including functional somatic symptoms. However, the mechanisms underlying this association remain underexplored. This study investigated whether self-hate—a stable, self-directed negative self-representation—mediates the relationship between childhood emotional abuse and somatic symptoms in adulthood, beyond general negative affectivity. We conducted a longitudinal study with 298 help-seeking adults recruited via the Prolific platform in the UK. Participants completed self-report measures of childhood emotional abuse, self-hate, and general negative affectivity at Time 1. Two months later, they reported on somatic symptom distress using the Somatic Symptom Scale–8 (SSS-8). Mediation analyses were performed using PROCESS for SPSS, with bootstrapped 99% confidence intervals. General negative affectivity was included as a covariate.

Results showed that emotional abuse significantly predicted both self-hate and somatic symptom distress. Self-hate was a strong correlate of somatic symptoms and significantly mediated the relationship between emotional abuse and somatic complaints, even after controlling for negative affectivity (indirect effect = .07, 99% CI [.03, .13]). These findings remained robust after adjusting for age and gender. The study supports theoretical frameworks suggesting that internalized negative beliefs, particularly self-hate, represent a crucial mechanism linking early emotional trauma to later physical symptoms. Control Mastery Theory (CMT) offers a useful lens to interpret these findings, conceptualizing self-hate as a pathogenic belief rooted in early relational trauma. Clinically, the results underscore the importance of assessing and addressing self-hate in patients presenting with persistent somatic complaints and histories of emotional abuse. In conclusion, self-hate is not only a marker of emotional suffering but may also contribute to the somatic expression of unresolved childhood trauma. Interventions aimed at disconfirming self-hate and fostering more compassionate self-perceptions may offer therapeutic benefits

across psychological and physical domains. Future research should explore these pathways in clinical trials and diverse populations to inform integrative treatment models.

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Echoes of the pandemic: a network analysis of post-traumatic symptoms, post-traumatic growth, and defense mechanisms four years after Covid-19

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Abstract

Introduction: the COVID-19 pandemic dramatically disrupted daily life worldwide. The widespread fear of contracting the virus, combined with restrictive measures like lockdowns and quarantines, has constituted a potentially traumatic event with unknown lasting effects on global mental health. While most studies have investigated the negative effects of the pandemic few have explored the potential for growth following such an impact event.

Methods: a network analysis was conducted to investigate the interconnection among post-traumatic symptoms, defense mechanisms, and post-traumatic growth four years after the pandemic. A total of 488 individuals participated. Specifically, in the study was administered: the 30-item Defense Mechanism Rating Scale Self-Report (DMRS-SR-30); the Impact of Event Scale-Revised (IES-R); and the Post-traumatic Growth Inventory (PTGI).

Results: two dimensions of post-traumatic stress disorder (PTSD), Intrusion and Hyperarousal were inversely associated with Factor 1 Mature (Mature Defense Mechanisms) and with almost all dimensions of post-traumatic growth. Avoidance, the third dimension of PTSD, showed positive associations with: Personal Strength, Spiritual Change, Factor 2 Mental Inhibition Avoidance (neurotic defense mechanisms) and Factor 3 Immature Depressive (immature defense mechanisms). Neurotic and immature defenses also resulted related to the dimension of growth that represents positive changes in relationships with others. Finally, the defense mechanisms were found to be the most central nodes in the network regarding the strength index.

Discussion: these results reflect the influence of less evolved defense mechanisms in the experience of psychological distress first and positive personal and interpersonal changes later. Considering the high value of the betweenness index in mature defenses, it seems that they served as adaptive coping strategies in the face of the pandemic, resulting in a lesser experience of post-traumatic growth in the long term. In sum, this study emphasizes the complex and multidimensional nature of psychological responses to

traumatic events, highlighting how different defense mechanisms influence both the experience of psychological distress and the growth potential.

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Media and dissociation: Comparing gameplay and film watching through experimental design

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Abstract

Several studies have highlighted a relationship between dissociation and addictive behaviour, including problem gaming (PG). In particular, it has been hypothesised that the immersive and interactive nature of video games may foster dissociative experiences, especially when players deeply identify with an avatar. This experimental study examined how exposure to video games with or without avatars, as compared to watching a film, affects the level of state dissociation in participants.

A sample of 117 adults (mean age = 26.2 years) was randomly assigned to three experimental conditions: playing a game with an avatar, playing a game without an avatar, and watching a film. A pre-post-test design was used, with administration of the Cambridge Depersonalisation Scale - State version (CDS-S) before and after exposure to the stimuli. Data were analysed by repeated measures ANOVA.

Results showed a significant increase in state dissociation in the post-test compared to the pre-test, with a significant interaction between time and experimental condition. In particular, both video game groups (with and without avatar) showed a significant increase in dissociation, whereas the film group did not show significant changes. However, no significant differences emerged between the game with avatar and the game without avatar, although both differed significantly from the film group.

These results support the hypothesis that video games, regardless of the presence of an avatar, favour greater detachment from reality than films, probably due to their interactivity. However, the lack of difference between the two types of video games suggests that the mere presence of an avatar, at least in the context of a non-clinical population, is not sufficient to amplify the dissociative effect. Further research, e.g. with problematic gamers, is needed to clarify the specific role of avatar identification and game structure in fostering dissociative states.

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The relationship between trauma and immediate and delayed suggestibility in sexually abused children

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[2] Department of Philosophy, Social Sciences and Education, University of Perugia, Perugia, Italy

Abstract

Traumatic events, such as sexual abuse, can lead to alterations in children's cognitive and emotional functioning. The presence of a post-traumatic disorder can affect the ability to recall the memory accurately and correctly, increasing the risk misinformation and suggestibility. In clinical-forensic practice the risk is that suggestive interviews and exposure to misinformation can lead to real child victims not being considered credible.

In the field of testimony, it is essential to measure the relationship between the extent of traumatic symptoms and suggestibility in children who have suffered abuse. There are few studies that have taken into account the complex interaction between memory, immediate suggestibility and the risk of incorporating post-event information.

The key hypothesis being tested is that there is a significant correlation between the extent and severity of sexual abuse and the level of suggestibility in children suspected victims of sexual abuse.

Our study involved 134 children aged 7 to 17 years with a history of sexual abuse.. All children were administered the Gudjonsson Suggestibility Scale (GSS2), a non verbal IQ test and the Child/Adolescent Reaction Index for Posttraumatic Stress (UCLA-PTSD-RI-5). Delayed suggestibility was also measured one week later.

PTSD showed significant negative correlations with immediate and delayed recall and positive correlations with immediate and delayed suggestibility scores. Several hierarchical regression models showed that PTSD had a significant predictive effect, increasing delayed suggestibility more than immediate suggestibility.

The results suggested that it may be useful to assess the nature and extent of any potential trauma caused by the reported sexual abuse in order to provide support and obtain the "best evidence" from vulnerable witnesses. In fact, trauma can increase source misattribution errors leading to a suggestive vulnerability

especially delayed. The findings showed the importance of avoiding providing interviewees with misleading information during questioning and that it is necessary to be aware of its potential deleterious impact on subsequent recall.

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Toward an Assessment of Adult Attachment Trauma and Its Subtypes

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Abstract

Attachment trauma (AT) is a widely used clinical construct, yet it still lacks a clear diagnostic framework. This study proposes a DSM-like diagnostic formulation for Adult Attachment Trauma (AAT). Five core criteria are introduced to distinguish AAT from other psychopathological conditions: (1) a trauma-inducing experience within an attachment relationship, (2) intense fear triggered by attachment activation, (3) approach-avoidance patterns in adult attachment relationships, (4) persistent negative self-cognitions, and (5) the use of controlling strategies in attachment relationships (punitive, caregiving, sexualized, avoidant, or submissive). The framework also includes two clinical subtypes, based on the nature of the traumatic experience (threatening vs. neglecting) and the type of attachment activation (secure base vs. safe haven), which help differentiate specific behavioral dynamics. Additional clinical markers include conflictual transference toward the therapist, dissociative symptoms linked to attachment activation, and efforts to sever ties with attachment figures once and for all. Finally, the study explores preliminary associations between specific controlling strategies and personality disorders. This diagnostic proposal aims to provide clinicians with a structured and clinically useful tool for identifying the heterogeneous manifestations of AAT and its subtypes.

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Saturday, 20th September 2025

THEMATIC SESSION

CONTEMPORARY ADVANCES IN CLINICAL INTERVENTIONS

Chair:

Silvia Salcuni

University of Padua

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Innovative Moments and Affective Saturation: A dual lens on therapeutic change

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Abstract

Introduction: transcripts from therapy sessions are frequently utilized in research to investigate the mechanisms underpinning therapeutic change. Innovative Moments (IMs) have been proven to be pivotal in facilitating therapeutic change, defined as those moments where clients exhibit thoughts, feelings and behavior that deviate from their established, problematic self-narrative. IMs are characterized by an increased narrative complexity or entropy, which in turn is influenced by client's affective activation during its production. Consequently, it would be beneficial to investigate IMs from an affective perspective, which is the objective of the present study: to examine the relationship between innovative moments (IMs) and the affective saturation of the client narrative, as measured by the Affective Saturation Index (ASI).

Methods: a total sample of 12 therapies (mean session number = 16.42, SD = 1.98) was analyzed from the York I Depression Study, a project designed to evaluate the treatment of major depression by comparing emotion-focused therapy (EFT) and client-centered therapy (CCT). The sample comprises six EFT therapies (average session number = 17.33, SD = 1.97) and six CCT therapies (average session number = 15.50, SD = 1.98). The outcomes of half of the treatments from both categories were poor and the other half were good. The sample was assessed in terms of IMs and ASI. The IMs indexes (value and salience), and outcome measures were derived from a previous study, whereas the ASI index was calculated on the output of T-Lab software elaboration of therapies session transcripts.

Results: the present contribution offers preliminary results concerning the association between Innovative Moments and the Affective Saturation Index.

Discussion: in this discussion, the results of the study will be considered in relation to the association between the two indices (IMs and ASI) and their utilization in describing moments of change in the psychotherapy process. The integration of these two change indicators has the potential to facilitate a

more profound comprehension of the therapeutic change process and could serve as an outcome measure in terms of client cognitive and affective elaboration.

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From the Dyad to the Triad: The Therapeutic Relationship as a Co-Shared Healing Space in Oncology

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Abstract

Dyadic relationships between cancer patients and caregivers are crucial in addressing the illness and improving the quality of life of both. Psychological interventions focused on the dyad proved to improve emotional outcomes by reducing anxiety, depression and relational distress. Emotional burden sharing, communication and support play key roles in the psychological acceptance of the disease. However, should dyadic dynamics be not suitably supported, they may generate emotional overload and create a sense of loneliness that is seldom acknowledged or verbally expressed.

Based on current literature and the clinical experience gained at an oncology hospital ward, we recommend considering a theoretical-clinical transition of the psychological intervention model from the dyad to the triad, i.e., patient-caregiver-psychologist. We conducted a literature review on PubMed from 2020 to 2025 focusing on dyadic coping, caregiver burden, therapeutic alliance, and triadic communication. Our analysis examined clinical observations from systems and relational approaches.

Introducing the psychologist as an active player inside the patient-caregiver relationship obtained several benefits. First, communication flows better and is shared, facilitating mutual understanding and disease-related experience processing. In addition, the presence of the clinical psychologist fosters greater emotion containment, supporting both patient and caregiver in identifying and legitimising their own emotional burden. Studies point to reframing of rigid and implicitly assigned roles and reconsidering the attribution of "strong" and "vulnerable" to triad participants, thus ensuing in a new, more authentic and sustainable therapeutic alliance.

The dyadic-to-triadic model transition not only represents a technical extension of the intervention, but also a turning point in the psychological intervention paradigm. Caregiver's integration in the therapeutic relationship stabilises the entire system, thereby loosening the burden of the emotional couple. Within this framework, the psychologist is not a "neutral third party" but an active facilitator of communication and shared emotions and promoter of a sense of safety. This way, the Triad becomes the space where distress can be verbally expressed, shared and processed in a further psychological experience.

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The Development of Relational Competencies in Psychotherapy Trainees: Insights from the Emotional Evolutionary Experience Training Process

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Abstract

The quality of the therapeutic relationship between psychologist and client is widely acknowledged as a primary predictor of effective clinical outcomes. This recognition has led to growing attention on the psychologist's personal and relational competencies, particularly those involving the use of relational methods and techniques. In parallel, research on professional training in psychology has underscored the pivotal role of experiential approaches in fostering clinical effectiveness. Since therapeutic efficacy is closely linked to the relational dimension, training models must provide tools that directly address this level of intervention. This study aims to explore the development of therapists' self-perceived relational competencies and the understanding of their evolution , following participation in the *Emotional Evolutionary Experience* (EEE) training model. Developed by the *Centro di Psicologia Dinamica* (CPD), the EEE framework emphasizes a shift from cognitively based techniques to emotionally attuned practice, constructive use of countertransference, and a relationally centered therapeutic stance.

A qualitative approach has been adopted, comprising three phases: (A) pre-training semi-structured interviews; (B) an experiential three days-training program based on the EEE model; and (C) post-training interviews. All data will be audio-recorded, transcribed, and analyzed using thematic analysis via NVivo software. Fifty psychologists will be recruited through the CPD. More specifically, the interviews will explore how participants understand, experience, and redefine relational competence throughout the training process, to investigate how the meaning of relational skills evolves for psychologists, and how their self-awareness and conceptualizations of the therapeutic relationship transform over time, with a focus on participants' initial definitions of relational skills, their typical use of the therapeutic relationship, perceived strengths and weaknesses, moments of experiential insight, and reflections on the conceptual tools offered by the EEE framework.

It is expected that a comparison between pre- and post-training data will reveal improvements in perceived relational competencies. Participants are also anticipated to report increased clarity and

appreciation for the EEE model's conceptual framework, particularly through experiential moments that reshape their understanding of the therapeutic relationship. Findings are expected to inform the development of relationally oriented training programs and contribute to the advancement of reflective clinical practice, in enhancing emotional attunement, self-awareness, and the effective use of the therapeutic relationship as a clinical tool.

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When Cooperation Fails: A Micro-Analytic Study of Motivational Systems in a Therapeutic Dyad

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Abstract

This study investigates the impact of interpersonal motivational desynchronization on the therapeutic alliance and its potential role in early psychotherapy termination (drop-out). The research explores how disruptions in motivational systems affect the dynamics of the therapeutic relationship. Twenty-three psychotherapy sessions involving a single patient–therapist dyad were analyzed using the AIMIT method (Analysis of Interpersonal Motivational Indicators in Transcripts). The system assesses six motivational domains: cooperation, attachment, care, dominance, sexuality, and play. Linguistic markers were coded and subjected to descriptive, correlational, and conditional analyses (before/during/after cooperation episodes). Cooperation exhibited a non-linear trajectory, with peaks observed in session 10 (Patient: 39.8%, Therapist: 45.9%) as well as in later sessions (e.g., sessions 12 and 16). However, cooperative sequences were extremely brief (duration = 1 turn), suggesting fragmented collaboration. A persistent negative correlation between therapist and patient cooperative activations emerged across multiple sessions (e.g., session 10: $r = –0.74$), indicating systemic desynchronization. Sexuality and dominance did not consistently decrease during cooperation, and often co-occurred with it, revealing complex overlaps between motivational systems. In several instances, the patient displayed key motivational signals before the therapist, suggesting a lack of responsivity from the latter. The data indicate that alliance ruptures are not solely driven by an absence of cooperation, but also by its instability and the lack of motivational attunement. Cooperation appears as a fragile event, often unrecognized or unsupported, which may lead to the activation of dominance or sexuality systems as dysfunctional strategies of relational regulation. The study underscores the importance of dynamically monitoring motivational variables within therapeutic interactions.

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Adherence to treatment after family psycho-education: Preliminary results

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Abstract

Background: Family psycho-education is an intervention that aims to improve illness outcomes in patients with psychosis. It has beneficial effects on treatment adherence and leads to reduced relapse, higher levels of insight and lower levels of stress among caregivers.

Methods: Eight patients and their families were recruited and randomly assigned to a Falloon-based family psychoeducation (FPP) intervention, and nine patients and their families were randomized to a Gestalt-based family intervention (GT). We compared the outcomes of these two treatment groups at a baseline assessment (T0), at the end of the programs (T1), and 6 and 12 months after the end of the programs (T2 and T3). The assessments included examinations of cognition (The Mini-Mental State Examination (MMSE) and The Five Point Test (5 Point)), the psychopathology and severity of illness (The Brief Psychiatric Rating Scale (BPRS), The Positive and Negative Syndrome Scale (PANSS), and The Clinical Global Impression Scale (CGI)), expressed emotion in families (Expressed Emotionality (Family Questionnaire-EE)), patient quality of life (The World Health Organization Quality of Life-BREF (WHOQOL-B)), social functioning (The Personal Social Performance (SPS)), aggression (Modified Overt Aggression Scale (MOAS)), and treatment adherence (The Brief Medication Adherence Report Scale (BMARS)). The primary aim was to test whether the FFP vs. GT program was more effective in improving treatment adherence over time.

Results: Adherence to treatment improved significantly more in the FFP group over time at any follow-up: +43.1% at T1, +24.0% at T2 and +41.6% at T3. The subject's psychopathology and clinical stability did not change over time.

Discussion: Family psychoeducation based on the Falloon program was effective at improving treatment adherence and contributed to avoiding relapses in the long term. Further studies on larger samples should

be conducted to confirm this evidence, and similar psychoeducational programs should be routinely promoted in the clinical setting.

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Psychological factors associated with the propensity to seek help in the primary care setting

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Abstract

Literature shows that a greater propensity to seek professional help for both somatic and psychological problems is associated with quicker access to health care providers, greater compliance, and better outcomes in terms of well-being. To date, however, studies conducted on this topic within the primary health care setting are few and have focused mainly on seeking help for somatic issues from a general practitioner. In the present study, therefore, we adopted a biopsychosocial perspective by investigating the propensity to seek help for both somatic and psychological issues, either from a family physician or from a psychologist in the primary health care setting.

With the support of four general practitioners in Northern Italy, a sample of 197 adult patients (135 women, 62 men, mean age = 52.0, SD = 16.2) were asked to complete a set of questionnaires about some psychological variables we hypothesized to influence the propensity to seek help: stigma toward help-seeking (SSOSH scale), emotion regulation style (ERQ questionnaire), and Epistemic Trust (ETMCQ questionnaire).

Results showed that higher levels of education and the use of cognitive reappraisal as an emotion regulation style were associated with a greater propensity to seek help, both from psychologists and physicians. In contrast, participants less inclined to seek help tended to show disruptions in the Epistemic Trust dimension (hypervigilance or credulity), more negative judgments toward help-seeking (self-stigma), and a greater tendency to suppress emotions. Regarding the propensity to seek psychological help specifically, female participants and those with higher Epistemic Trust reported a greater tendency to seek help.

The main novelty of these results, compared to existing literature, is the connection highlighted between the propensity to seek help and the construct of Epistemic Trust. In other words, the ability to rely on others as useful sources of information affects help-seeking behaviour toward both physicians and psychologists. Since this capacity develops within favourable social, cultural, familial, and relational contexts, these findings suggest directions for promoting it within helping relationships and for designing social interventions that support it, particularly in economically and socially disadvantaged populations.

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Integrating Digitally Enhanced Routine Outcome Monitoring in Psychotherapeutic Practice: Preliminary Evidence from an Implementation Study

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Abstract

Several innovations in psychotherapy have demonstrated efficacy in controlled settings, yet their integration into routine clinical practice remains inconsistent and limited. This gap stems not only from the inherent complexity of therapeutic work but also from the absence of structured implementation strategies capable of adapting such innovations to diverse real-world settings. The growing use of digital tools adds an additional layer of complexity, introducing challenges related to infrastructure, practitioner skills, and regulatory frameworks. In Italy, where psychotherapeutic practice is fragmented across settings and approaches, these issues are particularly pronounced.

Among the innovative approaches developed to enhance clinical effectiveness, Routine Outcome Monitoring (ROM) is a structured method based on the systematic collection of patient-reported data to support clinical decision-making and evaluate progress over time. Despite its well-documented benefits, ROM is rarely adopted in Italian psychotherapy. This study investigates the implementation of ROM through the digital platform Mindy, which supports data collection, feedback delivery, and clinical documentation.

The implementation protocol is based on the Consolidated Framework for Implementation Research (CFIR), a comprehensive model designed to identify contextual factors that influence the adoption of innovations. A pilot phase was conducted through three semi-structured interviews with psychotherapists working in public, private, and hybrid settings. These interviews served to refine the protocol and assess the applicability of selected CFIR constructs.

The study is currently progressing to a broader phase of data collection involving 30 psychotherapists. The qualitative analysis will be complemented by quantitative data collected using the Evidence-Based Practice Attitude Scale 36 (EBPAS 36), enabling a mixed-methods approach. This design aims to produce a detailed understanding of the conditions that support or hinder the implementation of digitally enhanced ROM in Italian psychotherapeutic practice.

This work was funded under the PRIN 2022 program, funding call D.D. 1409 published on 14.09.2022 by the Italian Ministry of University and Research (Ministero dell'Università e della Ricerca). Project title: "Routine outcome monitoring and therapist feedback: an application to the 'psychology bonus' context in Italy" CUP: 2022Z4BB82

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Do you want to dance with me? How dance regulate the emotions?

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Abstract

Introduction: Emotion egulation is the ability to exert control over one's own emotional state. It may involve behaviors such as rethinking a challenging situation to reduce negative emotion,.in this way the individual adapts to daily life and has been shown that this ability influences a number of mental health conditions (Karkou et al., 2022). Furthermore, artistic creative activities have been shown to modulate emotions (rapidly changing reactions to events in the external or internal environment), influence the moods (more generalized, less intense states of feeling lasting longer periods), and affect the mental health (Fancourt et al., 2019).

Method: The present research aims to verify this hypothesis in dancer performers. Specifically, examined the relationship between doing creative activities, emotion regulation (DERS, Gratz & Roemer, 2004; Giromini et al., 2012; ERS-ACA, Fancourt et al., 2019) and wellbeing (OQ45.2, Lambert et al., 1996; Chiappelli et al., 2008). 244 individuals completed questionnaires aimed to assess variables of interest: 25 of them were Professionals (G1), 80 were Amateurs (G2) and 139 did not practice any artistic activity (G3).

Results: Results showed that Amateurs are those who present better emotional regulation for all Ders factors ($p<0.01$), but Professionals handled their emotions better than those who did not practice any creative activity.

Finally, results of BF showed a high levels of extroversion and agreement for G1 and G2, but the Professional showed a higher levels of Openess to Experience.($p<0.01$)

Artistic creative activities and dance appear to affect our emotion, . Amateurs benefit from dance without developing dependence on success and audiences and probably use dance as a pleasure and not as a form of avoidance of negative emotions. Further researches could be useful to investigate other form of arts and more varied and larger sample.

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The Psychotherapist Expertise Questionnaire (PEQ): a new theoretically sound scale to assess therapist expertise

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Abstract

Introduction: Therapist expertise is a key factor in understanding the effectiveness of psychotherapy, yet its definition and operationalisation remain complex. Building on recent theoretical frameworks and ongoing debates, this contribution aims to present the Psychotherapist Expertise Questionnaire (PEQ), a new self-report tool developed to assess therapist expertise in a comprehensive and multidimensional way.

Methods: The PEQ was developed to capture both subjective and objective components of professional expertise, including dimensions such as performance, cognitive functioning, personal and relational qualities, therapist self-assessment, experience, reputation with clients and colleagues, training and professional updating, and deontological Ethics and setting rules. The items were created with the aim of ensuring theoretical rigour and applicability across different psychotherapeutic orientations. A sample of Italian psychotherapists completed the PEQ, together with other self-report scales. A Factorial Analysis Approach was used to investigate the internal structure of the measure. Furthermore, internal consistency, as well as convergent and discriminant validity were explored.

Results: Confirmatory factor analyses supported a model with eight first-order factors, grouped into two broader domains corresponding to subjective and objective expertise. The measure showed excellent internal consistency and significant correlations with related psychological constructs.

Discussion: The findings support the use of the PEQ as a theoretically sound, agile, and easy-to-use self-report measure to assess psychotherapist expertise. It showed psychometrically robust features and may be a useful and valuable instrument that may help in monitoring therapist expertise to elaborate targeted training and supervision activity for mental health professional.

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POSTER SESSION

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Helicopter Parenting and Personality Functioning in Love Addiction: A Person-Centered SEM Study in Emerging Adults

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Abstract

Introduction: Helicopter parenting appears to be a risk factor for Love Addiction (LA), a maladaptive and problematic pattern of romantic relationships. Individuals who develop this behavioral addiction often come from families with entangled functioning. LA and Helicopter Parenting (HP), a hyperinvolved, overprotective, and controlling parenting style, have been associated with deficits in self-development and self-efficacy. Despite extensive findings on the adverse effects of HP, research explicitly examining its role in relation to personality functioning and LA among emerging adults remains limited. Hence, the aim is to investigate the role of HP and Level of Personality Functioning (LPF) in relation to LA, using a data-driven and person-centered approach.

Methods: A total of 868 emerging adults (76.3% female) aged 18–29 years (M = 24.6, SD = 2.72) completed self-report measures (HPI; LPFS-BF; LAI-SF). Personality functioning was assessed according to the Alternative Model for Personality Disorders (AMPD), focusing on Self and Interpersonal functioning. K-means cluster analysis identified two profiles of LA vulnerability, used descriptively to illustrate differences in HP and LPF. A Structural Equation Model (SEM) was then tested in the full sample to examine the direct and indirect effects of maternal and paternal HP on LA through impairments in Self and Interpersonal functioning.

Results: The High Vulnerability group reported significantly greater helicopter parenting and higher impairment in LPF dimensions. In the SEM model, maternal HP was significantly associated with both Self and Interpersonal impairment and showed an indirect association with LA via Self-functioning. Paternal HP showed a small but significant indirect association with LA through Self, and a marginal direct association. No significant indirect effects emerged through Interpersonal functioning.

Discussion: These findings suggest that helicopter parenting may be linked to higher levels of love addiction through its association with impairments in personality functioning. The mediating role of Self-functioning highlights its potential importance in this relationship. While causal inferences cannot be drawn due to the cross-sectional nature of the data, the results support the clinical relevance of family

dynamics in understanding relational dependence, with implications for early prevention and intervention.

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Cross-cultural Comparison of Suicidal Ideation in Indian and Italian University Students

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Abstract

Introduction: Globally, 727.000 people die for suicide every year. Suicide rates and manifestations vary worldwide based on ethnicity, income-level, environmental characteristics, culture, and religion. Suicide risk is common among university students, and it is associated with stress, depression, alcohol use and interpersonal difficulties. The present study aimed to compare Indian and Italian university students in terms of suicidal ideation (SI) and psychological, physical pain and social measures, and to compare Indian students with and without SI.

Methods: Participants were Indian and Italian university students. They completed questionnaires assessing sociodemographic, clinical, psychological, physical pain and social variables. Measures were compared between: I) Indian and Italian students; II) Indian students with and without SI; III) Indians with SI and Italians with SI. Differences were tested using the Chi-square test, independent samples *t*-test and Mann-Whitney test.

Results: Indian participants showed more SI, more severe psychological problems and physical pain, higher loneliness, and lower social support, compared to Italians. Within Indians, students with SI reported higher anxiety, depression, psychological pain, physical pain and awareness towards it, and – unexpectedly – higher social support, compared to those without SI. Considering uniquely students with SI, Indians more frequently reported psychological symptoms, higher somatic pain and awareness towards it, lower loneliness and higher social support, compared to Italians with SI.

Discussion: Cross-cultural differences should be interpreted considering the socioeconomic and cultural context. Although mental illnesses are less associated with suicidal behavior in low- and middle-income countries than high-income countries, we found worse psychological symptoms in Indian students than

Italians, but this should be interpreted considering India's current rapid economic growth. The greater physical pain reported by Indians compared to Italians reflects the tendency to somatize psychological distress in Eastern cultures. The pivotal role of social support in Eastern collectivistic societies, especially during challenging life events and psychological difficulties, could explain some results like the higher social support perceived by Indians with SI compared to Indians without SI.

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ERA: co-designing an emotion regulation app for childhood obesity prevention

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Abstract

Co-design is a key technique for creating personalized products that are closer to the needs and interests of the ultimate users. In recent years, this technique has found application in preventive interventions, enhancing adherence and decreasing drop-out rates. ERA (Emotion Regulation Application) is a mobile device application co-constructed with school-aged children and designed to enhance childhood obesity prevention by intervening on emotional skills and enteroceptive awareness. To this end, eleven children were involved in twenty-one two-hour focus group meetings for the creative process using an open-ended, semi-structured protocol. The meetings were moderated by a psychologist and the elements that emerged were noted, photographed and archived. A qualitative analysis technique based on the methodology of thematic analysis was used to evaluate what emerged. Ninety-two codes emerged, forming seven themes: "Introduction and Involvement of Children" emphasizes the importance of involving children from the very beginning of the educational process, "Development of an Emotion App" focuses on collecting ideas about the app and stimulus like ideas about everyday emotional situations. "Designing Narrative and Characters" and 'Developing Environments and Scenarios' contain all children's considerations regarding the creation of models, environments and narrative. "Designing Activities and Games" covers the creation of activities and games, 'Use of Music for Emotional Engagement' contains all considerations related to the music compartment. Finally, "User Interface Design and Restitutions" is a topic that covers user interfaces, overall product evaluation and the creation of restitution dialogues. The use of an engaging methodology and a qualitative approach to capture the meaning of the participants allowed the creation and calibration of ERA to the needs and interests of the children, bringing the product closer to their expectations and interests. Empirical studies will be conducted for evaluation not only regarding effectiveness but also expectations and enjoyment.

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The Impact of Sleep Quality on Executive Functioning in Aging

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Abstract

Introduction. Aging is associated with a progressive decline in executive functions (EFs). EFs are fundamental skills for everyday life that allow us to adapt our behavior to environmental changes and manage internal stimuli. Recent research highlights sleep as a crucial factor in maintaining cognitive health, particularly in the aging population. Sleep plays a fundamental role in memory consolidation, emotional regulation, and neuroplasticity, all of which are closely related to EFs. However, aging is often associated with changes in sleep architecture and quality often evolving into overt sleep disorders, both of which can negatively impact EFs and put individuals at greater risk for cognitive impairment and neurodegenerative conditions.

Therefore, the hypothesis of this study is that poor sleep quality negatively affects executive functioning in aging.

Methods. Three hundred fifty-nine participants were recruited (mean age: 61.9 ± 7.79), and a linear regression analysis was used to test the hypothesis of a relationship between sleep and executive functions. Executive functioning (composite z-score) was considered as the dependent variable, while the z-scores of the Pittsburgh Sleep Quality Index subscales (subjective sleep, sleep latency, sleep duration, habitual sleep efficiency, sleep disturbances, use of sleep medication, and daytime dysfunction) and age were included as predictors.

Results. The results show that EF was predicted by the model (R^2=0.09, $p<0.001$), with a significant role of the age, habitual sleep efficiency, the use of sleep medications and daytime dysfunction.

Discussion. In conclusion, these findings highlight the significant impact of sleep quality and age on EFs performance. Because adequate sleep is a crucial factor in preserving cognitive abilities, sleep hygiene interventions, in addition to cognitive-behavioral therapy, may help mitigate sleep-related cognitive decline. Given the central role of EFs in maintaining daily life abilities, identifying and treating sleep disorders and counteracting poor sleep quality in older adults emerges as a potential key strategy for preserving cognitive health and promoting functional independence.

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Traumatic experiences and Dermatological diseases: a Systematic Review

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Abstract

Introduction: The correlation between dermatological conditions and psychological aspects has long been known. Chronic dermatological conditions such as psoriasis, atopic dermatitis, alopecia areata, and chronic urticaria are increasingly being investigated through a psychosomatic and psychodynamic lens. Emerging research suggests that psychological trauma—including adverse childhood experiences (ACEs), post-traumatic stress disorder (PTSD), and other forms of early adversity—may play a role in the onset, maintenance, or exacerbation of these disorders. This systematic review aims to synthesize empirical findings on the relationship between traumatic experiences and dermatological conditions, highlighting psychological mediators such as anxiety, depression, dissociation, and alexithymia, while also considering age and gender differences.

Methods: Following PRISMA 2020 guidelines, a systematic search was conducted in Scopus, PubMed, and PsycINFO, covering studies from January 2000 to January 2025. Twenty-three peer-reviewed empirical studies were included, exploring the association between psychological trauma and dermatological conditions.

Results: The literature confirms a general association between trauma exposure and skin conditions, particularly alopecia areata, psoriasis, and chronic urticaria. The literature confirms a general association between trauma exposure and skin conditions, particularly alopecia areata, psoriasis and chronic urticaria. In childhood, positive associations were found with neglect and emotional abuse. In adulthood it correlates positively with PTSD symptoms and depression. However, not all studies showed consistent results: some of them found no significant link between trauma and dermatological outcomes. These heterogeneous findings suggest that trauma may influence the severity or chronicity of the disease rather than its onset.

Conclusions: This review highlights a heterogeneous but noteworthy relationship between psychological trauma and dermatological health among different ages. The findings emphasize the importance of comprehensive, multidisciplinary assessment that includes psychological evaluation in dermatological care. Differences in age, gender, and psychosocial context may modulate these associations, calling for further longitudinal and intersectional studies to clarify causality and underlying mechanisms.

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Relational memories with educational figures: validation of the italian version of the teacher acceptance-rejection questionnaire (TARQ)

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Abstract

According to Interpersonal Acceptance-Rejection Theory (IPARTheory), perceived acceptance or rejection in significant interpersonal relationships plays a critical role in psychological well-being. While most research has focused on parental and romantic relationships, the clinically relevant impact of teacher-student relationships—central to socio-emotional development—remains under-investigated. The Teacher Acceptance-Rejection Questionnaire (TARQ) is a validated instrument for assessing perceived acceptance/rejection from a specific teacher, yet a validated Italian version was lacking. In this study, the TARQ was adapted into Italian using standardized back-translation procedures. Crucially, the instructions were modified to elicit generalized retrospective perceptions of acceptance from teachers during the school years (ages 11–17), enhancing its clinical applicability in adult populations. The Italian version was administered to a sample of 276 adults (M = 35.8 years, SD = 10; age range 20–61). Confirmatory Factor Analyses supported a bifactor structure (CFI = .975, RMSEA = .053), comprising a general Acceptance-Rejection factor and four specific dimensions: Warmth/Affection, Hostility/Aggression, Indifference/Neglect, and Undifferentiated Rejection. Internal consistency was excellent (ω = .93 for the total score; ωs > .80 for subscales). Importantly, the total perceived rejection score was positively correlated with psychological maladjustment as measured by the Personality Assessment Questionnaire ($r = .49$, $p < .001$), reinforcing IPARTheory's core assumption that all significant interpersonal experiences, including those in educational settings, contribute to mental health outcomes. By shifting the focus from individual teachers to cumulative relational memories, this adaptation provides a novel tool for assessing early relational schemas and their long-term psychological impact—offering clinical utility in both assessment and intervention contexts.

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Psychological correlates of functional somatic symptoms: development of an intervention protocol for pediatric clinical settings

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Abstract

Introduction: Functional somatic symptoms (FSS) are physical disorders without identifiable organic causes, often occurring in childhood/adolescence and considered as stress responses. These symptoms vary in severity and have a high prevalence in pediatric populations, where early relational experiences play a critical role in development. There is a well-documented association between stress exposure and FSS, particularly between adverse childhood experiences (ACEs) and the emergence of migraine (M). This study aims to explore the psychological symptoms, attachment patterns, and caregiver-child relational dynamics in children diagnosed withM, hypothesising that attachment quality plays a modulating or associative role in the manifestation of these conditions.

Methods: The study was conducted at the Pediatric Unit of Sant'Andrea Hospital (Rome) with participants aged 6–18 years. Psychological assessment in headache cases was performed in day hospital. The protocol included a parental clinical interview and self-report questionnaires. Children underwent an initial clinical interview, self-report measures on psychosomatic symptoms and caregiver relationship quality.

Results: Consistent with our preliminary findings, the data indicate a positive correlation between parental anxiety-depressive levels and the internalizing dimension of the parent's representation of the child. Additionally, the avoidant dimension of the attachment relationship was found to predict an increase in non-gastrointestinal somatic symptoms, with paternal avoidance showing a particularly strong association.

Discussion: These findings, highlight the significance of attachment dynamics in the clinical manifestation of functional somatic symptoms (FSS) in pediatric populations. Our data emphasize the importance of integrating relational and emotional variables into pediatric care. Early interventions focusing on the caregiver-child relationship may contribute to mitigating the impact of FSS.

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Beyond the Label: Profiling Borderline Personality Traits and Their Emotional Dysregulation Signatures

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Abstract

Borderline Personality Disorder (BPD) is primarily characterized by emotional dysregulation, but individuals with this condition can exhibit a wide range of symptom patterns, indicating substantial heterogeneity. Rather than treating BPD as a uniform clinical presentation, it may be more accurate to consider distinct subgroups within the diagnosis. Although traditional models have often been used to explore these differences, the Alternative Model for Personality Disorders (AMPD) offers a more advanced framework that remains underutilized in nonclinical samples. In this study, we investigated how BPD traits emerge across subtypes in a nonclinical population, and how these subtypes relate to features of emotional dysregulation as the central feature of BPD.

Using a new digital mental health assessment tool, the Digital Interventions for Psychological and Psychiatric Services (DIPPS), 365 nonclinical participants (mean age = 29.3±12.9) reported their levels of Borderline Criterion B facets along with the Difficulties in Emotion Regulation Scale (DERS).

Latent Profile Analysis identified five distinct profiles: an adaptive-resilient group with above-average borderline traits (N=106), a normative group with elevated anxiety (N=70), another one with elevated risk-taking (N=89), a group with high emotional reactivity but low behavioral disinhibition (N=83), and a final group with both high emotional reactivity and behavioral disinhibition (N=17).

These profiles showed consistent associations with features of emotional dysregulation. The first group exhibited below-average levels of emotional dysregulation. The second group demonstrated a marked lack of emotional awareness but maintained a relatively good level of emotional regulation overall. The third group was characterized by specific difficulties in engaging in goal-directed behaviors when experiencing negative emotions, along with low acceptance of their own emotional responses. The fourth and fifth groups displayed broader impairments across multiple dimensions of emotional dysregulation, with the fifth group showing the most severe difficulties overall. Findings suggest the existence of several borderline subtypes in the nonclinical population with varying severity, each displaying distinct patterns

of emotional (dys)regulation. These results highlight the importance of considering heterogeneity in borderline presentations and support the utility of digital tools like DIPPS for psychological assessment.

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From Warning Signs to Suicidal Crisis: A Scoping Review of Imminent Suicide Risk Indicators

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Abstract

Introduction: The assessment of imminent suicide risk is critical for informing timely and effective clinical interventions. However, most suicide risk assessment tools focus on self-reported suicidal ideation - which is not always disclosed - and long-term risk factors. While these factors reflect a general vulnerability to suicide over the lifespan, they are often insufficient for identifying acute periods of heightened risk. On the other hand, warning signs may signal the onset of a suicidal crisis, a state characterized by rapidly escalating psychological distress and an increased likelihood of suicidal behavior. Despite their clinical relevance, indicators of imminent suicide risk lack a shared definition and clearly defined temporal boundaries in the literature. The aim of this scoping review was to: 1) synthesize current knowledge on warning signs for suicide, 2) examine their relationship with the concept of suicidal crisis.

Methods: A search was conducted in Scopus, PubMed, and PsycInfo databases using keywords related to acute suicide risk to identify relevant studies. Studies of any design (quantitative, qualitative, mixed-methods, and reviews) investigating indicators of imminent suicide risk were included. Only English-language publications were considered, and no date restrictions were applied.

Results: 1) A comprehensive list of warning signs was synthesized from the included studies, spanning cognitive, emotional, verbal, and behavioral domains. Many of these signs can be directly observed by others (e.g. verbalizations about death, agitation, irritability, apathy, and reckless or preparatory behaviors) underscoring the importance of integrating observed or reported behavioral manifestations into clinical suicide risk assessments. 2) Several warning signs were found to overlap with symptoms commonly proposed in the clinical characterization of suicidal crises, including hyperarousal, hopelessness, and social withdrawal. The literature supports the suicidal crisis as an acute, time-limited condition that can escalate within days or even hours.

Discussion: The findings of this review have significant clinical implications, particularly to improve the assessment of imminent suicide risk. The proposed list of warning signs aims to assist mental health professionals in conducting more accurate evaluations. Moreover, current research on the suicidal crisis underscores the need for the introduction of a suicide-specific diagnostic category within mental disorder classification systems.

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Patient-Therapist Physiological Synchrony: Preliminary findings from a pilot study

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Abstract

Introduction: The In-Sync model of psychotherapy posits that working alliance emerges from patient-therapist interpersonal synchrony occurring at multiple levels, favoring improved therapy outcomes. Given the scarcity of high-quality studies investigating psychophysiological synchronization in psychotherapy, this preliminary study aimed to develop and test an experimental protocol assessing physiological synchronization (in-phase and anti-phase), in terms of Heart Rate (HR) and Heart Rate Variability (HRV), occurring between patient and therapist during individual psychotherapy sessions.

Methods: Five patients and one therapist were recruited in this preliminary phase of the study. HR and HRV from both dyad members were continuously measured via the Firstbeat Bodyguard 3 during five psychotherapy sessions. Before and after each session, patients and therapists completed self-report questionnaires assessing emotion regulation, therapeutic alliance, and responsiveness and attunement shown by the therapist. Pre-processing of physiological cardiac data was performed using the software Kubios, and synchrony analysis for each dyad was performed using the software SUrrogate SYnchrony (SUSY), which quantifies the size and direction of the observed synchrony through Cohen's *d*.

Results: Analysis of the HR values within individual dyads revealed the presence of in-phase physiological synchrony in dyads Pt01_thA (d = 0.70) and Pt02_thA (d = 0.50), showing large and medium synchronization indices, respectively. Regarding anti-phase synchrony, dyads Pt03_thA (d = -0.84) and Pt04_thA (d = -1.43) demonstrated large anti-phase synchrony. As for HRV, physiological synchrony was observed in both in-phase and anti-phase dimensions. Specifically, in-phase synchrony was found in dyad Pt05_thA (d = 1.44), while dyad Pt04_thA exhibited a high synchronization in the anti-phase dimension (d = -1.33).

Conclusion: Preliminary findings from the pilot study demonstrate that the experimental protocol effectively identifies the two key dimensions of physiological synchrony: in-phase and anti-phase. In the future we will explore the potential relationship between the two dimensions of synchrony and the processes of emotion regulation, therapist responsiveness, and working alliance.

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State of the Art in Interventions Assessing Trait Emotional Intelligence

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Abstract

Trait Emotional Intelligence (trait EI), also known as trait emotional self-efficacy, is a personality trait that consisting of a constellation of emotional self-perceptions grouped under four main factors: Emotionality, Self-Control, Sociability, and Well-being. Over the past 25 years, thanks to the leading instrument of trait EI – trait emotional intelligence questionnaire (TEIQue) - with several forms available for different purposes and developmental ages, the study of the construct has grown to investigate its possible protective role in the well-being of individuals, in several context (e.g., work, education, healthcare, clinical). Given the importance of the development and application of interventions for a positive change in individuals, we aim to provide an overview of the current literature on training plans/therapies aimed at increasing trait EI in individuals to promote mental health by conducting a scoping review following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. A search was conducted in PubMed, Scopus, Web of Science, APA PsychArticles, and PsychINFO in February 2025, and 9 studies were identified. The studies reviewed provide evidence from many types of interventions and therapies, such as analytical psychodrama, a mindfulness intervention, wilderness therapy, psychotherapy and cognitive behavioural group approaches, for both adolescents and adults. While most studies showed that TEIQue scores increased after the interventions, a small number of studies did not show results to support this trend. The results will be discussed in detail with regard to the differences between the interventions under review, and possible directions for future application will be identified.

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Validating a State Measure of Intolerance of Uncertainty in Adolescents: a Longitudinal S-1 Bifactor Approach

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Abstract

Introduction: Intolerance of Uncertainty (IU) has a longstanding history as a personality trait. Recent endeavours have begun to explore its situation-specific component, albeit primarily with a nosological approach. The present study aimed to validate a state scale sensitive to changes in IU (whether transitional, stress-related, or clinical). Objectives: 1) evaluate the fit of an S-1 bifactor model in an adolescent sample; 2) assess consistency and occasion-specificity across three time points; 3) examine the scale's convergent and predictive validity.

Methods: A longitudinal study with 3 waves was conducted, each occurring three months apart. A total of 188 adolescents completed an online survey at T1. Of these, 122 were present at T3. The item set was developed from existing trait IU scales. Prior to responding, participants described a recent and salient uncertain situation they had experienced. Adolescents' subjective well-being was assessed at T3. The measurement model was evaluated using confirmatory factor analysis in R, and longitudinal consistency and occasion-specificity were tested using latent state-trait analysis.

Results: Data was missing completely at random; hence, only complete data were used. A bifactor S-1 model was superior to alternatives in fit and substantive interpretation. The S-1 bifactor model included well-supported prospective and inhibitory specific factors as well as an uncertainty tolerance referent, core factor capturing common variance. No evidence of change over time was observed at the group level; however, substantial intraindividual variation in IU was supported. The state IU scale was associated with adolescents' subjective well-being at school and positively predicted negative interpretation bias of social situations three months later.

Discussion: This study provides preliminary validation of the IU state scale and supports the application of an S-1 bifactor solution. The observed intraindividual variation in state IU underscores its potential utility in capturing meaningful change. The scale also demonstrated initial convergent and predictive validity.

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Perceived parental rejection and bullying victimization in school and virtual contexts among Italian adolescents

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Abstract

Bullying victimization in adolescence represents a global problem due to its documented association with various physical and psychological problems in affected individuals. While existing research suggests a link between the quality of parent-child relationships and bullying victimization, there is a paucity of studies investigating the differential influence of maternal and paternal perceived rejection on this risk taking into consideration diverse bullying contexts. Starting from these considerations, and according to Interpersonal Acceptance-Rejection Theory (IPARTheory), the present study aimed to evaluate the association between the victimization experiences (computed as a composite score including victimization in both school and virtual context) and peer rejection with the perception of parental (mother and father) rejection. A sample of 225 (14-18 years old; 67.6% female) Italian adolescents were administered a measure of maternal and paternal rejection, a measure of peer rejection developed ad hoc and two scales measuring victimization experiences in school and virtual context respectively. Correlation and multiple regression analyses were conducted. The results showed that victimization and peer rejection were significantly and positively associated with both maternal and paternal rejection, although only maternal effect was observed when controlling the other parent rejection. The findings are consistent with Interpersonal Acceptance-Rejection Theory (IPARTheory) and highlight the crucial role of primary and important interpersonal experiences, with the mother in particular, in shaping the quality of relationships adolescents establish beyond the family environment. In this perspective, these experiences serve as both risk factors, in instances of rejection, and protective factors, in the context of acceptance, influencing the observed psychological adjustment.

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Transition Dreams: A Preliminary Study of Dreams During the Gender Affirming Pathway

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Abstract

Introduction: Our dream world is an expression of our own identity and mirrors of our emotional universe. In a phase marked by significant and substantial physical and identity changes, such as the gender affirming journey, the exploratory analysis of dreams can yield valuable insights into the inner world of individuals undergoing a gender transition.

Methods: A sample of approximately 20 people who are in the initial six months of gender affirming therapy will be recruited. Each week, for a period of six months, participants will be asked to transcribe and submit one or two dreams they had during the past seven days, attaching a space where they can add information about the dream. In addition, an initial battery will be proposed to collect data on gender dysphoria (Body and Social Gender Dysphoria Scale), dream world quality (Mannheim Dream questionnaire) and identity (Inventory of Personality Organisation). The MADRE and BSGD questionnaires will be administered once more at the third month and at the sixth month, respectively.

Expected results: Thematic analysis of dream transcripts will be utilized to investigate the effects of transition on participants' dream world, with a particular emphasis on thematic and emotional content. The evolution of gender themes, changes in the emotional tone of dreams experienced on hormone therapy and non-hormone therapy days, and the bodily and identity representation of the dreaming self will be explored.

Discussion: Through the analysis of thematic and emotional shifts in dreams, the study seeks to provide more profound insights into psychological adaptation during the transition process, with the objective of enhancing clinical understanding and facilitating the development of effective therapeutic interventions for transgender individuals.

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Cyclothymic-Hypersensitive Temperament and Associations with Psychopathology Over Time in Early Adolescence

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Abstract

Introduction: Cyclothymic-Hypersensitive Temperament (CHT) is characterized by mood instability, interpersonal hypersensitivity, and emotional hyperreactivity, traits frequently observed in general population as well as clinical settings but often eluding strict diagnostic classifications. CHT offers valuable insights into adolescents' emotional and behavioural patterns, but further research is needed to explore its longitudinal associations with psychopathology and clarify its clinical significance.

Methods: Data were collected from 780 students (50.1% male, mean age at first assessment: 11.35 ± 0.49 years). The study used a longitudinal design with two assessments two years apart. Psychopathological symptoms were assessed using the Strength and Difficulties Questionnaire, whereas Cyclothymic-Hypersensitive Temperament Questionnaire (CHTQ) assessed CHT. A Cross-Lagged Panel Model (CLPM) was used to examine bidirectional relationships between CHT and psychopathology over time.

Results: The CLPM revealed a substantial stability of CHT over time and significant associations between CHT and psychopathology at each time point; also, CHT contributed to an increase in psychopathological symptoms over time.

Discussion: CHT emerges as a stable, predictive trait linked to early psychopathological symptoms. These findings highlight the importance of early identification and intervention, positioning CHT as a potential target in adolescent mental health prevention strategies.

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The Efficacy of Mindfulness-Based Programs: An Umbrella Review of Meta-Analyses of Randomized Controlled Trials

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Abstract

Background: We aimed to comprehensively evaluate the efficacy, acceptability, and tolerability of mindfulness-based programs (MBPs) on physical and mental health outcomes across populations.

Methods: We conducted a PRIOR-compliant umbrella review of systematic reviews with meta-analyses of RCTs on the efficacy of MBPs published on PubMed/Embase/Cochrane Library/CINAHL/PsycINFO until 08/10/2024 (PROSPERO=CRD42019155162), computing random-effect meta-analyses/confidence intervals/prediction interval/heterogeneity. Certainty of evidence was graded into high/moderate/low/very low according to Grading of Recommendations, Assessment, Development and Evaluation (GRADE). Quality was assessed with Assessing the Methodological Quality of Systematic Reviews (AMSTAR) and AMSTAR-PLUS Content.

Results: 105 meta-analyses were included (AMSTAR high 56%, medium 44%; AMSTAR-PLUS Content medium 23%, low 77%). The mean duration of MBPs and follow-up were 7,65 and 22,6 weeks, respectively. No meta-analytic comparison was supported by high certainty, and 16 were supported by moderate certainty. Among them, in adults with breast cancer, MBPs outperformed pooled control conditions (i.e., treatment as usual and waiting list/no-treatment) regarding anxiety and depressive symptoms and health-related quality of life at the end of treatment and/or follow-up (standardized mean difference [SMD]=from 0.21 to 0.33). In adults with obsessive-compulsive disorder, MBPs outperformed pooled control conditions (i.e., active interventions and waiting list/no treatment) regarding obsessive-compulsive and depressive symptoms and mindfulness at the end of treatment (SMD=from 0.23 to 0.47). In adults with depressive symptoms, MBPs outperformed pooled control conditions (i.e., waiting list/no treatment and treatment as usual) regarding depressive symptoms at the end of treatment (SMD=0.69). Among medical students, MBPs outperformed pooled control conditions (i.e., active interventions and

waiting list/no treatment) and waiting list/no treatment regarding stress, mindfulness, and well-being at the end of treatment and/or follow-up (SMD=from 0.28 to 0.71). Drop-out/adverse events were poorly reported.

Conclusions: Moderate certainty of evidence supports MBPs to be effective in adults with breast cancer, obsessive-compulsive disorder, depressive symptoms, and medical students for several outcomes.

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Do Adolescents' Appearance Comparison and Body Satisfaction Change with Exposure to Social Media Images? An Ecological Momentary Assessment Study

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Abstract

Introduction: Social media (SM) has become nearly ubiquitous in recent years, with approximately 60.43% of Italian adolescents reporting high or problematic SM usage. Previous correlational studies have linked SM use to body image concerns, but there is limited longitudinal data on the real-time effects of SM exposure on adolescents' appearance comparison and body satisfaction. This study employed ecological momentary assessment (EMA) to explore: (1) the associations between SM image exposure and both immediate and subsequent appearance comparison and body satisfaction, and (2) how social media addiction and baseline body dissatisfaction might moderate these relationships.

Method: The study involved 78 adolescents (Mage = 14.59 ± 0.63 years; 71.79% female), who completed EMA assessments twice daily for 21 consecutive days via a mobile app. Baseline measures included social media addiction (assessed with the Bergen Social Media Addiction Scale) and body dissatisfaction (measured using the Body Dissatisfaction Scale from the Eating Disorders Inventory-III).

Results: Dynamic structural equation modelling (DSEM) revealed that image exposure, appearance comparison and body satisfaction had significant positive autoregressive parameters. However, cross-lagged associations (where earlier exposure predicted later outcomes) were not significant. At the between person level, body dissatisfaction moderated the relationships between SM exposure and body image outcomes.

Discussion: Although viewing images in SM may be associated with body dissatisfaction, the temporal relationship between exposure, appearance comparison, and body image is complex and seems far from clear among adolescents. Future studies could assess how the identification of risk and protective factors might be addressed.

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Perinatal Loss and Assisted Reproductive Technologies: Prenatal Attachment Across Trimesters

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Abstract

Introduction: Prenatal attachment is pivotal in the psychological adjustment of mothers during pregnancy. The impact of Perinatal Loss Experiences (PLE)—such as previous miscarriages, stillbirths, and voluntary terminations of pregnancy—along with experiences related to Assisted Reproductive Technologies (ART), which may be conceptualized as a form of generative loss, has not yet been sufficiently explored in the literature. Existing findings remain limited and often inconsistent, particularly in relation to the specific trimester of pregnancy. As pregnancy progresses, maternal perceptions and emotional connections to the fetus typically intensify. However, women with PLE or those who conceived through ART may experience this progression differently.

Methods: A sample of 1063 pregnant women completed the Maternal Antenatal Attachment Scale (MAAS). The predictors assessed were PLE (yes/no), ART (yes/no), and gestational trimester. Univariate ANOVA and parameter estimates from generalized linear models were used to assess main and interaction effects.

Results: Attachment scores showed a significant overall increase across trimesters ($F = 5.734$, $p = 0.017$), with a coefficient of $B = +3.850$ indicating an approximate rise of 3.85 points from the first to the later trimesters of pregnancy. However, neither PLE nor ART demonstrated significant main effects when considered independently. Crucially, a significant three-way interaction was found between PLE, ART and trimester (PLE × ART × trimester: $F = 3.47$, $p = 0.016$), suggesting that the combined influence of reproductive history and conception mode shapes the progression of attachment during pregnancy. This interaction highlights the complexity of factors contributing to maternal attachment trajectories and underscores the value of considering their interplay rather than isolated effects.

Discussion: Even if individual effects are not all significant, the complex interaction is, and therein lies the critical research and clinical insight: prenatal attachment evolves differently based on the interaction between reproductive history and conception mode. This evidence provides a valuable foundation for developing targeted interventions in perinatal mental health.

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Psychological assessment of patients undergoing bariatric surgery: a proposed protocol in the hospital setting

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Abstract

Introduction. Obesity is a pathological condition characterized by excess weight, with varying degrees of severity, and represents a major global public health issue. In addition to medical treatment, surgical options such as bariatric surgery offer patients with severe obesity the possibility of gradual and sustained weight loss, improvement of comorbidities, and reduction in mortality. According to national and international guidelines, candidates for bariatric surgery undergo a psychological assessment to identify psychopathological conditions that may hinder treatment, personality traits that could lead to psychiatric complications, motivational aspects, available personal resources, and psychosocial variables. The aim of this study is to identify the main psychological and behavioural characteristics of candidates for bariatric surgery to design targeted psychological interventions within the hospital's care pathway for obesity management.

Methods. The psychological assessment is carried out as part of the diagnostic therapeutic care pathway for patients with obesity at Sant'Andrea University Hospital in Rome. The process includes two clinical interviews and psychodiagnostics testing, followed by a feedback session aimed at sharing the results with the patient and guiding next steps in the multidisciplinary treatment plan. Additional follow-up sessions are scheduled to monitor progress, prevent relapse, and enhance personal coping resources.

Results. The clinical sample includes about one hundred patients, mostly female, admitted between April 2024 and March 2025. Self-report measures show high levels of anxious-depressive symptoms, impulsivity, body image distress, and perceived poor physical health. Many patients report symptoms of eating disorders. A portion of the sample also reports early-life trauma and a history of substance use disorders.

Discussion. These preliminary findings emphasize the key role of psychological assessment in guiding the treatment process for bariatric surgery candidates. The evaluation helps identify individual risk and

protective factors that may affect surgical outcomes, such as adherence to post-operative guidelines and long-term weight maintenance. The results support the development of focused psychological interventions tailored to the needs of this clinical population, contributing to more effective obesity management.

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Exploring Emotional Engagement and False Belief Attribution in Children with Autism Spectrum Disorder Through Interaction with a Non-Humanoid Robot

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Abstract

This pilot study explores whether children with Autism Spectrum Disorder (ASD) can attribute false beliefs (FB) to a non-humanoid robot, with particular attention to the emotional dimension of this interaction. Theory of Mind (ToM) models suggest that children with ASD often face difficulties in attributing mental states, especially in standard FB tasks requiring verbal and cognitive resources. To address this, a spontaneous-response paradigm inspired by Buttelmann et al. (2009) was implemented using CoderBot, an educational, non-humanoid robot designed for use in primary school settings.

The sample included 11 children with ASD (2 females, 9 males), aged between 7 and 10 years, all with good verbal abilities and no intellectual disability. The experimental procedure consisted of a familiarization phase followed by two test conditions: a true belief task and a false belief task. In both scenarios, participants observed the robot's behavior and could choose to intervene based on its presumed belief. Emotional and cognitive responses were assessed using multiple self-report tools: VAS-Anxiety, VAS-Emotion, Net Promoter Score, and Subjective Difficulty Measure. Observational data on participants' spontaneous actions were also collected.

While some participants showed behaviors consistent with FB attribution, the most salient and consistent finding concerned emotional engagement. Children who reported higher emotional activation—particularly lower anxiety and more positive emotional valence—tended to be more involved in the task and more likely to demonstrate perspective-taking. In contrast, children with lower emotional involvement were often more passive and less responsive. The non-humanoid appearance of the robot did not reduce children's tendency to attribute intentionality; on the contrary, its interactive nature and the simplicity of the non-verbal task appeared to promote affective resonance and intuitive mentalizing.

These preliminary results suggest that emotional engagement plays a key role in supporting ToM-related processes in children with ASD. Non-humanoid robots may thus offer a valuable tool not only for

evaluating false belief understanding, but also for enhancing emotional and social-cognitive activation in children with atypical development. Future studies should expand this approach to inform educational and clinical applications.

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Parasympathetic Activity as a Predictor of Problematic Social Media Use in Italian Mid-Adolescents: Findings from the SMART Project

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Abstract

Introduction: Social media (SM) are largely used by adolescents to connect with peers, unwind, and distract themselves from daily life. One of the risks associated can be problematic social media use (PSMU), which is characterized by preoccupation with SM, difficulties in reducing or stopping SM use, and the use of SM as a way to regulate unpleasant emotions. On a physiological level, lower parasympathetic activity appears to be associated with difficulties in self-regulatory mechanisms, which in turn may be related to an increased risk of developing PSMU in adolescents.

Methods: A sample of 59 Italian adolescents (mean age: 16.98±1.02 years; 30 females, 50.8%) was recruited from a high school in Northern Italy. Each met individually with the experimenter, completed a survey investigating risk and protective factors for PSMU, and then underwent a ten-minute electrocardiogram (ECG) at rest using a thoracic band for heart-rate detection. A brief version of the survey will be repeated after three months. The ten-minute raw ECG was then divided into two 5-minute windows. For each, several heart-rate (HR) variability indices (including parasympathetic activity indices like RMSSD and HF) were computed and analyzed, along with the psychological variables from the survey (e.g., self-esteem, self-control, emotional regulation, and psychological distress).

Results: Preliminary analyses showed that low levels of emotion awareness are associated with a higher HR and with an increase of HR over time. Moreover, data showed that higher parasympathetic activity (HF) was linked to higher internalizing symptoms.

Discussion: Adolescents with lower emotion awareness could experience more stress at rest due to difficulties in understanding how they are feeling, which increases their HR. Students with more internalizing symptoms might need to regulate the unpleasant emotions arising during everyday life, thus engaging the parasympathetic system and increasing parasympathetic activity.

Longitudinal data still need to be collected and further analyzed to gain a clearer understanding of how lower parasympathetic activity at rest can be considered a risk factor for the development of PSMU.

Findings could be useful to expand current knowledge of PSMU in adolescence with a focus on the interaction between physiological and psychological variables.

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Psychological Determinants of Health-Protective Behaviors and Vaccination Willingness During Epidemic Outbreaks: Insights from the BEHAVE-MOD Project

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Abstract

Introduction: Monitoring the dynamics of seasonal and endemic infectious diseases is crucial for understanding their spread within populations and enabling timely responses and interventions. In this context, individual behaviors and psychological factors play a significant role in influencing disease transmission. This was notably evident during the COVID-19 pandemic, when personal preventive behaviors had a substantial impact on the spread of the virus. This study examines the relationship between psychological factors (i.e., emotional states during the COVID-19 pandemic, perceived severity of infections such as COVID-19, and subjective norms regarding protective behaviors) and individuals' willingness to be vaccinated, seek psychological support, and adopt protective measures in the event of an epidemic outbreak.

Method: This study draws on data from the first wave of a broader research project (i.e., the BEHAVE-MOD project), which aims to address the critical need to monitor infectious disease dynamics and understand the impact of individual behaviors on transmission. Data collection took place between December 2024 and January 2025 and involved 8,000 individuals (M_{age}±SD= 53.80±11.71; 49.7 females) representative of the Italian population, recruited through stratified sampling based on age, sex, and region of residence. Participants completed a structured questionnaire comprising 30 items investigating, among other variables, psychological factors and individuals' willingness to be vaccinated, seek psychological support, and adopt protective measures in the event of an epidemic.

Results: Higher levels of negative emotional states experienced during the COVID-19 pandemic (i.e., sadness, fear, anger, uncertainty, loss of control, loneliness, and worry) were associated with a greater intention to seek psychological support and to undergo vaccination in the event of a future pandemic. Additionally, higher levels of negative emotional states - except for anger - were linked to greater

willingness to adopt protective behaviors. Moreover, participants who perceived a higher severity of infection reported a stronger intention to seek psychological support, get vaccinated, and engage in protective measures in the event of an epidemic outbreak.

Discussion: These findings underscore the pivotal role of emotional responses and risk perception in influencing individual health-related behaviors, which constitute key determinants in modeling epidemic trajectories and guiding the development of large-scale public health interventions.

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Psychological care in vascular surgery: a descriptive clinical experience in an acute hospital setting

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Abstract

Introduction. Vascular surgery patients, especially those undergoing limb amputation, face complex physical, emotional, and relational challenges. These include disruptions in body image, self-concept, autonomy, and social roles. In this contribution, we present a qualitative description of an ongoing clinical experience within a vascular surgery ward, aiming to explore the psychological needs that emerge in this context and to reflect on the forms, timing, and meaning of psychological intervention in such a highly medicalized setting.

Methods. This work is based on eight months of continuous clinical presence by psychologists within a vascular surgery unit. Observations were collected through bedside consultations, informal interactions with patients and staff, and reflective clinical supervision. Rather than producing statistical data, we aim to offer a contextual and experiential account of how psychological work unfolds in a surgical environment, shaped by the ward's rhythms, institutional dynamics, and emotional atmosphere.

Results. Most patients presented prolonged hospital stays, fluctuating emotional states, and profound concerns about loss of autonomy, bodily changes, and uncertain prognoses. Emotional suffering often remained implicit, emerging through somatic expressions, withdrawal, or moments of crisis. Requests for psychological support were mostly informal or mediated by medical staff. In these interstitial spaces, the psychologist's role was to offer containment, symbolic mediation, and a space for emotional expression. Common themes included anticipatory grief, disorientation following amputation, and a fragmented sense of self.

Discussion. This experience suggests that psychological care in vascular surgery cannot rely solely on formal referrals. The ward must be approached as a relational and symbolic field where suffering often lacks language. The psychologist's presence enables the transformation of unspoken distress into shared

meaning. To be effective, psychological work in such settings requires flexibility, attentiveness to timing, and integration within the multidisciplinary team. We propose recognizing the value of descriptive clinical work as a foundation for developing future, more structured models of psychological intervention in surgical contexts.

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Toward an Integrated Understanding of Sustainable Behavior: The Role of Psychological and Cultural Dimensions

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Abstract

Introduction: In recent decades, sustainability has been increasingly recognized as a global priority, deeply impacting both individuals and society. The transition to sustainable lifestyles occurs gradually and is influenced by individual and cultural factors. However, research on pro- and anti-sustainability behaviors often progresses in a fragmented manner, with limited efforts toward theoretical and empirical integration. This study aimed to explore the psychological dimensions that influence sustainable behavior, with a specific focus on the role of values, environmental identity and climate anxiety.

Methods: A sample of 133 adults from the general population (mean age=37.5, SD=18.8; 59.4% female) completed the Climate Change Anxiety Scale, the General Ecological Behavior Scale, the Values Questionnaire, and the Environmental Identity Scale-Revised. The model tested assumed that biospheric values would influence ecological behavior via environmental identity and the cognitive-emotional and functional impairment components of climate change anxiety.

Results: Correlation analyses showed significant associations between strong ecological behavior and values, both components of climate change anxiety, and environmental identity (all $p<.05$). A multiple regression model ($F(9,123)=13$, $p<.001$) explained 48.8% of the variance in strong ecological behavior ($adjR^2=.451$), with significant predictors including environmental identity ($\beta=.243$, $p=.008$), values (biospheric: $\beta=.310$, $p=.004$; altruistic: $\beta=–.155$, $p=.044$; egoistic: $\beta=–.210$, $p=.004$), and the functional impairment component of climate change anxiety ($\beta=.138$, $p=.003$). A mediation model revealed a significant partial mediation, with a direct effect of biospheric values on strong ecological behavior ($\beta=.150$, $p=.039$), and a significant indirect effect via environmental identity ($\beta=.125$, $p=.001$), accounting for 60.7% of the total effect ($\beta=.382$, $p<.001$).

Discussion: These findings suggest that both cultural and individual psychological dimensions may represent a relevant pathway supporting sustainable behavior. The interplay between values, environmental identity, and climate anxiety reflects the complexity of ecological engagement. This

evidence highlights promising opportunities for integrating sustainability not only within research settings but also in clinical reflection and practice.

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Thriving or Struggling? Basic Psychological Needs' Profiles and Their Links to Performance and Well-Being in STEM Education

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Abstract

Introduction: University psychological services are increasingly adopting community-based interventions to promote students' well-being; in this regard, employing a person-centered approach, this study examines how self-determination, operationalized as satisfaction and frustration of the three Basic Psychological Needs (BPNs) of Autonomy, Competence and Relatedness, contributes to students' optimal functioning.

Method: A total of 312 STEM students (mean age =22.7, SD=5.6) completed assessments measuring the relevant factors. Latent Profile Analysis (LPA) was conducted to identify distinct profiles based on BPNs satisfaction and frustration. A one-way ANOVA with post-hoc tests was employed to assess differences in psychological well-being and academic engagement, stress, distress and performance across profiles.

Results: Through LPA, three profiles (AIC=4621, BIC=4775; Entropy=0.916) were identified: the "Dissatisfied and Frustrated" profile, showing moderately high to high frustration and moderately low to low satisfaction across all BPNs; the "Discontent but Connected" profile, showing low satisfaction and moderately high frustration of the autonomy and competence needs, but moderately high satisfaction and moderately low frustration of the relatedness need; the "Optimal Condition: Satisfied and Not Frustrated" profile, showing moderately high to high satisfaction and low frustration across all BPNs. ANOVA showed significant differences ($5.91<F<104.38$, $p<.01$) across the three profiles: the "Dissatisfied and Frustrated" profile exhibited the highest academic stress and distress, and the poorest well-being, engagement and academic performance; the "Discontent but Connected" profile exhibited significantly lower academic distress and higher engagement and well-being, while academic stress and academic performance aligned substantially with the "Dissatisfied and Frustrated" profile; finally, the "Optimal Condition" profile exhibited the lowest academic stress and distress, as well as the highest engagement, well-being and academic achievement.

Discussion: These findings highlight the need to implement multi-layered strategies of community interventions that address the satisfaction of students' needs; future studies might investigate students' profiles and the relationship between BPNs and the aforementioned factors in a non-STEM student population.

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The Functions of Aggression Questionnaire: preliminary study on the Italian validation

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Abstract

Introduction: In recent decades, research has shifted from a structural to a functional analysis of aggression, focusing on its purpose and its motivation by examining antecedent, concurrent, and consequent events. This approach sheds light on the mechanisms underlying the development and persistence of problematic behaviors. To assess these aspects, the Functional Aggression Questionnaire (FAQ; Garofalo & Daffern, 2023) was developed, drawing on the clinician-report Assessment and Classification of Function (ACF; Daffern et al., 2006) and a literature review. The main aim of the current work is to propose a preliminary step for the Italian validation of FAQ.

Method: A total of 542 participant from the Italian general population took part in the study (67.5% females; aged 18–79, $M = 33.12$, $SD = 13.92$). Confirmatory Factor Analysis (CFA) was performed using MPlus 8. Convergent validity was assessed via Pearson correlations with Reactive-Proactive Aggression Questionnaire (RPQ), Angry Aggression Scale (AAS), and Brief Aggression Questionnaire (BAQ). The FAQ was also administered to 33 male inmates (aged 25–66, $M = 40.52$, $SD = 10.20$) from the Casa di Reclusione of Spoleto (Italy), a population at risk for aggressive behaviors.

Results: CFA showed that the original 15-factor, 45-item model had excessive inter-factor correlations, suggesting overfitting. A refined 11-factor, 35-item model showed better psychometric properties and clinical utility (CFI = .98, TLI = .98, RMSEA = .032 [90% CI = .029, .035]). The 11-factor structure was consistent with the ACF theoretical and clinical framework. Significant correlations ($p < .001$) emerged between all FAQ subscales and those of the RPQ, AAS, and BAQ, except for FAQ Sexual Gratification with BAQ Verbal Aggression, and FAQ Self-protection with AAS Appetitive-Impulsive. Notably, these associations differentiate reactive and proactive aggression, in line with theoretical expectations. After matching inmates and a representative subsample of general population by age and sex, a non-parametric test revealed significant differences ($p < .05$) on the Observe Suffering subscale.

Conclusions: The results support the FAQ's validity within the Italian general adult population and the relevance of functional approaches to aggression.

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Mentalization as a pathway between psychological need satisfaction and well-being in university students: findings from the Me.Mo (*Mente in Movimento*) project

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Abstract

Introduction: Understanding the psychological processes that support well-being during university years is particularly relevant in a life stage marked by emotional instability, identity exploration, and the reorganization of social relationships. Among these processes, the satisfaction of basic psychological needs—autonomy, competence, and relatedness—emerges as a fundamental condition for adaptive functioning. Various theoretical perspectives have suggested that the satisfaction of these needs, to translate into perceived well-being, may require the involvement of specific reflective and regulatory processes. In particular, the quality of mentalizing—defined as the capacity to attribute meaning to one's own and others' mental states in a reflective way—may modulate this relationship. This function, inherently relational and context-sensitive, contributes to construction of a coherent sense of self, and may represent a mechanism through which psychological need satisfaction translates into well-being.

Methods: The present study, conducted within the framework of the "Mente in Movimento" (Me.Mo) project, examined this hypothesis in a sample of 1004 university students (mean age= 22.56, SD= 4.40). Participants completed the Basic Psychological Need Satisfaction and Frustration Scale-SF (Satisfaction: M = 7.80, SD = 1.10; medium-high level), the Certainty About Mental States Questionnaire (Self: M = 4.96, SD = 0.96; Other: M = 4.63, SD = 1.01; medium-high level), and the Mental Health Continuum–SF (M = 2.64, SD = 0.84; medium level).

Results: The mediation model showed that psychological need satisfaction was positively associated with both forms of mentalizing. Still, only certainty about one's own mental states was positively associated with well-being (b = .325, p < .001), while certainty about others' mental states showed a weak but significant negative association (b = –.058, p = .047). The overall indirect effect was significant (b = .139, 95% CI [.109, .174]).

Discussion: Intervening on the quality of mentalizing, particularly by promoting greater certainty about one's own mental states, may strengthen the connection between psychological need satisfaction and well-being. Promoting targeted interventions focused on these reflective capacities represents a promising

pathway for enhancing university students' mental health and supporting more stable and resilient developmental trajectories.

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Psychological vulnerability after trauma: Identifying person-centered profiles of risk and resilience

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Abstract

Childhood trauma is a known risk factor for later victimization and is often linked to dissociative symptoms, impaired mentalization, and epistemic trust dysfunctions. Yet psychological vulnerability cannot be explained by risk accumulation alone. Contemporary models emphasize how both adverse and protective childhood experiences shape self and interpersonal functioning. This study aimed to identify distinct psychological profiles based on childhood trauma, victimization experiences, protective childhood factors, and dissociation in a non-clinical sample. Data were collected from 258 adults (53.5% female, 45.7% male, 0.8% preferred not to say), who completed the Childhood Trauma Questionnaire (CTQ), the Benevolent Childhood Experiences Scale (BCE), and the Dissociative Experiences Scale (DES-8). Victimization was assessed using the General Victimization Scale (GVS), measuring adulthood exposure to emotional, physical, and sexual abuse, as well as attacks involving weapons. Psychological functioning was assessed through the Epistemic Trust, Mistrust, and Credulity Questionnaire (ETMCQ) and the Reflective Functioning Questionnaire (RFQ). A hierarchical cluster analysis (Ward's method) was used to determine the optimal number of clusters, followed by k-means clustering on standardized scores. Three profiles emerged: (1) a low-risk group (n = 156) characterized by low trauma and victimization, slightly above-average protective experiences, and low dissociation; (2) a mixed cluster (n = 76) with high victimization, mildly elevated trauma, low protection, and low dissociation; and (3) a vulnerable group (n = 26) showing elevated trauma, high victimization, markedly low protection, and very high dissociation. ANOVAs confirmed significant between-group differences across all variables ($p < .001$). Sex distribution did not differ significantly across clusters (χ^2 (2) = 5.67, p = .059), though the result approached significance. Psychological functioning also varied across profiles. The high-risk group showed greater epistemic mistrust and credulity, alongside reduced certainty about mental states – suggesting impairments in interpersonal trust and reflective functioning. Integrating dissociation, epistemic dysfunction, and impaired mentalization into person-centered models may enhance the detection of psychological risk and inform more tailored interventions.

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The Impact of Self-Esteem on Adolescents' Problematic Social Media Use: The Mediating Role of Emotion Dysregulation

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Abstract

The use of social media is widespread across all age groups; however, adolescents appear particularly sensitive to the negative effects of its dysfunctional use, referred to as problematic social media use (PSMU). Literature suggests that this heightened vulnerability may stem from psychological factors such as low self-esteem, which can facilitate the development of PSMU. Additionally, emotional dysregulation has been associated with both self-esteem and PSMU. Therefore, this study, which is part of the SMART project, aimed to investigate whether emotion dysregulation mediates the association between self-esteem and PSMU. The sample comprised 445 Italian mid-adolescents aged 14 to18 years (M= 16.41, SD = 1.06; 38.9% boys). Participants completed the Bergen Social Media Addiction Scale, the Rosenberg Self-Esteem Scale, and the Difficulties in Emotion Regulation Scale – Short Form. Analyses were conducted using SPSS and Jamovi software. Participants reported significantly higher scores on PSMU than the normative sample, although only 6.3% fell within the clinical range. Emotion dysregulation scores were significantly higher than those of the normative population, while self-esteem scores were significantly lower. Results showed that PSMU was significantly and negatively correlated with self-esteem (r = –.364, p < .001) and significantly and positively correlated with emotion dysregulation (r = .473, p < .001). Additionally, self-esteem was strongly and negatively associated with emotion dysregulation (r = –.608, p < .001). Mediation analysis revealed that emotional dysregulation significantly mediated the relationship between self-esteem and PSMU in adolescents. The total effect of self-esteem on PSMU was statistically significant (β = –0.305, p < .001). The indirect effect through emotional dysregulation was also statistically significant (β = –0.203, p < .001), accounting for 66.8% of the total effect. The remaining 33.2% was explained by the direct effect, which remained statistically significant (β = –0.101, p = .031), indicating

partial mediation. These findings suggest that PSMU may serve as a compensatory, yet potentially maladaptive strategy among adolescents with low self-esteem who experience greater difficulties in regulating their emotional responses. Clinical and preventive interventions integrating self-esteem enhancement with training in emotion regulation skills may represent a targeted and more effective approach to reducing individual vulnerability to PSMU.

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The role of personality traits in dynamic driving simulator sessions

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Abstract

Introduction: Individual differences play a crucial role in participants' experiences during experimental sessions, predicting perceived discomfort and attitudes towards the experimental setting. Previous studies show that personological characteristics are involved in determining participants' responses to virtual reality scenarios, for example associating with perceived levels of Simulation Sickness (SS). However, this has not yet been applied to dynamic driving simulators. In the field of Advanced Driving-Assistance Systems (ADAS) studies, this becomes even more important, raising the need to evaluate participants' personality traits in association with SS and PR, as individual differences may determine the participant's sickness symptoms and their overall view of the experiment. Thus, the present study measured participants' target characteristics during an ADAS driving simulation, aiming at evaluating how personality traits can influence the person's reaction to the experimental setting.

Methods: Thirty adult students (46.7% female; mean age=25.37 years, *SD*=3.42 years) agreed to take part in an experimental ADAS driving session, in a last-generation dynamic driving simulator. Participants completed the Big Five Inventory (BFI) before the driving simulation, then the Simulation Sickness Questionnaire (SSQ) and Perceived Realism Questionnaire (PRQ) at the end of the session. All measures were administered in their Italian translation.

Results: Considering Spearman *r* values, although PR and SS did not show a significant association, BFI personality traits did reveal significant correlations with both PR and SS, respectively. Extraversion showed a significant correlation with a specific PR component (r_S=.50, p<.05), and Neuroticism was significantly associated with all SS dimensions (median r_S=.50, *SD*=.09, all p_S<.05).

Discussion: Based on our results, studies involving experiments in a dynamic simulator were confirmed to benefit from personality assessment. In fact, individual differences were shown to correlate with how the driving simulation was perceived, both at a somatic level (SS) and considering the perceived simulation immersiveness. Thus, participants' individual characteristics are a key element to be considered when designing experimental sessions, as specific traits may predict participants' discomfort and attitudes, influencing their experience and proneness to participate and follow through with the experimentation.

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Moreover, individual differences shape users' acceptance of new technologies, including ADAS, further highlighting the importance of personological assessment.

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