

XII National Congress of the Research Group in Psychosomatics (RGP) October 21 and 22, 2022

THE CLINIMETRIC METHOD

Foreword

This Supplement of *La Clinica Terapeutica* includes abstracts of lectures, symposia, workshops, clinical case presentations and posters of the XII National Congress of the Research Group in Psychosomatics (RGP).

The Congress is characterized by “The clinimetric method”. It is a tribute to Alvan Feinstein who 40 years ago introduced clinimetrics as a discipline aimed at creating indices, rating scales and other expressions to describe or measure symptoms, physical signs and other clinical phenomena. The standard taxonomy, in fact, did not include, and still does not include, the patterns of symptoms, the severity of the disease, the effects of comorbid manifestations, the timing of the phenomena, the rate of disease progression, functional capacity and other clinical characteristics which demarcate the main prognostic and therapeutic differences between patients who otherwise would appear deceptively similar because they share the same diagnosis and laboratory results. Feinstein also added the psychosocial impact of the disease and treatment on individual, family and interpersonal relationships, including physical activity, the joys and pains of everyday life.

Psychosomatics represents an extraordinary opportunity to improve clinical practice in medicine, psychiatry and clinical psychology by integrating biological, psychological and social factors. The bio-psycho-social model is still the theoretical and practical core of psychosomatics. It allows clinicians to see disease as the result of mechanisms of interaction at the cellular, interpersonal and environmental levels that include personality and familiarity. The congress organized by the RGP for 2022 highlights clinimetrics as a science at the service of psychosomatics capable of providing the clinical tools that allow a complete and accurate assessment according to the principles of the bio-psycho-social model. The abstracts describe innovative studies and reflections on the most current and hot topics of psychosomatics. The crucial role of clinimetrics, and of the specific type of assessment it makes possible in psychosomatics, are underlined in research and by the importance of proposing integrated treatments. An increasing number of studies suggest that the clinical process leading to diagnosis should be based on a comprehensive and accurate assessment based on clinically useful indices. Such indices are expected to be, among the others, sensitive in recording changes over time, capable of providing additional information according to the principle of incremental validity, able to investigate the person in the complexity linked to suffering and resources. This approach can be an antidote to the reductionist models that clash with clinical reality and that make the patient’s visit a kind of distracted listening and subsequent random prescription. Clinimetrics and psychosomatic assessment thus become essential in clinical practice and research. The abstracts document how psychosomatics in clinical practice is more timing than ever and adequate for give a home to researchers and clinicians who want to venture off the beaten and clinically unsatisfactory paths of standard nosography.

Carmen Berrocal, Coordinator of the Congress
Fiammetta Cosci, Congress Coordinator, RGP Coordinator

Physical health in patients with psychiatric disorders: the example of participation to cancer screening programs.

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Background: A recent meta-analysis on non-Italian samples shows that a psychiatric patient is less likely to receive cancer screening than the general population (Solmi et al., 2020). The main aim of the study is to investigate the screening participation rate in the local psychiatric population. The second purpose is to assess whether there are clinical or socio-demographic differences that characterize the group of participants compared to that of non-participants.

Methods: We enrolled patients with severe mental illness in charge of four Community Mental Health Centers in Trieste in 2019, included by age and sex to the regional screening program for pap test/ HPV test, fecal occult blood test (FOBT) and mammography and we retrospectively assessed their participation rate.

Results: Participation rate was 41.3% for the Pap test/HPV test, 34.6% for the FOBT and 46.5% for the mammography. Regarding the psychiatric diagnoses, coded according to ICD-10, it was found that patients with Personality Disorders have a statistically significantly lower percentage of participation in the FOBT than the other groups, while patients with Anxiety Disorders adhere to mammography more than the others groups.

Conclusion: Our results confirm the data of international studies conducted in non-Italian settings, highlighting overall a low participation of psychiatric patients in cancer screening programs. This study indicates the need to promote greater attention to the physical health of patients with psychiatric disorders and to encourage easier access paths to regional prevention programs.

The Yentl syndrome and gender inequality in ASD.

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Background: In 2001 Healey describes the Yentl Syndrome as the phenomenon whereby women are misdiagnosed and poorly treated unless their symptoms or diseases conform to that of men. Autism spectrum disorder (ASD) is a neurodevelopmental syndrome characterized by difficulties with social reciprocity, social communication, flexibility and sensory processing. Early diagnosis has become a priority in the treatment of ASDs, as current research indicates that the most favourable treatment outcomes result from early intervention. Compared to males, females are at substantially elevated risk of their ASD going undiagnosed: their difficulties are frequently mislabeled or missed entirely. This gender bias has serious consequences for the health and wellbeing of girls and women with ASD.

Methods: Multidisciplinary Team for ADS (MTA).

Case presentation: Giulia was an 18-year-old girl with diagnoses of depressive, impulse control, and oppositional defiant disorders. From the first visit, MTA observed that the patient's symptoms were strongly determined by dysfunctional dynamics with the parents, and how her cognitive, sensory and behavioral characteristics was similar to a possible ASD. The Multidisciplinary Team, after case clinic discussion, performed a new assessment using of ADOS-2 and ADI-R that confirmed the autism spectrum disorder.

Conclusion: Clinicians need to become more aware of the presentation of ASD in females and the ways this may differ from typical male presentations. Greater awareness of ASD by clinicians is likely to facilitate less challenging diagnostic pathways and earlier access to support services. Multidisciplinary teams for ASD are strongly recommended.

Persistent postwithdrawal disorders induced by paroxetine and treated with specific cognitive behavioral therapy: a case report.

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Background: The rationale for cognitive behavioral therapy (CBT) in the treatment of discontinuation and persistent postwithdrawal disorders from antidepressant drugs, particularly selective serotonin reuptake inhibitors (SSRI), has been described. A specific psychotherapeutic approach based on the sequential administration of different psychotherapeutic strategies in patients with persistent postwithdrawal disorders has been developed in our Affective Disorders Program.

Methods: I report here a case of a patient who had a DSM-IV diagnosis of major depressive disorder presenting paroxetine postwithdrawal disorders. A psychiatrist assessed him with the Structured Clinical Interview for DSM-IV Axis I Disorder, the Clinical Interview for Depression and the Discontinuation-Emergent Signs and Symptoms checklist. An experienced clinical psychologist treated the patients with CBT.

Results: CBT lasted 6 months. The patient is now in remission and drug free after 1 year of follow-up.

Conclusion: This case report illustrates the usefulness of a specific CBT approach to persistent paroxetine postwithdrawal disorders. Results should be interpreted with caution since symptoms may have disappeared spontaneously, even though the clinical evolution would suggest unlikelihood of spontaneous remission.

Guided meditation on conscious breathing.

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Dr. Carl Simonton, a well-known American oncologist and radiation oncologist, together with his team at the Fort-worth Research Center conducted a study of his advanced-stage cancer patients for 7 years from 1974 to 1981, achieving excellent results: thanks to psychological accompaniment, they survived on average twice as long as other patients and 3 times longer than the national average for cancer patients. In the Simonton method, the term “meditation” stands for any activity that helps achieve inner calm and relaxation. Meditations are means to enter a meditative state. Once in this state, subjects begin to breathe more slowly and experience inner depth and harmony, and it is possible to develop spontaneous visions and understand difficult situations. Visualization and imagination are among the oldest rituals of humankind. As for the imaginative techniques of the Simonton method, they can be applied in conjunction with any course of treatment. The effect of visualization is enhanced if while imagining, the patient experiences emotions of joy, confidence, and hope. Imagined scenes do not always come true in reality, but they serve to increase the likelihood that desired events will occur. The short meditation on conscious breathing is taken from the work of Thich Nat Han; the goal is to bring the subject back to present-moment awareness by inducing a state of physical and mental relaxation. The strength of this meditation is its brevity and ease of practice, making it versatile and effective.

History of psychosomatic medicine in Italy.

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Psychosomatic medicine (MP) was born in Italy in the 60s of the last century thanks to Ferruccio Antonelli, physician, neuropsychiatrist, who gathered, together with a group of doctors of various specialties, on the basis of the emerging interest also in other countries for the role of ex-emotione diseases and, more generally, of emotional factors in medicine. The nascent SIMP (Italian Society of Psychosomatic Medicine) was very active in the following years. He organized national congresses and courses, an international congress in Rome, founded a scientific journal (*Medicina Psicosomatica*), which then entered the first international 'listings'. At the height of his activities - always under the guidance of prof. Antonelli, President repeatedly renewed, and of a very active Governing Council, 'regional' and 'local' sections were established, made up of small or medium groups of professionals (often from various medical branches).

SIMP came to count almost a thousand members. In those same years the degree courses in Psychology were maturing in Italy and therefore, little by little, many colleagues in the psychological area enthusiastically found in SIMP, an open society, a clinical-scientific reference port. The MP had several university and hospital centers, active in various ways and levels, some more versed in the clinical sector, others in the research sector. It became (and still is) a subject of teaching in graduate schools. Recently a group of clinicians founded the Psychosomatics Research Group (GRP), with a specific spirit of clinical research, meets every two years to share research data and the latest developments.

At least 4 the strengths of the MP, as it was built in Italy with SIMP and GRP. The first is the centrality of the healthcare-patient relationship. A second, alongside the different 'psychological' models, are the scientific studies on the mind-body relationship - where studies of psychoneuroendocrinology, psychoneuroimmunology and, recently, epigenetics are decisive. A third is the relevance of the relationship between psychosocial factors and health, life stress events and illness. A fourth, still evolving, is the expansion of knowledge for treatment, psychotherapeutic and psychopharmacological perspectives, with the recent prospect of interventions of 'well-being', bodily and mindfulness. It must certainly be said that 'doing' psychosomatic medicine fifty years ago, as in the field of medicine and surgery in general, was in some ways more 'simple': it was pioneering, all to be founded and built, in discovery and growth.

Over time, research projects, methodologies and experimental designs gradually began to be more complex and attentive, less and less space was found in journals and conferences for simple clinical cases or small uncontrolled case studies. The process of 'corporatization' of health and hospital activities has helped to bring to the second line the psychosomatic approach, which requires time for the person, trained operators, interventions such as arduous psychotherapies in the hospital or in a mental health department overloaded with patients with acute or serious chronic mental diseases which, in fact, take precedence over other forms of suffering. The spirit of psychosomatic medicine, however, with its 4 strengths has spread, has taken hold, is now understood and accepted by people; is returning to health facilities where, for example - alongside the 'corporatization' - implementation of 'humanization', attention to the person, centrality of the health-patient relationship, pathways and personalization of care, and so on are required for accreditation. All these are dear and well-known themes of the MP, since its inception.

Can personality disorder affect the perception of pain?

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Background: In the middle of the last century, the Engel theory of “pain prone personality” introduced the relevance of psychological components of pain and together with Freud’s school supported the psychodynamic approach to pain. In subsequent research, approaching the personality with different theoretical constructs, little evidence demonstrated a clear relationship between personality and pain (Naylor et al., 2017). The aim of this study is to investigate the association between pain and personality disorders (PD) and how personality disorder can affect pain perception.

Methods: 159 subjects (61.6% males) with mean age of 41.50 (± 16.16) were investigated using a multidimensional questionnaire (IPQ) for pain (De Benedittis et al., 1988) and the SCID II according to DSM IV for diagnosis of PD.

Results: The 65% of the sample referred pain with at least one personality disorder. Subjects with pain have no more PDs compared to subjects without pain ($\chi^2 = 2.73$). No more personality disorders in comorbidity were found in subjects with pain compared to those without ($t = .70$). Statistically significant differences in the perception of pain were found in passive aggressive disorder with less intensity of pain (NRS) than other PDs ($t = 1.74$; $p = .01$), in schizoid disorder with greater scores of NRS than other PDs ($t = 10.38$, $p = .003$) and in narcissistic disorder with lower evaluative component of pain than other PDs ($t = 1.06$; $p = .03$).

Conclusion: Our results, consistently with other literature data, did not show any association between PD and the presence of pain. The presence of some PDs was associated with changes in pain perception.

Our pandemic age: A meta-analysis of the psychological distress of healthcare workers at the forefront of infectious disease outbreaks.

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Background: Gaining deepened insight into the psyche of healthcare personnel working on the frontline of infectious disease outbreaks is critical for the present as well as for the future, considering that the emergence of the next spillover infectious disease is not a matter of “if” but “when”. This study therefore intended to meta-analyse psychological/psychosomatic symptoms of healthcare providers at the forefront of recent epidemics and pandemics (SARS-CoV-1, H1N1, Ebola, MERS, SARS-CoV-2).

Methods: A systematic search of four databases and additional literature (e.g., daily search alerts, grey literature) was performed. Two independent reviewers conducted the different steps (search, study selection, quality appraisal, data extraction, synthesis), involving a third reviewer to adjudicate. The overall symptom prevalence rates were computed using random effects modelling and the I^2 was calculated to assess statistical heterogeneity.

Results: Pooled results from the 86 primary studies demonstrated a large spectrum of symptoms among frontline staff, with concerns about family members' (60.39%, 95%CI 42.53–76.96) and their own health (45.97%, 95%CI 31.08–61.23) being the most prevalent reactions. Sleeping problems (39.88%, 95%CI 27.70–52.72), burnout (31.81%, 95%CI 13.32–53.89), depression (25.72%, 95%CI 18.34–33.86), anxiety (25.36%, 95%CI 17.90–33.64), posttraumatic stress disorder (24.51%, 95%CI 18.16–31.46), and somatization (14.68%, 95%CI 10.67–19.18) were also frequently reported.

Conclusion: Acknowledging frontline workers immense distress and promoting their psychological resilience may help them to better confront difficult situations, reduce the risk of high allostatic load and burnout and improve, in turn, the performance of the healthcare system, especially in times of crisis.

The value of clinical-psychological analysis in Parkinson's disease.

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Background: Recently, rehabilitation supported by technological devices (wearable and biopotential ones) are employed in PD symptoms' measurement and the clinimetric approach is currently recognized as a valid method to bypass the inadequacies of the psychometric evaluation.

Methods: 11 elderly patients with idiopathic PD underwent a physical training program (55 min., 3 times a week for 3 months). They were assessed by an extensive battery, including neurocognitive (i.e., Montreal Cognitive Assessment, Visual Search Test, Trail Making Test, and Stroop Test), and motor measures (i.e., Timed Up and Go Test, 10 meters, Short Physical Performance Battery, and Six Minute Walk Test) before and after the intervention. Quality of Life was also evaluated by the PD Questionnaire (PDQ-39). Participants got dressed a sensorial body (Comftech Howdy Senior®) with a connected App for smartphone, specifically collecting measures of heart rate, respiratory rate, and gait parameters at four phases: relaxation (10 min.), warm up (15 min.), walking (10 min.), and recovery (30 min.). Some of the patients dropped out the intervention at different time points. Non-parametric tests were performed on PTP phases, neurocognitive, and motor measures.

Results: Significant augmentation of cardiovascular performances was reported at the end of the intervention on MSSD, RMSSD, RR50, pRR50, and SD1 ($p < .05$), with stability of neurocognitive status.

Conclusion: Starting from physical training protocols adopting human body wearable device for accurately detecting physiological functioning, implications for the usefulness of a clinimetric approach in PD symptoms evaluation is discussed.

The role of body image on psychophysical well-being in post-bariatric patients.

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Background: Body image is a multidimensional concept, and it includes perceptive, cognitive-affective and behavioral factors of body representations. Concerns about body image can significantly affect a person's psychophysical well-being. Obese identity is related to body image in the lifetime and concerns of this present in obese people who undergo bariatric surgery. The aim of this study is to examine the body image changes in patients with obesity pre-and post-bariatric surgery.

Methods: Participants completed a clinical psychological assessment prior to surgery and during post-operative follow-up. Correlations and multiple regressions were performed.

Results: The result of this study confirmed the importance on the role of body image in psychophysical well-being of people who undergoing bariatric surgery. Dissatisfaction of one's own body image persisted even after surgery and as a result there is a difficulty in adapting to the new body.

Conclusion: These findings suggested the importance of a targeted psychological assessment procedures on perception of one's own body image and a following clinical psychological support to address the change in body image during weight loss due to surgery bariatric.

Guided meditation on inner wisdom.

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Doctor Carl Simonton, well-known American oncologist and radiation oncologist, together with his team at the Fortworth Research Center, conducted a study of his advanced cancer patients for 7 years from 1974 to 1981, achieving excellent results: by means of psychological accompaniment, they survived on average twice as long as other patients and 3 times longer than the national average for cancer patients. In the Simonton method, the term “meditation” stands for any activity that helps achieve inner calm and relaxation. Meditations are means to reach a meditative state. Once in this state, subjects begin to breathe more slowly and experience inner depth and harmony, and it is possible to develop spontaneous visions and understand difficult situations. Visualization and imagination are among the oldest rituals of humankind. As for the imaginative techniques of the Simonton method, they can be applied in conjunction with any course of treatment. The effect of visualization is enhanced if emotions of joy, confidence, and hope are experienced while imagining. The inner wisdom meditation aims to connect the subject with deep needs through a path of reconnection with the forces of nature that govern the universe. Strengths of this meditation are grounding in the present and enhancing a sense of belonging to the cycle of life.

Clinimetric approach to psychological assessment: the CLIPROM criteria.

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The term clinimetrics indicates a domain concerned with rating scales and indices, as well as with the assessment of a number of clinical phenomena (e.g., patterns and severity of symptoms, rate of progression of illness) that did not find room in customary psychiatric taxonomy. Such an innovative approach supported the development of the clinimetric criteria for patient-reported outcome measures (CLIPROM), that are presented. The major limitations of the psychometric model will be discussed, and methodological recommendations for the assessment of patient-reported outcome, based on clinimetric principles, will be provided, with particular regard to reliability, sensitivity, validity and clinical utility. The CLIPROM criteria challenge the traditional views of how patient-reported outcome measures should be developed and guide the construction of new indices and the validation process of existing self-rated tools to be employed in clinical settings.

Personality, defence mechanisms and psychological distress in women with fibromyalgia.

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Background: Several studies show that many personality traits are associated with fibromyalgia (FM), a chronic pain syndrome, worsening both the quality of life and psychological distress of patients. Considering the few studies have examined the defence mechanisms used by FM patients, the main aim of our study was to investigate the personality traits and defence mechanisms in a sample of FM patients and compare them to a pain-free healthy control group (HC). In addition, we investigated the effect of personality traits and defence mechanisms on psychological distress (anxiety and depressive symptoms) in FM patients.

Methods: Fifty-four women with FM and fifty-four chronic-pain free women were asked to fill in the following measures: (1) Temperament and Character Inventory–Revised; (2) Toronto Alexithymia Scale; (3) Defense Style Questionnaire and (4) Hospital Anxiety and Depression Scale.

Results: The results indicated that FM patients display higher alexithymia ($p < .001$), higher harm avoidance ($p < .001$), lower self-directedness ($p < .003$), lower persistence ($p < .001$), higher use of maladaptive defence style ($p < .001$) and higher levels of anxiety/depressive symptoms ($p < .001$), compared to HC. Moreover, we found that in the final model, [$F(1, 47) = 9.222, p = .004$] alexithymia ($p = .004$), harm avoidance ($p = .014$) and maladaptive defence style ($p = .015$) were significant predictors of psychological distress in FM patients.

Conclusion: The present study is the first to explore the contribution of both defence mechanisms and personality characteristics on psychological distress among FM patients. Our findings have important clinical implications and may help diagnose and treat FM patients better.

Psychological and neurobiological processes of somatoform dissociation: implications for the “organic” disease.

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Background: Dissociation is a complex construct that includes two main types of manifestations: i) *psychoform dissociation* (e.g., derealization, depersonalization); ii) *somatoform dissociation* (e.g., analgesia, pain). Furthermore, dissociation is transdiagnostic dimension that identifies a spectrum including several conditions, such as conversion disorder (CD) and somatoform disorders (SDs). Dissociation across these conditions also represents an involuntary and maladaptive form of emotion regulation.

Methods: A network meta-analysis of fMRI studies ($N = 44$) that administered emotional stimuli across the previous disorders was conducted in order to clarify neural underpinnings of different forms of dissociation with a function of emotion regulation.

Results: Comparing CD and SDs ($N = 6$) characterized by high levels of somatoform dissociation to healthy controls, meta-analytic findings showed a large deactivation of middle frontal gyrus and insula together with a heightened activity of cingulate cortex and hippocampus in response to emotional stimuli.

Conclusion: These findings lay the background for hypothesizing that maladaptive dissociative mechanisms with a function of emotion regulation might be considered as a core feature of a subgroup of chronic pain disease. Accordingly, implications for psychological assessment procedures and psychotherapeutic interventions for this clinical condition will be discussed.

Hypnosis and psychopathology in chronic pain patients.

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Background: The controversy between Charcot (1920), who saw hypnotisability as a neurological and mental dysfunction, and Bernheim (1886), who instead considered hypnosis susceptibility as a natural phenomenon, is still relevant and as yet unresolved. About 40 years ago, Spiegel et al. (1983) attempted to settle the issue, showing that subjects with psychopathology had a lower susceptibility to hypnosis than healthy subjects. However, subsequent studies have shown that this relationship depends on the hypnotic scale used (Pettinati et al., 1990). More recently, studies have shown that subjects with trauma-induced psychopathology are more susceptible to hypnosis, as are subjects with chronic pain who have experienced a high number of traumatic events (Dell, 2016; Ciaramella, 2018). The aim of this study was to investigate the relationship between psychopathology and hypnosis, and the influence of the former on hypnotic analgesia.

Methods: 65 patients were investigated using the Harvard Group Scale of Hypnotic Susceptibility form A (Shor & Horn, 1961), the Phenomenology of Consciousness Inventory (Pekala et al., 2009) for hypnosis, the SCL90R for psychopathology, and the Italian Pain Questionnaire (De Benedittis et al., 2008) for pain, both at baseline and after two months of weekly hypnosis sessions.

Results: Anxiety scores were correlated with altered body image ($r = .43, p = .04$) and sadness ($r = .44, p = .03$), while hostility was associated with an altered state ($r = .53; p = .01$) during hypnosis. Somatization influenced an improvement in the Sensorial dimension of pain ($F = 4.42; p = .04; \eta^2 = .08$), and the better analgesia seen in subjects with hypnotic amnesia ($F = 4.55; p = .04; \eta^2 = .11$).

Conclusion: Unexpectedly, somatization appears to play an important role in hypnotic analgesia.

The relationship between mental pain and unpleasant component of physical pain: preliminary results.

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Background: Although the unpleasant component of pain perception was discussed in the recent review about the definition of pain (Raja et al., 2020), the psychological, affective and suffering aspects of pain have been largely described (Cassel, 1982). Chronic pain is often associated with depression (Robinson et al., 2009) and mood changes impact on the perception of pain (Ciaramella, 2017). A new perspective in investigating pain is to focus on the negative feelings associated with negative changes in the self and in own subjective functioning, which Orbach et al., (2003) called mental pain. The aim of this study is to investigate the relationship between the affective component of physical pain and mental pain.

Methods: 60 chronic pain subjects were investigated using the Mental Pain Questionnaire (MPQ) (Fava et al, 2019) and the Italian Pain Questionnaire (De Benedittis et al., 1988) for assessing the Affective component of pain (PRircA). Psychopathological symptoms were explored using the SCL-90 R (Derogatis, 1994).

Results: No relationship was found between total scoring of MPQ and PRircA. Depression of SCL90 is positively correlated with MPQ ($r = .57$; $p = .003$) and PRircA ($r = .53$; $p = .001$).

Conclusion: From these preliminary results, mental pain and the unpleasant component of physical pain seem expressions of a different phenomenon but both related to depressive symptomatology.

The moderating role of pain chronicity on the relationship between committed action and adjustment to chronic pain.

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Background: Recent studies showed that committed action (CA) predicts positive adjustment to chronic pain, over and beyond acceptance of pain. However, potential moderators of the effect of CA on psychological outcomes have not been explored yet. This study investigated whether chronicity of pain moderates the effect of CA on adjustment to pain.

Methods: Participants were 132 patients with chronic pain recruited from the Unit of Anaesthesiology and Pain Therapy at the Santa Chiara Hospital of Pisa (Italy). The sample was split into high- (≥ 5 years) and low (< 5 years) chronicity groups (HC and LC, respectively). Participants were 70 (68.6% females, Mean age = 55.47; SD = 13.36) and 62 (67.7% females; mean age = 57.40; SD = 11.64) in the LC and HC groups, respectively. Groups did not significantly differ on gender, age, and pain diagnosis. Patients completed self-report measures of pain intensity, pain acceptance, CA, anxiety, depression and quality of life.

Results: Hierarchical Regression Analyses evidenced that CA was a unique predictor of all outcomes in the LC group, over and beyond socio-demographic variables, pain intensity and pain acceptance, with incremental variance ranging from 7 to 14% across the outcomes. Except for depression, the unique contribution of CA to explain adjustment was not statistically significant in the HC group.

Conclusion: Findings suggest that pain chronicity moderates the effect of CA on different indicators of adjustment to chronic pain. The positive effects of CA on adjustment seem to be particularly important during the early phases of the chronicity.

Hypnosis for pain control: the future has an ancient heart.

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Hypnosis for purposes of medical treatment goes back a long way. It is the oldest of all psychotherapies and one of the most practiced clinical methods for the control of pain. An increasing body of evidence has shown that hypnosis can be effective in the down-modulation of the pain sensation in both acute and chronic pain states. It is likely that hypnotic suggestions of analgesia may modulate pain processing at multiple levels and sites within the peripheral and central nervous system. At peripheral level, hypnosis may modulate nociceptive input by down-regulating A-delta and C fibres stimulation and reducing sympathetic arousal. At spinal level, sensory analgesia during hypnosis has been shown to be linearly related to a reduction of the nociceptive flexion (RIII) reflex. At supraspinal level, hypnotic suggestions of analgesia can modulate both sensory and affective dimensions of the pain perception (the affective being reduced more than the sensory). Moreover, highly hypnotizable subjects possess stronger attentional filtering abilities than do low hypnotizable subjects. This greater cognitive flexibility might result in better focusing and diverting attention from the nociceptive stimulus as well as better ignoring irrelevant stimuli in the environment. Evidence-based clinical results strongly support the efficacy of hypnosis for pain control in a wide range of clinical syndromes (e.g., headaches, fibromyalgia, cancer pain). Hypnosis is also associated with very few and very minor adverse events. While more high quality studies are needed to confirm the beneficial effects of hypnosis in a number of pain populations, the findings are consistent enough to conclude that hypnosis should be offered as a potentially effective treatment for procedural and chronic pain.

The psychological impact of the Covid-19 in children and adolescents: longitudinal data.

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Background: Although the psychological impact of the COVID-19 pandemic in children has been described, there is a lack of research examining its effect over time. This study aimed to examine the evolution of psychological symptoms longitudinally in children and adolescents during the COVID-19.

Methods: A sample of 370 Italian mothers ($M = 42.6$, $SD = 5.8$) of children and adolescents ($M = 9.6$, $SD = 4.1$, 48.9% girls) completed the *Impact Scale of COVID-19 and Home Confinement on Children and Adolescents* two, (T1) five (T2), eight (T3) weeks, and nine (T4) months after the lockdown (March, 2020). Moreover, they filled in the *Perceived Stress Scale* (T2).

Results: Results showed that the levels of psychological symptoms were more severe at T2 than at T1. Compared to T2, anxiety and mood symptoms decreased at both T3 and T4, while sleep, behavioral, eating and cognitive disturbances stabilized over time. Younger children presented more sleep and behavioral disturbances than the older ones. Girls presented higher mood symptoms and more sleep disturbances than boys. Psychological symptoms were positively related to the level of parental stress. Moreover, psychological symptoms showed during the home confinement, particularly anxiety symptom, sleep, eating, and cognitive disturbances, led to long-term internalizing symptoms in children and adolescents.

Conclusion: These findings suggest the need to focus on the longitudinal changes in the psychological symptoms of children and adolescents, especially their anxiety and mood symptoms. Moreover, mother's stress level has to be taken into account. Furthermore, active assistance measure for the recovery of children and adolescents' mental health are needed.

The patient with psychosomatic symptoms according to the Transactional Analysis approach: the role of interoception in the decontamination of the Adult Ego State.

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Background: For Transactional Analysis (TA) psychotherapy the interoception forms a part of the *awareness* as it is the ability to see, feel, and smell things being the pure and simple results of the senses (Stewart & Joines, 2000), and to be aware of perceptions in one's own way (Berne, 1964). Ego states refer to the current subjective experience of systems of thoughts and feelings accompanied by related sets of behaviour patterns (Berne, 1972; Cavallero, 2019). The psychosomatic symptom is characterized by a lack of a conscious Adult Ego State.

Methods: TA is a contractual approach, the treatment takes place in a mutual *okness* relationship, following a programmed diagnostic and therapeutic process which refers to TA community. Through TA literature review and treatment description of a clinical case, we will focus on how TA uses the decontamination therapeutic process (Cavallero, 1998) on the Adult by working on awareness.

Results: An improvement of psychosomatic symptoms and the attainment of awareness after the decontamination process, through which the patient empowers his Adult abilities so it can get in touch with his internal sensations as well as external stimuli.

Conclusion: According to TA in the patient with psychosomatic symptoms, a key role of treatment is played by interoception when the therapeutic work over awareness has been used. The elements in common with the other psychotherapy approaches of this symposium suggest the usefulness of an integrated perspective to increase the therapist's awareness to have a broader look at the patient with psychosomatic symptoms.

Chronic non-communicable diseases and health awareness: analyzing health adaptive behavior through self-care skills.

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Background: The incidence of chronic non-communicable diseases (CNCDs) increases with age, thus placing a burden on individuals and healthcare systems; furthermore, CNCDs are associated with lower quality of life (QoL) in the elderly. This study aimed to evaluate the behavioural management of CNCDs by comparing different diseases under its ambit exhibiting various side effects, as well as vascular, gastrointestinal, and other chronic diseases, simultaneously analysing self-care efficacy and emotional dimensions (i.e., anxiety, stress, and depression).

Methods: A total of 122 outpatients aged <18 years (mean age, 50.0 years; standard deviation, 13.8) participated in the study, and 59% of the participants were women.

Results: Analysis of the emotional dimensions of depression, anxiety, and stress indices resulted in significant differences. Furthermore, post-hoc analyses (Tukey test) showed that patients with gastrointestinal disease (GD) experienced depression more than patients with vascular disease (VD) ($p = 0.002$). In addition, there were no differences between the VD and Oth and between the GD and Oth groups.

Conclusion: Our study suggests that the following specific factors need to be considered in health decision-making processes to enhance the compliance of patients to the clinically expected results: (1) tailored clinical therapies; (2) side effects of disease; (3) comorbidity; (4) mental health. The harmonisation of these internal and external factors could offer a powered perspective for personalised medicine.

Psychological preparation for radiotherapy: new frontiers of child psychotherapy in hospital setting.

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Background: The diagnosis of childhood cancer and the subsequent treatment phases are burdened by a high degree of distress, which can last for many months, increasing the allostatic load of the child and his family. The psychological intervention aims to prevent traumatic outcomes of the disease and diagnostic-therapeutic treatments on global development in short and long term.

The path described for psychological preparation to radiotherapy, allows children from the age of 5 to undergo the treatment without sedation, minimizing the traumatic impact.

Methods: In the first meeting with the child and his family, an authentic and neutral presentation of the treatment is given, using simple explanations and images. In the second meeting the child directly experiences the new context through concrete actions of exploration of environments and technological devices, while familiarizing himself with operators. At the same time, an imaginative psychological work is carried out on fantastic themes and characters chosen to transform the treatment tools and environments. The child is accompanied at each step of the procedure, from the CT scan and preparation of the containment mask to the therapy sessions, according to an individualized path, centred on emerging different needs.

Results and Conclusion: Radiotherapy is experienced by children as meaningful, shareable and therefore processable. Positive outcome obtained until now is evident in spontaneous narratives of children and in clinical observation. The implementation of structured tools for the analysis of children's experiences (analysis of drawing and narratives) is on schedule to monitor the emotional experience of radiotherapy in time.

The Psychotherapeutic process in Hospital settings.

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Background: The R-ER updating guidelines recognize, to Hospital Psychology S., skills in terms of planning, management and promotion of diagnostic-therapeutic-rehabilitative, training and organizational activities. The relationship between psychological-clinical training and hospital work is not linked to a single psychotherapeutic orientation or to a specific evaluation technique as the health problems faced confront both psychotherapeutic models and psychological techniques with the complex mind-body and with the institutional and organizational dynamics.

Methods and Results: The containment of the mind-body break-up requires a multidisciplinary approach. In response to the request for consultancy, the professional who exercises psychological functions joins a mini-team with the operators involved in the therapeutic path and makes explicit the vision of the working group as an agent of transformation and interface between clinic and organization. Overcoming the “dual” approach to treatment represents a paradigm shift. The modulation of the specialist response originates from the analysis of the question. Taking charge in different settings and diversified fields of care and can be addressed directly to the patient /caregiver or be completed in a re-reading of the request of needs through the operators.

Conclusion: The psychotherapeutic process, understood as the ability to enter into a vivid and empathic psycho-sensorial contact, is recognized as the centrality of the therapist’s relational disposition to attunement to pain. The settings are arranged as corresponding to the level of the patient’s mental functioning (from intensive care environments to rehabilitation): a fundamental step in a transformative process that favors, in the “hic et nunc”, the construction-reconstruction of the patient’s internal world. The therapist makes available his own more solid, vivid and articulated representations, in order to mobilize thought, favor the contextualization and circumscription of the painful experience as, to soothe the anguish means to build a livable space for the patient and initiate transformations.

Psychosomatic psychotherapy in the hospital: Gratia's mouthless dolls and the search for a non-verbal code.

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Background: The onset of acute restrictive AD (BMI 12.19) in developmental age and the consequent emergency treatment phases are characterized by high levels of protracted distress in the patient, in the parents and in the care system in relation to the risk of life.

Methods: The psychosomatic approach with a multidisciplinary value in an internal-metabolic context is described to support the resumption of food and self-regulation functions in a young person aged 14 with a personological profile characterized by psychotic disagreement (disturbed and distorted object relationships, self-failure, anger crisis and severe developmental immaturity).

Case presentation: Grazia, who was hospitalized for 5 weeks in pandemic phase II, had clinical complications related to extreme malnutrition upon entering the ward. In the hospitalization room, she reproduced her own internal world by engaging in stereotypical activities of drawing, sewing, making animals in felt and Santoro dolls "mouthless" of paper. The refusal of the SNG and the support of the carers in the OS nutrition while representing a risk, actually allowed the start of the separation-identification process and the sending to the III level rehabilitation facility.

Conclusion: The tuning of the relational environment has represented the main form of support and containment of psychotic anxiety. The mini-team (internist-psychologist-nurse) as a stable field of care represented the connective tissue over which the deficient functions of the mind-body were substituted, allowing the stabilization of clinical-nutritional conditions. This perspective represents the golden standard of multidisciplinary treatment in low-mentalized pathologies.

Psychological needs, coping strategies and benefit finding in young adults with multiple sclerosis in the aftermath of the COVID-19 Emergency.

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Background: The COVID-19 outbreak impacted people wellbeing, potentially increasing psychological distress of vulnerable groups, such as young adults who are adapting their personal and relational goals to a diagnosis of Multiple Sclerosis (SM).

Methods: Within the ESPRIMO program, on May-June 2020, a cross-sectional web-based survey was advertised on social networks targeting young adults with MS (YawMS) in Italy. Quantitative and qualitative data have been collected aiming at exploring the psychological impact of pandemic and of the subsequent healthcare service changes on YawMS and to examine their coping strategies, benefit finding and preferences regarding psychological support.

Results: Participants (N = 247) felt more worried, confused, sad and vulnerable because of the MS “during” the pandemic, in comparison to their self-evaluation of the period “before” the pandemic. Their perception of control over MS was instead assessed as diminished. Psychological support was considered extremely important. Social support, hobbies and keeping busy emerged as the most frequent coping strategies. YawMS found benefits related to personal growth, relationship growth and existential growth.

Conclusion: The results underlined the relevance to consider the pandemic-related psychological impact in YawMS, promoting psychological resources in the clinical centres. Despite the reported difficulties, YawMS have also reported benefit finding. These benefits have been transformed into suggestions to promote resilience in this vulnerable population.

The patient with psychosomatic symptoms according to the Gestalt approach: the role of interoception in supporting the intentional contact and restoring spontaneity.

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Background: In Gestalt Therapy (GT) the term interoception, the sense of the body physiological condition, is conceived as awareness, which consists of the ability to be fully present with the senses open to the contact boundary. Merleau-Ponty (1965) takes the body, which is always intentional, as the ground of perception. GT considers the symptom as a creative adaptation having a relational meaning. The aim of this work is to explain the role of interoception in the treatment of somatic symptoms from the perspective of GT.

Methods: Through the description of a clinical case based on the GT perspective, we describe the GT process with a psychosomatic patient, comparing it with the other approaches of this symposium. The Gestalt therapist uses his body awareness, as well as his embodied empathy and resonance (Aesthetic Relational Knowledge, ARK) to restructure the perception of co-created field (Spagnuolo Lobb, 2011).

Results: It is highlighted how the ARK allows the therapist to grasp the patient intentionality of contact, and to shift the symptom from “signal of illness” to “signal of contact”, increasing the patient’s awareness and restoring spontaneity of the field: the symptom therefore begins to acquire a relational meaning.

Conclusion: According to GT, in the treatment of psychosomatic disorders, ARK plays a central role in the process of interoception. The elements in common with other approaches suggest the usefulness of an integrated view: GT can contribute by increasing the therapist’s awareness in order to have a broader observation of the patient with psychosomatic symptoms.

Common “specific” factors for a novel psychotherapy.

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Background: The term psychotherapy encompasses too wide a variety of orientations and declinations of intervention. Extensive debate in Italy and around the world is focused on the factors relate to its effectiveness and the criteria for evaluating change. Health policy still provides too little access to psychotherapeutic interventions. This is a limitation that must be overcome to guarantee the right to health for the promotion of personal and social well-being.

Methods and Results: The first part summarizes the existing debate in the literature between specific and common factors of psychotherapy. In the second part, it is pointed out that the juxtaposition of the above factors makes little sense in practice and is of little use in evaluating effectiveness. In the last part, attention is drawn to the need for the construction of viable psychotherapy in hospitals and public services departments. For this purpose, it is stressed that all theoretical directions converge on the centrality of the relationship, the therapeutic alliance and the need for defined and “negotiable” goals. Therefore, crucial factors that can be considered “specific” to psychosomatic and social relational well-being are considered, taking into account recent evidence from practice and research.

Conclusion: The identification of the “specific” common factors underlying relationships and the therapeutic one in particular is possible through the advancement of clinical practice and research. This enables the construction of psychotherapy aimed at resource enhancement for the maintenance and recovery of individual and collective well-being in psychosomatic complexity. Such psychotherapy must be inclusive and accessible through public service practice and practiced by professionals trained for the purpose.

The clinimetric revolution.

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In 1982 Alvan R. Feinstein introduced the term “clinimetrics” to indicate a domain concerned with indices, rating scales and other expressions that are used to describe or measure symptoms, physical signs and other distinctly clinical phenomena. There is increasing awareness that customary medical approach and taxonomy fails to demarcate major prognostic and therapeutic differences among patients who otherwise seem deceptively similar because they have the same diagnosis and laboratory results. Clinimetric research in these forty years has paved the ground for a long awaited revolution in clinical research and practice, which include the need of broadening of clinical focus (e.g., as allostatic load, lifestyle, euthymia and illness behavior); a better organization of components of clinical assessment (macro-analysis); consideration of iatrogenic factors associated with medication overload; more precise identification of therapeutic components (incremental care) that the obsolete notion of placebo fails to differentiate. Clinimetrics may expand the current narrow biomedical model, that omits any reference to the biopsychosocial environment of the patient and that relies on a simple “average” solution to most medical problems. The clinimetric approach puts the available evidence within the context of individual assets and liabilities, allowing an informed and scientific use of clinical judgment. The emerging field of Medicine-Based Evidence produces fine-grained profiling of subgroups of patients. Clinimetrics has the purpose to maintain and improve clinical art while advancing the state of clinical sciences.

Body awareness and somatization: role of interoception sensibility.

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Background: In literature, Body Awareness (BA) has traditionally been associated with concern for body sensations such as somatosensory amplification, hypochondriasis and somatization (Cioffi, 1991). However, Craig (2002) and Damasio's (1999) researches emphasized that interoceptive awareness facilitates regulation and an integrated sense of self, and thus contributes to health and well-being. The aim of this study is to investigate the relationship between interoception sensibility (beliefs concerning one's own interoception) and the tendency to somatization.

Methods: 140 subjects received at GIFT Institute of Integrative Medicine in Pisa have been investigated using the Body Perception Questionnaire Short Form (BPQ-SF; Porges, 1983a), the Multidimensional Assessment of Interoceptive Awareness (MAIA) (Meheling et al., 2012), the Somatosensory Amplification Scale (SSAS; Barsky et al., 1988), the Somatization dimension of SCL90-R (SomSCI90, Derogatis, 1994) and the Physical Health Questionnaire (PHQ-15; Kroenke et al., 2002).

Results: Age plays a role in the difference of BA between 87 subjects (62.1%) with pain and 53 without pain (37.5%) ($F = 7.84$; $p = .006$). Age reaches a negative statistically significant correlation with BA only in the pain group ($r = -.33$; $p = .004$). An increase of SomSci90, F1 of TAS, PHQ-15 scores are positively correlated with reactivity of autonomic section of BPQ-SF in both groups, and negatively with Trusting and Not Worrying of MAIA only within the pain group.

Conclusion: Somatization is associated with an increase of autonomic reactivity (vagal tone) regardless of the presence of pain, while only subjects with pain showed a loss of trust in their own body sensations in the presence of somatization.

Iatrogenic factors in the treatment of Anorexia Nervosa.

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Background: Iatrogenic factors are widely recognized in the field of medical treatments. However, when it comes to psychological treatments these effects have not been systematically documented. Therefore, a critical review of the literature was conducted in order to investigate the potential negative effects that might come with widely recognized treatments of anorexia nervosa (AN).

Methods: The critical review was conducted following PRISMA and PICOS criteria. The databases PubMed and PsycInfo were searched. Keywords indicating negative effects of treatment (“negative effects”, “adverse effects”, “adverse events”, “harm”, “symptom exacerbation”, “treatment failure”, “clinical deterioration”, “negative outcome”, “harmful effects”, “patient safety”, “negative therapeutic reaction”, or “negative results”) were combined using Boolean operators with keywords indicating AN treatments (“cognitive behavioral therapy”, “family intervention”, “nutritional rehabilitation”, or “refeeding”) and (“anorexia nervosa”).

Results: Database search produced a total of 82 studies, of which 14 were selected. Numerous data emerged regarding iatrogenic factors of nutritional rehabilitation and refeeding. However, no specific negative effects resulted for psychotherapies or family treatments.

Conclusion: Results of this critical review further underline a disproportion between the literature about iatrogenic effects in the medical field and the studies about these negative effects in psychotherapy. This discrepancy may be explained by the lack of shared criteria in the literature to identify iatrogenic effects in psychological treatments and it does not exclude their presence in this field. Future studies should focus on developing a shared model to identify and classify iatrogenic factors in psychotherapeutic treatments for AN and other eating disorders.

Psychosomatic recovery in post stroke rehabilitation practice.

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Background: The rehabilitation concept implies an interaction of many factors. Stroke specific deficits interplay with the effect of the sudden traumatic event and previous features and functioning. Meanwhile, the availability of many resources predisposes to recovery. The rehabilitation has to be considered as a complex plastic process focused on the patient-family dyad that acquires a crucial issue within the interprofessional team. The purpose is to highlight a clinical approach aimed at the global care of the patients and caregivers which considers the multiple components that interact in recovery and psychosocial reintegration.

Methods: In the intensive rehabilitation hospital context, a multidisciplinary approach has been adopted which includes Physiatry, Internal Medicine, Physiotherapy, Nursing Science, Neuropsychology, Speech Therapy and Clinical Psychology. Different processes of measures and evaluations, either in admission or discharge, are conducted to arrange tailored and personalized treatments. The interprofessional team is the core instrument of integration in clinical practice and research.

Results: The multidomain assessments, carried out in admission, showed an impairment of health and functional indices that significantly improve at the discharge. The observations of clinical practice and the studies conducted in the rehabilitation context denote that the psychosomatic approach is advantageous for the recovery of health and well-being of patients and family members.

Conclusion: In rehabilitative practice the recovery of patients and caregivers results from the multidisciplinary and interprofessional integration. It is important to include prompt evaluation of the patient’s psychological distress and recovery resources in order to implement therapeutic strategies of intervention in the integrated psychosomatic rehabilitation approach including specific psychological support to patients and caregivers.

Psychological and psychosomatic components in fibromyalgia syndrome.

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Background: Fibromyalgia (FM) is defined as a complex syndrome characterized by chronic musculoskeletal pain and heterogeneous symptomatology, including psychological and psychosomatic manifestations. Although the etiology and development of FM are still unclear, the development and maintenance of the syndrome may be due to a variety of factors. The aim of this study was to evaluate the prevalence of psychological symptoms in a group of patients with fibromyalgia (FM) compared with patients with rheumatoid arthritis (RA), and to investigate their association with clinical and psychological variables.

Methods: One hundred patients with FM and one hundred patients with RA were compared with a group of healthy participants (N = 100). Anxiety-depressive symptoms, alexithymia, psychosomatic syndromes, and quality of life (HRQoL) were assessed.

Results: FM patients reported significantly higher levels of anxiety and depressive symptoms, more psychosomatic syndromes, and lower HRQoL compared with RA patients and HC. Regarding alexithymia, FM patients showed greater difficulties compared to HC, but not compared to RA patients.

Conclusion: The present study revealed a higher prevalence of psychological symptoms in fibromyalgia patients compared with rheumatoid arthritis patients and healthy controls. A better knowledge and understanding of these underlying mechanisms of the syndrome could allow clinicians to structure more specific and tailored interventions, taking more into account the psychological dimension of the disease.

The psychometric properties of the Committed Action Questionnaire-8 among general and clinical population.

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Background: Committed action (CA) is a core process within the Psychological Flexibility model. CA refers to persistent and flexible patterns of values-based and goal-directed actions. There is evidence showing that CA is positively associated with better adjustment in patients with chronic pain, as well as with greater quality of life and general mental health. The Committed Action Questionnaire-8 (CAQ-8; McCracken et al., 2015) is a short scale that was developed to measure two dimensions (positive and negative aspects) of CA. The CAQ-8 proved adequate psychometric properties in patients with chronic pain, but few evidence exists about its psychometric properties in general population samples.

Methods: The present study explored the psychometric properties of the CAQ-8 in a general population sample, and compared them with those from a sample of patients with chronic pain. Participants were 535 adults from the general population (72% females), and 143 adult patients with chronic pain (68% females) recruited from the Unit of Anaesthesiology and Pain Therapy at the Santa Chiara Hospital of Pisa (Italy).

Results: The CAQ-8 demonstrated adequate reliability and validity in both samples. The results from this study supported the two-factor structure of the CAQ-8 in both samples, but the factors did not correlate each other in the clinical sample.

Conclusion: Hence, findings from this study raise some concerns about the appropriateness of using the overall total score in clinical samples, suggest caution in comparison of general group and clinical group using the CAQ-8 total scores.

Clinimetric approach to the assessment of mood disorders in patients with acute coronary syndrome.

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Background: Although the clinical significance of the identification of mood disturbances in patients with acute coronary syndrome (ACS) is well established, the assessment based on DSM criteria only presents some limitations. The present lecture aims to illustrate an innovative strategy, based on clinimetric principles, for evaluating the spectrum of mood disorders in ACS.

Methods: 288 patients affected by a first episode of ACS underwent interviews based on DSM-IV-TR criteria (major depressive disorder, minor depression, dysthymia), Diagnostic Criteria for Psychosomatic Research-DCPR (demoralization, type A behavior), Clinical Interview for Depression-CID, and self-report inventories (psychological wellbeing and distress). The first 100 consecutive depressed and/or demoralized patients were enrolled in a randomized controlled trial on the efficacy of the sequential combination of cognitive-behavioral and well-being therapy (CBT/WBT), compared with clinical management (CM), and they were reassessed up to 30-month post-intervention.

Results: One month after ACS, 29.9% of patients showed DSM-IV-TR depression. Inclusion of DCPR identified psychological distress in 58% of the sample. Reactivity to social environment, fatigue, depressed mood, and somatic anxiety were the most frequent symptoms (CID). Somatic symptoms (fatigue and changes of appetite) were significantly associated with DSM-IV-TR depression, whereas environmental reactivity with demoralization. Both depression and demoralization were associated with higher distress and lower well-being. Unlike CM, CBT/WBT was significantly associated with decrease of guilt, pessimism, fatigue, and early insomnia (CID).

Conclusion: Standard psychiatric approach identifies only a narrow part of mood disturbances affecting ACS patients, whereas a clinimetric assessment unravels specific clinical configurations that may entail prognostic and therapeutic implications.

Relationship between emotional dimension and biomarkers in CKD patients.

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Background: Chronic Kidney Diseases (CKD) is a progressive and irreversible destruction of renal function. Hemodialysis (HD) is the common form of dialysis therapy for ESRD. HD therapy is a stressful process, and its burden affects the daily living of patients, as regular therapy in the hospital and recovering from therapy impacts physical functioning and leads to negative emotions related to the progression of the disease and the onset of depression and anxiety (Mollahadi, M.et al., 2010). Research indicates that personality traits and clinical/biochemical changes, are related to health promotion behaviours and adaptation to dialysis (Bogg T. Et al., 2004; Kidachi, R. et al., 2007). Aim of the present study was to analyse the relationships between emotional dimensions and biomarkers in CKD patients undergoing HD therapy.

Methods: We conducted an observational study on 35 patients aged 18 to 79 (Mean = 55.4; $SD \pm 11.3$) years diagnosed with CKD. The participants were enrolled in S. Salvatore Hospital, in Dialysis Division, during haemodialysis treatment. The psychological battery was composed of three standardized self-assessment measured emotional traits (DASS-21), psychological distress (PDI) and personality traits (BFI-10). We performed a hierarchical regression analysis to investigate the relationship between pathological medical conditions and psychological dimensions.

Results: The findings showed a positive correlation between creatinine levels and psychological distress as well as stress index.

Conclusion: Our findings showed that creatinine levels appeared predictive for negative emotional adaptations. High levels of creatinine were found to be positively associated with high stress levels as well psychological distress.

The concept of euthymia: clinimetric assessment.

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Euthymia has been generally conceived in negative terms (i.e., absence of psychiatric disorders), yet it also represents a trans-diagnostic construct where lack of mood disturbances is associated with the presence of positive affect and balance of psychological well-being dimensions, flexibility, consistency and resistance to stress. Specific instruments for the assessment of euthymia and related constructs are available, including both observer- (e.g., the Clinical Interview for Euthymia, the Clinical Interview for Dysthymia, the Semi-Structured Interview for the Diagnostic Criteria for Psychosomatic Research) and self-rated instruments (e.g., the Euthymia Scale, the Mental Pain Questionnaire) that may be applied within a clinimetric framework encompassing macro-analysis and staging. Clinical assessment should include a broad range of aspects, such as allostatic load and lifestyle behaviors, all interacting with each other and contributing to the complex balance between euthymia and dysthymia, with discomfort as an intermediate area with disturbances that are unlikely to fit current diagnostic categories. Euthymia means using allostasis optimally and maintaining a healthy balance that promotes positive aspects of brain and body health through health-promoting behaviors. It may provide a conceptual framework for a renewed definition of recovery, for measuring treatment outcome and for targeting interventions, including the sequential administration of treatment components. The clinical science of euthymia and the insights gained may unravel innovative approaches to assessment and treatment of psychiatric and medical disorders, according to a unitary conceptual framework.

Prevalence of DCPR syndromes in patients with essential hypertension.

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Background: Psychosocial factors potentially affecting the longitudinal course of essential hypertension represent a crucial, and yet often overlooked, aspect in clinical practice. The Diagnostic Criteria for Psychosomatic Research (DCPR) help to translate psychosocial variables into operational tools.

Methods: Participants were 80 consecutive outpatients with essential hypertension treated with antihypertensive medications (47.5% females, mean age 55.23 ± 9.48 years). Psychosocial variables were assessed using the Clinical Interview for Depression (CID), the semi-structured interview for the DCPR, the PsychoSocial Index (PSI), the Symptom Questionnaire (SQ), the Mental Pain Questionnaire (MPQ), the Euthymia Scale (ES) and the Hong Psychological Reactance Scale (HPRS). Cardiac parameters were also collected.

Results: Among hypertensive patients, 55 (68.8%) reported at least one DCPR syndrome. The most frequently reported DCPR syndromes were allostatic overload (42.5%), illness denial (23.8%), demoralization (18.7%) and alexithymia (18.7%). Patients with at least one DCPR syndrome reported significantly higher levels of psychological distress (PSI, CID and SQ subscales) and lower levels of well-being (ES, PSI well-being) and quality of life (PSI quality of life) compared to those without. The presence of allostatic overload was significantly associated with greater psychological distress (PSI and SQ subscales, MPQ, HPRS) and impaired well-being (ES, PSI well-being, PSI quality of life). Hypertensive patients with illness denial were more likely to report poor adherence to pharmacological treatment as well as unhealthy diet.

Conclusion: These findings support the need of expanding clinical assessment of hypertensive patients to include allostatic overload, illness behavior, psychological manifestations and personality encompassed by the DCPR.

The patient with psychosomatic symptoms according to the Psychosynthetic approach: interoception as dialogue with the symptom.

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Background: Roberto Assagioli, founder of Psychosynthesis, describes three main moments in the psychosynthetic process, “know, possess and transform yourself” and it is in between the first two that interoception, the perception and awareness of internal states, finds its centrality. Interoception is indispensable, especially working with psychosomatic patients, to get in touch with the somatic symptom that represents an unseen and unrecognized underlying suffering (Assagioli, 1965).

Methods: In psychosynthesis, the use of interoception with psychosomatic patients is based on the exploration of the symptom, the history and the context in which it is inserted, encouraging the emergence of emotions, images, memories (Rosselli, 2017). This process contributes to integrating the emotional, cognitive and spiritual experiences with the body. After a good integration of the parts is possible to achieve a phase of self-distancing from the symptom (Lombard, 2017). Analyzing a clinical case, it will be shown how psychosynthesis uses different techniques, maps and the relation, to promote the integration based on Assagioli’s laws of psychodynamics.

Results: The expected results are to integrate and harmonize the patient’s internal experiences, through the knowledge and transformation of the somatic symptom into a tool and resource.

Conclusion: The present work underlines how the expected results of the different approaches converge, not only in the role of interoception in the therapeutic process, but through the work of sharing, favors a better understanding of the complexity of the psychosomatic experience. This modality generates a higher awareness, precondition for the therapist in the relationship with the patient.

Introduction Simonton Method – psico-oncological program for patients and support persons.

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The Simonton Method (SC) offers a training program for persons with cancer or other serious illness who wish to take an active part in their healing process and support their treatment mentally.

Dr. MD O. Carl Simonton, radiologist and pioneer in psycho-oncology taught his psycho-social program for more than 40 years to ill persons and their closest persons in seminars. It is helpful for feeling better and increase the resilience to face their situation and be active with the help of his books and seminars. The method is based scientifically on Psychoneuroimmunology that shows how our expectations, our convictions, our emotions, and our life style impact on the function of the immune system and the effects of treatments. We can use these factors to increase the positive aspects of the mechanisms of our immune system, increase the effects of medical treatment and minimize negative side effects. The target of this program is to support the ill person and support them to live in autonomy in spite of the difficult situation with hope, trust and awareness to increase quality of life.

Effects of psychological support on depression, anxiety, post-traumatic stress, and posttraumatic growth: Results from a longitudinal study on hospitalized COVID-19 survivors.

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Background: This study assessed the effects of a psychological intervention for COVID-19 survivors on depression, anxiety, PTSD, and posttraumatic growth.

Methods: A questionnaire composed of HADS, PCL-5, and PTGI was administered to COVID-19 patients at 2-month (T1), 6-month (T2) and 12-month (T3) follow-ups after discharge. Between T1 and T2, patients received different psychological treatments based on their needs: 141 did not receive psychological support, 24 received a psychological consultation and 31 received a longer psychological support. To balance the groups we randomly selected 28 patients from the No support group. Analyses were conducted on 83 patients. Differences on psychological outcomes across groups were assessed at T1 using ANOVA. For each group, T-tests were conducted to compare psychological outcomes from T1 and T2 and from T2 and T3.

Results: At T1 the groups significantly differed in anxiety and depression with patients in the No support group reporting lower scores. No Support group reported a significant increase in depression from T1 to T2. Consultation group reported a significant increase in anxiety from T1 to T2, and a significant increase in PTSD from T2 to T3. Support group reported a significant decrease in depression from T1 to T2, and a significant worsening of depression and posttraumatic growth from T2 to T3, that is after the support was concluded.

Conclusion: Psychological interventions were appropriately allocated. Psychological support contributed to decrease depression at 6 months but should be maintained to consolidate its effect. A single psychological consultation seemed ineffective to address anxiety and PTSD.

The patient with psychosomatic symptoms according to the Bioenergetic Analysis Approach: The interplay between interoception and emotion regulation.

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Background: Interoception, broadly defined as the sensing of the internal body state, is a core element of emotion regulation. Therefore, it constitutes a resource in the psychotherapeutic context, especially in the case of psychosomatic disorders, wherein emotional expression appears to be impaired. Bioenergetic analysis (BA) is a somatic-relational psychotherapy centered on the analysis of energetic processes. BA approach takes the interplay between interoception and emotion regulation as a focal point in the psychosomatic treatment.

Methods: This presentation illustrates how BA facilitates the patient to get acquainted with various interoceptive signals, in order to expand his/her awareness of the sensations associated to emotional experiences. Specifically, by drawing on a clinical case, it provides some examples of bioenergetic methodology, showing how bodywork can increase the patient's interoceptive abilities, which in turn impact the elaboration of emotional responses.

Results: The treatment of psychosomatic disorders in BA reveals how bodywork combined with the verbal dimension allows the patient to get in touch with, express and elaborate his/her emotions within the interpersonal relationship with the therapist. This combination strengthens the exchange between the ability to perceive interoceptive signals and the capacity to express emotional states, fostering symptoms remission.

Conclusion: The link between interoception and emotion regulation suggests how the treatment of psychosomatic disorders can benefit from a dialogue between different psychotherapeutic methodologies focused on interoceptive abilities. In light of this, it is advantageous to use an integrated psychotherapeutic perspective that helps the therapist to consider how the specific approaches of this symposium relate to interoception.

Fibromyalgia from the psychosomatic perspective.

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Background: Fibromyalgia (FM) is a chronic syndrome characterized by widespread musculoskeletal pain and by many psychological symptoms, including disrupted or nonrestorative sleep, fatigue, stiffness, mood disorders, and cognitive impairment. The DSM-5 approach to somatization does not consider important features concerning psychological factors that affect physical conditions and abnormal illness behaviors, which might be relevant. Instead the concept of allostasis emphasizes that healthy functioning requires continual adjustments to the internal physiological milieu. Clinical criteria for the determination of allostatic overload have been developed and are part of the revised version of the Diagnostic Criteria for Psychosomatic Research (DCPR-R).

Methods: Participants in this study were diagnosed with FM by a rheumatologist, demographic and clinical data were systematically recorded, and DCPR-R was used to assess the psychosomatic syndromes.

Results: The study population consisted 104 female FM patients. The presence of at least 1 DCPR-R psychosomatic syndrome was found in 78% (n = 81) of the patients, whereas 2 or more syndromes were found in 31% (n = 32). Allostatic overload occurred in a quarter of the patients; other common DCPR diagnoses were persistent somatization, functional somatic symptoms secondary to a psychiatric disorder, and alexithymia.

Conclusion: The results seem to confirm the importance of investigating psychosomatic factors and allostatic overload in FM. For this reason, we are conducting a further project to enroll a larger sample sizes: 1) to support the proposal of using the DCPR-R as a complementary diagnostic tool; 2) to better explore the role of mood and anxiety disorders in FM.

Measuring the psychological distress in patients without COVID-19.

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Background: During the lockdown-1 phase, psychological distress among hospitalized patients without COVID-19 received relatively little attention. We investigated whether attachment style, fear of contracting COVID-19, and remote contact with caregivers predict separation distress, sleep and wakefulness quality, and treatment expectations in hospitalized patients without COVID-19.

Methods: One hundred hospitalized patients without COVID-19 completed a set of questionnaires measuring attachment style, remote contacts with the caregivers (calls and video calls), fear of contracting COVID-19, separation distress, sleep and wakefulness problems, and treatment expectations.

Results: We found that need for approval (insecure attachment) and fear of COVID-19 predicted patients' separation distress from loved ones. In addition, fear of COVID-19 predicted sleep and wakefulness dysregulation. However, remote contacts inversely predicted wakefulness problems. Positive expectations about treatment were predicted by remote contacts and secure attachment style, while negative expectations were inversely predicted by remote contacts.

Conclusion: Our findings highlight the role of patients' individual differences in attachment style, fearful alertness to the risk of infection, and availability of remote social contacts in predicting psychological distress and attitude toward treatment during pandemic-induced restrictions. The assessment of patients' individual differences in attachment style, feelings of safety, and access to caregivers would aid hospital psychological services in personalizing interventions and in facilitating patients' adaptation to hospitalization.

Trends of food craving and emotional eating following bariatric surgery.

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Background: Bariatric surgery is the most effective procedure aimed at reducing adiposity in morbidly obese subjects. Bariatric surgery may also improve eating behaviour. Aim of this study was to evaluate the trend of craving and emotional eating after bariatric surgery up to two years of follow up.

Methods: 224 obese patients (163 females and 61 males), underwent Roux-and Y Gastric Bypass (N = 131) or Sleeve gastrectomy (N = 93) mean age was $44,72 \pm 10$ yr. BMI at surgery was $46,2 \pm 7,5$ SD while at 2 years after was $30,96 \pm 6,2$ SD. Food Cravings Questionnaire-Trait (FCQ-T) and Emotional Eating Scale (EES) were administered before (T0) and 90 days (T1), 1 year (T2) and 2 years (T3) after bariatric surgery in order to detect any possible change in the eating habits. Of the 224 patients with a pre-surgical evaluation (T0), 138 patients completed the questionnaires 3 months (T1) after surgery, 107 patients completed the questionnaires 12 months (T2) after surgery, 87 patients completed the questionnaires 2 years (T3) after surgery.

Results: In the T0-T1 comparison all scores were improved ($p < 0.001$) and this trend was confirmed in the comparisons T0-T2 and T0-T3.

Conclusion: Although a small percentage of patients completed the questionnaires at 2 years after bariatric surgery, both FCQ-T and EES scores were improved.

Emotional intelligence as a moderator in the physiological response to the violation of an internal norm.

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Background: In a society where we are witnessing a progressive increase in stress, it becomes increasingly important to identify what can increase well-being. In this work the link between well-being and values and between well-being and emotional intelligence is considered, therefore a mediating role of the latter in signaling well-being is conceivable.

Methods: Participants were subjects between 19 and 29 years old. A cross-over design was applied. Measures at baseline: Portrait Values Questionnaire, Emotional Intelligence Scale, BIS / BAS test, Scale of pro-social behavior, Basic Psychological Need Satisfaction and Frustration Scale, Psychological Wellbeing Scale Short Version, Satisfaction with Life Scale. Measures during the task: Positive Affect Negative Affect, Skin Conductance. Experimental condition: Re-adaptation in images of everyday behaviors taking a cue from some items of the Everyday Behavior Questionnaire. Control condition: Re-adaptation in images of everyday behaviors taking a cue from some items of the Everyday Behavior Questionnaire.

Results: The violation of a more significant internal norm produces a response physiological on arousal. Physiological activation in relation to the violation of the internal rule more significant is linked to emotional intelligence.

Conclusion: In a society in which values and the violation of them play an increasingly important role in terms of derived stress, teaching of emotional intelligence (since it is a learned skill) could be essential to promote well-being.

Allostatic load and overload: clinimetric assessment and clinical implications.

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The concept of allostatic load refers to the cost of chronic exposure to fluctuating or heightened neural and neuroendocrine responses resulting from repeated or chronic environmental challenges that an individual reacts to as being particularly stressful. It reflects the cumulative effect of experiences in daily life that involve both ordinary events and life events, and also includes the physiological consequences of the resulting health-damaging behaviors. When environmental challenges exceed the individual ability to cope, then allostatic overload ensues. Identification of allostatic load has been carried out by using biomarkers that reflect physiological derangements, yet a number of limitations emerged due to the complex and dynamic nature of this multisystem network. Clinimetric criteria for the determination of allostatic overload and the underlying experiential factors, have been developed and included in the Diagnostic Criteria for Psychosomatic Research (DCPR), as well as a semi-structured interview (DCPR-SSI), and will be presented. Clinical interviewing can be supplemented by the PsychoSocial Index (PSI), a self-rated clinimetric index for a comprehensive assessment of stress, psychological distress, abnormal illness behavior and well-being. The clinimetric evaluation of allostatic load and overload may help identify a state that, by exceeding individual resources, could constitute a danger to both physical and mental health. It may provide support to the understanding of psychosocial determinants of health and lifestyle medicine.

Clinimetric assessment of psychological aspects in essential hypertension.

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Background: Despite their clinical relevance, little attention has been devoted to the associations of psychosocial factors with essential hypertension. There is a need for a more comprehensive psychological assessment of hypertensive patients, encompassing a broad range of aspects, based on clinimetric methods.

Methods: Eighty consecutive outpatients with essential hypertension treated with antihypertensive medications (47.5% females, mean age 55.23 ± 9.48 years) were compared to 80 normotensive controls matched for sociodemographic variables. Psychosocial variables were assessed using the Clinical Interview for Depression (CID), the PsychoSocial Index (PSI), the Symptom Questionnaire (SQ), the Mental Pain Questionnaire (MPQ), the Euthymia Scale (ES) and the Hong Psychological Reactance Scale (HPRS). Cardiac parameters were also collected among hypertensive patients.

Results: Based on clinical interviewing, hypertensive patients displayed significantly higher levels of affective symptomatology (CID anxiety, CID depression, CID total) compared to normotensive controls. As to dimensional self-rating measures, patients reported significantly greater psychological distress (PSI distress, SQ anxiety, SQ depression, SQ somatization, SQ hostility/irritability, MPQ, HPRS) and impaired well-being (ES, PSI well-being) than normotensive controls.

Conclusion: The joint use of both observer-rated and self-rating methods, according to clinimetric principles, may yield a specific psychological characterization of hypertensive patients based on clinical grounds. This clinimetric approach may provide new insights into the assessment of psychosocial correlates of essential hypertension, with implications for the clinical management of this condition.

Well-Being Therapy in a patient with chronic migraine and depressive symptoms.

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Background: The rate of depression in patients with chronic migraine varies between 11% and 56%. Well-Being Therapy (WBT) is a short-term psychotherapy intervention that has been shown to be effective in treatment of residual depressive symptoms and chronic pain. This clinical case describes the application of WBT in a patient with chronic migraine with depressive symptoms.

Case presentation: The patient is a 37-year-old Caucasian female, employed, with chronic migraine without aura and depressive symptoms. The patient received 8 sessions of WBT. Migraine attacks, migraine-related disability level, affective symptoms, psychological distress, and well-being were assessed at baseline, at the end of WBT session 4 and 8, and at 3-month follow-up, through the migraine diary, the Migraine Disability Assessment Score (MIDAS), the Symptoms Questionnaire (SQ), the PsychoSocial Index (PSI), the Psychological Well-Being scale (PWB), the Euthymia Scale (ES) and the World Health Organization Five Well-Being Index (WHO-5), respectively. At the end of WBT session 8, compared to baseline, a decrease in the number of migraine attacks (30%), in the level of disability due to migraine (27%), in the levels of depression, anxiety, somatization, hostility, and stress (73%, 43%, 60%, 33%, 75% respectively), as well as an increase in well-being and euthymia (160% and 46% respectively) were observed. The positive effects of WBT were maintained at the 3-month follow-up.

Conclusion: WBT represents a promising intervention in chronic migraine patients with depressive symptoms.

Mental pain in migraine patients.

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Background: Mental pain has been proposed as a global person-centred outcome measure. The aim of this cross-sectional study was to test an essential requisite of such a measure, that is whether mental pain incorporates independent contributions from a range of discrete outcome measures.

Methods: Two hundred migraine patients were assessed concerning migraine disability, psychosomatic syndromes, mental pain, depression, anxiety, and psychosocial dimensions. General linear models were tested to verify which measures would individually make unique contributions to overall mental pain.

Results: The final model, accounting for 44% of variance, identified that higher mental pain was associated with more severe depressive symptoms, higher migraine disability, lower well-being, and poorer quality of life.

Conclusion: In this sample, mental pain was shown to behave as a global outcome measure, since multiple measures of symptomatology and quality of life showed modest but significant bivariate correlations with mental pain and some of these measures individually made unique contributions to overall mental pain. The measurement of mental pain could, therefore, integrate that of other tools used in clinical practice.

Criterion validity of DCPR-R in a sample of elderly subjects.

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Background: The Diagnostic Criteria for Psychosomatic Research (DCPR) have shown more clinical utility compared to the DSM in the assessment of psychosomatic syndromes. These criteria have been recently revised (DCPR-R) but no studies applied them to the general population. The present study aims to test criterion validity of DCPR-R in the elderly of the general population.

Methods: 108 subjects were enrolled (females: 64.8%; mean age: 79.76 ± 8.55 years). Subjects received a clinical assessment which included the semi-structured interview for the DCPR-Revised (DCPR-R SSI), the structured clinical interview according to the diagnostic criteria of the DSM-5 (SCID-5-CV), the Psychosocial Index (PSI), the Psychological Well-Being Questionnaire (PWB). Criterion validity was tested by the hierarchical linear regression.

Results: 63 subjects (58.63%) reported at least one diagnosis according to the DCPR-R; 22 (20.40%) had at least one diagnosis according to DSM-5. Using the PSI subscales as criterion variable, the DCPR-R explained an increase in variance of 0.07 over and above DSM-5. Using the PWB subscales as a criterion variable, the DCPR-R increased up to 0.19 the explained variance. Subjects with at least one DCPR-R diagnosis showed low levels of PWB environmental mastery ($p = 0.018$), PWB personal growth ($p = 0.002$), PWB relationships ($p = 0.015$), PWB life purpose, ($p = 0.005$), PWB acceptance ($p = 0.028$), compared to those who had no diagnoses according to the DCPR-R.

Conclusion: The DCPR-R show good criterion validity in the elderly. The DCPR-R are a useful tool for the assessment of this specific population.

The Balint Group in General Medicine elaborates the clinical case “Andrea”.

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Background: The doctor-patient relationship in General Practice in time of COVID, distances and uncertainties.

Methods: Analysis of a case presented by a GP in the Balint Group, as part of the project “Taking care of carers in times of coronavirus”.

Case presentation: The GP presents the clinical case of Andrea to the group: April 2020, a 70-year-old man, extremely participatory in the issues of his and his family’s health, who uses the internet intensively, tests positive for SARS-CoV2. Initially he reports mild symptoms, until an alarming oximetry value prompts the doctor to activate the USCA, followed by hospitalization in the medical ward then in intensive care and, in a week, he died. These tragic events, which took place over two weeks, in a time of diagnostic-therapeutic uncertainty and of physical distance from the patient, trigger a violent and conflictual reaction from a family member to the doctor and the doctor to himself. The Group identifies and processes the events.

Conclusion: a. The vicissitudes of the patient and the family involve the doctor himself on a professional and personal level, producing a change in self-awareness; b. the GP as a pivotal figure in a complex of relationships centered on the patient, his family, health institutions which fully implement the psychosomatic paradigm; c. the training work of the Balint Group as a barrier to protect against professional stress.

Psychological distress in Italian healthcare professionals during the covid-19 pandemic.

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Background: During the ongoing COVID-19 pandemic, healthcare workers (HCW) have to struggle with specific stressors and emotional burden having impact on their physical and mental health, as much as their effectiveness and functioning. The objective of this study was to explore the psychological health of a sample of HCW, and related influencing factors, with specific attention to the role of gender and of having direct responsibility of COVID patients or not.

Methods: Three months after the onset of the pandemic, in June 2020, an online survey was administered to the staff of the University Hospital of Modena, collecting information on demographic data, changes in life-style, and perception of mental health status, assessed by the Depression, Anxiety and Stress Scale (DASS-21) and the Impact of Event Scale-Revised (IES-R).

Results: 1172 out of 4788 members of staff returned the survey (response rate = 24.5%), male/female ratio was 30/70%. At the DASS-21, 21.0% of respondents reported moderate to severe depressive symptoms, 22.5% moderate to severe anxiety symptoms and 27.0% moderate to severe stress levels, while 19.0% scored from moderate to severe as to the psychological impact of the pandemic. Symptoms of psychological distress were related with statistical significance to female gender, job role, ward, and changes in lifestyle such as increased alcohol consumption and cigarette smoking and unhealthy diet, while first-line work with COVID+ patients was associated to more stress symptoms.

Conclusion: The health of HCW is a collective good for society, worthy of special attention, prevention and care, as supported by the results of the present study.

Evaluating post-traumatic stress disorder in Bulimia Nervosa: possible implications for refugee and immigrant populations.

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Background: Comorbidity among Eating Disorders (ED), traumatic events and Post-Traumatic Stress Disorder (PTSD) has been reported. The aim is to investigate the clinical aspects of PTSD in patients with Bulimia Nervosa (BN) and the nature of traumatic events experienced.

Methods: 296 female BN patients undergoing an integrated multidisciplinary ED outpatient treatment composed by Psycho-Nutritional Rehabilitation (PNR), Cognitive and Cognitive-Behavioural Psychotherapy (CT/CBT) including a module of Trauma Therapy were assessed using EDI-3, EAT, STAI, MCQ and SCID-I/II at intake (t0), after 3 month (t1) and at the end of treatment (tf). Both groups received PNR and CT-CBT sessions for the ED symptoms and for the BN-PTSD group the treatment includes 12 Cognitive Processing Therapy.

Results: 22.3% had PTSD and 95.6% of these reported the first traumatic event before the onset of BN. 25.6%% reported physical abuse and death as the traumatic event of their PTSD. The BN-PTSD patients showed significantly ($p < .05$) higher ED related symptoms, bingeing and vomiting, interoceptive deficits, affective problems (EDI-3), body and food preoccupation ($p < .05$) (EAT), state anxiety ($p < .05$) (STAI) and general negative beliefs ($p < .05$) (including responsibility, superstition and punishment) (MCQ) compared to BN without PTSD. The drop-out rate between the two groups was significantly different (BN-PTSD drop-out: 3.8%; BN 12.2%; $p < .05$)

Conclusion: Trauma experience can lead to develop Eating Disorders. These results may have even an importance for special populations such as refugees, where we find more and more the presence of eating disturbance and EDs.

Impaired well-being and insomnia as residuals of resolved medical conditions: survey in the Italian population.

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Background: Well-being is a multifactorial construct that comprises physical, mental, social and cultural aspects. Sleep quality and pathologies are among the objective conditions jeopardising it. Indeed, chronic insomnia, inflammatory-based diseases and mood disorders often occur in a single cluster, and some evidence from specific clinical populations suggests that also some resolved past diseases could still have an impact on present sleep quality and well-being level. The aim of the present study is to investigate, in the general population, whether and in which degree well-being and insomnia are influenced by current and resolved past pathologies.

Methods: A cross-sectional survey (IPSAD®) was conducted by delivering *via* post mailing an anonymous questionnaire that investigated past and present general health and current well-being and insomnia.

Results: A total of 10467 subjects answered the questionnaire. Several classes of both current and resolved past pathologies resulted in increased odds ratios for current insomnia and negative well-being, proportional to the number of the displayed pathologies. In particular, both current and resolved past psychiatric disorders resulted strongly associated with both current negative well-being and insomnia.

Conclusion: To explain these associations we suggest that systemic inflammation conveyed by several medical conditions concurs to disrupt homeostatic processes, with final outputs on sleep quality and behaviour.

Somatoform dissociation and alexithymia in psoriasis patients.

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Background: Skin disorders can have significant psychosomatic components. Psoriasis, a chronic inflammatory disease is a psychosomatic disorder that has a significant negative psychological and especially socio-relational impact for the patient. The disfigurement of the skin caused by red scaly lesions can be quite painful for many patients. Psoriasis patients may experience anxiety, depression, shame about their body image, difficulty recognising and describing emotions, and experience states of somatoform dissociation. The aim of this study was to investigate the role of somatoform dissociation and alexithymia in patients with psoriasis.

Methods: 50 psoriasis patients (receiving routine treatment) and 45 healthy controls were enrolled. Somatoform Dissociation Questionnaire (SDQ-20), Beck Anxiety Inventory (BAI), Beck Depression Inventory-II (BDI-II), Toronto Alexithymia Scale (TAS-20), Body Uneasiness Test (BUT), and Experience of Shame Scale (ESS) were administered. Student's t-test and Pearson's correlation were used to analyze the results.

Results: The results indicated that in psoriasis patients, somatoform dissociation correlates with alexithymia total score and its externally-oriented thinking subscale. In addition, significant correlations were found between total scores of alexithymia (TAS-20) and shame (ESS), and subscales of weight phobia and body image concerns of BUT. There were also statistically significant differences between the experimental and the healthy control group in relation to somatoform dissociation (SDQ-20) and alexithymia.

Conclusion: Somatoform dissociative experiences and alexithymia can be considered an adaptive cognitive mechanism in psoriasis patients.

Biological effects of guided meditation.

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Oscar Carl Simonton oncologist and radiotherapist found that when he asked patients during a radiotherapy session to visualize their tumor and the effect of the rays on it, patients healed more quickly or had longer remissions, the effects were reduced. Negative collateral from the therapy and an improvement in the quality of life ensued. The image is “both psychic production and concrete and poetic (or” poetic “, or creative) experience of our somatic and affective relationship with reality” (see G. Bachelard, “The poetics of reverie”, Dedalo, 2008). Consequently we can affirm that modifying one’s own image of reality can influence the inner approach to reality and to life itself, or, in this case, that, by modifying a representation connected to any object, person, feeling or event, the emotional / mental approach linked to it can be changed. Mircea Eliade recognizes that “psychic healings are obtained by reanimating with the active imagination certain symbols that include in their structures the idea of passage and ontological change... we could therefore say that the repetition of certain symbols through active imagination, leads to a psychic improvement and leads to healing”. We can extend this discourse to psychophysical healing, considering the research done in PNEI (Rossi, Bottacioli) which gives new perspectives on the body-mind-spirit-environment-Lapenta link (1986): the word suggests an idea that arouses action, movements, sensation, but that particular psychological situation must be connected to the suggested word, which is given by the plastic force of the images.

Is combined approach (psychopharmacological plus IPT) fitting the clinical needs of patients with recurrent depression and somatic complaints? A case report.

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Background: Problematic interpersonal areas may have a crucial role in triggering depressive episodes.

Methods: We performed an interpersonal assessment for patients with unipolar depression, followed-up in a naturalistic setting. We describe the case of a 64 years old woman who had a depressive onset at age 20.

Case presentation: Mrs. A. began to have somatic symptoms (physical anxiety, fatigue, energy loss, headache), when she was a university student. No physical illnesses were diagnosed. She started psychotherapy (weekly) for 5 years, with no remission. She decided to stop psychotherapy, considering the persistence of chronic fatigue, and of ‘an unmodified dissatisfaction of herself’. At age 38, she underwent a psychiatric evaluation. She was diagnosed with ‘chronic depression’, and treated with fluoxetine (20 mg/day). She had an improvement only in energy levels. Mrs. A. discontinued and resumed fluoxetine several times, with no psychiatric supervision. She underwent again a psychiatric evaluation, when she was 57 years old. An IPT assessment was performed, revealing the presence of an interpersonal focus-‘role dispute’-related to an enduring ‘sense of dissatisfaction in close interpersonal relationships’. Mrs. A. was then followed-up with a combined treatment (fluoxetine, 20 mg/day), and a psychological support based on IPT techniques. She gradually improved, in six months. She is still followed-up, with a maintenance program of two visits/year, with no relapses.

Conclusion: A combined approach (psychopharmacological and IPT-based) might be a valid alternative to monotherapy, especially for patients with chronic forms of mild/moderate depression, and treatment-resistant ‘apparent’ somatic manifestations.

The clinical value of a psychosomatic assessment in the screening program for colorectal cancer prevention.

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Background: The literature on psychosocial characteristics and lifestyle of participants at programs for secondary prevention of colorectal cancer (CRC) is scarce. This lecture aims to describe the findings of a comprehensive psychosomatic assessment, which was used to evaluate psychosocial characteristics and lifestyle of participants at CRC secondary prevention program, and the associations between these variables and endoscopic outcomes.

Methods: The first 150 consecutive asymptomatic participants at the CRC prevention program who resulted positive to fecal occult blood test (FOBT) and were thus referred to colonoscopy, underwent a psychosomatic assessment including psychiatric diagnoses (DSM-5), psychosomatic syndromes (DCPR), psychological distress, psychological well-being and lifestyle-related behaviors.

Results: Only a small part of the sample (5.3%) presented with at least one DSM-5 diagnosis, whereas more than a half (51.3%) showed at least one DCPR syndrome, such as allostatic overload, alexithymia, Type A behavior, and demoralization. Compared with participants without DCPR syndromes, patients affected by psychosomatic syndromes reported significantly higher psychological distress, lower psychological well-being and engaged more frequently in unhealthy behaviors, such as tobacco smoking and unhealthy diet. Among endoscopic outcomes, the presence of adenomas was significantly associated with irritable mood (DCPR).

Conclusion: In view of secondary prevention addressing asymptomatic patients with positive FOBT, an accurate psychosomatic assessment may provide relevant clinical information for those patients who present specific psychosomatic syndromes associated with high psychological distress, impaired psychological well-being, unhealthy lifestyle and colorectal precancerous lesions. These findings might indicate a road to the practice of “preventive” medicine in the context of CRC screening program.

Adolescent health: places and methods of psychotherapeutic treatment.

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Background: Adolescence represents the stage of life, of every human being, that precedes his entry into the adult world, in which begins to “inhabit” the world as it is. This occurs by oscillating between the need to free oneself from the first bonds of love and the drive to individuate and separate oneself from them. At this stage it is inevitable to have swerves. These often show up in the shape of “behaviors” and/or “acts” that use the body as the “theater”. Accommodating these moments to reduce the risks of “shutdown” represents the focus of psychotherapeutic work at this specific developmental stage.

Methods and Results: In the first part of this presentation is described the need and opportunity to establish a “center” as a reference and listening point for adolescents, families and schools. The purpose is to reduce the dispersion and fragmentation of interventions. In the second part is evidenced how to construct and choose proper psychotherapeutic approach including psychoeducational and psychosocial integrated interventions in the psychosomatic perspective. To this purpose two clinical cases are shortly examined to evidence differences between “evolutive adolescence crise” and ones at risk for psychopathological developments.

Conclusion: It is not the adolescent who goes to the different care contexts but finds a place where the care contexts are present and integrated. Early tailored “psychotherapeutic” work and integrated psychosocial interventions are the most important preventive factors in reducing the risk of serious psychopathological developments in both adolescence and adulthood and to preserve psychosomatic health.

Physical and psychological symptoms in affective disorders and somatic diseases.

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Physical diseases lead to psychological adjustment but might also cause clinically relevant mental disorders. Depression and anxiety occur in a large proportion of physically ill individuals, especially in old age when multimorbidity is common. Multiple mechanisms underlie bidirectional associations between mental and physical symptoms, making it difficult to disentangle biological, psychological and social components. The network approach to psychopathology and other approaches to complexity may favor a better understanding of such interactions. We will present results of multiple recent studies (older adults, cancer patients, COPD patients) where the network approach was used to describe and/or explain psychophysical interactions in ill individuals.

The role of catastrophism and disease representation in adapting to chronic pain.

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Background: Chronic pain is a widespread condition that is often associated with psychological distress, disability, and worse quality of life. Previous research shows that both catastrophic thinking and illness representation predict poorer chronic pain adjustment. This study investigates the interplay between catastrophising and illness representation to explain adaptation to chronic pain.

Methods: A total of 30 patients with chronic pain participated in the study. Patients completed measures of catastrophism (PCS), illness representations (IPQ-R), depression (BDI), anxiety (STAI-Y), disability (PDI), quality of life (Q-LES-SR), and pain (VAS). Regression analyses were used to explore the contribution of catastrophising and illness representation to explain outcome measures.

Results: The results showed the catastrophism and some dimensions of the IPQ-R correlate positively with outcome variables. The IPQ-R-Identity dimension predicted disability and depression, while negative emotional representations predicted a worse quality of life. When the Identity dimension was entered into the regression models, the contribution of catastrophising to predict depression and disability was not statistically significant, suggesting several mediational pathways. Indeed, secondary analyses suggested that the Identity dimension mediates the relationship between the PCS-Impotence dimension and disability, on one hand, and between the Impotence and depression, on the other hand.

Conclusion: These results extend the empirical evidence on the importance of the two constructs in the adaptation to chronic pain and the need to further investigate their role.

Use of DCPR-revised in a patient with CRMO and Fibromyalgia.

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Background: Many patients affected by FM present different comorbidities, including chronic painful pathology, but to date no case of FM in patients with CRMO has been reported in literature. Only one study evaluated patients with FM using DCPR-revised, finding the presence of allostatic overload.

Methods: To assess one female patient affected by CRMO and FM we carried out a psychiatric evaluation and we used the semi-structured interview of the DCPR-revised.

Case presentation: In April 2022, a 21-year-old female patient, a third-year medical student who moved from her home town and lives in a university residence, came to our clinic to be assessed and treated for FM. She presents with a diagnosis of CRMO made in 2014 and a diagnosis of FM made in 2019. At the psychiatric evaluation she presented symptoms of anxiety, depression, insomnia and reported widespread pain with the presence of almost daily headaches. At DCPR-revised she presented diagnostic criteria for allostatic overload, related to study and periodic flare-ups of painful symptoms due to CRMO, persistent somatization, with musculoskeletal and gastroenterological symptoms, demoralization and type A behaviour.

Conclusion: To our knowledge this is the first case described in literature of an association between CRMO and FM. It shows how useful the use of the DCPR-revised can be for a better psychosomatic framing of the patient, and in particular it offers insights into what stressors at the origin of allostatic overload (e.g., an underlying chronic pain condition such as CRMO, which affects function and quality of life) may be present in different FM patients.

Is it possible to identify chronic fatigue syndrome via machine learning techniques?

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Background: Chronic fatigue syndrome (CFS) is characterized by persistent exhaustion lasting at least six months, post-exercise malaise, discomfort, and neurological and autonomic symptoms. Numerous efforts to formulate a standardized definition for CFS have been made and the most extensive diagnostic tools are Fukuda criteria and Canadian Consensus Document. Since CFS symptoms overlap other disorders, identifying CFS has proven difficult. Therefore, the development of accurate diagnostic tools, such as Machine Learning (ML) techniques, is necessary. Neuroimaging and psychometric testing may be augmented using ML in different fields such as malingering, and clinical medicine. ML employs algorithms and statistical models to draw inferences from patterns in data. Herein, we provide an overview of the state of the art on the current ML protocols used to diagnose CFS.

Methods: We conducted a literature search of available sources on ML protocols to diagnose CFS.

Results: Watson and colleagues demonstrated that DePaul Symptom Questionnaire (DSQ) data in combination of ML techniques can provide accurate basis for diagnosing CFS; furthermore, Provenzano and colleagues implemented a ML predictive model to diagnose CFS by basing on magnetic resonance imaging structural and functional data.

Conclusion: ML models have shown promising advantages in solving classification problems, addressing clinical questions such as identifying predictors that distinguish patients from healthy controls, thus allowing to make inferences at group and individual level. Future research is needed to substantiate the aforementioned findings, and to develop models able to perform differential diagnosis by identifying key pathognomonic cluster of neuroimaging, immunological and behavioral characteristics of CFS.

Association between distress and dysfunctional illness perception in patients hospitalized in general hospitals: a potential role for poor sleep quality?

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Background: Distress associated with physical illness is a well-known risk factor for adverse illness course in general hospitals. Understanding the factors contributing to it should be important. Among these factors dysfunctional illness perception and poor sleep quality may contribute to it. The present study was in fact promoted by the Italian Society of Consultation-liaison psychiatry (SIPC) and aimed to study the association among poor sleep quality illness perception and levels of distress during hospitalisation.

Methods: The cross-sectional study included a consecutive series of 409 individuals who were hospitalised in medical and surgical units of different hospitals located throughout the Italian national territory and required an assessment for psychopathological conditions. Sleep quality was assessed with the Pittsburgh (Sleep Quality Index), emotional and physical distress with the Edmonton Symptom Assessment System (ESAS), and illness perception with the Brief Illness Perception Questionnaire (BIPQ). Differences between groups, correlations and mediations analyses were computed.

Results: Poor sleep quality may affect > 70% of hospitalised patients and may favour dysfunctional illness perception and emotional/physical distress. Patients with poor sleep quality were more frequently females, with psychiatric comorbidity, with higher scores in the ESAS and BIPQ. Poor sleep quality was related to dysfunctional illness perception, and to both emotional and physical distress. In particular, by affecting cognitive components of illness perception, poor sleep quality may, directly and indirectly, predict high levels of distress during hospitalisation.

Conclusion: Assessing and treating sleep problems in hospitalised patients should be included in the routine of hospitalised patients.

The Diagnostic Criteria for Psychosomatic Research (DCPR): semi-structured interview.

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The Diagnostic Criteria for Psychosomatic Research (DCPR) were originally introduced in 1995 by an international group of researchers to translate psychosocial variables that derived from psychosomatic research into operational tools, and subsequently refined in 2017. They encompass 14 psychosomatic diagnostic rubrics including allostatic overload, type A behavior, alexithymia, hypochondriasis, disease phobia, thanatophobia, health anxiety, persistent somatization, conversion symptoms, anniversary reaction, illness denial, demoralization, irritable mood, and somatic symptoms secondary to a psychiatric disorder. The DCPR have been used in a large number of patients across various clinical settings and their clinical utility in the process of psychosomatic assessment has been widely documented. A semi-structured interview (DCPR-SSI) has been recently developed and will be presented. Clinical applications of this innovative psychosomatic approach will be discussed through case presentations, according to the clinimetric framework.

Clinimetric approach to the assessment of apathy in Parkinson's disease.

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Background: Greek philosophers used the concept of apatheia to describe a virtue characterized by a state of indifference towards events, which lie outside one's control. Over the years, the term lost its positive connotation and, in the psychiatric literature, it essentially indicates a clinical syndrome. A number of observer- and self-rated scales are available for the assessment of apathy but most of them have been developed following psychometric criteria rather than clinimetric principles. The aim of this review is to identify assessment instruments that best display the clinimetric properties of sensitivity and validity in the clinical process of assessment of apathy in Parkinson's disease (PD) patients.

Methods: The systematic search of the literature was performed in accordance with the PRISMA guidelines and conducted on Web of Science, Scopus, and PubMed.

Results: The Starkstein Apathy Scale (SAS) and the Lille Apathy Rating Scale (LARS) showed the highest sensitivity while the 5-item version of the World Health Organization Well-Being Index (WHO-5) and the Neurasthenia Scale were found to entail the clinimetric property of construct validity.

Conclusion: The findings of this review indicate that the SAS is particularly suitable to detect withdrawal symptoms of apathy after the discontinuation of antidepressants. When the aim of the investigation is to discriminate between pure apathy and PD-related complications such as psychomotor retardation, reduced energy, anhedonia, and mental slowing, the LARS should be considered and used for diagnostic purposes. The WHO-5 and Neurasthenia Scale should be also considered, particularly for evaluating the severity of symptoms of apathy.

Cross-cultural sensitivity of the euthymia scale.

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Background: In recent years, there has been a reappraisal of the concept of euthymia as a transdiagnostic construct where lack of psychiatric disorders is associated with the presence of positive affect, psychological well-being and flexibility, a subjective sense of consistency, and resistance to stress. Using clinimetric principles, a self-rated instrument, the euthymia scale (ES), was developed to assess the main components of euthymia. The aim of this study is to evaluate the clinimetric sensitivity of the Italian, Chinese, and Japanese versions of the ES testing their applicability across different cultures.

Methods: A convenience sample of 951 participants was used for assessing the clinimetric sensitivity of the Italian version of the ES. As to the Chinese sample, it included a total of 295 inpatients recruited from different medical settings, while the Japanese one consisted of 1030 individuals who completed an online survey.

Results: As to the Italian version of the ES, a Person Separation Reliability Index of 0.88 was found. Mann-Whitney test comparisons showed that patients without depression scored significantly higher on the Chinese version of the ES than those with depression. The analysis of variance revealed that the Japanese version of the ES discriminated between healthy controls and those with current major depression, and sensitively differentiated healthy individuals from participants with a history of major depression and moderate to severe symptoms of psychological distress.

Conclusion: The findings of the present study indicate that the ES is a highly sensitive clinimetric index that can be used as a cross-cultural screening measure.

A multi-disciplinary intervention model on childhood obesity with a family-based approach: the role of emotion regulation strategies in a single case study.

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Background: Pediatric obesity is a complex phenomenon. With regards to psychological determinants, a relatively new approach is the use of attachment theory to explore the mechanisms underlying children's obesity risk, especially considered as emotion regulation strategies in parent-child relationship. Regarding interventions, a family-based approach is considered a "gold standard" for pediatric obesity treatment, showing the strongest and longest lasting effects with the inclusion of parents. The present study has the aim of presenting a multi-disciplinary intervention model with a family-based approach on childhood obesity and of highlighting through the exemplification of a single case the role of emotion regulation in childhood obesity taking into account individual and familial functioning.

Methods: A single-case study of a 15-year-old girl referred for being overweight to the Healthy Lifestyle Institute (CURIAMO) of the University of Perugia in Italy is presented. During the assessment, with a mixed-method and multi informant approach, the performance-based instrument Adult Attachment Projective System (AAP) was administered individually to the adolescent and to both parents separately. The girl and her parents completed also the Spence Child Anxiety Scale and The Strengths and Difficulties Questionnaire.

Results: In regard to attachment patterns, the girl was classified as Dismissing failed mourning and her parents both as Unresolved. Regarding the self-report measures, the adolescent reported clinical difficulties in both the measures, a different perception of the daughter emerged in parents.

Conclusion: The importance of considering the inter-relationships of family emotion regulation strategies in an intervention model on childhood obesity with a family-based approach is discussed.

The construction of territorial psychotherapy services.

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Background: The historical moment following the pandemic event and the transformative proposals envisaged in the National Recovery Plan may be a harbinger of transformations in paradigms of care, or rather in the logics of receiving people within the National Health Service and Clinical Services in particular.

Methods and Results: The proposed reflection aims to explore from a phenomenological point of view the current organization of Health Services in which the psychological needs of the population are met, pointing out some desirable perspectives of transformation at this historical moment. Limited resources, the need to ensure equity and priority choices in resource allocation can be a stimulus to seek new models of intervention. In particular, the opportunity to establish or strengthen clinical psychology services that can respond to the suffering experienced and brought by people beyond psychopathological diagnoses is highlighted. Therefore, a working model is proposed: centered on goals and timing of intervention agreed upon with the person carrying the need or problem; that provides for periodic process evaluations as a stimulus for self- and hetero-directed measurement; that can be short, medium or long, continuous or “intermittent” according to contextual assessments; that evaluates access criteria and effectiveness criteria.

Conclusion: The reorganization of Psychology Services in which psychotherapeutic interventions can be offered according to the paradigm of accompaniment and co-construction of the goals, outcomes and timing of therapy can lead to the configuration of institutional health organization that becomes a regulatory instrument of the applicant's own biopsychosocial functions.

Cardiovascular diseases, self-care and emotional regulation in adult patients.

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Background: Cardiovascular disease is a chronic, non-communicable illness that causes more than half of all deaths across Europe. The risk factors associated with reduced quality of life (QoL) and physical conditions include an unhealthy lifestyle, inadequate adherence to medical prescriptions, and psycho-emotional disorders. Our study aimed to understand the predictive factors for health management evaluating psychological aspects, self-care processes and emotional regulation in CVD outpatients. An observational study was conducted.

Methods: Sixty-one patients aged 18–75 years ($M = 56.4 \pm SD = 12.0$) diagnosed with CVD participated in the study.

Results: Findings showed that emotional dysregulation might influence QoL, particularly awareness ($\beta = 0.02$; $SE = 1.82$; $p < 0.02$), goals ($\beta = -0.54$; $SE = 1.48$; $p < 0.001$), and clarity ($\beta = -0.21$; $SE = 2.08$; $p < 0.03$). The results also suggested the mediated effect for awareness index was 18.7% of the variance ($R^2 = 0.18$), goal index was 62.8% ($R^2 = 0.62$), and the significant mediating effect of clarity was 58.8% ($R^2 = 0.58$).

Conclusion: Relationship between triggers and QoL might be mediated by the emotional dysregulation; more, adherence and compliance variables could be addressed by interaction of emotional aspects, and self-care practices.

Guided meditation on self-healing forces.

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Doctor Carl Simonton, well-known American oncologist and radiation oncologist, together with his team at the Fortworth Research Center, conducted a study of his advanced cancer patients for 7 years from 1974 to 1981, achieving excellent results: by means of psychological accompaniment, they survived on average twice as long as other patients and 3 times longer than the national average for cancer patients. In the Simonton method, the term “meditation” stands for any activity that helps achieve inner calm and relaxation. Meditations are means to reach a meditative state. Once in this state, subjects begin to breathe more slowly and experience inner depth and harmony, and it is possible to develop spontaneous visions and understand difficult situations. Visualization and imagination are among the oldest rituals of humankind. As for the imaginative techniques of the Simonton method, they can be applied in conjunction with any course of treatment. The effect of visualization is enhanced if emotions of joy, confidence, and hope are experienced while imagining. Imagined scenes do not always come true in reality, but they serve to increase the likelihood that desired events will occur. The healing meditation aims to focus attention on the subject’s inner and external resources, developing self-healing forces, confidence, and adherence to treatment, fostering a vision of illness that can be cured, and bringing attention to the visualization of what one’s life will be like once the desired outcome is achieved.

Well-Being Therapy in systemic sclerosis: A case report.

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Background: Well-Being Therapy (WBT), a short-term psychotherapeutic intervention for increasing psychological well-being, state of euthymia and optimizing the personal functioning, has been tested in a case of systemic sclerosis (SSc), a chronic illness with a significant impact on physical, emotional, and psychosocial dimensions.

Methods: Psychiatric disorders were assessed via the Mini-International Neuropsychiatric Interview (MINI); psychosomatic syndromes via the Diagnostic Criteria for Psychosomatic Research-Revised Semi-Structured Interview (DCPR-R-SSI). Psychological well-being was assessed via the Psychological Well-Being scales (PWB) and the World Health Organization-Five Well-Being Index (WHO-5); euthymia via the Euthymia Scale (ES); psychological distress via the Symptom Checklist-90 Revised (SCL-90R) and the Symptom Questionnaire (SQ); mental pain via the Mental Pain Questionnaire (MPQ). Psychological variables were assessed at baseline, at the end of sessions 4 and 8 of WBT treatment, and at 3 and 6-month follow-up.

Results: The SSc patient was a 58-year old unemployed, married, Caucasian woman who had diagnoses of allostatic load, demoralization, type A behavior (DCPR-R-SSI) without psychiatric disorders (MINI). At the end of WBT session 8, compared with baseline, she showed only a diagnosis of allostatic load (DCPR-R-SSI), an increase on psychological well-being (PWB:26%; WHO-5:50%) and euthymia (ES:15%), as well as a decrease on psychological distress (SCL-90-R:38%; SQ depression:20%; SQ anxiety:7%; SQ somatization:20%; SQ hostility:69%) and mental pain (MPQ:40%). The positive effects of WBT were maintained at 3 and 6-month follow-up.

Conclusion: This single case describes an account of successful WBT in a SSc case. WBT may be a promising intervention to increase psychological well-being in SSc patients.

Assessing mental pain and its relationship with illness and pain intrusiveness, meaning of life, and well-being in a sample of onco-haematological patients: an explorative study.

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Background: Pain and pain-related suffering are relevant conditions in onco-haematological patients, since caused by the disease itself, its complications, and treatments. Nevertheless, this topic remains understudied and mismanaged, especially in its psychosocial impact on the patients. The present study evaluated mental pain and its relationship with intrusiveness of illness and pain, well-being, and meaning-in-life.

Methods: Twenty-five onco-haematological patients were consecutively recruited from S. Chiara Hospital in Pisa (Italy). Two weeks after the diagnosis, the following instruments were administered: the Mental Pain Questionnaire (MPQ), as a measure of mental pain; the Pictorial Representation of Illness and Self Measure, yielding the Self-illness separation (SIS) and the Self-pain separation (SPS), as measures of perceived intrusiveness and uncontrollability of illness and pain respectively; the Schedule for meaning-in-life evaluation, measuring the levels of meaning-in-life (MiL); the Psychosocial Index for evaluating well-being, (PSI-WB). The relationships between MPQ-total score and SIS, SPS, MiL, and PSI-WB were tested via Spearman correlations.

Results: The 52% of the sample was female, mainly with a diagnosis of multiple myeloma. No significant correlations were found between mental pain and other variables, except a negative correlation with PSI-WB ($r = -.487$). Furthermore, SIS showed a significant relationship with MiL ($r = .659$).

Conclusion: Mental pain is unaffected by the levels of MiL and the intrusiveness-uncontrollability of illness and pain, whereas it is correlated with low levels of well-being. Furthermore, perceiving high levels of illness intrusiveness and uncontrollability is correlated with low levels of MiL. The clinical implications of these results will be discussed.

Depression and anxiety mediate the relationship between illness representations and perceived distress in patients with chronic pain.

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Background: Illness representations define how individuals perceive and process health-related information. In chronic diseases, such as chronic pain conditions, illness representations are central due to their influence on patients' treatment adherence and treatment outcome. This study aims to identify illness representations of patients with chronic pain and their association to mental disorders and subjective distress.

Methods: 95 participants admitted to an inpatient university clinic were included. Validated instruments were used in order to assess illness representations (IPQ-R), mental health disorders (PHQ-D), and subjective distress (PSQ). Socio-demographic data and scores for the instruments were first inspected descriptively. Correlation, regression, and mediator analyses were conducted.

Results: Analyses reveal that the distributions of the IPQ-R range toward higher values. In regard to mental disorders (PHQ-D) and subjective distress (PSQ), we found several significant correlations with subscales of the IPQ-R. A regression analysis revealed the IPQ-R subscales identity a, emotional representation and gender (males) to be significant predictors of subjective distress measured with the PSQ ($F_{(9,68)} = 8.847, p < .001$ with $R^2 = 0.539$). The mediator analyses showed that depression syndromes (PHQ-D) and anxiety syndromes (PHQ-D) significantly mediated the positive association between emotional representations (IPQ-R, predictor) and subjective distress (PSQ, outcome) with a total effect of $c = .028, 95\%-CI [.020; .036]$.

Conclusion: Illness representations are relevant for assessing patients' subjective distress and mental health. Illness representations can be used in further research to understand their impact also on psychotherapeutic approaches such as specific pain tailored psychotherapy.

Impact of general medical conditions on suicide and mortality in patients with psychiatric disorders.

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Background: Bipolar Disorder (BD) is considered one of the psychiatric disorders with the most negative impact on patients' functioning and quality of life. Previous studies report that an untreated duration of illness (defined as the time from illness onset to first adequate treatment) of more than 2 years is correlated with a more severe course of BD, with an increased risk of general medical conditions and suicide. However, the relationship between these variables is still unclear.

Methods: Scientific evidence regarding impact of duration of untreated illness (DUI) on disease course and risk of general medical conditions and suicide will be presented, including findings of studies conducted on this topic by our research group.

Results: Literature has demonstrated that DUI in BD is very long and is associated with a negative outcome in terms of number of lifetime affective episodes and hospitalizations, suicide attempts and response to medication. Our data confirm these correlations, with additional findings. For example, we found that patients who have experienced suicide attempts show a shorter life expectancy compared to general population, due to medical conditions (which represent the main cause of mortality in these subjects) more than suicide itself.

Conclusion: The length of DUI in BD is responsible not only for a worst clinical course of the disorder, but also for a negative impact on general medical conditions and patients' global health. In addition, medical comorbidities affect life expectancy of subjects with previous suicide attempts.

The role of emotion regulation and self-compassion in predicting euthymia and depression in patients with type 1 diabetes.

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Background: Patients with type 1 diabetes are two times more likely to experience depression than individuals without diabetes. Comorbid depression results in a negative impact on glycemic control, worsened diabetes complications, functional disability, and premature mortality. The aim of this study was to investigate whether fear of hypoglycemia, emotion regulation strategies and self-compassion would predict euthymia and depression in these patients.

Methods: A total of 166 patients attending the Diabetes Care Unit of Fondazione Policlinico A. Gemelli (Rome) were enrolled in the study. Eligible patients had a diagnosis of type 1 diabetes, were 18 years of age or more, had no mental or neurological disorders, and were not pregnant. Participants completed the Fear of Hypoglycemia Scale, the Difficulties in Emotion Regulation Scale, the Self-Compassion Scale-Short Form, the Beck Depression Inventory-II, and the Euthymia Scale. Two hierarchical multiple regressions were conducted to examine the predictive role of fear of hypoglycemia, emotion regulation strategies, and self-compassion dimensions on euthymia and depression.

Results: Hierarchical multiple regressions showed that limited access to emotion regulation strategies and lack of emotional clarity were particularly important in predicting both euthymia and depression, whereas the self-compassion dimension of mindfulness uniquely predicted euthymia.

Conclusion: The findings of this study suggest that specific emotion regulation difficulties can negatively affect depression in these patients, whereas mindfulness has a key role in promoting their positive affect and psychological well-being.

Primum non nocere: prevention and treatment of metabolic disorders caused by psychotropic drugs.

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The use of medications such as antipsychotics, mood stabilizers and other psychotropics could determine weight gain and issues in glycidic and lipidic metabolism. These alterations increase the risk for type 2 diabetes and metabolic syndrome, eventually leading to higher cardiovascular morbidity and mortality on the long run. These aspects, along with the lower self-esteem and well-being brought about by getting overweight or obese, lead to worse adherence to treatment, which in turn increase the frequency of relapses and functional impairment over time. For all this, the prevention of weight gain and metabolic disorders is of utmost importance in patients with severe mental illness. To this end, psychoeducation on the effects of medications must be implemented, and appropriate strategies to prevent weight gain – from diet to physical activity – discussed with patients. In those cases where lifestyle modifications alone are not efficacious, some other strategies should be put in place, such as the switch to a more neutral medication or, in case the switch is not advisable, the augmentation with medications known for their potential to decrease weight or their ability to improve the metabolism of glycidic and lipides.

Hypnotizability and the experience of analgesia.

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Background: High hypnotizability, as measured by scales, predicts better responses to suggestions, including those of analgesia. Nonetheless, analgesia can be produced by suggestions also in persons with low-to medium-hypnotizability scores. A few studies will be presented to describe the mechanisms through which suggestions modulate the pain experience in healthy individuals with high, medium and low hypnotizability scores (Santarcangelo and Carli, 2021).

Methods: The presented studies are based on experiential, imaging, EEG, and cardiovascular variables recorded during hypnosis or in the ordinary state of consciousness.

Results: Suggestions can induce analgesia through placebo responses, not associated with opioid release, in low hypnotizable individuals, whereas non opioid mechanisms are responsible for pain reduction by suggestions in highly hypnotizable participants. Mixed mechanisms may take place (Fidanza et al., 2017). Other cognitive-emotional traits, such as the those depending on the activity of the Behavioral Inhibition/Approach System, modulate the relation between hypnotizability and analgesia (Santarcangelo and Carli, 2021). The lows' response could be partly sustained by their larger oxytocinergic response to the hypnotic setting (Varga and Kekecs, 2014).

Conclusion: The efficacy of the suggestions of analgesia depends on different mechanisms in different persons.

Modulation of wellbeing, interoceptive accuracy and awareness by hypnotizability.

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Background: High and low hypnotizability are associated with different cognitive-emotional traits and with brain morpho-functional differences including the insula, the site of convergence of several bodily signals, namely those related to interoception (Landry et al., 2017). Interoception accuracy and/or awareness can be part of the experience of wellbeing. The aim of the presentation is to show hypnotizability-related differences in interoception accuracy and awareness, and wellbeing.

Methods: The presented studies were based on experiential reports (Multidimensional Assessment of Interoceptive Awareness (MAIA), BIS/BAS (Behavioral Inhibition/Approach System) Scale, General Psychological Wellbeing Index (PGWBI), heartbeat count) and ECG (measured heartbeats). Participants were classified as low (lows), medium (mediums) and high hypnotizable (highs) according to the Stanford Hypnotic Susceptibility Scale, form A.

Results: Highs exhibited significantly lower interoceptive accuracy (Rosati et al., 2021), and significantly higher interoceptive awareness (Diolaiuti et al., 2019) (most scales) and psychological wellbeing than lows (Biscuola et al., 2022). Mediums' accuracy and wellbeing were intermediate between highs and lows, while their interoceptive awareness was like the lows' one. Different associations of BIS/BAS traits with interoceptive awareness and wellbeing were observed in the three groups.

Conclusion: The highs' greater interoceptive sensitivity (indicating that they are prone to consider their body as a safe place) could be responsible for their higher wellbeing together with their low interoceptive accuracy, able to let them ignore unpleasant information. The hypnotizability-related association between interoceptive awareness and wellbeing with BIS/BAS traits may be relevant to the science of emotion and to clinical applications.

Body in action representation in fibromyalgia.

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Background: According to multiple observations in different clinical conditions, pain affects body representation. However, the topic is still neglected in the context of fibromyalgia, in which the subjective pain experience affects dramatically quality of life and motor behaviour.

Methods: To advance knowledge in this field, we assessed the performance of a sample of women affected by fibromyalgia compared with a sample of pain-free women in two tasks (Hand Laterality Task and Mental Motor Chronometry Task) that implied different motor (respectively, more implicit vs. more explicit) imagery strategies. Two tasks were also administered to control for visual imagery skills, to rule out confounding factors.

Results: In both the implicit and explicit bodily tasks, women affected by fibromyalgia reported lower levels of accuracy in their behavioural performance in comparison with the controls. Crucially, such a difference was not observed in the two control tasks relative to the visual imagery skill, suggesting that the alteration was specifically body-related.

Conclusion: Our findings revealed an altered body in action representation in fibromyalgia. Thus, in this condition pain pervasively affects body representation. Thus, body representation should be targeted in rehabilitative approaches in fibromyalgia with the aim to increase bodily perception and actions considering not only the physical movements, but also the emotional, interpersonal, and cognitive components emerging during actions.

Idiopathic infertility and ambivalent attitudes about parenting.

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Background: As it is well known, there is a close relationship between infertility and psychological experience. Specifically, literature suggests that behind some forms of infertility there isn't recognized medical cause, but a psychological factor. This is the case of idiopathic infertility, where ambivalent attitudes about producing children may merge (because of the resistance to move from dyadic to triadic relationship or because of not adequate commitment in couple relationship).

Methods: This ambivalence is well documented by the clinical case of a couple, diagnosed with idiopathic infertility, in care for assisted reproductive treatment, and followed for a psychological support at Pisa University Hospital.

Case presentation: The woman reported a not-supportive couple relationship and a reduced sexual desire that increase the distance with her husband. In addition, she reported a traumatic representation of delivery viewed as a cause of maternal death. The husband showed ambivalence, stating on the one hand that he wanted to become a father, but that he could be realized also without a child. Moreover, he made catastrophic predictions about his and his partner's future as individuals, couple and parents.

Conclusion: It was possible to highlight how the difficulties encountered within the couple relationship and the feelings of conflict regarding the desire for parenthood, together with the traumatic image of childbirth and motherhood, contributed significantly to the diagnosis of infertility.

Interdisciplinary evaluation in a psychoneuroendocrinology service.

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Research evidence has highlighted the relevance of endocrine/metabolic abnormalities in psychiatry and of psychosocial implications in endocrinology. However, the value of interdisciplinary expertise has not been implemented in clinical practice. Based on a long-standing collaboration between endocrinologists and psychiatrists at both scientific and clinical levels, we designed a new outpatient clinic, called Psychoneuroendocrinology Service, that would apply the principles of current psychosomatic medicine. The new outpatient clinic was meant to serve both psychiatric patients and the general population from various sources of referrals. The Service is run by an experienced endocrinologist with training in psychosomatic medicine. The psychosomatic evaluation is carried out by interview and use of the PsychoSocial Index, a simple self-rated questionnaire including 55 items for assessing acute and chronic stress, psychological distress, illness behavior and psychological well-being. It can be used as a screening list of symptoms. It allows to rate psychosocial dimensions directly and provides clues for inquiring about functional medical disturbances. Overall, problems of major impact are: endocrine or other medical issues in psychiatric patients; endocrine/metabolic effects of psychotropic drugs; psychological distress in active endocrine disease; residual symptoms in spite of adequate treatment of endocrine disease; functional medical disorders; abnormal illness behavior; lifestyle issues. Therapeutic strategies include: lifestyle modifications; explanatory therapy; low-dose clonazepam; modifications of psychotropic drugs. In this setting of a highly selected population, difficult patients are appropriately managed. Such approach requires experienced clinicians with a broad-spectrum training in psychoneuroendocrinology, adequate length of time for each patient appointment, use of questionnaires covering psychosocial issues.

Affective touch in obesity: exploring the role of interpersonal pleasure and lifespan experiences.

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Background: Affective touch is the gentle, caress-like touch experienced with loved ones. The pleasure for this contact provides motivation for social closeness and nurtures affective relationships since childhood (Gallace & Spence, 2016). Indeed, the exposure to affective touch in lifespan seems associated with its appreciation in adulthood (Beltrán et al., 2020). Altered experiences of affective touch have been reported in different clinical populations featured by interpersonal difficulties (Crucianelli et al., 2016; Voos et al., 2013). However, it was never investigated in obesity, which is a clinical condition characterized by high interpersonal stress and poor quality of social life (Albano et al., 2019). Moreover, negative affective-relational experiences seem crucially associated with obesity since childhood (Senese et al., 2020).

Methods: For the first time, this study aims to investigate affective touch in fourteen participants with obesity, compared with fourteen healthy weight individuals, and its possible association with lifespan experiences of affective bodily contacts and the interpersonal pleasure in social context. Stimuli were traditionally delivered with a brush, the experimenter’s hand, as novelty, and a stick, as control. Pleasantness of imagined and real touches was recorded. We assessed lifespan experiences of affective touch and interpersonal pleasure through self-report questionnaires.

Results: Surprisingly, no differences emerged for the pleasantness of affective touch (in both the real and imagery condition) between the two groups, nor for the interpersonal pleasure, although participants with obesity reported less amount of experience of affective touch in lifespan. Interestingly, the pleasantness of affective touch in the experiment was not associated with the perceived interpersonal pleasure or lifespan experience.

Conclusion: The experience of affective touch was preserved in obesity, despite a limited lifespan exposure. Considering that the experimenter’s (and the brush) touch may not resemble adequately real-life experience, in which affective touch involves loved ones, we offer some methodological considerations for future research.

Affective touch in fibromyalgia: what is the role of pain experience, life-span components and interpersonal relationships?

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Background: The perception of affective touch (i.e., a gentle, slow, caress-like touch) seems altered in fibromyalgia, in line with the general anhedonia (Boheme et al., 2020). However, the pivotal relationship between the life-span experience of affective touch and enjoyment associated with interpersonal relationships has never been investigated in fibromyalgia.

Methods: Pleasantness for imagined and real touches was assessed in women with fibromyalgia, compared with healthy women, using touches delivered by the experimenter’s hand as novelty, a brush as done traditionally, and a stick as control. The subjective bodily pain, early experiences of affective touch with caregivers and interpersonal pleasure in social contexts were recorded through self-report questionnaires.

Results: Pleasantness for imagined and real affective touch did not differ between the two groups. Affected women reported fewer early experiences of affective touch, but no difference emerged for interpersonal pleasure. Moreover, these two components seemed unrelated to the level of pleasantness for affective touch reported by our participants with fibromyalgia. Conversely, the higher was the pain on the forearm, the lower was the pleasantness for real affective touches delivered by the hand.

Conclusion: The experience of affective touch seemed preserved in fibromyalgia and not related to individual’s history or appreciation of interpersonal relationships in life, despite a limited experience of early intimate bodily contacts. Furthermore, our results pointed to the possible role played by chronic pain in decreasing appreciation for affective bodily contacts, underlying the pervasive role of pain on the individual’s experience in fibromyalgia.

Personality, personality disorders, and traumatic experiences in psoriatic patients: An empirical investigation.

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Background: Psoriasis is a complex and chronic inflammatory skin disorder. The mechanisms underlying this immune-mediated disease are still unclear, but evidence indicated that specific personality features and traumatic experiences may play an important role in the development and clinical presentation of the disorder, affecting patients' quality of life. This study aimed to examine personality and its disorders (PDs) in psoriatic patients, and to evaluate the impact of personality traits/disorders and traumatic experiences on their disorder severity and quality of life.

Methods: Fifty psoriatic patients were compared with fifty patients without psoriasis and PDs using the Shedler-Westen Assessment Procedure (SWAP-200) applied to the Clinical Diagnostic Interviews (CDI). MANCOVAs were performed to assess personality differences between groups, controlling for the presence of traumatic experiences. Bivariate correlations were carried out to examine associations among PDs and overall psychological functioning, traumatic experiences, psoriatic severity (assessed using the Psoriasis Area Severity Index, PASI), and quality of life (assessed using the Psoriasis Index of Quality of Life, PSORIQoL) in psoriatic patients.

Results: Significant differences were found on the SWAP-200's clusters B and C. Psoriatic patients showed higher scores on borderline, histrionic, dependent and avoidant PD scales. Traumatic experiences had a strong influence on overall personality functioning of these patients. Disorder severity and poor quality of their life correlated strongly with severe PDs, lower psychological functioning, and traumatic experiences.

Conclusion: Personality pathology, overall functioning, and traumatic experiences have a considerable impact on the quality of life of psoriatic patients. The clinical implications of these findings were discussed.

The clinical evaluation and the role of cognitive factors in ED symptomatology and treatment.

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Background: While cognitive-behavioral therapy (CBT) is standard treatment for eating disorders (EDs), the literature on dysfunctional cognitions in ED patients is scarce. Our recent explorations of irrational beliefs and dysfunctional meta-cognitions have revealed important implications for ED symptomatology and treatment outcomes. However, the states of mind (SOM) model posits that cognitive functionality is not characterized by a total absence of negative thinking, but that functional thought processes are on the whole more positive than negative, reflecting optimal cognitive balance.

Methods: Rational Emotive Behavioral Therapy, a form of CBT, offers definitions of functional and dysfunctional cognitions and their potential balance in terms of rational beliefs (RBs) and irrational beliefs (IBs). ED outpatients were assessed for IBs and RBs with the Attitudes and Beliefs Scale, for ED symptomatology with the Eating Disorder Inventory (EDI-3). A cognitive balance score was calculated using RB total score for P, and IB total score for N, with higher scores indicate greater rationality and cognitive balance.

Results: A greater RB-IB cognitive balance was significantly correlated with a less severe ED profile in terms of EDI-3-ED risk and ED-related general psychopathology and was a better predictor of ED symptomatology than IBs and RBs alone in separate linear regression analyses.

Conclusion: The SOM-based cognitive balance between RB and IBs may constitute a useful clinimetric index of ED severity delineating potentially different clinical outcomes for subsets of ED patients.

Recovery criteria and outcomes in Eating Disorders: A clinimetric quantitative and qualitative perspective.

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Background: Although evidence-based treatments for Eating Disorders (ED) exist, outcomes are still not optimal with ED symptoms remission rates varying widely between studies and with high relapse rates. When defining recovery in ED, a qualitative patient-reported recovery framework is suggested to complement the ED symptoms reduction quantitative medical model.

Methods: Two databases (PubMed, Scopus) were searched for recovery definitions in ED. Using an integrated synthesis protocol, eligible articles were reviews, meta-analyses or syntheses exploring either quantitative or qualitative definitions of recovery in ED.

Results: The research yielded a total of 288 products of which 12 were selected. Seven used a qualitative and 5 a quantitative approach. Three focused on Anorexia Nervosa (AN), two on Bulimia Nervosa (BN), one on both BN and AN. Six investigated all ED but none focused specifically on Binge Eating Disorder. Both quantitative or qualitative definitions of recovery mainly focused on ED behavioral and medical components. Fewer but emerging are those definitions including psychological and cognitive components as key criteria of ED recovery, in particular improvement of positive emotions such as psychological well-being and self-conscious emotions.

Conclusion: A lack of consensus in the recovery criteria still emerged in ED. To prevent relapses and improve treatment outcomes, it will be fundamental to define shared recovery criteria for all ED. New clinimetric indexes, inclusive of balanced positive psychological functioning and emotional aspects mostly overlooked, are necessary.

Network psychometrics of psychological symptoms in a sample at high risk of eating disorder.

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Background: Network analysis (NA) is an innovative psychometric approach that allows investigate the impact and influence (“centrality”) of psychological variables and/or symptoms in a given population. This framework has been enthusiastically adopted in eating disorders (ED) research to model the complexity typical of these conditions. However, NA has been adopted almost exclusively to study acute ED presentations, while scarce attention has been paid to prevention purposes in high-risk populations.

Methods: The present study examined the network built from the data of 78 individuals at risk of developing an ED, most of whom are female (86.9%). The study sample was obtained from the general population through an online questionnaire that investigated food restriction, concern for nutrition and weight and body shape through EDE-Q, emotional, psychological and social well-being through MHC-SF, levels of anxiety, depression and stress through DASS-21, psychological inflexibility through AAQ-2 and rational and irrational beliefs through ABS2-SF.

Results: Results show higher centrality for manifestations of non-specific stress and negative mood, while the cognitive and behavioral symptomatology typical of ED appeared at the periphery of the network, implying a less relevant role.

Conclusion: It would therefore seem that in the prodromal stages of ED, stress and depression have a greater impact on the general mental health of the individual compared to ED specific symptomatology. It might thus be important to address underlying psychological distress in populations at risk to prevent progressing to the acute stage of the disorder. Data is still being collected and up-to-date data will be presented at the symposium.

Incremental validity of psychological acceptance over pain intensity and catastrophizing to predict adjustment in females with endometriosis.

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Background: While there is substantial evidence supporting acceptance of pain as a protective factor for a positive adjustment to chronic pain, few research exists about the contribution of general acceptance (i.e., the ability of accepting not only pain but also other internal events such as difficult thoughts and feelings) to explain adjustment to chronic pain. The present study explored the incremental validity of general acceptance to predict adjustment to pain in females with endometriosis, over and beyond the effect of two well-known predictors of adjustment (pain intensity and catastrophizing).

Methods: Participants were 519 females with endometriosis and illness-related pain, aged between 18-56 years (mean age = 34.6; SD = 6.26). Participants were recruited through the Italian Association for the Endometriosis Project (AEP). Participants completed self-report measures of pain intensity, catastrophizing, general acceptance, functioning, psychological well-being, anxiety, and depression.

Results: The results from Hierarchical Regression Analyses showed that the contribution of general acceptance was statistically significant over and beyond socio-demographic variables, pain intensity and catastrophizing. The percentage of additional explained variance ranged from 3% (for functioning) to 28% (for psychological well-being) across the outcomes.

Conclusion: Findings support the unique role of psychological acceptance above and beyond pain intensity and catastrophizing in predicting pain adjustment in patients with endometriosis. These findings suggest that psychological interventions may improve their effectiveness by fostering broader acceptance abilities that allow patients to accept not only pain but also other difficult inner experiences.

Catastrophizing, kinesiophobia, and pain acceptance in fibromyalgia.

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Background: Individuals with fibromyalgia and obesity experience significant impairment in physical functioning. Pain catastrophizing, kinesiophobia, and pain acceptance have been identified as important factors that affect physical functioning. The objective of this study was to evaluate the role of pain catastrophizing, kinesiophobia, and pain acceptance as mediators of the association between pain severity and physical functioning in fibromyalgia when associated with obesity.

Methods: In this cross-sectional study, 165 women with fibromyalgia and obesity completed self-reported questionnaires on pain severity, pain catastrophizing, kinesiophobia, pain acceptance, and perceived physical functioning; performance-based physical functioning was evaluated with a sub-maximal exercise test. Two multiple mediation analyses were performed.

Results: Pain acceptance and kinesiophobia fully mediated the relationship between pain severity and self-reported physical functioning. Pain catastrophizing and kinesiophobia fully mediated the relationship between pain severity and performance-based functioning.

Conclusion: Factors such as pain acceptance, kinesiophobia, and pain catastrophizing should be addressed in rehabilitative intervention. Interestingly, the subjective and objective aspects of physical functioning are influenced by different factors. Therefore, interventions for women with fibromyalgia, especially when associated with obesity, should focus on factors related to both subjective and performance-based physical functioning.

The wooden child: from platonic mind-body dualism to the philosophy of complexity.

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Since its origins – especially since Plato - philosophy has posed the question of the nature of man from a dualistic point of view: mind and body. However, the relationship between mind (soul, *psyché*) and body has often been left in the background as an unquestionable obviousness. Only Nietzsche's thought discovers the body-problem and focuses a philosophy of the corporeality finally free from dogmas. Indeed, the historical perspective has always looked with suspicion on the material aspect of things and carnal aspect of existence, favoring the primacy of cognitive, rational, mental and noetic instances. After Nietzsche, however, the landscape changes radically and is dominated by a philosophical paradigm that replaces the binary relationship of classical logic (mind-body problem) with the epistemology of complexity. Symbolic of this view is Collodi's famous puppet, Pinocchio, who does not feel his completeness as a living being until his "spiritual" part has also regained possession of the "body of flesh".

The evolution of Psychosomatic Medicine in the general hospital.

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Background: The study was conducted under the auspices of the Italian Society of Consultation Liaison Psychiatry (SIPC) with the aim of describing the characteristics of Consultation Liaison Psychiatry (CLP) activity in Italy (SIPC-2 - 2018) over the past 20 years by comparing them with data from the first Italian nation-wide study (SIPC-1 - 1998). Since the literature on this topic is sparse in Italy, during this presentation, a particular focus will be given to patients presenting with medically unexplained symptoms (MUS) as the primary reason for referral and to patients who received the diagnosis of somatoform disorder.

Methods: We collected data on CLP visits of 3943 patients from 10 Italian hospitals over a period of one year. Data were compared with those from the SIPC-1 1998 study (4183 participants). Patients were assessed with the same ad-hoc 60-item Patient Registration Form recording information from five different areas: sociodemographic, hospitalization-related, consultation-related, interventions and outcome.

Results: Compared with participants from the previous study, SIPC-2-2018 participants were significantly older ($d = 0.54$) and hospitalized for a longer duration ($d = 0.20$). Similar to SIPC-1-1998, depressive disorders represented the most frequent psychiatric diagnosis, followed by adjustment and stress disorders and delirium or dementia. Study 2 patients were also less likely to be referred for medically unexplained symptoms (MUS, $\Phi = 0.13$) and received less often a diagnosis of somatoform disorders ($\Phi = 0.12$).

Conclusion: The implications of these changes for patients and policy making will be discussed during the presentation.