DOSSIER SULLA RICERCA "DISTURBI AFFETTIVI PERINATLI MATERNI E PATERNI"

Publications

Mangialavori, S., Terrone G., Cantiano A., Franquillo A.C., Lanza Di Scalea G., Ducci G., Cacioppo M. (submitted). Dyadic adjustment and prenatal parental depression: a study with future mothers and future fathers. *Journal of Social and Clinical Psychology*.

Oral presentation

Cacioppo M., Mangialavori S., Franquillo A., Cantiano A., Caretti V. (2018). Gender differences and dyadic adjustment in perinatal affective disorders. *Mediterranean Journal of Clinical Psychology, 6 (2) 212*. Atti XX Congresso Nazionale Sezione di Psicologia Clinica e Dinamica, AIP, (oral presentation in Symposium session) Urbino, 7- 9 Settembre 2018.

Caretti V., Ducci G., Di Cesare G., Cacioppo M., Terrone G. (2018), Home visiting in high-risk fathers assessed by PAPA: a protocol for early intervention in an Italian Mental Health Service. (Oral presentation) 16Th WAIMH World Congress, Roma.

Cacioppo M., Terrone G. (2018), Prenatal Affective Disorder: Screening and Intervention. Proponente Simposio (in collaborazione con il prof. Cacioppo M. – Discussant prof.ssa L. Lucarelli). XIX Congresso Nazionale Sezione di Psicologia Clinica e Dinamica, AIP, Urbino.

Terrone G., Cacioppo M. (2019), Associations between maternal and paternal mental states during the perinatal period. Proponente Simposio (in collaborazione con il prof. Cacioppo M. – Discussant prof.ssa Tambelli R.). XX Congresso Nazionale Sezione di Psicologia Clinica e Dinamica, AIP, Milano.

Grazia Terrone, Sonia Mangialavori, Giulia Lanza di Scalea, Giuseppe Ducci, Vincenzo Caretti. Marco Cacioppo (2019) **The Relationship Between Dyadic Adjustment and Psychopathology in Expectant Couples: an Actor-Partner Interdependency Model Approach.** XX Congresso Nazionale Sezione di Psicologia Clinica e Dinamica, AIP, (oral presentation in Symposium session) Milano.

Poster presentation

Mangialavori S., Cantiano A., Temporin G., Guccione C., Franquillo A., Terrone G., Cacioppo M., Caretti V. (2018). Differenze di genere e qualità della relazione di coppia nella depressione prenatale. (Poster) *Congresso Marcè Padova, 12 maggio 2018*.

Temporin G., Mangialavori S., Guccione C., Lorello E., Feliziani P., Cacioppo M. (2018). The analysis of protective and risk factors in parenthood transition. (Poster) *16th WAIMH World Congress, Rome, 26-30 maggio 2018*.

Mangialavori, S., Terrone, G., Cantiano A., Temporin, G., Cacioppo, M., Caretti, V.(2019). The role of dyadic adjustment in prenatal parental affective disorders. *8th IAWMH World Congress, Paris, 5-8 March 2019*.

Franquillo A. C., Cantiano A., Veneziani E., Mauro B., Trincia V., Terrone G. (2018), Parenthood support and early intervention for at-risk pregnancy. (poster) 16Th WAIMH World Congress, Roma.

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 & Leiferman, 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

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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 distinguisability 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.).

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Gender differences and dyadic adjustment in prenatal affective disorder

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Home visiting in high risk fathers assessed by PAPA: a protocol for early intervention in an Italian Mental Health Service

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PARENTHOOD SUPPORT AND EARLY INTERVENTION FOR AT-RISK PREGNANCY

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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 efficancy 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 incoherent 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

Participants

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). Childs' age 3-6 months

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

STUDY

The following tests were administered: PAPA (Perinatal Assessment of Paternal Affectivity) and PAMA (Perinatal Assessment of Maternal Affectivity), PSS (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).

SVIA

1 Affective States of the Mother or Father

Lack of positive affect (joy and pleasure)
Negative affect (sadness, emotional detachment, distress)
Difficulties in reading the child's communication and signals
Lack of affect attunement and reciprocity with the child

2 Interactional Conflict

Overcontrol and force-feeding by the mother
Lack of turn-taking between mother and child
Distress, disengagement and food refusal of the child

Scala di Valutazione dell'Interazione Alimentare madre-bambino (S.V.I.A.) (Feeding Scale)

3 Food Rejection Behaviors of the Child

Hyper/Hypo-reactivity during feeding
Lack of interest in food and Feeding situation
Stubbornness
Negativity

4 Affective State of the Dyad

Lack of mutual regulation
Maternal intrusiveness in autonomous initiatives of the child
Negative affect (anger, hostility, distress)

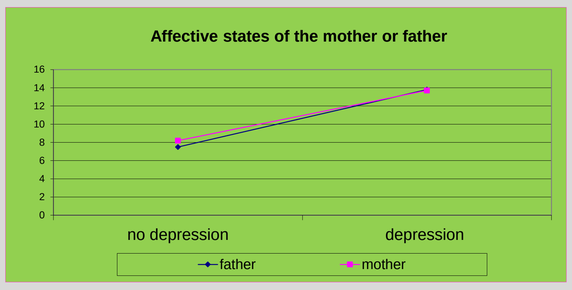
RESULTS

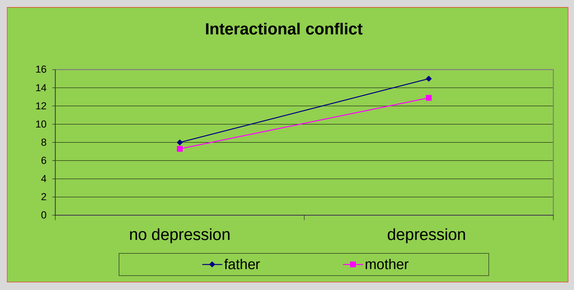
Correlations'r between the PAMA - PAPA AND EPDS; PSS; DAS Scales

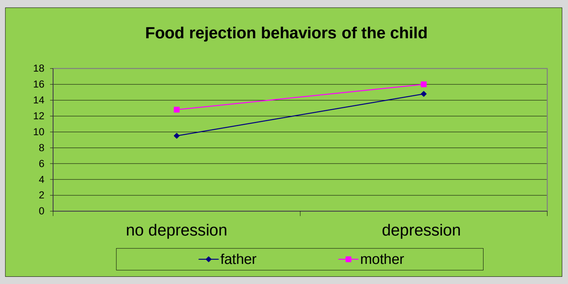
	EPDS	PSS	DAS TOTAL	DAS Consensus	DAS Satisfaction	DAS Affectional Expression	DAS Cohesion
PAMA MOTHER	.641**	.681**	-.396**	-.374**	-.343**	-.295*	-.130
PAPA FATHER	.544**	.697**	-.454**	-.370**	-.395**	-.482**	-.224*

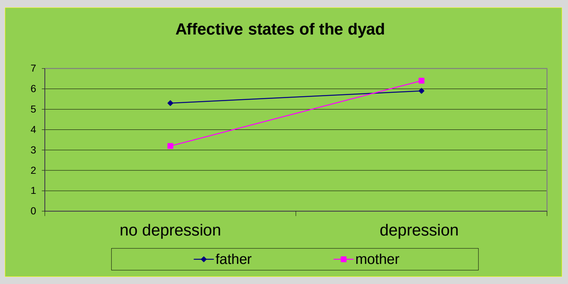
Correlations'r between the PAMA - PAPA AND scl-90R Scales

	SCL- GSI	SCL-PST	SCL-SOM	SCL-0-C	SCL-INT	SCL-DEP	SCL-ANX	SCL-HOS	SCL-PHOB	SCL-PAR	SCL-PSY
PAMA MOTHER	.594**	.753**	.473**	.672**	.487**	.689**	.495**	.608**	.430**	.537**	.442**
PAPA FATHER	.594**	.753**	.489**	.669**	.619**	.700**	.718**	.521**	.300**	.594**	.549**









The analysis of variance showed significant differences with higher levels of dyadic dysfunctionality 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 healty 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.

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GENDER DIFFERENCES AND QUALITY OF COUPLE RELATIONSHIP IN THE PRENATAL DEPRESSION

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Introduction

Transition to parenthood is characterized by a significant increase of psychological vulnerability within the couple, especially during the last trimester of pregnacy. During the prenatal period, incidence rates of affective problems, both in mothers and fathers, increase by two or three times compared to the average of general population. During pregnacy, a good couple adjustment is considered by most research as a protective factor for the development of affective disorders (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 & Ceccarelli, 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 partecipate 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 symptoms of paternal prenatal depression are different from the maternal depression, even if the duration may be the same.

Fathers tend to have milder affective imbalance and also fewer simptoms than mothers (Ballard et al., 1994; Goodman, 2004). Often, the symptomatology of paternal prenatal depression arises in atypical simptomatic manifestations, some of which are considerably severe: high levels of anxiety, changes in behavioral disorders (hypochondria, functional or somatization symptoms), anger crisis and behavioral acting-out (escapes, violent behavior, extramarital relationship, eating disorders, alcholism 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 (Wilehm & Parker, 1994; Matthey et al., 2003).

Methodology

Procedure: in a first screening for prenatal depression, partecipants to the study 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 investigate the role of couple adjustment.

Specifically, the hypotheses 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 perinatal depression and affective disorders in fathers.

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

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

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

Instruments: *Edimburgh Postnatal Depression Scale* (EPDS, Cox et al., 1987; Benvenuti et al., 1999). *Perinatal Assessment of Maternal Affectivity* e *Perinatal Assessment of Paternal Affectivity* (PAMA e PAPA, Baldoni et al., 2016). *Symptom Check List-90-R* (SCL-90 R, Derogatis, 1994; Prunas et al., 2012). *Dyadic Adjustment Scale* (DAS, Spanier, 1976).

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 (**tabella4**).

Conclusions

Our results are useful to clinical practice as they suggest a strong need to specifically consider gender differences and couple dynamics in perinatal 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 of the family.

TABLE 1

SCL-90 R ANOVA univariate mothers

		df	F	Sig.
SOMATIZATION	Between in groups	1	15,769	,000
	In groups	98		
	Total	99		
OSSESSIVITY COMPULSIVITY	Between in groups	1	14,823	,000
	In groups	98		
	Total	99		
SENSITIVITY	Between in groups	1	14,290	,000
	In groups	98		
	Total	99		
DEPRESSION	Between in groups	1	41,602	,000
	In groups	98		
	Total	99		
ANXIETY	Between in groups	1	32,679	,000
	In groups	98		
	Total	99		
WRATH HOSTILITY	Between in groups	1	7,488	,007
	In groups	98		
	Total	99		
PHOBIC ANXIETY	Between in groups	1	12,486	,001
	In groups	98		
	Total	99		
PARANOID IDEATION	Between in groups	1	8,206	,005
	In groups	98		
	Total	99		
PSYCHOTICISM	Between in groups	1	13,200	,000
	In groups	98		
	Total	99		

SCL-90 R ANOVA univariate fathers

	df	F	Sig.
Between in groups	1	17,066	,000
In groups	82		
Total	83		
Between in groups	1	12,521	,001
In groups	82		
Total	83		
Between in groups	1	16,494	,000
In groups	82		
Total	83		
Between in groups	1	23,805	,000
In groups	82		
Total	83		
Between in groups	1	18,590	,000
In groups	82		
Total	83		
Between in groups	1	,904	,344
In groups	82		
Total	83		
Between in groups	1	8,645	,004
In groups	82		
Total	83		
Between in groups	1	4,688	,033
In groups	82		
Total	83		
Between in groups	1	18,380	,000
In groups	82		
Total	83		

TABLE 2

DAS ANOVA univariate mothers

		df	F	Sig.
consent	Between in groups	1	2,419	,123
	In groups	98		
	Total	99		
satisfaction	Between in groups	1	2,599	,110
	In groups	98		
	Total	99		
affective expression	Between in groups	1	8,003	,006
	In groups	98		
	Total	99		
coesion	Between in groups	1	1,897	,172
	In groups	98		
	Total	99		

DAS ANOVA univariate fathers

		df	F	Sig.
consent.p	Between in groups	1	,652	,422
	In groups	82		
	Total	83		
satisfaction.p	Between in groups	1	5,207	,025
	In groups	82		
	Total	83		
affective expression.p	Between in groups	1	5,072	,027
	In groups	82		
	Total	83		
coesion.p	Between in groups	1	2,399	,125
	In groups	82		
	Total	83		

TABLE 3

Correlations

		Totale EPDS	**PAMA TOTALE**
Total EPDS	Correlazione di Pearson	1	,526**
	Sig. (2-code)		0
	N	100	100
PAMA TOTAL	Correlazione di Pearson	,526**	1
	Sig. (2-code)	0	
	N	100	100

**. The correlation is significat at level 0,01 (2-code).

		PAPA TOTALE	**Totale EPDS.p**
PAPA TOTALE	Correlazione di Pearson	1	,571**
	Sig. (2-code)		0
	N	83	83
Totale EPDS.p	Correlazione di Pearson	,571**	1
	Sig. (2-code)	0	
	N	83	83

**. The correlation is significat at level 0,01 (2-code).

TABLE 4

Linear Regression

Coefficients[a]

Modello		Coefficienti non standardizzati B	Coefficienti non standardizzati DS Error	Coefficienti standardizzati Beta	t	Sig.
1	(Constant)	14,370	3,120		4,606	,000
	Dyadic adjustment RANGE=0-151	-,068	,026	-,260	-2,668	,009

a. Dependent Variiable: mothers' EPDS Total

Coefficients[a]

Modello		Coefficienti non standardizzati B	Coefficienti non standardizzati DS Error	Coefficienti standardizzati Beta	t	Sig.
1	(Constant)	4,115	1,868		2,203	,030
	Dyadic adjustment.p RANGE=0-151	-,008	,015	-,062	-,559	,578

a. Dipendent Variable: fathers' EPDS Total

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The role of dyadic adjustment in prenatal parental affective disorders

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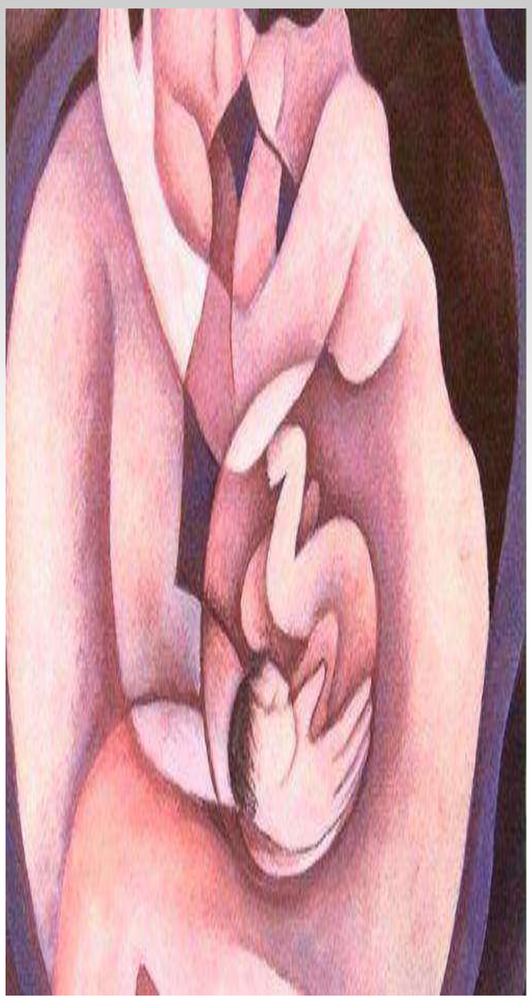
Introduction

- 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, woman'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 (Belsky, 1985) and negatively affected by a parent's affective disorders (Paulson & Bazemore, 2010).
- In several studies a negative correlation between perinatal parental depression, especially in primary parents, and couple's statisfaction was found (Agostini et al., 2015; Bielawska-Batorowicz & Kossakowska- Pietrycka, 2006; 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, affectivity 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 Santo Spirito and San Filippo Neri hospitals in Rome, in the Gynecology and Obstetrics wards, during the third trimester of pregnancy (women' age: M= 33.7, SD= 5.23; men' age: M= 36.4, SD= 5.90). Most of the participants (97%) were awaiting their first child.

Measures: *Edimburgh Postnatal Depression Scale* (EPDS, Cox et al., 1987; Benvenuti et al., 1999). *Perinatal Assessment of Maternal Affectivity* e *Perinatal Assessment of Paternal Affectivity* (PAMA e PAPA, Baldoni et al., 2016). *Dyadic Adjustment Scale* (DAS, Spanier, 1976).

Objective: the aim of this study was to explore if the perception of dyadic adjustment of both partners could 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.
According with cut-off provided by Cox (1987) and Loscalzo (2015), both of future parents have not showed significant risk for prenatal depression.

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 consensus were strongly 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.

Tables 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 determinate 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 (66% for future mothers and 79% 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 paternal consensus on important issues for the couple (free-time, friends, finances, projects, religion...).

Table 1. Means, Standard Deviation and Ranges for the Key Study Variables

	N	Mean	SD	*Range*
PAMA	98	6,01	3,61	0-16
PAPA	98	3,82	3,37	0-15
EPDS mothers	98	8,12	5,44	0-20
EPDS fathers	98	5,74	6,40	0-21
Dyadic paternal adjustment				
consensus.p	98	46,70	18,49	2-65
satisfaction.p	98	40,11	4,76	28 -47
cohesion.p	98	17,34	3,36	8-24
affective expression.p	98	9,10	3,39	2-12
Dyadic maternal adjustment				
consensus.m	98	47,50	17,62	7-65
satisfaction.m	98	38,60	6,00	20-47
cohesion.m	98	17,73	3,25	7-23
affective expression.m	98	8,84	3,13	1-12

Table 2. Correlations for the Key Study Variables

	1	2	3	4	5	6	7	8	9	10	11	12
1 PAMA	1	,311**	,002	,298**	,029	-,151	-,176	-,012	,050	,004	-,188	-,088
2 PAPA		1	,184	,152	-,038	-,276**	-,245*	-,162	,035	-,034	-,093	-,022
3 EPDS fathers			1	,720**	-,854**	-,604**	-,168	-,827**	-,837**	-,335**	-,188	-,783**
4 EPDS mothers				1	-,701**	-,545**	-,147	-,604**	-,686**	-,263**	-,249*	-,702**
5 consensus fathers					1	,559**	,133	,897**	,937**	,296**	,196	,843**
6 satisfaction fathers						1	,372**	,596**	,509**	,338**	,224*	,571**
7 cohesion fathers							1	,166	,102	,170	,378**	,047
8 affective expression fathers								1	,848**	,238*	,182	,837**
9 consensus mothers									1	,340**	,209*	,865**
10 satisfaction mothers										1	,240*	,323**
11 cohesion mothers											1	,163
12 affective expression mothers												1

Note. $^{**}p < .01$, $^{*}p < .05$.

Table 3. Multiple Regression and Relative Weight Analysis of future mothers

	ß	t	*p*	Raw importance	Rescaled importance (%)
PAPA	,082	1,128	,263	,010	1,5
PAMA	,247	3,500	,001	,070	10,6
Dyadic paternal adjustment					
Consensus.p	-,576	-2,663	,009	,136	20,7
Satisfaction.p	-,164	-1,823	,072	,077	11,6
Cohesion.p	,030	,394	,695	,004	,7
Affective expression.p	,440	2,698	,008	,077	11,7
Dyadic maternal adjustment					
Consensus.m	-,185	-,896	,373	,127	19,3
Satisfaction.m	,031	,442	,659	,014	2,1
Cohesion.m	-,055	-,783	,436	,016	2,4
Affective expression.m	-,310	-2,077	,041	,128	19,5
R^2				,66	100

Note. Rescaled importance (%) was computed by dividing the relative weights by the total R^2 and multiplying by 100.

Table 4. Multiple Regression and Relative Weight Analysis of future fathers

	ß	t	*p*	Raw importance	Rescaled importance (%)
PAPA	,142	2,489	,015	,022	2,8
PAMA	-,038	-,697	,488	,003	,3
Dyadic paternal adjustment					
Consensus.p	-,293	-1,737	,086	,177	22,4
Satisfaction.p	-,111	-1,576	,119	,083	10,4
Cohesion.p	,001	,025	,980	,006	,8
Affective expression.p	-,140	-1,096	,276	,157	19,8
Dyadic maternal adjustment					
Consensus.m	-,322	-1,995	,049	,175	22,1
Satisfaction.m	-,046	-,824	,412	,026	3,3
Cohesion.m	,014	,249	,804	,006	,7
Affective expression.m	-,065	-,558	,578	,139	17,5
R^2				,79	100

Note. Rescaled importance (%) was computed by dividing the relative weights by the total R^2 and multiplying by 100.

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.

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DIFFERENZE DI GENERE E QUALITA' DELLA RELAZIONE DI COPPIA NELLA DEPRESSIONE PRENATALE.

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Introduzione.

La transizione alla genitorialità è caratterizzata da un sensibile aumento della vulnerabilità psicologica all'interno della coppia, specie durante l'ultimo trimestre di gravidanza. Nel periodo prenatale, i tassi di incidenza dei disturbi affettivi, sia nelle madri che nei padri, aumentano di due o tre volte rispetto alla media della popolazione generale. Durante la gravidanza, un buon adattamento di coppia 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 nella controparte maschile (Baldoni & Ceccarelli, 2010). Fra i motivi che possono spiegare la differente quantità e qualità degli studi sono da considerare: la scarsa disponibilità dei padri a partecipare alla ricerche, la minore incidenza del disturbo depressivo nella 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 differenti da quella materna, anche se la durata può essere la stessa. I padri tendono a manifestare alterazioni affettive più lievi e una minor quantità di disturbi rispetto alla depressione prenatale materna (Ballard et al., 1994; Goodman, 2004). Spesso la sintomatologia della depressione prenatale paterna si manifesta attraverso manifestazioni sintomatiche atipiche anche gravi quali: ansia elevata, alterazioni del comportamento di malattia (ipocondria, sintomi funzionali o di somatizzazione), crisi di rabbia e acting out comportamentali (fughe, comportamenti violenti, relazioni extraconiugali, 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'EPDS, che nell'uomo possono presentare problemi di validità e attendibilità evidenziando una sofferenza minore rispetto alla donna (Wilehm & Parker, 1994; Matthey et al., 2003).

Metodo.

Procedura: i partecipanti allo studio, da un primo *screening* per la depressione prenatale, in base ai punteggi ottenuti ad un questionario *self -report* sono stati divisi in due gruppi (madri/padri a rischio **vs** madri/padri non a rischio depressione). I *cut-off* dello strumento utilizzato sono stati differenziati in base al genere.

Obiettivo: lo scopo di questa ricerca è quello di esplorare le differenze di genere nella depressione prenatale e indagare il ruolo che riveste l'adattamento di coppia.

Nello specifico, le ipotesi che sono state formulate sono le seguenti:

H1: esistono differenze significative tra i gruppi delle madri e dei padri a rischio depressione rispetto a quelli non a rischio relativamente alla sintomatologia psichiatrica e all'adattamento diadico.

H2: esiste una correlazione tra depressione perinatale e disturbi affettivi nei padri.

H3: esiste una correlazione tra depressione perinatale e disturbi affettivi nelle madri.

H4: un basso adattamento diadico è considerato predittivo del rischio depressivo materno e paterno.

Partecipanti: 184 partecipanti (donne N= 100, M= 33.1, DS= 5.55; uomini N= 84, M= 36.2, DS= 6.46) sono stati reclutati presso il dipartimento di "Ginecologia ed Ostetricia" degli ospedali Santo Spirito e San Filippo Neri di Roma.

Strumenti: *Edimburgh Postnatal Depression Scale* (EPDS, Cox et al., 1987; Benvenuti et al., 1999) per la valutazione della depressione prenatale. *Perinatal Assessment of Maternal Affectivity* e *Perinatal Assessment of Paternal Affectivity* (PAMA e PAPA, Baldoni et al., 2016) per i disturbi affettivi perinatali materni e paterni. *Symptom Check List-90-R* (SCL-90 R, Derogatis, 1994; Prunas et al., 2012) per l'*assessment* della sintomatologia psichiatrica. *Dyadic Adjustment Scale* (DAS, Spanier, 1976) per la valutazione dell'adattamento di coppia.

Risultati.

H1: Sono state riscontrate delle differenze significative tra il gruppo dei padri e delle madri a rischio depressione rispetto ai gruppi non a rischio nelle scale dell'SCL-90 e del DAS (**tabella 1** e **2**).

H2 e **H3**: E'stata rilevata una correlazione positiva tra i punteggi totali PAPA e PAMA con il totale EPDS. (**tabella 3**)

H4: L'adattamento diadico è risultato predittivo del rischio depressivo delle **sole** madri. (**tabella4**)

Conclusioni.

I nostri risultati sembrano utili alla pratica clinica in quanto risulta importante, sia in termini di prevenzione che di trattamento, considerare specificatamente le differenze di genere e le dinamiche di coppia nei disturbi affettivi perinatali.

Inoltre, dato che dai nostri dati è emerso che un buon adattamento diadico risulta essere un fattore protettivo per il rischio di sviluppare depressione prenatale soprattutto per le madri, risulta importante fornire un supporto ad entrambi i genitori durante il periodo perinatale, creando dei servizi che rispondano anche alle esigenze degli uomini, che svolgono un ruolo primario per la salute mentale della donna.

TABELLA 1

		SCL-90 R ANOVA univariata madri			SCL-90 R ANOVA univariata padri			
		df	F	Sig.		df	F	Sig.
SOMATIZZAZIONE	Fra gruppi	1	15,769	,000	Fra gruppi	1	17,066	,000
	Entro gruppi	98			Entro gruppi	82		
	Totale	99			Totale	83		
OSSESSIVITà COMPULSIVITà	Fra gruppi	1	14,823	,000	Fra gruppi	1	12,521	,001
	Entro gruppi	98			Entro gruppi	82		
	Totale	99			Totale	83		
SENSITIVITà	Fra gruppi	1	14,290	,000	Fra gruppi	1	16,494	,000
	Entro gruppi	98			Entro gruppi	82		
	Totale	99			Totale	83		
DEPRESSIONE	Fra gruppi	1	41,602	,000	Fra gruppi	1	23,805	,000
	Entro gruppi	98			Entro gruppi	82		
	Totale	99			Totale	83		
ANSIA	Fra gruppi	1	32,679	,000	Fra gruppi	1	18,590	,000
	Entro gruppi	98			Entro gruppi	82		
	Totale	99			Totale	83		
COLLERA OSTILITà	Fra gruppi	1	7,488	,007	Fra gruppi	1	,904	,344
	Entro gruppi	98			Entro gruppi	82		
	Totale	99			Totale	83		
ANSIA FOBICA	Fra gruppi	1	12,486	,001	Fra gruppi	1	8,645	,004
	Entro gruppi	98			Entro gruppi	82		
	Totale	99			Totale	83		
IDEAZIONE PARANOIDE	Fra gruppi	1	8,206	,005	Fra gruppi	1	4,688	,033
	Entro gruppi	98			Entro gruppi	82		
	Totale	99			Totale	83		
PSICOTICISMO	Fra gruppi	1	13,200	,000	Fra gruppi	1	18,380	,000
	Entro gruppi	98			Entro gruppi	82		
	Totale	99			Totale	83		

TABELLA 2

		DAS ANOVA univariata madri					DAS ANOVA univariata padri			
		df	F	Sig.			df	F	Sig.
consenso	Fra gruppi	1	2,419	,123	consenso.p	Fra gruppi	1	,652	,422
	Entro gruppi	98				Entro gruppi	82		
	Totale	99				Totale	83		
soddisfazione	Fra gruppi	1	2,599	,110	soddisfazione.p	Fra gruppi	1	5,207	,025
	Entro gruppi	98				Entro gruppi	82		
	Totale	99				Totale	83		
espressione affettiva	Fra gruppi	1	8,003	,006	espressione affettiva.p	Fra gruppi	1	5,072	,027
	Entro gruppi	98				Entro gruppi	82		
	Totale	99				Totale	83		
coesione	Fra gruppi	1	1,897	,172	coesione.p	Fra gruppi	1	2,399	,125
	Entro gruppi	98				Entro gruppi	82		
	Totale	99				Totale	83		

TABELLA 3

Correlazioni

		Totale EPDS	**PAMA TOTALE**			PAPA TOTALE	**Totale EPDS.p**
Totale EPDS	Correlazione di Pearson	1	,526**	**PAPA TOTALE**	Correlazione di Pearson	1	,571**
	Sig. (2-code)		0		Sig. (2-code)		0
	N	100	100		N	83	83
PAMA TOTALE	Correlazione di Pearson	,526**	1	Totale EPDS.p	Correlazione di Pearson	,571**	1
	Sig. (2-code)	0			Sig. (2-code)	0	
	N	100	100		N	83	83

**. La correlazione è significativa al livello 0,01 (2-code).

**. La correlazione è significativa al livello 0,01 (2-code).

TABELLA 4

Regressione lineare

Coefficienti[a]

Modello		Coefficienti non standardizzati B	Coefficienti non standardizzati DS Errore	Coefficienti standardizzati Beta	t	Sig.
1	(Costante)	14,370	3,120		4,606	,000
	adattamento dadico RANGE =0-151	-,068	,026	-,260	-2,668	,009

a. Variabile dipendente: Totale EPDS madri

Coefficienti[a]

Modello		Coefficienti non standardizzati B	Coefficienti non standardizzati DS Errore	Coefficienti standardizzati Beta	t	Sig.
1	(Costante)	4,115	1,868		2,203	,030
	adattamento dadico.p RANGE= 0-151	-,008	,015	-,062	-,559	,578

a. Variabile dipendente: Totale EPDS padri

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Sezione di Psicologia Clinica e Dinamica
Milano 27-29 settembre 2019

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

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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.

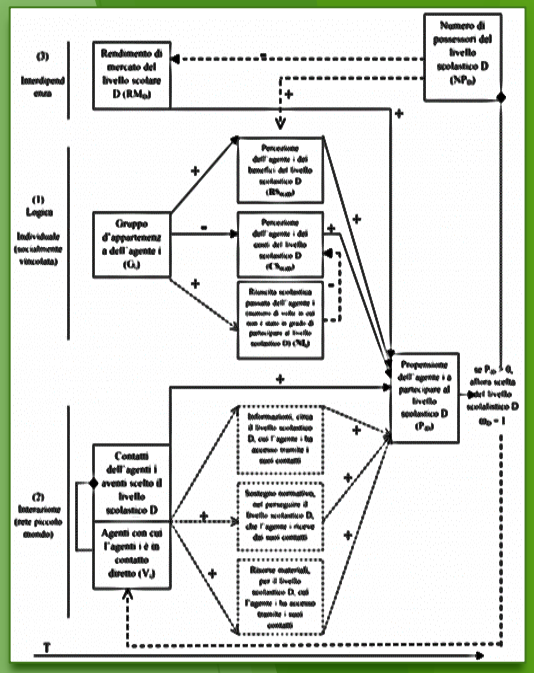
Strumenti

- ***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



Il Modello di interdipendenza attore-partner (APIM, Kashy e Kenny 2000, Kenny, D. A., & Ledermann, T. 2010) è stato usato per testare l'interdipendenza di entrambi i partner e l'effetto delle relazioni diadiche sui sintomi psichiatrici nella coppia.

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).

Risultati

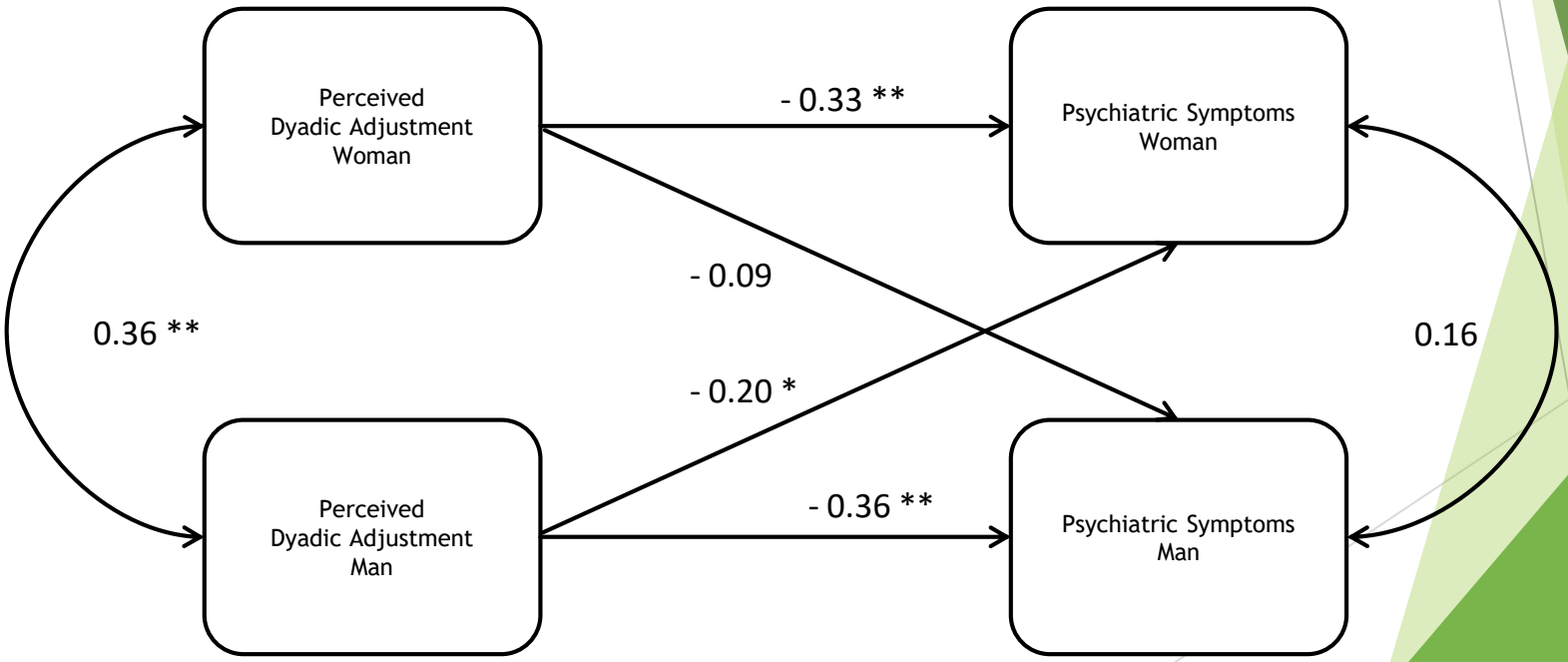
Table 1. *Descriptive Analyses and Correlations*

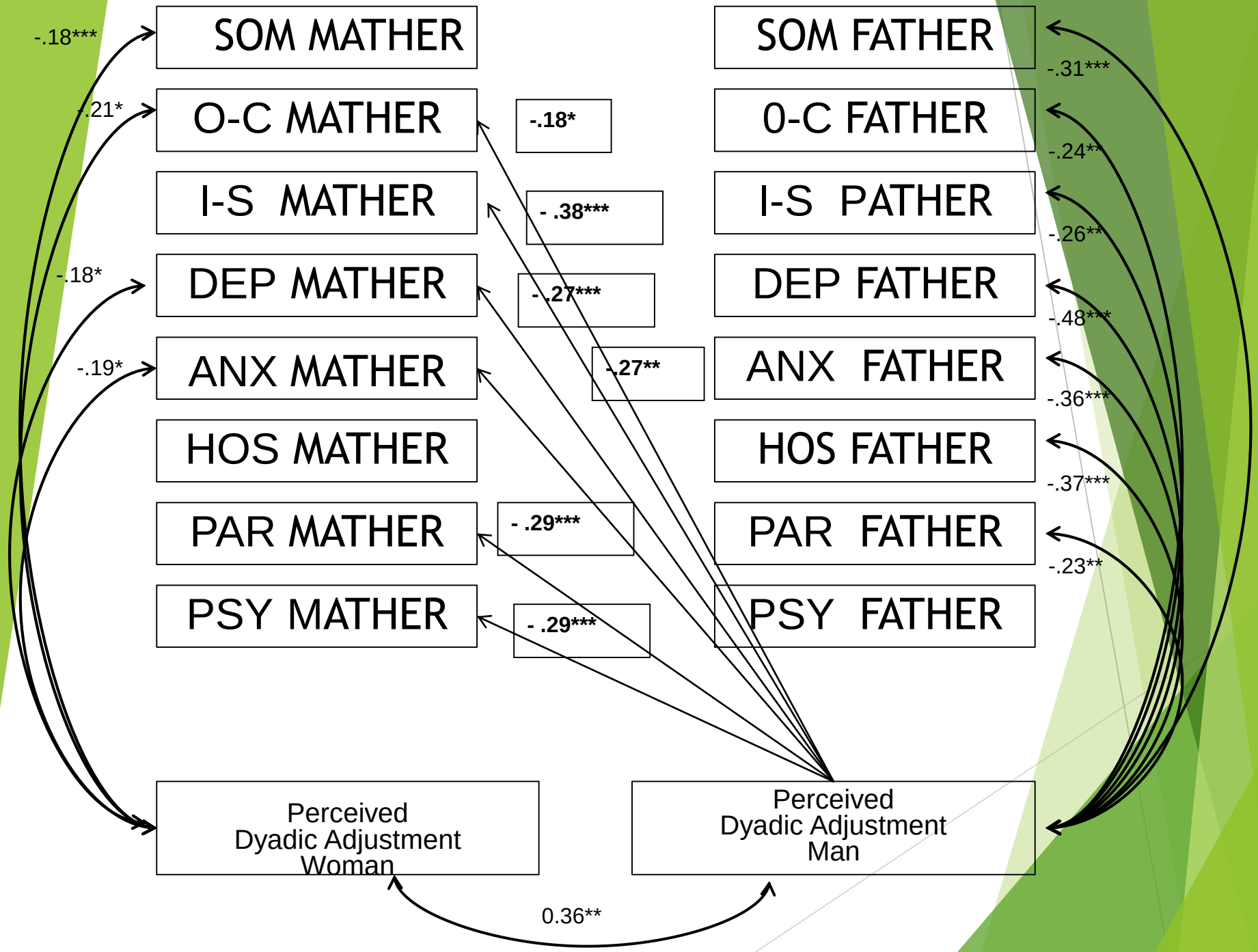
	M	SD	Skewness	Kurtosis	1 DAS_TOT_M	2 GSI_M	3 SOM_M	4 I-C_M	5 I-S_M	6 DEP_M	7 ANX_M	8 HOS_M	9 FOB_M	10 PAR_M	11 PSY_M	12 DAS_TOT_F	13 GSI_F	14 SOM_F	15 I-C_F	16 I-S_F	17 DEP_F	18 ANX_F	19 HOS_F	20 FOB_F	21 PAR_F
1 DAS_TOT_M	123,49	16,994	-3,118	19,431																					
2 GSI_M	,4027	,35550	2,030	5,647	-.249**																				
3 SOM_M	8,60	6,721	1,268	1,954	-.205*	,747**																			
4 0-C_M	4,38	4,550	1,687	3,815	-.267**	,884**	,593**																		
5 I-S_M	2,37	3,498	3,418	15,773	-.194*	,795**	,372**	,716**																	
6 DEP_M	6,65	6,313	2,017	5,680	-.266**	,912**	,571**	,821**	,782**																
7 ANX_M	4,02	4,949	2,528	8,101	-.268**	,870**	,595**	,699**	,650**	,800**															
8 HOS_M	1,73	2,143	2,514	8,865	-.179*	,658**	,449**	,649**	,489**	,579**	,472**														
9 FOB_M	1,29	2,661	3,719	19,103	-.222**	,701**	,591**	,539**	,412**	,567**	,706**	,309**													
10 PAR_M	1,70	2,804	2,780	8,999	-.220**	,762**	,368**	,724**	,827**	,726**	,542**	,589**	,344**												
11 PSY_M	1,38	2,788	3,282	12,450	-.228**	,809**	,388**	,707**	,780**	,720**	,696**	,571**	,482**	,760**											
12 DAS_tot_F	123,43	19,684	-3,042	15,469	,300**	-,314**	-.129	-,244**	-,401**	-,329**	-,323**	-,196*	-,170*	-,331**	-,335**										
13 gsi_F	,2729	,30177	2,084	5,408	-,185*	,266**	.112	,204*	,213*	,326**	,210*	,300**	.147	,268**	,266**	-,393**									
14 SOM_F	4,30	5,001	1,979	4,995	-.121	.128	.027	.057	.118	,218*	.120	.061	.080	.095	.148	-,314**	,791**								
15 O-C_F	3,68	4,598	1,922	3,899	-,210*	,268**	,207*	,234**	.130	,268**	,178*	,368**	,194*	,228**	,233**	-,281**	,887**	,586**							
16 I-S_F	2,07	2,819	2,328	6,413	-.132	,253**	.133	,241**	,203*	,290**	,178*	,352**	.104	,230**	,193*	-,272**	,844**	,576**	,760**						
17 DEP_F	3,78	5,080	2,240	6,193	-,181*	,246**	.072	,178*	,241**	,307**	,218*	,234**	.112	,260**	,306**	-,487**	,916**	,709**	,754**	,711**					
18 ANX_F	2,42	3,192	2,032	4,906	-.092	,237**	.095	,180*	,181*	,299**	,192*	,245**	.145	,220**	,213*	-,354**	,882**	,629**	,740**	,701**	,861**				
19 HOB_F	1,90	2,816	2,473	7,863	-,172*	,228**	.071	,218*	,188*	,230**	.142	,376**	.112	,327**	,200*	-,387**	,662**	,394**	,645**	,525**	,512**	,520**			
20 FOB_F	,43	1,053	4,100	22,172	-.144	.148	.080	.091	.076	,224**	.112	,194*	.127	.105	.110	-.057	,629**	,446**	,615**	,507**	,559**	,526**	,261**		
21PAR_F	1,95	2,911	2,356	7,040	-.134	.148	.075	.125	.124	.166	.112	,196*	.057	.156	.130	-,247**	,783**	,532**	,707**	,817**	,624**	,597**	,586**	,434**	
22 PSY_F	1,16	2,271	3,192	12,618	-,177*	,255**	.129	.161	.167	,305**	,209*	,285**	.163	,280**	,244**	-,200*	,813**	,543**	,719**	,678**	,752**	,786**	,410**	,625**	,556**

**. 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




SOM MATHER
O-C MATHER
I-S MATHER
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SOM FATHER
0-C FATHER
I-S PATHER
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ANX FATHER
HOS FATHER
PAR FATHER
PSY FATHER
-.18***
-.21*
-.18*
-.19*
-.18*
- .38***
- .27***
-.27**
- .29***
- .29***
-.31***
-.24**
-.26**
-.48***
-.36***
-.37***
-.23**
Perceived Dyadic Adjustment Woman
Perceived Dyadic Adjustment Man
0.36**

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 diadico 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!