Daphne European Research Project: Italian Validation of Hypothesis Model (SAI-R, CORE-OM and BDI-II)[*]

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This paper presents Empower Daphne which is a research-intervention project that focuses on the problem of gender-based violence, particularly within the family and the mother-daughter relationship. The goal of the project, which evolved from an earlier project (Testoni at al., 2009), is to investigate, intervene and change the condition of subordination of women that is linked to the justification of violence against women by men. Psychodramatic strategies are utilized in order to reach this aim. We will validate the theoretical model on an Italian non clinical sample. The aim is to set the assumptions for Italy, which will be tested later on the specific target of the Empower project; women victims of violence.

Keywords: *Gender-based violence, mafia familism, psychodrama, role change.*

Gender violence remains a hidden social phenomenon despite the fact that it constitutes a real scourge in different cultures and is a violation of human rights. The main problem connected with this phenomenon is related to the fact that the victim rarely files a report in most cases of violence. This happens either because the victims are held back by fear of the repercussions that such a gesture might have on them, or their loved ones, or because, more often than you might think, violent behaviour is so rooted in the "history" of relationships that it does not allow women to imagine a feasible way out.

It was only in 1995, at the Beijing Conference, that the human rights of women reached a point of maximum internationalization and specification. This issue had already been addressed in 1993 when the Vienna World Conference of the United Nations (UN) defined gender violence as "Any act that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life ".

Within the overall program Fundamental Rights and Justice, the European Parliament established the Daphne program as a community action plan The EMPOWER project (Empowerment of Woman Environmental Research) is part of the Daphne III program (2007-2013) and it' s goal is to continue with the policies and objectives defined by the Daphne (2000-2004) and Daphne II (2004-2008) programs by integrating the existing programs within member states.

The program's overall aim is to prevent and combat all forms of gender violence as defined by the UN World Conference (physical, sexual and psychological) in relation to children, adolescents and women, and to protect victims and groups at risk. This goal aims not only to develop action plans to protect the rights of victims, to combat human trafficking and sexual exploitation, but also to develop common policies for human rights and gender equality, by adopting prevention measures and providing support and protection for victims and groups at risk.

EMPOWER is a project that fits within the perspective of prevention and intervention in the context of domestic violence and whose goal is to end the cycle of re-victimization of women that have been victims of violence. The European Partners in the project include the following countries: Italy (leader) Austria, Portugal, Bulgaria, Romania and Albania (external partner). The EMPOWER program aims to establish a large European study of intervention on gender violence. The objective of this research is to evaluate the effectiveness of the combined ecological and psychodrama method directed to a specific target: women that have been victims of gender violence.

The object of the research is extremely complex and requires, by its nature, a qualitative and quantitative approach. In particular, the re-search means to determine whether, after the psycho dramatic treatment, there has

been a change in ways of relating, in the physical and psychological well-being and in the level of spontaneity and creativity shown by the participants. The overall objective of this research is therefore to set up and validate a new method of psychological and educational intervention for cases of gender violence based on psycho dramatic techniques.

Aims of EMPOWER-DAPHNE project

The principal objectives of Empower involves helping women that have been victims of violence become aware of their co-responsibility in taking the role of the victim and unconsciously perpetuating this pattern through their daughters, to study this social phenomena and test two intervention methodologies (ecological and psychodramatic).

The DAPHNE EMPOWER project aims specifically, to identify and analyze the factors that make-up the process of "victimization" of women, based on prohibition, denial or "dehumanization", which aims to take away the awareness of the fundamental value-of the person. On this basis, we add the attainment of freedom by the women to talk about themselves without shame (autobiography), through which it is possible to develop a sense of guilt, that leverages the process of victimization and carries on the subordination (Objective Sp. 1).

Strongly related to this specific objective is the work of individuation and analysis aimed at gaining individual awareness of the dimension of "cognitive dissonance" (Festinger, L., 1957) from which arises the experience of "learned helplessness" (Seligman, M.E.P., 1975) in order to promote empowerment as the discovery of "self-efficacy" (Bandura, A., 1977) (Objective Sp. 2).

The project also aims to detect and analyze the woman's ambivalent role of persecutor/victim, due to the internalization of violence and the identification with the aggressor (Objective Sp. 3). In this regard, we consider the experience with violence in the intergenerational relationship with parents during the processes of primary socialization, as well as emotional codes and principles that perpetuate internalized values of subordination.

Another objective (Objective Sp. 4) concerns the detection and analysis of the internalized figure of the persecutor, and authority that is considered important for the recognition of desired imitative behaviour implemented with the weakest (younger brothers/sisters, sons/daughters and acquaintances in a position of weakness).

Ultimately the project aims to personally integrate and reconcile the person that has been the victim of violence with internalized violent figures (Objective Sp.5), in order to:
- inactivate these figures in their inner space, to reactivate the sense of guilt

and the sentiments from which originated the vicious cycle of persecutor/victim;

- be able to hold off those figures in reality, promoting strategies to make them independent from themselves;

- break the mandate of generational subordination of women through violent relationships.

The initial assumption is based on the ideas developed by J. L. Moreno (1947), founder of classic psychodrama, in regards to spontaneity and it's close relationship with the various dimensions of personal wellness. Moreno speaks about the "state of spontaneity" like "a condition that a person must achieve in order to experience an emotion or play a voluntary role" (Moreno, J. L., 1947). Other theorists, in addition to Moreno, have noted a relationship between spontaneous behaviour and mental health, such as Steitzel and Hughey (1994) who found that spontaneity is a necessary precursor in experiencing joy and deep satisfaction, or Maslow (1970), who considered the ability to be spontaneous as a prerequisite for the achievement of self-realization.

For many years the only method used to measure the level of spontaneity between participants in therapy was to analyze the behavioural responses of patients in situations in which improvised answers were demanded.

Instead, in our experimental design we will use three tools that have been integrated into a single questionnaire, namely the SAI-R, the CORE-OM and the BDI-II. These three instruments will be administered at two different points in time: Time1 (before intervention) and Time2 (after intervention).

The validation of the theoretical model with an Italian non-clinical sample allows us to set an initial hypothesis to be tested at a later time on the specific target of the Empower project; women that have been victims of violence. Below we will present the methodological design and the results of the Italian validation of the model of hypotheses with a non-clinical sample.

Method

The Italian validation of the model of theorized hypotheses was carried out by administering to a random sample of university students a questionnaire consisting of three tests:

- SAI-R (Spontaneity Assessment Inventory- Revised, Kipper & Shemer, 2006);
- BDI-II (Beck Depression Inventory-II version, Beck at al., 1996; Ghisi, M., Flebus, G. B., Montano, A., Sanavio, E. & Sica, C. ,2006, Italian validation);
- CORE-OM (Clinical Outcomes in Routine Evaluation Outcome Measure, Evans at al., 2002; Palmieri, G., Evans, C., Hansen, V., Brancaleoni, G., Ferrari, S., Procelli, P., Reitano, F., & Rigatelli, M., 2009, Italian validation);

preceded by a socio-demographic form containing information about age, gender and occupation.

Procedures and Measures

The questionnaire was presented in paper form to 166 Italian university students (83 women and 83 men), between the ages of 19 and 24 years ($M = 20.99$, $SD = 1.38$). On the first page of the questionnaire there was a brief description of the research project together with the logos of Daphne Empower and the Department of Applied Psychology at the University of Padua, as well as information relating to the protection of privacy. On the second page we inserted the socio-demographic form and in the following pages we inserted the three tests (SAI-R, CORE-OM and BDI-II), each one prefaced by specific instructions.

The recruitment of participants took place through a request for research participation throughout several faculty study rooms in the city of Padua. All subjects participated voluntarily after they were informed about the absolute anonymity of the questionnaire, and received only a minimum amount of information relating to filling in the forms. Furthermore, no time constraints were placed for the delivery of the forms or tests, giving participants all the time they deemed necessary to complete the questionnaire.

SAI-R (Spontaneity Assessment Inventory- revised)

The SAI-R (Spontaneity Assessment Inventory - Revised) is a que-stionnaire designed to assess spontaneity as per Kipper & Hundal (2005), and created to meet the need for a standardized instrument that measures spontaneity, a fundamental concept in the theory of psychodrama and used as a reference to measure treatment progress. The absence of a way to demonstrate the improvement in spontaneity (or lack thereof) would render the construct inapplicable in a clinical setting (Kipper & Shemer, 2006). Research carried out by Kipper and Hundal (2005) has shown that the original SAI was positively correlated with various dimensions that have to do with well-being, thus giving empirical support to Moreno's thesis.

The SAI-R questionnaire, like the original SAI (Christoforou & Kipper, 2006; Kipper & Hundal, 2005), asks one initial question: *"How strongly do you have these feelings and thoughts during a typical day?"*. The question is followed by a list consisting of 18 items, some are adjectives and other phrases that describe different feelings and thoughts for-example: "creative", "happy", "excited", "uninhibited", "satisfied", "do anything within the limits", "free to act, even scandalously." The participants are invited to respond by expressing an opinion on a five-point Likert scale, ranging from 1 *(very weak)* to 5 *(very strong)*. Cronbach's alpha is .79.

CORE-OM (Clinical Outcomes in Routine Evaluation Outcome Measure)

The CORE-OM (Evans et al., 2002) assesses the effectiveness of the clinical intervention and consists of 34 statements that the patient must evaluate on a 5-point Likert scale, based on how frequently they experienced a certain mood during the last week ; where 0 indicates *"Not at all"*, 1 = *"only occasionally"*, 2 = *"occasionally"*, 3 = *"often"*, 4 = *"very often or always"*. The CORE-OM is divided into four domains: Subjective Well-being (4 items), Symptoms/Problems (12 items), Functioning (12 items), risk (6 items).

Of the 34 items, approximately 50% relate to problems of low intensity, such as *"I felt tense, anxious and nervous",* while the remaining 50% of items relate to problems of high intensity, such as *"I felt panic or terror"*. 25% of all items concern positive statements with reverse scores. The level of psychological distress is quantified by the total score of the test (total/34): higher scores indicate more serious problems. Cronbach's alpha is .90.

BDI-II (Beck Depression Inventory-II version)

The Beck Depression Inventory - II (BDI-II) is a self-assessment tool for measuring the severity of depression in adults and adolescents who are at least 13 years of age. It was developed to assess symptoms corresponding to diagnostic criteria of depressive disorders listed in the Diagnostic and Statistical Manual of Mental Disorder (DSM-IV, American Psychiatric Association, 1994).

The current version of BDI-II (Beck at all., 1961) consists of 21 groups of affirmations about symptoms and depressive attitudes. For each group of affirmation the subject is invited to respond by choosing the statement that best describes how they felt *"in the last two weeks (including today)"* and each group is followed by four response options, from 0 to 4, indicating how much that symptom or behaviour has increased or decreased over the past two weeks, where a value of 0 indicates that there has been no change. The total score is calculated by summing up the scores on the responses on the 21 items, each rated on a 4 point scale, ranging from 0 to 3, so the maximum score is 63 points. The items 16 and 18 are a ranging scale from 0, 1a, 1b, 2a, 2b, 3a, 3b. Cronbach's alpha is .86.

Results

- *SAI-R*

The internal consistency of the test was .81 (Cronbach's Alpha), a value greater than that reported in the literature .79 (Kipper & Shemer, 2006).

The average total score of the SAI-R was 57.05 (*SD* = 8.09), a value that

is slightly less than that seen in the literature by Kipper and Shemer (M = 66.41, SD = 10.16, and that corresponds to a good level of spontaneity according to the criteria relative to a non clinical sample.

Consistent with the data in the literature (Kipper & Shemer, 2006), we did not find significant correlations with gender and age.

- *CORE-OM*

The value of the internal consistency of the CORE-OM was equal to .90 (Cronbach's Alpha), a value very similar to that reported in the studies of Evans et al. (2002), of .94. The average of the total score of CORE-OM obtained, was 0.99 (DS = .45); a slightly higher score than that found in the literature by Evans et al. (M = 0.76, SD = 0.59) and that corresponds to a good level of psychological well-being according to the criteria for a non-clinical sample, as per the sample in question.

The averages of the specific domains are: Subjective well-being M = 1.27 (DS = 0.74); Problems M = 1.15 (DS = 0.63); Functioning M = 1.13 (DS = 0.48); Risk M = 1.17 (DS = 0.33); Items without risk M = 0.85 (DS = 0.52).

In contrast to the findings in the literature, in the Italian sample, we observed statistically significant differences in scores obtained by women (M =1.12, DS = 0.49) and by men (M = 0.85, DS = 0.36). in the CORE-OM, $t(166)$ = 3.96, p <.01. In fact, the women's scores were significantly higher than the men's.

In addition, there were significant negative correlations with age, r = -.17, p = .027, indicating that with increasing age of the participants, levels of well-being decreased.

- *BDI-II*

In the Italian sample, the internal consistency of the test was .86 (Cronbach's Alpha), greater than that found by Ghisi at al. (2006) which was equal to .80. The average of the total score of the BDI-II was 8.59 (DS = 6.69), which corresponds to a minimum level of depression according to the criteria relating to non-clinical samples, such as the sample in question (Beck et al., 1996).

In accordance with data reported in the literature, we observed statistically significant differences in scores between women (M = 10.69, SD = 8.24) and men (M = 6.49, SD = 3.63) in the SAI-R, $t(166)$ = 4.25, p < .001, women scored higher on average than men. This trend is in line with epidemiological studies that show that women are more prone to depressive disorders in relation to men. Furthermore, the total scores showed a significant negative correlation with age r= -.20, p =.009, indicating that with increasing age of the participants scores in depression levels also rise.

Correlations between the instruments

The general hypothesis underlying this study was to verify the existence of a negative correlation between the levels of spontaneity and well-being versus the level of depression through the use of three measurement tools: SAI-R, CORE-OM and BDI-II.

Specifically, one of the hypothesis was to verify whether the SAI-R scores were negatively and significantly correlated with total scores of the CORE-OM and with each of its sub-scales.

The results obtained in the present study confirm this hypothesis. Table 1 indicates that the SAI-R scores are negatively correlated with total scores on the CORE-OM and with each of its subscales.

Table 1. Pearson correlation coefficients between the two instruments.

	CORE Total	CORE Subjective well-being	CORE Problems	CORE Functioning	CORE Risk	CORE Risk Items without	SAIR
CORE_ Total	1	.814**	.924**	.869**	.424**	.992**	-.465**
Subjective well- being	.814**	1	.736**	.617**	.164*	.832**	-.496**
CORE_Problems	.924**	.736**	1	.661**	.272**	.933**	-.390**
CORE_ Functioning	.869**	.617**	.661**	1	.336**	.867**	-.459**
CORE_ Risk	.424**	.164*	.272**	.336**	1	.309**	-.012
Risk Items without	.992**	.832**	.933**	.867**	.309**	1	-.487**
SAIR	-.465**	-.496**	-.390**	-.459**	-.012	-.487**	1

Since high scores on the CORE-OM are indicative of severe problems, while high scores on the SAI-R indicate a high level of spontaneity, this correlation provides therefore, an inverse relationship between aspects related to spontaneity (SAI-R) and levels of abnormality (CORE-OM) as shown in the study.

These results are very similar to those reported by Kipper and Hundal (2005), with the SAI and later by Kipper and Shemer (2007) with the SAI-R, in regards to the relationship between measures of spontaneity and levels of psychological well-being.

In the study by Kipper and Hundal, the correlation coefficient and between the two measures was positive and statistically significant, $r = .36$, $p < .01$, as well as in the study by Kipper and Shemer ($r = .58$, $p < .001$). Furthermore, the correlation between the SAI-R subscales and the CORE-OM were also significantly correlated: Subjective well-being $r = -.496$, Problems $r = -.390$, Functioning $r = -.459$, Risk Items without $r = -.487$, except for the item of risk.

Another of our assumptions underlying our study was to determine whether the SAI-R was negatively correlated with the BDI-II. This hypothesis was confirmed. In fact, statistically negative correlations were observed between the two instruments, $r = -.330$, $p < .001$. Table 2 illustrates the Pearson correlation coefficients between the two instruments.

Table 2. Pearson's correlation coefficients between SAI-R and BDI-II.

	BDI-II	SAIR
BDI-II	1	-.330[**]
SAIR	-.330[**]	1

Since a high score in the BDI-II is indicative of a greater presence of aspects related to depression, the negative correlation with the SAI-R indicates that as levels of spontaneity decrease, the issues relating to depressive symptoms increase.

Finally, we hypothesized significant positive correlations among the BDI-II and the CORE-OM. The results illustrate strikingly significant positive correlations between the two instruments, $r = .742$, $p < .001$. The positive correlation between BDI-II and CORE-OM provides a direct proportionality between the levels of depression and general conditions of psychological distress. Table 3 presents the Pearson correlation coefficients between the two instruments.

Table 3. Pearson's correlation coefficients between BDI-II and CORE-OM.

	CORE Total	CORE Subjective well-being	CORE Problems	CORE Functioning	CORE Risk	CORE Risk Items without	BDI-II
CORE_ Total	1	.814[**]	.924[**]	.869[**]	.424[**]	.992[**]	.742[**]
CORE_ Subjective well-being	.814[**]	1	.736[**]	.617[**]	.164[*]	.832[**]	.635[**]
CORE_Problems	.924[**]	.736[**]	1	.661[**]	.272[**]	.933[**]	.707[**]
CORE_ Functioning	.869[**]	.617[**]	.661[**]	1	.336[**]	.867[**]	.620[**]
CORE_ Risk	.424[**]	.164[*]	.272[**]	.336[**]	1	.309[**]	.260[**]
CORE_ Risk Items without	.992[**]	.832[**]	.933[**]	.867[**]	.309[**]	1	.744[**]
BDI-II	.742[**]	.635[**]	.707[**]	.620[**]	.260[**]	.744[**]	1

Discussion

The results from the present research demonstrate a high validity of the

research instruments used in the study. Moreover, the results obtained on the different tests are positioned below the thresholds established by previous clinical studies of validation. In addition, statistically significant correlations were found for almost all of the comparisons between the various instruments, thus confirming the existence of a close relationship between the level of spontaneity and various aspects related to the individuals well-being. This data allows us to conclude that the various tests and batteries used in this study are valid instruments for measuring the constructs of spontaneity, depression and illness. Such correlations are an indication that with increasing levels of spontaneity and creativity, we find a decrease in general illness and symptoms related to depression. The importance of these results, consists in the fact that the instrument can be considered valid in measuring the effectiveness of the psycho drama intervention, designed to increase levels of spontaneity and therefore increase the level of well-being.

The main objective of the research conducted was to verify the validity of the theoretical model upon which the project Empower Daphne rests, through the administration of three instruments (SAI-R, CORE-OM and BDI-II) created to detect indices of spontaneity, sickness (or wellbeing) and depression.

Spontaneity levels were negatively correlated with the level of general malaise – measured by the CORE-OM – as well as with aspects related to depressive symptoms measured by the BDI-II. As already reported in the literature (Kipper, 2007; Davelaar et al., 2008; Steizel et al., 1994; Kipper et al., 2005), these correlations precisely confirm that increasing levels of spontaneity (and creativity), match the decrease in scores-of general malaise (CORE-OM) and symptoms related to depression (BDI-II). The mean total scores obtained in the SAI-R showed low scores for both men and women.

These results indicate that Italians are not very spontaneous. This is confirmed in one recent European research project – Grundtvig (2012) – where, using the same tool for the detection of indices of spontaneity in order to enhance learning, revealed the same trend (Testoni, Guglielmin, Pogliani, & Tempra, 2012).

This result could be attributed in specific to our territory. Italy is among those European countries that are characterized by a high concentration of mafia (Ministry of Interior, 2007), and where there is a strong traditional culture that keeps women – through maternal education- tied to their familial duties and/or emotional sexual role (Testoni et al., 2009). Furthermore, these results seem to confirm the reason why Italian women, in addition to being less spontaneous, score higher in levels of general malaise than Italian men.

Moreover, a negative correlation emerged between the CORE-OM and BDI-II with age, so with the increasing age of participants we obtained higher scores in the extent of the malaise and depression, as confirmed in a study conducted by Testoni (2009) in which it was shown that the limitation of the emancipation of women in areas where the Mafia dominates (the

study investigated specifically Italy and Romania), is amplified by variables such as age and low educational attainment.

Probably, if a culture of this kind is related to these variables, then it's plausible, as is was indeed found, that Italian women obtain even higher scores in the measurement of malaise (CORE-OM) and depression (BDI-II) that increases with age.

The results presented here, therefore, confirm the initial hypothesis, namely that with increasing levels of spontaneity comes a reduction in the levels of malaise and depression. In light of these results, we believe that an intervention based on the psychodrama approach aimed at increasing levels of spontaneity, could indeed have a strong influence in helping women victims of violence increase their level of well-being.

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