DOSSIER SULLA RICERCA “DISTURBI AFFETTIVI PERINATLI MATERNI E PATERNI”

Publications

Oral presentation


Poster presentation


Dyadic adjustment and prenatal parental depression: a study with future mothers and future fathers.

Mangialavori, S., Terrone G., Cantiano A., Franquillo A.C., Lanza Di Scalea G., Ducci G., Cacioppo M.

*Journal of Social and Clinical Psychology.* (Submitted)

**Abstract**

The aim of this paper was to evaluate the relationships between dyadic adjustment of both partners and prenatal maternal and paternal depression. Ninety-eight couples of future parents participated in the study during the third trimester of pregnancy. Most of these couples (97%) were primiparous. They completed the prenatal depression, psychiatric symptomatology, perinatal affectivity and dyadic adjustment measures. Results of regression and relative weight analyses showed the great importance of dimensions of marital adjustment in predicting prenatal maternal and paternal depression. In particular, the marital relationship variables of dyadic consensus and affective expression of both partners was related to prenatal depression in future mothers and even more in future fathers. The study results suggest that perception of marital relationship quality of both partners may contribute to the development of depressive symptoms in new mothers and in new fathers to a greater degree than the single perception of a single partner. Clinically, the results suggest that partner relationships should be a key focus for clinicians in the perinatal period. The provision of psychological interventions aimed at improving couple functioning may help to protect new parents against depressive symptomatology.

Keywords: Prenatal Depression; Dyadic Adjustment; Prenatal Paternal Depression; Prenatal Maternal Depression; Couple Functioning.

Acknowledgements: The authors thank Consorzio Humanitas and ASL Roma1
Associations between maternal and paternal mental states during the perinatal period

Proposers: Grazia Terrone (Università di Foggia)
Discussant: Renata Tambelli (Università “Sapienza” di Roma)

In recent decades, research has widely highlighted the impact of the transition to parenthood on the psychological health of both parents (Baldoni, Baldaro & Benassi, 2009; Da Costa, et al., 2017). During perinatal period future parents experience deep changes both at an individual level and as member of the couple, which often involve the development of new coping mechanisms. In this period, incidence of affective disorders in both parents increase significantly if compared to the general population (O'Connor, Rossom, Henninger, Groom, & Burda 2016) and several studies have shown how affective disorders have a significant influence on the mental state of the partner. In fact, throughout the perinatal period, parental levels of affective symptomatology (depression, anxiety) results significantly associated with that of the partner (Cameron et al., 2016; Matthey, Barnett, Ungerer, & Waters 2000; Paulson, Bazemore, Goodman & Leiferaman, 2016). Some authors have pointed out that mothers’ depressive symptomatology was the most important predictor for paternal perinatal depression (Cameron et al., 2016; Schumacher, Zubaran & White, 2008), differently men may also develop a perinatal affective disorders fostering a mood disorders of the partner (Garfield et al., 2014; Baldoni, 2016). Therefore, influence is mutual: maternal depression could be responsible for paternal suffering and vice versa.

This topic will be discussed through three presentations starting from recent studies in different Italian contexts:

1. The relationship between dyadic adjustment and psychopathology in expectant couples: an actor-partner interdependency model approach (Terrone & coll.);

2. Couple adjustment and affective disorders in parents during the prenatal period: an interdependence model study (Baldoni & coll.);

3. The Impact of sclerosis multiple on transition to parenthood (Cataudella & coll.);

4. The management of pregnant women with a bipolar mood disorder: A case report of husband involvement (Angeletti & coll.).

Keywords: Perinatal Period, Mother, Father, Couple, Affective disorder.

Acknowledgements: The authors thank Consorzio Humanitas and ASL Roma1
The Relationship Between Dyadic Adjustment and Psychopathology in Expectant Couples: an Actor-Partner Interdependency Model Approach

Grazia Terrone\textsuperscript{a}, Sonia Mangialavori\textsuperscript{b}, Giulia Lanza di Scalea\textsuperscript{b}, Giuseppe Ducci\textsuperscript{c}, Vincenzo Caretti\textsuperscript{b}, Marco Cacioppo\textsuperscript{b}

\textsuperscript{a} Department of Humanities, Literature, and Cultural Heritage, University of Foggia, Italy
\textsuperscript{b} Department of Human Sciences, LUMSA University of Rome, Rome, Italy
\textsuperscript{c} Mental Health Department ASL Roma 1, Rome, Italy

ABSTRACT

Background: Transition to parenthood is an important period that inevitably entails changes in both individuals and the whole family, influencing the couple life and the personal growth of parents. This reciprocal influence is particularly evident in new parents, who are facing for the first time parental experience changing their way of life.

Methods

Objective: The main objective of this study was to investigate whether dyadic functioning influences the level of psychopathological symptomatology in couples expecting their first child. 137 couples expecting their first child, recruited by San Filippo Neri and Santo Spirito Hospitals in Rome (ASLROMA1) and Consorzio Humanitas, have been studied. An Actor-Partner Interdependence Model was used to test the interdependence of both partners and the effect of dyadic relationships on psychopathological symptoms in the couple.

Results: The global test of distinguishability produced a chi-square value of 122,167 (23 df) (p <.001). Because the test of distinguishability was significant, subjects have been statistically distinguished on the basis of their gender.

Conclusions: The results of our study confirm that dyadic adjustment is an important element for the development of effective interpersonal relationships. In fact, high levels of dyadic adjustment improve individual skills in social relations. Moreover, positive relationships can lead to adequate support from and for the partner during critical life events, such as pregnancy. The study evidences the importance of promoting psycho-educational courses and programs for the development of social support with future parents. The study also suggests that, when clinical intervention is required for perinatal depression, anxiety, or more severe psychiatric symptoms, the involvement of both partners is necessary.

Keywords: Prenatal Risk factors; Dyadic Adjustment; Expectant mothers/fathers; Actor-Partner Interdependence Model.

Acknowledgements: The authors thank Consorzio Humanitas and ASL Roma1
PERINATAL AFFECTIVE DISORDER: SCREENING AND INTERVENTION

Proposers: Marco Cacioppo (Università di Roma LUMSA); Grazia Terrone (Università di Foggia)  
Discussant: Loredana Lucarelli (Università La Sapienza di Roma)

Perinatal affective disorders manifests in a number of different ways, varying in severity and period of onset. They have a prevalence of 10-20% and can occur during pregnancy, especially in the third trimester, or from several weeks to several months after childbirth (O’Connor et al., 2016). Affective disorders symptoms experienced in perinatal period may be similar to classic symptoms of depression, including depressed mood, loss of interest or enjoyment and reduced energy. Moreover, perinatal affective disorder in fathers can be manifested through externalizing behaviors. Even if depressive features may show a spontaneous remission, many subjects are still depressed one year after childbirth; effective pharmacological and non-pharmacological treatments are available, but both patients and their families often neglect depressive features during the perinatal period. The emerging literature on paternal depression suggests that, like their maternal counterparts, fathers are at increased risk of Perinatal Affective Disorder in the gestational periods and in the postpartum (Paulson & Bazelmore, 2010; Fletcher, Garfield, & Matthey, 2015; Baldoni, 2016). Moreover, several studies have now documented negative child outcomes associated with paternal prenatal and postpartum depression (Ramchandani et al., 2008; Ramchandani & Psychogiou, 2009; Paulson et al., 2009; Sethna et al., 2015). This topic will be discussed through three presentations starting from recent studies in different Italian contexts: the first study highlights the gender differences and dyadic adjustment in prenatal affective disorder (Cacioppo & coll.). The second study concerns the screening of affective perinatal disorders in fathers trough the preliminary validation data of the Perinatal Assessment of Paternal Affectivity (Baldoni & coll.). The third study, through a follow-up intervention, shows the results of excitatory and depressive symptoms during perinatal period (Angeletti & coll.).

Acknowledgements: The authors thank Consorzio Humanitas and ASL Roma1
Gender differences and dyadic adjustment in prenatal affective disorder

Cacioppo Marco (1), Mangialavori Sonia (1), Franquillo Annachiara (1), Cantiano Arianna (1), Caretti Vincenzo (1).

(1) Department of Human Sciences, LUMSA University of Rome.
Home visiting in high risk fathers assessed by PAPA: a protocol for early intervention in an Italian Mental Health Service

Vincenzo Caretti¹, Giuseppe Ducci², Gianluigi Di Cesare³, Marco Cacioppo¹ and Grazia Terrone⁴

¹Department of Human Sciences, LUMSA; Cosorziou Universitario Humanitas Rome
²Medical Director of the Mental Health Department ASL Roma 1, Rome
³Managing Director UOS CSM/UOC PIPSM ASL Roma 1, Rome
⁴University of Foggia, Italy
INTRODUCTION

In the last years the importance of preventive interventions to reduce the risk of mental health problems experienced after pregnancy has been observed. These include promotion of health and the improvement of parenting abilities in order to reduce risk factors and increase protection factors. The best efficacy seems to be granted by supporting the parent-child relationship. The psychopathology of one or both partners can be considered a vulnerability factor which affects the couple’s ability to deal with stressful situations, and therefore it can interfere with the caregiving functions. In particular, the mother’s depression during pregnancy and the possible depression of her partner are factors which, for both, raise the probability of causing unpredictable and inequitable relational patterns in the emotional communication with their child.

AIM

The aims of this study was to identify risk factors for such psychopathology so that interventions can be implemented preventively:

1. Explored the relationship between the maternal and paternal affective symptomatology, and the quality of the couple’s relationship.
2. Observed and coded mother-child and father-child interaction during feeding. Our hypothesis was that the dyad of the clinical group reported higher levels of problematic behaviour, both for mothers and children and fathers and children.

METHODOLOGY

In the present study 50 couples were selected, in which either the mothers showed signs of being at risk for depression, or the fathers presented a psychopathological symptomatology (addiction, depression, anxiety, somatization), in addition 50 couples with no signs of risk for depression or psychopathology were used as a control-group. (Fathers’ age range = 27-58; ds = 6,14; Mothers’ age range 23-49; ds = 5,03). Child’s age 3-6 months

This was done in order to explore dyadic interaction. Participants were recruited jointly by ASL Roma 1 (Rome)

Participants

The following tests were administered: PAPA (Perinatal Assessment of Paternal Affectivity) and PAMA (Perinatal Assessment of Maternal Affectivity), EPDS (Assessment of stress perception), SCL-90_R, EPDS (Edinburgh Postnatal Depression Scale).

In addition to the tests already presented, this study utilized home-visiting during which feeding interactions between caregivers and child were filmed using a video tape. (Feeding scale-SVIA).

RESULTS

The analysis of variance showed significant differences with higher levels of dyadic dysfunctionalities in the clinical group than in the control group (p<0,01). Significant differences emerged between mother and father of the no-depression depression group.

CONCLUSION

The significant difference indicate that both maternal and paternal psychopathology affect the healthy development of the dyadic relationship between parent and child. The main importance is in the early recognition of the caregivers’ psychological symptomatology independent of gender so that preventive interventions can be initiated.

REFERENCES


Corrispondenza: grazia.terronerom@unifg.it
v.apeci@lumsa.it
GENDER DIFFERENCES AND QUALITY OF COUPLE RELATIONSHIP IN THE PRENATAL DEPRESSION

Temporin Giammaria LUMSA University of Rome; Mangialavert Sonia LUMSA University of Rome; Guccione Camilla LUMSA; University of Rome; Lorello Elia LUMSA University of Rome; Feliziani Pasquina ASL Roma 1 – Rome; Cacioppo Marco LUMSA University of Rome

References in Scientific Research: Prof. Vincenzo Caretti Department of Human Sciences, LUMSA; Consorzio Universitario Humanitas ; Rome
Dr. Giuseppe Ducci Medical Director of the Mental Health Department ASL Roma 1, Rome

Introduction

Transition to parenthood is characterized by a significant increase in psychological vulnerability within the couple, especially during the last trimester of pregnancy. During the prenatal period, incidence rates of affective problems, both in mothers and fathers, increase by two or three times compared to the average general population. During pregnancy, a good couple adjustment is considered by most research as a protective factor for the development of antenatal depression (Fisher et al., 2012; Edward et al., 2015). Studies on female prenatal depression are very numerous if compared with those investigating the same condition in males (Baldoni & Ceccherelli, 2010). Among the reasons that can explain the different quantity and quality of the studies are to be considered: the lack of availability of fathers to participate in research, the lower incidence of depressive disorder in male population and the unavailability of valid and reliable methods of investigation considering gender differences. The symptomatic prenatal depression are different from the maternal depression, even if the duration may be the same.

Fathers tend to have milder affective illness and also fewer symptoms than mothers (Ballard et al., 1994; Goodman, 2004). Often, the symptomatology of paternal prenatal depression arises in atypical symptomotic manifestations, some of which are considerably more severe: high levels of anxiety, changes in behavioral disorders (hypochondria, functional or somatization symptoms), anger crisis and behavioral acting-out (escapes, violent behavior, extramartial relationship, eating disorders, alcoholism and other different addictive disorders). It should be noted that most studies assessed affective alterations with self-report questionnaires like the EPDS, which may present validity and reliability issues in the male population, showing less suffering than females (Wilmuth & Parker, 1994; Manthey et al., 2003).

Methodology

Procedure: in a first screening for prenatal depression, participants to the study were divided into two groups (mothers/fathers at risk vs mothers/fathers not at risk for depression), based on the scores in a self-report questionnaire. The cut-off of the instrument has been differentiated according to gender.

Aim: the aim of this research is to explore gender differences in prenatal depression and to examine the role of couple adjustment. Specifically, the hypothesis that have been formulated are the following:

H1. significant differences between groups of mothers and fathers at risk of depression will be shown, as compared with those that are not at risk of depression, in relation to the psychiatric symptomatology and the dyadic adjustment.

H2. A correlation exists between paternal depression and affective disorders in fathers.

H3. A correlation exists between prenatal depression and affective disorders in mothers.

H4. a lower dyadic adjustment is considered predictive of maternal and paternal depressive risk.

Partecipants: 184 participants (women N= 100, M= 33.1, DS= 5.55; men N= 84, M= 36.2, DS= 6.46) were recruited within the Gynecology’s and Obstetrics’ Department of Santo Spirito Hospital and San Filippo Neri Hospital in Rome.

Results

H1: results showed significant differences between the group of fathers and mothers at risk of depression, compared to the groups that were identified as not at risk in the SCL-90 and DAS scales (table 1 e 2).

H2 e H3: A positive correlation was detected between the total PAPA and PAMA scores with the EPDS total score (table 3).

H4: dyadic adjustment seems to be predictive for depressive risk only in mothers (table 4).

<table>
<thead>
<tr>
<th>TABLE 1</th>
<th>SCL-90-R ANOVAivariate mothers</th>
<th>SCL-90-R ANOVAivariate fathers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>M= 1.571</td>
<td>M= 1</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>In group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>N</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Sig</td>
<td>Sig</td>
<td>Sig</td>
</tr>
<tr>
<td>Sig</td>
<td>Sig</td>
<td>Sig</td>
</tr>
<tr>
<td>Total</td>
<td>1.571</td>
<td>1.571</td>
</tr>
<tr>
<td>Sig</td>
<td>Sig</td>
<td>Sig</td>
</tr>
<tr>
<td>Sig</td>
<td>Sig</td>
<td>Sig</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TABLE 2</th>
<th>DAS ANOVA univariate mothers</th>
<th>DAS ANOVA univariate fathers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>M= 2.668</td>
<td>M= 3.965</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>N</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Sig</td>
<td>Sig</td>
<td>Sig</td>
</tr>
<tr>
<td>Sig</td>
<td>Sig</td>
<td>Sig</td>
</tr>
<tr>
<td>Total</td>
<td>2.668</td>
<td>3.965</td>
</tr>
<tr>
<td>Sig</td>
<td>Sig</td>
<td>Sig</td>
</tr>
<tr>
<td>Sig</td>
<td>Sig</td>
<td>Sig</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TABLE 3</th>
<th>Correlations</th>
<th>Total EPDS</th>
<th>PAPA TOTALE</th>
<th>PAPA TOTALE</th>
<th>Total EPDS p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td></td>
<td>Total EPDS</td>
<td>PAPA TOTALE</td>
<td>PAPA TOTALE</td>
<td>Total EPDS p</td>
</tr>
<tr>
<td>N</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>N</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Sig</td>
<td>Sig</td>
<td>Sig</td>
<td>Sig</td>
<td>Sig</td>
<td>Sig</td>
</tr>
<tr>
<td>Sig</td>
<td>Sig</td>
<td>Sig</td>
<td>Sig</td>
<td>Sig</td>
<td>Sig</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>Total EPDS</td>
<td>PAPA TOTALE</td>
<td>PAPA TOTALE</td>
<td>Total EPDS p</td>
</tr>
<tr>
<td>N</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>N</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Sig</td>
<td>Sig</td>
<td>Sig</td>
<td>Sig</td>
<td>Sig</td>
<td>Sig</td>
</tr>
<tr>
<td>Sig</td>
<td>Sig</td>
<td>Sig</td>
<td>Sig</td>
<td>Sig</td>
<td>Sig</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TABLE 4</th>
<th>Linear Regression</th>
<th>Coefficientsa</th>
<th>Coefficientsa</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Model</td>
<td>Coefficient</td>
<td>Coefficient</td>
</tr>
<tr>
<td></td>
<td></td>
<td>beta</td>
<td>beta</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sig</td>
<td>Sig</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sig</td>
<td>Sig</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sig</td>
<td>Sig</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sig</td>
<td>Sig</td>
</tr>
</tbody>
</table>

Correlations

**coefficient is significant at level .05 (p=0.05)**

Coefficient of correlation between father and mother on the EPDS scale: 2,668 – 3,965

Results

Our results are useful to clinical practice as they suggest a strong need to specifically consider gender differences and couple dynamics in prenatal affective disorders, both in terms of prevention and treatment.

Furthermore, our data showed that a good dyadic adjustment is considered a protective factor for the risk of developing prenatal depression, especially in mothers. Therefore, it should be considered essential to provide support to both parents during the perinatal period, building services that also respond to the needs of fathers, who play a primary role for the mental health of the family.

References


• Wiltsteel L, Parker G (1990), Sex differences in depressive symptoms: fact or artifact? Psychological Medicine, 20: 97–111.


• in a large community sample. European Psychot, 27, 581-597.


Corresponding: lumisalavori@lumsa.it

m.cacioppo@lumsa.it
The role of dyadic adjustment in prenatal parental affective disorders

(1) LUMSA, University of Rome - Rome, Italy.
(2) University of Foggia - Foggia, Italy.

Introduction

In recent decades research has widely highlighted the impact of the transition to parenthood on the psychological health of both parents (Cameron et al., 2016).

Future parents face deep changes both at an individual level and as member of the couple, which often result in the initiation of new coping mechanisms. These changes can affect the conjugal relationship, the parental bond and the child’s attachment (Underwood et al., 2016).

Several studies have also shown how an affective disorder of a parent has a significant influence on the psychological conditions of the partner. During pregnancy and in the period after childbirth, women’s depressive symptomatology shows significant correlations with that observed in male partners (Buist et al., 2002; Matthey et al., 2000; Paulson et al., 2016).

In addition, couple’s satisfaction levels are often correlated with each other during the transition period to parenthood (Bealsky, 1985) and negatively affected by a parent’s affective disorders (Paulus & Baumeier, 2010).

In several studies a negative correlation between perinatal parental depression, especially in primary parents, and couple’s satisfaction was found (Agostoni et al., 2015; Bialowska-Batorowicz & Kossakowska-Pietrycka, 2000; Buist et al., 2002).

Some authors discovered that important risk factors for maternal and paternal depression were dyadic maladjustment and couple’s problems (O’Mahen et al., 2010; Ripley et al., 2018). These problems are common in primary parents and are evident both for maternal depression (Goodman, 2004) and even more for paternal depression (Demontigny et al., 2013).

Method

Procedure: During birthing class in hospitals, at the last trimester of pregnancy, the future mothers and future fathers were given self-report questionnaires to evaluate symptoms of depression, affective disorders, dyadic adjustment and a form to gather socio-demographic data. The cut-off of the instrument for evaluating prenatal depression has been differentiated according to gender. All the instruments were administered in accordance with the norms regarding the privacy and anonymity of participants.

Participants: 196 participants (98 couples) were recruited at the Santa Spirito and San Filippo Neri hospitals in Rome, in the Gynecology and Obstetrics wards, during the third trimester of pregnancy (women’ age: Min = 33.7, SD± 5.23; men’ age: Min = 36.4, SD± 5.90). Most of the participants (73%) were awaiting their first child.


Objective: the aim of this study was to explore if the perception of dyadic adjustment of both partners could predict affect prenatal maternal and paternal depression. Consistent with the available literature we expected that:

1. The perception of low and poor dyadic adjustment of both partners could be predictive of the risk of prenatal maternal depression (Goodman, 2004).
2. The perception of low and poor dyadic adjustment of both partners could be predictive of the risk of prenatal paternal depression (Demontigny et al., 2013).

Results

Table 1 presents the descriptive statistics of future mothers and fathers for the study variables.

Table 2 presents correlation matrix for the study variables.

The data confirm the presence of a negative correlation between prenatal maternal and paternal depression and dyadic adjustment. The dimensions of maternal and paternal consensuses were strongly and positively intercorrelated each other and with prenatal paternal and maternal depression. Furthermore, the scales of marital adjustment of both partners were significant related to each other.

Table 3 & 4 report regression and Relative Weight Analysis (RWA) results of future mothers and fathers after adjustment for maternal and paternal affectivity. Multiple Regression analysis was conducted to identify the predictors of prenatal maternal and paternal depression. RWA, which uses a variable transformation approach to address the issue of correlated predictors (Johnson, 2000), was conducted to determine the most important predictors of prenatal parental depression.

Our hypotheses have been confirmed. Regression models have shown that a significant proportion of the variance in prenatal maternal and paternal depression (68% for future mothers and 72% for future fathers) is explained by the perception of dyadic adjustment of both partners (F = (10,87) 16.81, p < .001; F= (10,87) 33.13, p < .001).

The presence of couple conflicts, low affective expression and marital dissatisfaction are risk factors for prenatal maternal and paternal depression (Goodman et al., 2004; Demontigny et al., 2013). An important risk factor for prenatal depression in both partners (especially for future fathers) was a poor parental consensus on important issues for the couple (free-time, friends, finances, projects, religion...).

Conclusions

This study shows that pregnancy is a complex phase in which relational factors may play a role in the development of affective disorders in both members of the couple. Given evidence that adjustment to pregnancy from future parents may predict relationships and interactions with infant (Ierardi et al., 2018; Underwood et al., 2016), the current study confirms the need to identify depression in pregnancy and suggests that preventive interventions should target dyadic adjustment, especially the dyadic consensus of future parents. Our results underline the importance of dynamics within the couple in the development of prenatal depression, and they suggest that in clinical practice they should be taken into account both for prevention and for treatment of such disorder.
Introduzione.
La transizione alla gravidaità è caratterizzata da un aumento sensibile della vulnerabilità psicologica all’interno della coppia, specie durante l’ultimo trimestre di gravidanza. Nel periodo prenatale, i tassi di depressione e di disturbi affettivi, sia nelle madri che nei padri, aumentano di due a tre volte rispetto alla media della popolazione generale. Durante la gravidanza, un buon adattamento di couppa è considerato dalla maggior parte delle ricerche, un fattore di protezione per lo sviluppo di disturbi affettivi (Fisher et al., 2012; Edward et al., 2015). Gli studi sulla depressione prenatale femminile sono molto numerosi se confrontati con quelli volti ad indagare la medesima condizione nelle controparte maschile (Baldoni e Ceccarelli, 2010). Fa parte degli stigma che possono spiegare due differenti quantità e qualità degli studi da considerare: la scarsa disponibilità di dati per arrivare alla ricerca, la minor incidenza del disturbo depressivo in popolazione maschile e la scarsa disponibilità di metodi di indagine validi e attendibili che tengano conto delle differenze di genere. I sintomi della depressione prenatale paterna sono diversi da quelli femminili, anche se le durate può essere la stessa. I padri tendono a manifestare alterazioni affettive più lievi e una minor quantità di disturbi rispetto alla depressione prenatale femminile (Ballard et al., 1994; Goodman, 2001). Spesso la sintomatologia della depression prenatale paterna si manifesta attraverso manifestazioni sintomatologiche atipiche anche gravi quali: ansia elevata, alterazioni del comportamento alimentare (ipo/iperpensione, sintomi fisiologici o di somatizzazione), crisi di rabbia e acting out comportamentali, comportamenti violenti, relazioni extramatrimoniali, disturbi del comportamento alimentare, alcolismo e altri disturbi di dipendenza. Occorre tener conto che, nella maggior parte delle ricerche, le valutazioni delle alterazioni affettive sono svolte mediante l’utilizzo di questionari self-report come l’EPISD, che nell’uomo possono presentare problemi di validità e attendibilità evidenziando una sofferenza minore rispetto alla donna (Witlen & Parker, 1994; Matthey et al., 2001).

Metodo.
Obiettivi: lo scopo di ricerca è quello di estrapolare le differenze di genere nella depressione prenatale e indagare il ruolo che riveste l’adattamento di coppia.
Nel presente studio, esclusi i partecipanti con preoccupanti cliniche.

Risultati.

II.1) Sono state riconosciute significative differenze tra i gruppi del padre e della madre a rischio depressivo rispetto a quelli a rischio relativamente alla sintomatologia psicopatica e all’adattamento di coppia.

II.2) E’ stata rilevata una correlazione positiva tra i punti totali PAPA e PAMA con il totale EPDS/EPDS (tabella 3).

II.3) L’adattamento di coppia è risultato di predittivo del rischio depressivo delle sole madri.

Conclusioni.

I nostri risultati sembrano utili alla pratica clinica in quanto risultano importante, sia in termini di percezione di quello che giustamente considerare, specificatamente le differenze di genere e le dinamiche di coppia nei disturbi affettivi prematuro.
Inoltre, dato che dai nostri dati è emerso che un buon adattamento diadico risulta essere un fattore protettore per il rischio di sviluppare depressione prenatale soprattutto per le madri, risultato importante fornire un supporto ad entrambi i genitori durante il periodo perinatale, creando dei servizi che rispondono anche alle esigenze degli uomini, che svolgono un ruolo primariamente per la salute mentale della donna.

Bibliografia.

SIMPOSIO: Associations between maternal and paternal mental states during the perinatal period

Proponente: Chair: Grazia Terrone, University of Foggia
Marco Cacioppo, University of Rome, Lumsa
Discussant: Prof.ssa Renata Tambelli, University of Rome, Sapienza
LA RELAZIONE TRA ADATTAMENTO DIADICO E LA PSICOPATOLOGIA NELLE ASPETTATIVE DI COPPIA: AN ACTOR-PARTNER INTERDEPENDENCY MODEL APPROACH

The Relationship Between Dyadic Adjustment and Psychopathology in Expectant Couples: an Actor-Partner Interdependency Model Approach

Grazia Terrone a, Sonia Mangialavori b, Giulia Lanza di Scalea b, Giuseppe Ducci c, Vincenzo Caretti b, Marco Cacioppo b

a Department of Humanities, Literature, and Cultural Heritage, University of Foggia, Italy
b Department of Human Sciences, LUMSA University of Rome, Rome, Italy
c Mental Health Department ASL Roma 1, Rome, Italy
INTRODUZIONE

L’arrivo di un nuovo membro nel sistema famiglia inevitabilmente ne modifica l’assetto, e, non a caso, i tassi d’incidenza di disturbi psicologici della popolazione in attesa di gravidanza sono maggiori rispetto ai campioni normativi della popolazione generale (O’Connor et al, 2016).

Maggiormente le ricerche sono state effettuate sulle gestanti, nonché future madri.

Nelle ultime due decadi, la ricerca, oltre ad indagare la sintomatologia materna e paterna esperita durante il periodo perinatale, ha spostato l’attenzione sulla correlazione esistente tra i disturbi esperiti dai partner (Tuszyńska-Bogucka, W., & Nawra, K. 2014)
Sempre di più la ricerca contemporanea sta evidenziando una forte correlazione tra sintomi depressivi dei padri in relazione ai sintomi depressivi delle madri, nonostante le caratteristiche sintomatologiche tra DPP e DPM differiscano sostanzialmente (Schrodt et al., 2011, Sobolewski e King 2005; Mangialavori et al., in press).

In letteratura si sottolinea il concetto di genitorialità prevalentemente come intesa sinergica tra l’evoluzione della funzione materna e della funzione paterna nello spazio coniugale (Goodman 2004, Gourounti, 2014, Volling et al. 2015).
OBIETTIVO

L'obiettivo principale di questo studio è verificare se il funzionamento diadico di coppia influenza il livello di sintomatologia psicopatologica nelle coppie, che sono in attesa del loro primo figlio.

In accordo con la letteratura, in questo studio noi abbiamo ipotizzato:
Ipotesi

1) Il funzionamento diadico di coppia potrebbe rappresentare un fattore protettivo per lo sviluppo della sintomatologia psicopatologica prenatale.

2) Un buon funzionamento diadico di coppia potrebbe ridurre i sintomi psicopatologici nel membri della coppia durante la gravidanza.

3) Inoltre è stato ipotizzato che alti livelli di funzionamento diadico percepito da un partner potrebbero influenzare positivamente il benessere psicologico dell’altro partner durante la gravidanza, riducendo il rischio di sintomi psicopatologici.
METODOLOGIA

- 137 coppie che aspettano il loro primo figlio, appartenenti alla ASLROMA1, hanno partecipato a questo studio.

### Donne
- Età tra 20 e 49 anni ($M = 33,08; \ DS = 5,25$),
- il 77,5% è occupata e il 22,5% era disoccupata.
- Il 52,9% ha una laurea, il 45,7% ha un diploma di scuola superiore e il 1,4% un diploma di scuola media.

### Uomini
- Età tra 20 e 58 anni ($M = 35,19; \ DS = 6,19$),
- il 91,3% è occupato e il 8,7% è disoccupato.
- Il 48% ha un diploma di scuola superiore, il 42,8% ha una laurea, il 6,5% un diploma di scuola media e il 1,4% scuola elementare.
Strumenti

- **Symptom Checklist-90-Revised (SCL-90-R)** è un questionario self-report di 90 item per l’assessment della sintomatologia psichiatrica.

- **Dyadic Adjustment Scale (DAS)** è un questionario self-report di 32 item per la valutazione dell’adattamento di coppia.

Vengono valutate 4 dimensioni:

1. **coesione diadica** (condivisione di attività piacevoli, presenza di dialogo e capacità del partner di lavorare insieme su obiettivi comuni);

2. **consenso diadico** (consenso su temi importanti: amici, tempo libero, religione, finanze …);

3. **soddisfazione diadica** (soddisfazione per lo stato del rapporto: livello di felicità/infelicità derivante dalla relazione con il partner, comprendente la frequenza dei litigi, il piacere o meno dello stare insieme, il prendere in considerazione la separazione o il divorzio);

4. **espressione affettiva** (soddisfazione per la vita affettiva e sessuale: indica la modalità di espressione dei sentimenti e della sessualità all’interno della coppia).
Analisi statistica


L'APIM misura la reciproca influenza delle variabili (le emozioni, la cognizione e/o il comportamento) di un partner su quelli dell'altro partner. Questo approccio si concentra su entrambi gli attori e sugli effetti simultanei dei partner inoltre serve a testare il loro reciproco effetto (Cook e Kenny 2005).
### Table 1. Descriptive Analyses and Correlations

|     | M     | SD    | Skewness | Kurtosis | DAS_TOT | GSI_M | SOM_M | I-C_M | I-S_M | DEP_M | ANX_M | HOIS_M | FOB_M | PAR_M | PSY_M | DAS_TOT_F | GSI_F | SOM_F | I-C_F | I-S_F | DEP_F | ANX_F | HOIS_F | FOB_F | PAR_F | PSY_F |
|-----|-------|-------|----------|----------|---------|-------|-------|-------|-------|-------|-------|--------|-------|-------|-------|----------|-------|-------|-------|-------|-------|-------|--------|-------|-------|-------|-------|-------|-------|
| 1   | 123.4 | 9     | -3.118   | 19.43    | 0.402  | 0.555 | 2.030 | 5.047 | -249** |       |       |        |       |       |       |          |       |       |       |       |       |       |        |       |       |       |       |
| 2   | 8.60  | 6.721 | 1.268    | 1.954    | 4.38   | 4.559 | 1.987 | 3.815 | -275** | 884** | 563** |       |       |       |       |          |       |       |       |       |       |       |        |       |       |       |       |
| 3   | 6.65  | 6.313 | 2.017    | 5.689    | 2.37   | 3.408 | 3.418 | 15.77 | 3      | -164** | 795** | 372** | 716** |       |          |       |       |       |       |       |       |        |       |       |       |       |
| 4   | 4.02  | 4.949 | 2.528    | 8.101    | 6.55   | 6.556 | 1.969 | 1.162 | -260** | 912** | 811** | 821** | 782** |       |          |       |       |       |       |       |       |        |       |       |       |       |
| 5   | 6.22  | 2.143 | 2.514    | 8.065    | 1.73   | 2.861 | 3.719 | 10.10 | 3      | -179** | 958** | 646** | 549** | 489** | 579** | 472** |       |       |       |       |       |       |        |       |       |       |       |
| 6   | 1.29  | 1.29  | 3.719    | 10.10    | 1.70   | 2.804 | 2.780 | 8.999 |       | -220** | 762** | 368** | 734** | 827** | 726** | 542** | 589** | 344** |       |       |       |       |       |       |        |       |       |       |       |
| 7   | 1.38  | 2.788 | 3.282    | 12.45    | 1.07   | 3.017 | 2.084 | 5.408 | -229** | 609** | 386** | 707** | 780** | 720** | 606** | 571** | 182** | 760** |       |       |       |       |       |       |        |       |       |       |       |
| 8   | 4.30  | 6.001 | 1.979    | 4.905    | 1.68   | 0.049 | 0.049 | 0.049 | 0.049 | -121   | 128   | 120   | 120   | 651   | 131   | 131   | 131   | 131   | 131   |       |       |       |       |       |       |        |       |       |       |       |
| 9   | 2.72  | 3.077 | 2.084    | 5.408    | 0.26   | 0.061 | 0.061 | 0.061 | 0.061 | -0.14  | 0.05  | 0.05  | 0.05  | 0.05  | 0.05  | 0.05  | 0.05  | 0.05  | 0.05  |       |       |       |       |       |       |        |       |       |       |       |
| 10  | 4.30  | 6.001 | 1.979    | 4.905    | 1.68   | 0.049 | 0.049 | 0.049 | 0.049 | -121   | 128   | 120   | 120   | 651   | 131   | 131   | 131   | 131   | 131   |       |       |       |       |       |       |        |       |       |       |       |
| 11  | 2.07  | 2.819 | 3.238    | 6.413    | 0.26   | 0.061 | 0.061 | 0.061 | 0.061 | -0.14  | 0.05  | 0.05  | 0.05  | 0.05  | 0.05  | 0.05  | 0.05  | 0.05  | 0.05  |       |       |       |       |       |       |        |       |       |       |       |
| 12  | 3.78  | 5.099 | 2.240    | 6.103    | 1.81   | 4.613 | 0.72  | 1.788 | 2.188 | 12.2  | 1.12  | 2.06  | 3.00  | 1.14  | 2.06  | 3.00  | 1.14  | 2.06  | 3.00  |       |       |       |       |       |       |        |       |       |       |       |
| 13  | 2.42  | 3.162 | 2.032    | 4.906    | -0.52  | 0.337 | 0.337 | 0.337 | 0.337 | 0.337 | 0.337 | 0.337 | 0.337 | 0.337 | 0.337 | 0.337 | 0.337 | 0.337 | 0.337 |       |       |       |       |       |       |        |       |       |       |       |
| 14  | 1.90  | 2.340 | 2.473    | 7.563    | 1.77   | 2.442 | 0.84  | 1.700 | 3.140 | 1.42  | 1.12  | 1.42  | 2.06  | 1.42  | 1.12  | 1.42  | 1.12  | 1.42  | 1.12  |       |       |       |       |       |       |        |       |       |       |       |
| 15  | .43   | 1.053 | 4.160    | 22.17    | -144   | 148   | 0.080 | 0.007 | 2.264 | 112   | 145  | 127   | 110   | -0.57 | 145  | 127  | 110  | -0.57 | 145  | 127  | 110  |       |       |       |       |       |       |        |       |       |       |       |
| 16  | 1.05  | 2.911 | 3.365    | 7.040    | -134   | 148   | 0.975 | 1.25  | 1.66  | 112   | 145  | 157  | 156  | 130  | 1243 | 1243 | 1243 | 1243 | 1243 |       |       |       |       |       |       |        |       |       |       |       |
| 17  | 1.16  | 2.271 | 3.192    | 12.61    | -177   | 155   | 0.098 | 0.167 | 3.055 | 1.63  | 163  | 250  | 241  | 2.07  | 817  | 250  | 2.07  | 817  | 250  | 2.07  |       |       |       |       |       |       |        |       |       |       |       |

**. La correlazione è significativa al livello 0,01
* . La correlazione è significativa al livello 0,05
Actor-Partner Interdependence Model of dyadic adjustment and psychological symptoms in couples

Perceived Dyadic Adjustment Woman → -0.33 ** → Psychiatric Symptoms Woman
Perceived Dyadic Adjustment Man → -0.09 → Psychiatric Symptoms Man
Psychiatric Symptoms Woman → -0.20 * → Perceived Dyadic Adjustment Woman
Psychiatric Symptoms Man → 0.16 → Perceived Dyadic Adjustment Man

0.36 ** from Perceived Dyadic Adjustment Woman to Perceived Dyadic Adjustment Man
Perceived Dyadic Adjustment Woman

0.36**

Perceived Dyadic Adjustment Man

-0.18***

-0.21*

-0.18*

-0.19*

-0.38***

-0.27***

-0.27**

-0.29***

-0.29***

0.36**

-0.18*

-0.24**

-0.26**

-0.48***

-0.36***

-0.37***

-0.23**
Discussione

I nostri dati indicano che, sia le future madri che i futuri padri hanno presentato sintomi psicopatologici. Questo risultato indica che la gravidanza è un momento particolarmente difficile per entrambi. La gravidanza rappresenta un evento critico che può interagire con altre vulnerabilità psicologiche nei futuri genitori e che può innescare problemi emotivi, come una sintomatologia psichiatrica importante (Don et al., 2014; Ripley et al., 2016, Volling et al., 2015).

Tuttavia, ci sono fattori psicologici e psicosociali che possono essere protettivi per i futuri genitori e possono aiutarli a superare i problemi emotivi legati al periodo della gravidanza: QUALI?
I risultati della nostra ricerca suggeriscono che il buon funzionamento di coppia percepito dal padre possa essere un fattore protettivo, permettendo al futuro padre di avere un ruolo chiave nel sostenere la futuro madre dalla psicopatologia (Matthey et al., 2000, 2003, Baldoni et al., 2009; Paulson e Bazemore, 2010).

Per buon adattamento diadiaco s’intende una relazione non conflittuale, ossia interessi e preoccupazioni condivise, incoraggiamento del partner per ottenere aiuto quando necessario e l'accordo dei partner per quanto riguarda la cura del neonato (Dennis e Ross, 2006).

In breve, il supporto affidabile e attivo del partner può migliorare la sua soddisfazione e gratificazione psicologica e relazionale, migliorando così la capacità genitoriale.
CONCLUSIONI

Lo studio suggerisce, anche, che quando è richiesto l'intervento clinico per una depressione perinatale o stati d’ansia, oppure sintomi psichiatrici più gravi, è necessario il coinvolgimento di entrambi i partner.

Tale necessità è stata sottolineata, in questo studio, dell'interdipendenza dei due partner e dal complesso rapporto che lega la sintomatologia psicopatologica nella madre e la capacità del padre di fornire supporto alla propria partner in gravidanza.
Grazie per l’attenzione!