

Psychological Applications and Trends

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BRIEF CONTENTS

Foreword	v
Organizing and Scientific Committee	vii
Sponsor	x
Keynote Lecture	xi
Special Talks	xiii
Index of Contents	xxi

FOREWORD

Dear Participants,

This book contains a compilation of papers presented at the International Psychological Applications Conference and Trends (InPACT) 2024, organized by the World Institute for Advanced Research and Science (WIARS), held in International Psychological Applications Conference and Trends (InPACT) 2024, held in Porto, Portugal, from 20 to 22 of April 2024. This conference serves as a platform for scholars, researchers, practitioners, and students to come together and share their latest findings, ideas, and insights in the field of psychology.

Over the next few days, we will be exploring some of the most cutting-edge research and theories in psychology. We have a diverse range of topics and speakers lined up for you, covering themes and sub-themes. The conference proceedings and program include eight main broad-ranging categories that cover diversified interest areas:

- **CLINICAL PSYCHOLOGY:** Emotions and related psychological processes; Assessment; Psychotherapy and counseling; Addictive behaviors; Eating disorders; Personality disorders; Quality of life and mental health; Communication within relationships; Services of mental health; and Psychopathology.
- **EDUCATIONAL PSYCHOLOGY:** Language and cognitive processes; School environment and childhood disorders; Parenting and parenting related processes; Learning and technology; Psychology in schools; Intelligence and creativity; Motivation in classroom; Perspectives on teaching; Assessment and evaluation; and Individual differences in learning.
- **SOCIAL PSYCHOLOGY:** Cross-cultural dimensions of mental disorders; Employment issues and training; Organizational psychology; Psychology in politics and international issues; Social factors in adolescence and its development; Social anxiety and self-esteem; Immigration and social policy; Self-efficacy and identity development; Parenting and social support; Addiction and stigmatization; Psychological and social impact of virtual networks.
- **LEGAL PSYCHOLOGY:** Violence and trauma; Mass-media and aggression; Intra-familial violence; Juvenile delinquency; Aggressive behavior in childhood; Internet offending; Working with crime perpetrators; Forensic psychology; Violent risk assessment; Law enforcement and stress.
- **COGNITIVE AND EXPERIMENTAL PSYCHOLOGY:** Perception, memory, and attention; Decision making and problem-solving; Concept formation, reasoning, and judgment; Language processing; Learning skills and education; Cognitive Neuroscience; Computer analogies and information processing (Artificial Intelligence and computer simulations); Social and cultural factors in the cognitive approach; Experimental methods, research and statistics; Biopsychology.
- **ENVIRONMENTAL PSYCHOLOGY:** Environmental behaviour studies; Place attachment, Restorative environments; Pro-environmental behavior; Architectural psychology; Environment Psychology Theories and Methods; Environmental risk perception and management; Environmental impact assessment; Environmental consciousness; Interdisciplinary research.
- **HEALTH PSYCHOLOGY:** Biological, Physiological and Cognitive Models; Research methods and measurement; Individual differences and Habits; Illness-related and sick role beliefs; Acute and chronic illness; Dealing with Pain; Health Promotion and Intervention.
- **PSYCHOANALYSIS AND PSYCHOANALYTICAL PSYCHOTHERAPY:** Psychoanalysis and psychology; The unconscious; The Oedipus complex; Psychoanalysis of children; Pathological mourning; Addictive personalities; Borderline organizations; Narcissistic personalities; Anxiety and phobias; Psychosis; Neuropsychoanalysis.

InPACT 2024 received 526 submissions, from more than 43 different countries all over the world, reviewed by a double-blind process. Submissions were prepared to take the form of Oral Presentations, Posters, Virtual Presentations and Workshops. 189 submissions (overall, 36% acceptance rate) were accepted for presentation at the conference.

As we all know, psychology is a vast and complex field that encompasses a wide range of topics, from the study of human behaviour to the workings of the brain. It is a field that has made enormous strides in recent years, and it continues to evolve at a rapid pace. At this conference, we hope to not only share the latest research and developments in psychology but also to foster a sense of community and collaboration among attendees. We believe that by working together, we can continue to advance the field of psychology and make important contributions to our understanding of the human mind and behaviour.

We would like to express our sincere gratitude to all of our speakers, sponsors, and attendees for making this conference possible. This book includes an extensive variety of contributors and presenters that are hereby sharing with us their different personal, academic, and cultural experiences.

The conference also includes:

- One keynote presentation by Dr Tori Snell (Consultant Clinical Psychologist, Central and North West London NHS Foundation Trust; Director for International Relations – Association of Clinical Psychologists – UK (ACP-UK); Clinical Associate – Al Razi Medical Centre, Baghdad).
- Two Special Talks, one by Prof. Clara Pracana (Full and Training Member of the Portuguese Association of Psychoanalysis and Psychoanalytic Psychotherapy, Portugal), and one by Prof. Dr. Michael Wang (Emeritus Professor of Clinical Psychology, University of Leicester, United Kingdom).

This volume is composed with the full content of the accepted submissions of the International Psychological Applications Conference and Trends (InPACT 2024). We hope that this book of proceedings will be a valuable resource for those in attendance, as well as for those who could not join us. Thank you for your participation, and we look forward to a productive and stimulating event!

Lastly, we would like to thank all the authors and participants, the members of the academic scientific committee, and, of course, the organizing and administration team for making and putting this conference together.

Looking forward to continuing our collaboration in the future,

Prof. Clara Pracana

*Full and Training Member of the Portuguese Association of Psychoanalysis and Psychoanalytic Psychotherapy, Portugal
Conference and Program Co-Chair*

Prof. Michael Wang

*Emeritus Professor of Clinical Psychology, University of Leicester, United Kingdom
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KEYNOTE LECTURE

THE SLOW ROAD TO DECONSTRUCTING PSYCHOLOGY: A PERSONAL JOURNEY FROM FIELD WORK TO CLINICAL PRACTICE WITH WAR AFFECTED PEOPLE

Dr. Tori Snell

*Consultant Clinical Psychologist, Central and North West London NHS Foundation Trust;
Director for International Relations - Association of Clinical Psychologists – UK (ACP-UK)
(United Kingdom)
Clinical Associate – Al Razi Medical Centre, Baghdad (Iraq)*

Abstract

An important direction of travel for psychology involves the deconstruction, or decolonisation, of its largely ethnocentric infrastructure. The need for a more considered path can be applied to (post) conflict settings. Research into the experiences of people affected by war and armed conflict tends to be needs-led e.g., by humanitarian or non-governmental organisations (NGOs) or else it seeks to understand the relation between stress exposure and mental health in the (post) conflict context. These approaches can be ‘extractive’, meaning that information is gained in ways that are more transactional than collaborative and with interpretations that risk being over simplified. Reflections on applying psychological theories, diagnoses (including diagnostic screening tools), and interventions with children and adults caught up in war-related violence and its ongoing aftermath in Iraq from 2006 to the present will be shared in this presentation to highlight the authority of their experiences and what was learned. Ethical dilemmas relating to research and clinical practice will be explored drawing from current perspectives.

Biography

Dr Tori Snell, BA (Hons), BSc (Hons), MSc, DClInPsy is a Consultant Clinical Psychologist working in the Addictions Directorate of Central and North West London NHS Foundation Trust (CNWL). Having completed a first degree in history, she started out as a journalist with the Washington Post followed by a beat on an Ohio daily (The Medina County Gazette) and, later, Reuters. Tori lived for many years in Southeast Asia, the Gulf and the Middle East as a trailing diplomatic spouse and ‘stay-at-home’ mother. Witnessing the disproportionate effects of historic and ongoing conflict on existing inequalities within these communities was central to her decision to switch careers. In 2008, she gained a place on the NHS-funded doctorate in clinical psychology at the University of Leicester. Prior to training, she worked in Jordan with a governmental organisation to assess the psychological experiences of recruits to the Iraqi security forces and with non-governmental organisations, including the Japanese non-profit NICCOD, evaluating psychosocial interventions, and providing support for children and families from Iraq and Palestine. The work with NICCOD was under the clinical supervision of the Consultant Psychiatrist, Dr Numan Ali with whom she still works remotely as an associate in his Baghdad-based clinic. From 2007-2019, Tori was appointed to several boards within the Norway-UK based Children and War Foundation and served as the English language editor of the Arab Journal of Psychiatry (2008-2023). Since 2015, she has held an honorary clinical teaching post on the Leicester DClInPsy course; and, as part of advocating for her profession, holds an elected post as a Director with the Association of Clinical Psychologists UK (ACP-UK).

SPECIAL TALKS

ON TRANSIENCE: THE CHALLENGE OF CHANGE

Prof. Dr. Clara Pracana

*Portuguese Association of Psychoanalysis and Psychoanalytical Psychotherapy,
Lisbon (Portugal)*

Abstract

The purpose of this talk is to reflect upon impermanence and change, from a psychological and psycho-analytical perspective. With change, comes loss and sometimes gain. Humans don't like change, we were not hardwired for that. It makes us suffer, specially with loss that come with it. This can include many types of change, some lighter, some very difficult like unemployment, divorce, aging and the loss of beauty; others that may be really dramatic, like disease and death.

It's our duty, as professionals, to reflect about it and help others to cope with this painful reality of life.

Keywords: *Transience, transitoriness, change, aging, loss, disease, death, mourning.*

Nothing Gold Can Stay

*Nature's first green is gold,
Her hardest hue to hold.
Her early leaf's a flower;
But only so an hour.
Then leaf subsides to leaf.
So Eden sank to grief,
So dawn goes down to day.
Nothing gold can stay.*

Robert Frost

Before we start reflecting about transience, I believe we need to agree on the concept.

The Oxford Dictionary states: transience is the state or fact of lasting only for a short time; transitoriness.

I'd like to open up a bit these notions. In this talk, transience will refer to impermanence, to change, to temporality. The important thing is: With them, comes loss; or, a few times, gain.

My purpose will be to discuss with you the challenges of change in our lives, in the lives of our patients and consequently in our work.

We all know, I suppose, that change is part of life and nothing really stays for long, starting by our own perishable bodies. But that's theoretical. Another thing is to deal with it and accept this reality. That's most of the time painful and raises anxiety or, as we say these days, stress.

Long ago, humankind started to worry about the sad realities of life, on top of all, death. Paleontologists tell us that it took a long while before humans (the Neanderthals, as it seems) started to bury their dead (chimpanzees don't worry about this). Rituals followed, to guarantee that the loved ones

will be comfortable in the afterlife. This belief constitutes a gigantic leap in terms of capacity for abstraction and symbolism.

More recently, relatively speaking, the Greek philosopher Zeno (300 BC) and the Stoics in Ancient Rome dealt extensively with impermanence, change, suffering old age, death. The core of Buddhism is similar: how to prepare for change, sickness, old age, death. All these people worried about how to live a good life and be a comfort to others.

Centuries afterwards, I don't think we're prepared for change. I asked Chat GPT plus to provide me with what were the major causes of stress. Here's what he/she/it said:

1. **Life Transitions:** Major life transitions, such as starting a new job, moving to a new city, getting married, or having a baby, can be sources of stress due to the significant changes and adjustments they entail.

2. **Workplace Changes:** Changes in the workplace, such as restructuring, layoffs, changes in leadership, or implementing new technologies, can lead to increased stress and anxiety among employees.

3. **Global Events:** Global events, such as pandemics, economic downturns, political unrest, or natural disasters, can bring about significant changes that contribute to heightened stress and anxiety on a societal level.

4. **Personal Changes:** Personal changes, such as relationship breakdowns, loss of a loved one, health issues, or financial instability, can also be sources of stress and anxiety for individuals.

5. **Statistics:** While I don't have the most current statistics, research has shown that individuals who experience multiple life changes or transitions within a short period are more likely to experience higher levels of stress and anxiety.

6. **Coping Strategies:** It's important for individuals to develop healthy coping strategies to manage stress and anxiety related to change. This may include seeking social support, practicing mindfulness and relaxation techniques, maintaining a healthy lifestyle, and seeking professional help if needed.

If you are facing significant changes in your life that are causing you stress or anxiety, consider reaching out to a mental health professional or counselor for support. They can provide guidance and tools to help you navigate through these challenging times.

I also had a look at the Holmes and Rahe Stress Scale, maybe still the most used one:

Table 1.

Life event	Life change units
Beginning or end of school	26
Business readjustment	39
Change in church activities	19
Change in eating habits	15
Change in financial state	38
Change in frequency of arguments	35
Change in health of family member	44
Change in living conditions	25
Change in number of family reunions	15
Change in recreation	19
Change in residence	20
Change in responsibilities at work	29
Change in schools	20
Change in sleeping habits	16
Change in social activities	18
Change in working hours or conditions	20
Change to different line of work	36
Child leaving home	29
Death of a close family member	63
Death of a close friend	37

Death of a spouse	100
Dismissal from work	47
Divorce	73
Foreclosure of mortgage or loan	30
Gain a new family member	39
Imprisonment	63
Major holiday	12
Major mortgage	32
Marital reconciliation	45
Marital separation	65
Marriage	50
Minor mortgage or loan	17
Minor violation of law	11
Outstanding personal achievement	28
Personal injury or illness	53
Pregnancy	40
Retirement	45
Revision of personal habits	24
Sexual difficulties	39
Spouse starts or stops work	26
Trouble with boss	23
Trouble with in-laws	29
Vacation	13

Score of 300+: At risk of illness.

Score of 150-299: Risk of illness is moderate (reduced by 30% from the above risk).

Score < 150: Slight risk of illness.

(Source: en.Wikipedia)

As you can see, all of the listed predicaments are related to change, even if it may be for the better. The authors stress that the assessment may vary accordingly to the different countries and cultural contexts, which make perfect sense. However, my point is that our brains, human brains, are not hardwired for change.

When Elisabeth Kübler-Ross wrote in 1969 her best-known work “On death and dying”, she described the five stages that most individuals experience when faced with their imminent death: Denial, anger, bargaining, depression, and acceptance. These five stages have since been applied to grief, as I presume you know, and not only to terminal patients. Loss, grief, mourning.

I propose that we can help our patients through a process of change that involves loss, considering these five stages and steering them along the painful path.

In addition, as a psychoanalyst, I also think we should look at change from the perspective that Freud wrote about in 1916, in a small text titled “On Transience”. Let’s see what he tells us:

Not long ago I went on a summer walk throughout a smiling countryside in the company of (...) a young but already famous poet. The poet admired the beauty of the scene around us but felt no joy in it. He was disturbed by the thought that all this beauty was fated to extinction, that it would vanish when winter came, like all human beauty and all the beauty and splendour that men have created or may create (Freud,S.,1916, p. 305).

The poet got depressed with the idea that all that beauty would disappear in a few weeks. So do we in retrospect, when we remember when we were much younger and stronger, when our parents or grandparents were still with us, when we were children and careless about what life would inevitably bring. This attachment to the past makes us suffer and miss the days of yore. When we should be living and enjoying the present with a view to the future, we plunge ourselves into mourning and melancholia. What a waste of time!

Let's return to Freud again:

I did dispute the pessimistic poet's view that the transience of what is beautiful involves any loss its worth.

(...) On the contrary, an increase! (...) Limitation in the possibility of an enjoyment raises the value of enjoyment (S. Freud, 1916:305)

But Freud's arguments, much longer than I quoted, made little impression upon the poet. Freud concludes that some emotional factor was at work which was disturbing the poet's judgment.

What spoilt (...) enjoyment of beauty but have been a revolt in [his mind] against mourning. (...) to the psychologists mourning is a great riddle (S. Freud, 1916:306)

Freud proceeds exploring this issue. According to him, humans possess a certain amount of capacity for love (libido) which is directed to oneself when we are babies and later is diverted from ego to objects, the first being the mother: "Libido clings to its objects and will not renounce those that are lost even when a substitute lies ready to hand. Such then is mourning".

Mourning, as we know, however painful it maybe, comes into a spontaneous end. When it has renounced everything that has been lost, then it has consumed itself, and our libido is free to replace the lost objects by fresh ones equally or still more precious (S. Freud, 1916:307)

To know more about Freud's theory on mourning, one should read his masterpiece written a year later, titled "Mourning and Melancholia". I won't go into detail at this time, let's just mention that Freud in this text links melancholia (a major form of depression, to put it simplistically), to pathological mourning.

As a therapist, I've seen quite a number of cases that can be diagnosed as pathological mourning, e.g., an incapacity to let go of the lost object and which involves an identification with it. It's painful and can go on for many years. There's a difference, as Freud stresses, between melancholia and the normal stages of mourning.

Which brings us back to the five stages of mourning that can be applied, if only partially and not always in the same sequence, to the suffering and stress coming from change that is experienced as painful. Denial, anger, bargaining, depression and acceptance are expressions of how individual deal with change and loss. It's stressful and painful.

I propose all this suffering comes from our inability to accept and even embrace change. Change defies our self-confidence, makes us waver, it's scary.

Take the example of a divorce. It brings many changes and losses: a breakup that brings the loss of a relationship (maybe already lost years ago but one still clings to it's memory), the moving from home in certain cases, the need to share the children and the change it brings, the loss of many habits we've been accumulating for years. The change in habits, although it may seem a small thing, it's nothing of the sort. I've seen in my practice that it's one of the main challenges that a change like a divorce may bring. People cling to habits as if they were their reason of being, they entrench behind them as if their identity depends on them.

Take another example: the changes that age brings. Every look in the mirror makes us long for the days of yore. Some deny it and resort to cosmetic surgeries - I'm not judging, just noting. As with the new wrinkles that appear almost from day to day, every ache in the back reminds us how rigid and old we're becoming, every stair becomes a challenge, some movements impossible to achieve. Some people become bitter and bitter and apparently don't reach the last stage: acceptance.

Let's take another common example of change that has an emotional impact: moving house. Studies show that dealing with the uncertainty of a new environment may bring higher levels of anxiety, disorientation and even fear. On the other hand, I've seen in my clinical practice patients that welcome this kind of change and feel enthusiastic about the opportunity to decorate the new home, get a fresh start, even make new friends. I suppose it's more about the way we deal with change that matters, not so much change itself - which is a reality of life. Embracing change and not fighting it should be, in my opinion, something that we should help our patients to learn.

Every change brings loss but it's also an an opportunity to gain something new. However, sometimes - should I say most times - mourning overcomes us. Mourning is a subject that should interest us therapists, since it maybe very complex and frequently not elaborated in the healthiest manner, as I mentioned above.

To sum it up: Change being a constant of life, what can we do to help our patients (and ourselves) to deal with it? Every move or process that brings acceptance must be pursued. We must bear with the patients through the whole process of mourning and act as a mind “container” (as Wilfred Bion put it), to the mental afflictions that come with it.

There are also other techniques that may help. I’m a great believer in meditation, especially if practiced regularly. It helps prepare to accept impermanence and change. It’s best to start early, and not to wait for change and loss to take place. The regular practice (preferably daily) is a kind of protection against the suffering and the anxiety that will come eventually. If you want to know more about this subject, we had a lecture on Psychoanalysis and Buddhism at InPact 2022, during which a colleague and I delved into the subject. We established a strong connection between Bion and his “theory of thinking” and the buddhist teachings. The therapist, as I mentioned, should act as container for the stress and fears that come with change. The main transformation, however, is to be able to accept.

In the same vein, I find also very helpful a model entitled Acceptance and Commitment Therapy, developed by Steven C. Hayes years ago. He asserted that “negative” human emotions should be experienced as a part of the whole life. As he wrote in 2009: “Acceptance, mindfulness, and values are key psychological tools needed for that transformative shift.” (Psychology Today, 9/1/2009).

A famous Portuguese psychoanalyst, my mentor and friend, used to say that we should have a few theories and models in the back of our minds. They’ll flow naturally in the therapeutic setting when the situation calls.

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Biography

Clara Pracana is a psychoanalyst, psychotherapist, coach, author and lecturer. She was born in the Azores, Portugal. She has a Ph.D. in Applied Psychology and a Masters in Clinical Psychology and Psychopathology. She is a founding and full member of the Portuguese Association of Psychoanalysis and Psychoanalytical Psychotherapy, Portugal. She is a regular lecturer on psychoanalytical topics and has published several papers and four books. She is also a certified coach with the International Coaching Community (ICC). As a psychoanalyst, counselor, and coach, she has a private practice in Lisbon. Her research addresses anxiety, guilt and shame, depression, emotional intelligence, leadership, change, motivation, and group dynamics.

THE ROLE OF THE EXPERT CLINICAL NEUROPSYCHOLOGIST IN THE UK CIVIL COURTS

Prof. Dr. Michael Wang

Emeritus Professor of Clinical Psychology, University of Leicester (United Kingdom)

Abstract

In the UK, clinical neuropsychologists are often instructed by personal injury solicitors in cases of acquired or traumatic brain injury. Their role includes neuropsychological assessment and examination to determine condition and prognosis, as well as to advise on rehabilitation and future care needs. This leads directly to estimates of compensation to cover costs for rehabilitation and future care for the rest of the client's life. Because the UK court system is adversarial, there are usually two neuropsychological experts, one representing the client/patient, and one representing the defendant (usually an insurance company). This presentation will summarise common neuropsychological tests and profiles in acquired brain injury cases. It will also describe the various medico-legal consultation phases and outcomes.

Biography

Prof. Michael Wang, BSc(Hons), MSc(Clin.Psy), PhD, C. Psychol., FBPSS, is Emeritus Professor of Clinical Psychology in the Clinical Psychology Unit, Centre for Medicine, University of Leicester, and former Director of the National Health Service-funded Doctoral Postgraduate Clinical Psychology Training Course (2005-2014). He is a former Chair of the Division of Clinical Psychology of the British Psychological Society. Prof. Wang is also a full practitioner member of the BPS Division of Neuropsychology and a member of the BPS Division of Health Psychology. He is Chair of the Association of Clinical Psychologists UK. He has worked as a clinical psychologist for 40 years. Prior to his appointment in Leicester he was Director of the 6-year, integrated Doctoral Clinical Psychology Training Course at the University of Hull. Throughout his academic career he has maintained an Honorary Consultant role in the NHS, treating patients with anxiety disorders, depression and obsessional compulsive disorder. He has more than 20 years' experience of examining patients with traumatic brain injury for the UK courts. He obtained his three degrees from the University of Manchester: following graduating with a BSc in Psychology in 1978 he began his professional postgraduate training in Clinical Psychology in the Faculty of Medicine. Subsequently he completed a research PhD in 1990 which investigated learning and memory in alcoholics. Over recent years Prof Wang has gained an international reputation for his research on cognitive and memory function during general anaesthesia. In 2004 he organized the 6th International Symposium on Memory and Awareness in Anaesthesia and Intensive Care (in Hull) – the foremost international forum for clinical research in this particular field. He has held appointments on a number of prominent committees in the British Psychological Society including the professional accrediting body for clinical psychology training, and a committee that is in the process of determining national standards for competence in the use of neuropsychological tests. He has served as an expert advisor on a NICE (UK) Committee in relation to the monitoring of depth of anaesthesia and also as an expert member of the Royal College of Anaesthesia's National Audit Project 5 (a national audit of anaesthetic awareness reports). In 1999 he was made Fellow of the British Psychological Society and is also a Fellow of the Royal Society of Medicine. In 2015 he was awarded the Humphry Davy Medal by the Royal College of Anaesthetists for his contribution to the understanding of accidental awareness during general anaesthesia. Prof. Wang has published more than 60 papers in peer-reviewed journals, and numerous book chapters. He has been an invited speaker at international conferences on more than 30 occasions. In collaboration with colleagues he has won more than £1.2 million in research funding. He has supervised more than 40 doctoral research projects over the past 25 years. He has been a regular contributor and session chair at recent InFACT conferences, and recently joined the conference team as a co-organiser.

INDEX OF CONTENTS

ORAL PRESENTATIONS

Clinical Psychology

- Psychotherapeutic playback theatre: Theatre as therapy** 3
António-José Gonzalez, Margarida Pedroso de Lima, & Luís Preto
- How does solution-focused management influence followership behavior?** 8
Minoru Nishinobo
- The memory divisions of Tulving versus Squire – Advantages and disadvantages for neuropsychology and memory assessment** 13
Hans J. Markowitsch, & Angelica Staniloiu
- Grossly reduced effort – A matter of will or of possibility?** 17
Angelica Staniloiu, & Hans J. Markowitsch
- The experiences of adolescent daughters of mothers diagnosed with Borderline Personality Disorder** 22
Marlize Heppell, & Lindi Nel
- The application of Awareness Integration Theory, a trauma-informed care modality: A systematic review** 27
Foojan Zeine, Nicole Jafari, & Kenneth Blum
- Perceived social support and anxiety: The mediating role of self-compassion and the moderating role of culture** 32
Lubna Tannous-Haddad, & Efrat Barel
- Teachers' well-being in Slovenia: The role of mindfulness and mindful teaching** 37
Ana Kozina
- Standardising medical seclusion reviews at the Harbor Psychiatric Hospital** 42
Afifa Qamar, Chioma Elwa-Epaku, & Chandrashekar Gangaraju
- Sex and the clergy: An insider perspective on attitudes towards celibacy** 47
Andrea Catania, & Mary-Anne Lauri
- Development of a social skills checklist for adults and examination of its psychometric properties** 51
Arkun Tatar, & Gaye Saltukoğlu
- Wellbeing of secondary school students from Serbia: The role of gender, socioeconomic status and ethnic background** 56
Nataša Simić, Svetlana Jović, & Danijela S. Petrović
- Relationship between paranoia and hostility: The role of meta-beliefs** 61
Carolina Papa, Micaela Di Consiglio, Marco Bassi de Toni, Vittoria Zaccari, Francesco Mancini, & Alessandro Couyoumdjian

The positive impact of mindfulness retreats on physical and mental health well-being of non-clinical individuals	66
<i>Nicole Jafari, & Laleh Mehrad</i>	
Evaluation of cognitive and behavioral effects of personality-based substance use prevention in Canada	71
<i>Marvin Krank</i>	
Personality traits relevant to depression: Old associations, new perspectives	76
<i>Gaye Saltukoğlu, & Arkun Tatar</i>	
Anxiety, social desirability, and coping styles in hypersexual and non-hypersexual men	81
<i>Angelika Kleszczewska-Albińska</i>	
Fostering therapeutic alliance and long-term benefits through virtual collaboration in VRET	86
<i>Kristína Varšová, & Vojtěch Jurík</i>	
Healing through mirroring the other: A single case on sharing vulnerability in the therapeutic relationship	91
<i>Carolina Papa, Erica Pugliese, Ramona Fimiani, & Claudia Perdighe</i>	
The meaningfulness of life: Its assessment and nature	96
<i>Shulamith Kreitler</i>	
The PHQ-9 and GAD-7 depressive and anxiety multipurpose measures: Exploring gender differences and clinical utility regarding psychological flexibility	101
<i>Danie A. Beaulieu, Abigail Daley, Lisa A. Best, & Cecile J. Proctor</i>	
Quality of life in aging: A survey for co-living	106
<i>Marie J. Myers</i>	
Clinical interventions for children and adolescents in public mental health services in Brazil	111
<i>Luziane Zacché Avellar</i>	
Life on hold – Living with ambiguous loss	116
<i>Lili Khechuashvili, & Mariam Gogichaishvili</i>	
Meaning making after malpractice complaints against psychologists: Losing the battle, winning the war	121
<i>Esmé van Rensburg, & Hanlé Kirkcaldy</i>	
<u>Educational Psychology</u>	
Epistemological framing in statistics courses for psychology students	126
<i>Carlos Vargas Morales</i>	
Clinging to the dream: Predicting persistence among college students	131
<i>Gaithri A. Fernando, Krishna Foster, Michael S. Joseph, Tina Salmassi, Valerie Talavera-Bustillos, & Amber Pereira</i>	
Towards fair and responsible AI: A study using SWOT and four-component model to analyse ethical AI in education	136
<i>Ruhul Amin Noel, & Gabriele M. Murry</i>	

Facilitators and barriers in the use of digital tools for adolescents and young adults with disabilities or troubles	141
<i>Florent Halgand, Dorothée Trotier, Guillaume Souesme, Sophie Pivry, & Célia Maintenant</i>	
Early diagnosis and intervention of developmental dyslexia at the preschool age: The role of stress	146
<i>Victoria Zakopoulou, Elena Venizelou, Christos-Orestis Tsiantis, Alexandros Tzallas, George Dimakopoulos, & Maria Syrrou</i>	
Different aspects of identity and ethnic socialization practices of parents in Serbia	151
<i>Milena Belić, Hana Sejfović, & Đerđi Erdeš-Kavečan</i>	
School climate – Teachers’ perspective	156
<i>Danijela S. Petrović, Jovan Radosavljević, & Natalija Ignjatović</i>	
Study of the nature of young people's enabling environments and their vocational identity, in the expression of their orientation choices, according to Sen's capabilities theory	161
<i>Sandrine Garin, Valérie Cohen-Scali, & Katia Terriot</i>	
Results from year two of a brain development unit with preservice teachers	166
<i>Susie Morrissey, & Katharine Northcutt</i>	
Teacher's perceptions of the usefulness of board games in elementary school	171
<i>Pierre Cès, Mathilde Duflos, Anne-Lise Doyen, & Caroline Giraudeau</i>	
<u>Social Psychology</u>	
Perceptions of inclusion professionals on employability of individuals with intellectual and developmental disabilities: A transnational study	175
<i>Carla Sousa, Júlia Pereira, Paulina Tsvetkova, & Cátia Casimiro</i>	
Diversity management to reduce stereotypes and discrimination in society	180
<i>Maija Zakrizevska-Belogrudova</i>	
Longitudinal changes in vocational interests in middle adolescence	185
<i>Iva Šverko, Toni Babarović, Mirta Blažev, Iva Černja Rajter, & Dora Popović</i>	
Lifelong employability: Developing power to act in higher education students	190
<i>Maria Cadilhe, Ana I. Rodrigues, Liliana Cunha, & Marta Santos</i>	
Qualitative study of body image and culture among Iranian-Americans	195
<i>Sepehr Khosravi, & Amara Miller</i>	
Coping strategies as mediators of the relationship between high sensory processing sensitivity and compassion fatigue	200
<i>Jimmy Bordarie, & Caroline Mourtialon</i>	
Pastor or manager? Young priests placed into a role they did not sign up for	205
<i>Gottfried Catania, & Andre Mifsud</i>	
Adolescent's attitude to foster or adopted children	210
<i>Elena Chebotareva</i>	

The pattern of change in autonomous career motivation in mid-adolescence <i>Toni Babarović, Iva Šverko, & Eta Krpanec</i>	215
Language of hate and discrimination in politics: Does it matter who we are to care <i>Medea Despotashvili</i>	219
Highly sensitivity, job satisfaction and work engagement among speech-language therapists <i>Jimmy Bordarie, & Olivia Gentilhomme</i>	224
Profiles of professional identification in the French public service sector <i>Victor Noble, & Evelyne Fouquereau</i>	229
Better understanding the workers' pre-implementation attitudes toward an organizational change <i>Camille Reculet, & Evelyne Fouquereau</i>	234
Exploring the representations of disabled women using the repertory grid technique <i>Amy Camilleri-Zahra, Mary-Anne Lauri, & Gottfried Catania</i>	239
Experiencing organizational change at university: The role of personal and job resources <i>Kristina Kovalcikiene, Aurelija Stelmokiene, Loreta Gustainiene, & Giedre Geneviciute-Janone</i>	244
The mediating role of contextual performance in the relationship between self-leadership and job satisfaction <i>Íris Leão, & António Caetano</i>	249
Factors influencing acculturation strategies of Armenians Azeris living in Georgia <i>Anna Gvetadze, & Ekaterine Pirtskhalava</i>	254
The Covid-19 pandemic as a career shock: University students' perspective <i>Ivana B. Petrović, Maja Ćurić Dražić, & Milica Vukelić</i>	258
Identity strategies of Georgians migrants in Germany <i>Ekaterine Pirtskhalava, & Ina Shanava</i>	261
Work addiction and work-related depression in Jamaica: What is the cost of too much work? <i>Tracy A. McFarlane, & Sophia S. Morgan</i>	266
Georgia's political identity & middle corridor <i>Elene Kvanchilashvili, & Ekaterine Pirtskhalava</i>	271
 <u>Legal Psychology</u>	
Violence risk appraisal and legal principles – From legal perspective to practical application <i>Martina Feldhammer-Kahr, Nina Kaiser, Ida Leibetseder, & Martin Arendasy</i>	275

Cognitive and Experimental Psychology

The influence of bilingualism on lexical access and categorization process in primary school children	280
<i>Samira Bouayed, Annamaria Lammel, & Louise Goyet</i>	
What use is the reproductive imagination to the visitor of a museum exhibition?	285
<i>Colette Dufresne-Tassé</i>	
The role of humour and absurdity in creating memorable and persuasive beverage advertisements	290
<i>Md Jawadur Rahman, & Gabriele M. Murry</i>	
Physical and psychological survival as motives: Explaining all attention and memory	295
<i>Rebecca C. Curtis</i>	
Improving machine learning prediction of constructs: Mental fatigue	299
<i>Vojtěch Formánek, & Vojtěch Juřík</i>	
Mental cultural models: How modern Georgians perceive love, sexuality and family	304
<i>Lali Surmanidze, & Tinatin Chkheidze</i>	
Does a smile signal happiness? Beliefs among laypersons about emotional facial expressions	309
<i>Derek J. Gaudet, & Lisa A. Best</i>	
Perception as an intelligent act	314
<i>Martinho Moura, & Bruno Nobre</i>	

Environmental Psychology

Place attachment and the meaning of home for immigrants	319
<i>Lystra Huggins</i>	
A descriptive-social-norm based intervention to increase a pro-environmental behavior in a restaurant	322
<i>Alessia Dorigoni, & Nicolao Bonini</i>	
Being a climate volunteer in Turkey: Turning eco-anxiety into action	325
<i>Meryem Demir Güdüll</i>	
Impact of natural and urban environments on thermal pain perception: Experimental study in virtual environments	329
<i>Anna Mucha, Ewa Wojtyna, & Anita Pollak</i>	
An exploration of eco-anxiety and environmental engagement in Malta using a mixed-methods research design	334
<i>Claire Bonello, & Mary-Anne Lauri</i>	
Co-living as a choice for independent retired women: Hope for social transformation	339
<i>Marie J. Myers</i>	

Health Psychology

A socio-technical systems approach for the prevention of Retained Foreign Objects (RFOs) in healthcare 344

Siobhán Corrigan, Alison Kay, Sam Cromie, & Katie O. Byrne

Psychological burden in atopic dermatitis patients 349

Valentina Cafaro, Massimo Giuliani, Norma Cameli, Alessandra Latini, Eugenia Giuliani, & Maria Mariano

Experiences accessing healthcare among 2SLGBTQIA+ people in Canada and the United States 353

Patrick Hickey, Lisa A. Best, & David Speed

Psychoanalysis and Psychoanalytical Psychotherapy

An investigation of the psychodynamic conceptualisation and treatment of moral masochism in substance use disorder 358

Kyle Muscat, & Greta Darmanin Kissaun

Anais Nin's journal of incest 363

Michelle Morin-Odic

POSTERS

Clinical Psychology

- Flexible expression of emotions in relation to symptoms of depression and anxiety in emerging adulthood** 369
Jakub Ladecký, & Lubor Pilárik
- Evaluating ChatGPT's diagnostic capabilities for mental health disorders** 372
Asaf Wishnia, Eyal Rosenstreich, & Uzi Levi
- The computerization of the Abstract and Spatial Reasoning Test (ASRT)** 374
Alessandra Fonseca, & Larissa Gabardo-Martins
- The situational test of emotional flexibility: The expert's consensus on the emotion regulation strategy effectiveness** 377
Lubor Pilárik, Eva Virostková Nábělková, Zuzana Heinzová, & Lada Kaliská
- Depression and HIV infection among MSM: The perfect storm toward chemsex** 380
Stella Capodiecì, Mauro Zaccarelli, Alessandra Latini, Christof Stingone, Maria Gabriella Doná, & Massimo Giuliani
- Greater positive facial responses to violence in highly-sexist perpetrators: Impact on IPVAW prevalence** 383
Javier Comes-Fayos, Isabel Rodríguez Moreno, Sara Bressanutti, Carolina Sarrate Costa, Marisol Lila Murillo, Ángel Romero-Martínez, & Luis Moya-Albiol
- Expressive writing and meditation on test anxiety and academic performance** 386
Hung Nguyen
- Design and development of a speech-based diary for depression relapse prevention** 389
Kyra Kannen, Zohre Azimi, Muhammad Saif-Ur-Rehman, Sonja Dana Roelen, Sebastian Schnieder, Steffen Holsteg, André Karger, Philip Mildner, Jens Piesk, & Jarek Krajewski
- The prevalence of adult ADHD and generalized anxiety disorder following the Covid-19 pandemic in a clinical population** 392
Cheyann Labadie, Qinying (Kim) Wang, & Rubaba Ansari

Educational Psychology

- Unlocking creative problem-solving with artificial intelligence** 395
Jaroslav Orzechowski, & Daria Kamińska
- Subjects that address climate change and students' knowledge: Mapping Portuguese middle and high schoolers' perceptions** 398
Marcelo Félix, Sara Miranda, Juliana Martins, & Jennifer Cunha
- Predictors of student's sense of belonging at school within different groups of students in Slovenia** 401
Klaudija Šterman Ivančič
- Understanding mindful teaching through teacher burnout and relational competence** 404
Igor Peras, Manja Veldin, & Ana Kozina

Social Psychology

- Fear's altruistic quandary: Unraveling pro-social choices** 407
Holly Cole, & Carmen Merrick
- Involuntary career changes. Possible meaning and combination of resources for coping** 410
Anne Pignault, & Claude Houssemand
- Positive Youth Development and PISA reading achievement in immigrant students: The case of Slovenia, Portugal and Hungary** 413
Ana Mlekuž
- Regulators of digital strain and well-being in the organizational context** 416
Eva Rošková, & Laura Šmatlavová
- The duration of adolescent psychological distress and its association with employment characteristics in early adulthood: Evidence from the millennial generation in northern Taiwan** 419
Tzu-Ling Tseng, Chi Chiao, & Wen-Hsu Lin
- Optimising the electronic patient record: A human factors and systems thinking approach** 422
Maeve Moran
- Nation divided: How do democratic and republican voters experience shared reality?** 424
Marta Roczniowska, & Ewelina Purc
- Syrian refugees in Brazil: The issue of groups** 427
Carlos Antonio Massad Campos, & Edinete Maria Rosa

Legal Psychology

- Father-child relationship, parasympathetic nervous system activity and aggressive behavior** 430
Yu Gao, Yonglin Huang, & Wei Zhang

Cognitive and Experimental Psychology

- Artificial intelligence-generated advice: Hard to identify and perceived to be better than human advice** 433
Otto J. B. Kuosmanen, & Tove I. Dahl
- Motivation, decision-making, and self-regulatory processes in the developmental tasks' attainment of emerging adults** 436
Simona Ďurbisová
- Assessing 12-month-old infants' ability to attend to occlusion change-detection events in a virtual setting** 439
Cecilia Nam, & Sandra Waxman
- Time pressure and instinctive responses to driving dilemmas** 442
Jacqueline Miller, Dong-Yuan Wang, Dan Richard, & Aiyin Jiang

Loneliness and motor control: Field and lab investigations 445
Eyal Rosenstreich, & Ayelet Dunsky

Environmental Psychology

Environmental memory and conservation of environmental behaviors 447
Amélie Lesenecal, & Annamaria Lammel

Adolescents' climate change perceptions: Do climate change learning and engaging in environment-related groups matter? 450
Marcelo Félix, Sara Miranda, Pedro Rosário, & Jennifer Cunha

Health Psychology

Ego states and tendency towards psychosomatics 453
Kristina Randelović, Miljana Nikolić, & Jelisaveta Todorović

Personality traits and tendency towards psychosomatics 456
Miljana Spasić Šnele, Jelisaveta Todorović, & Miljana Nikolić

Leaders and followers' different experiences of remote versus office working and its influence on well-being 459
Adele Grazi, & Finian Buckley

Students co-designing the characteristics of a digital mental health program: Insights from Slovenia 462
Manja Veldin, Igor Peras, & Maša Vidmar

A secondary analysis of a systematic literature review on nocturnal caregiving for juveniles with type 1 diabetes - From the perspective of the lived experience 465
Vivienne Howard, Rebecca Maguire, & Siobhán Corrigan

Psychoanalysis and Psychoanalytical Psychotherapy

Help-seeking intentions of Slovak university students during the Covid-19 pandemic 468
Ján Kulan, & Oľga Orosová

VIRTUAL PRESENTATIONS

Clinical Psychology

- Elkins hypnotizability scale: Adaptation of the French version** 473
Frédérique Robin, Sacha Morice, Elise Le Berre, & Marion Letellier
- Childhood emotional abuse and problematic internet use: Trait mindfulness and dissociative experiences as mediators** 478
Valeria Verrastro, Valeria Saladino, Danilo Calaresi, Janine Gullo, & Francesca Cuzzocrea
- Demoralization affects quality of life in terminal cancer patients in palliative care** 483
Valentina Tesio, Andrea Bovero, & Ada Ghiggia
- Parent training based on parental reflective function on the well-being of the family in ASD** 488
Antonella Cavallaro, Luca Simione, & Alessandro Frolli
- Psychological interventions for mesothelioma patients and their caregivers** 493
Isabella Giulia Franzoi, Maria Domenica Sauta, Francesca Barbagli, Alessandra De Luca, & Antonella Granieri
- Post-traumatic growth effects in severe Covid-19 survivors: A qualitative study** 498
Gabriela Aissa Suciu, & Adriana Baban
- Dynamics of autism symptoms in 3-6-year-olds within the framework of a 4-factor model** 503
Andrey Nasledov, Sergey Miroshnikov, & Liubov Tkacheva
- Unraveling the complex interplay of affective neuropsychology and empathy** 508
İbrahim Gökşin Başer, Zeynep Temel, Melek Astar, & İtir Tarı Cömert
- Attitude towards mental illness and its effect on seeking psychological treatment among university students** 512
Getrude Cosmas, Eric Manuel Torres, Lua Pei Lin, & Kok Ann Gie
- Sensory profile and adaptation in adults with Autism Spectrum Disorder without cognitive impairment** 517
Antonella Cavallaro, Luca Simione, & Alessandro Frolli
- Generational continuity: A study on early maladaptive schemas passed from mothers to adult children** 522
Ziřan řarođlu, & Melek Astar
- Self-handicapping in adults: Relationship with perfectionism, self-critical rumination and metacognitive beliefs** 527
Arzu Nur Manav, & Zeynep Temel
- MMPI-A temporal stability study in two samples of Portuguese adolescents, with and without clinical complaints** 532
Maria Joāo Santos, Maria Joāo Afonso, & Rosa Novo

Educational Psychology

- Exploring what learning styles generation Z students prefer: A case of Indonesian undergraduates** 537
Yoshitaka Yamazaki, Michiko Toyama, & Murwani Dewi Wijayanti
- Slovak adolescents' self-concept as a predictor of their school engagement** 542
Beata Žitniaková Gurgová, & Lenka Ďuricová
- Achievement goal motivation and reliance on ChatGPT for learning** 547
Ana Stojanov
- Teacher practice supporting student school readiness skills: A qualitative longitudinal study related to Covid-19 from mid-2020 to mid-2023** 552
Eileen Manoukian, & Mary Barbara Trube
- Examining the educational effects of cooperative learning using a giant maze in virtual reality** 557
Aya Fujisawa
- The language practices of parents and caregivers in raising Malay-English bilinguals – A conceptual paper** 562
Fatin Nadiyah Mahmud, & Khazriyati Salehuddin
- Emotional intelligence and social media use: Dissociative experiences and fear of missing out as mediators** 567
Daniilo Calaresi, Francesca Cuzzocrea, Valeria Saladino, Francesca Liga, & Valeria Verrastro
- The impact of assistive technologies in educational settings for individuals with neurodevelopmental disorders: A national pilot study** 572
Snezhana Kostova, Anna Lekova, & Paulina Tsvetkova
- Mentalization, soft skills and learning** 577
Alessandro Frolli, Francesco Cerciello, Clara Esposito, Rossana Pia Laccone, & Fabio Bisogni
- Descriptive normative beliefs among young adolescents. A Solomon four group design** 582
Oľga Orosová, Ondrej Kalina, Beáta Gajdošová, & Jozef Benka
- Gender perceptions and attitudes in ICT: a comparative study among university students** 587
Tatiana Pethö, Miroslava Bozogánová, & Monika Magdová
- Technology competence and motivational styles of school administrators as correlate to teachers' performance** 592
Moniquo A. Santos, Elenita M. Tiamzon, Ma. Rosario M. Quejado, & Erico M. Habijan
- Perception of visual narrative as a component of digital natives' internal communication** 597
Sandra Veinberg
- Mentalization, educational style and learning** 601
Alessandro Frolli, Clara Esposito, Francesco Cerciello, Rossana Pia Laccone, & Fabio Bisogni

Social Psychology

- The predictive influence of the Big Five personality traits on adolescent self-concept** 606
Lucia Paskova, & Lenka Ďuricová
- Leader's self-efficacy and general self-efficacy in the context of transformative leadership** 611
Lucia Paskova, & Eva Sollarova
- Social anxiety and speech anxiety. The mediating role of confidence as a speaker** 616
Dan Florin Stănescu, & Marius Constantin Romaşcanu
- Slovak adolescents' self-concept in relation to perceived parental acceptance** 621
Lenka Ďuricová, & Beata Žitniakova Gurgová
- Evaluating the effectiveness of exposure to counterstereotypic fathers on reducing implicit father and mother stereotypes in Japan: II** 626
Mizuka Ohtaka
- Impacts of employment duration and work performance on job mismatched graduates' use of defence mechanisms** 630
Getrude Cosmas
- Factors related to access to fatherhood and motherhood** 635
Leire Iriarte, Leire Gordo, & Susana Corral
- Exploring the factors influencing turnover of Slovak teachers** 640
Monika Magdová, Miroslava Bozogánová, Marianna Berinšterová, & Tatiana Pethö
- The feasibility of a retirement preparation program based on resources for the Brazilian context** 645
Mariana Motta da Costa Broilo França, & Silvia Miranda Amorim
- Measuring chemophobia in an Italian sample to successfully implement a social marketing campaign** 650
Sebastiano Rapisarda, Damiano Girardi, Elvira Arcucci, Alessandra Falco, & Laura Dal Corso
- Exploring the linkages between personality and employee-unemployed happiness: Preliminary study** 655
Nevin Kılıç, & Arkun Tatar
- Facilitating acculturation in educational settings: An analysis of policies and practices for supporting foreign students in Irish higher education** 659
Borui Zheng, & Keegan Covey
- Exploring the current crisis of masculinity and rise of feminism amongst younger youth** 664
Sheel Chakraborty
- Depiction and description of war and peace: a pilot study** 669
Kristi Kõiv, & Liis Leilop
- The role of leadership self-efficacy in developing academic and professional leaders** 674
Kalliopi Selioti, & Rania Abdalla

Legal Psychology

- Exploring the relationship between adverse childhood experiences and perfectionism in adults: A study in Bosnia and Herzegovina** 679
Selvira Draganović, & Belma Oruč

Cognitive and Experimental Psychology

- Everyday memory questionnaire [13-items]: European Portuguese translation and psychometric characterization** 684
Bruna Ribeiro, Pedro F. S. Rodrigues, Sara M. Fernandes, Susana Rubio-Valdehita, & Ramón López-Higes
- Variables that allow a reliable classification of older people with different levels of cognitive state** 689
Ramón López-Higes, Susana Rubio-Valdehita, Pedro F. S. Rodrigues, & Sara M. Fernandes
- Cognitive functions in a series of patients after acute Covid 19 infection – Case series** 694
Miroslava Hristova, Radka Massaldjieva, Lyubomir Chervenkov, & Penka Atanassova
- Study on cognitive profiles of Parkinson’s disease patients with and without rapid eye movement behavior disorder** 699
Zeynep Temel, Ali Behram Salar, Tuğçe Kahraman, & Lütfü Hanoğlu

Environmental Psychology

- Pro-environmental behaviour through the lens of the Mini-IPIP6 consumer personality scale in South Africa** 704
Heleen Dreyer, Daleen van der Merwe, & Nadine Sonnenberg

Health Psychology

- Trait emotional intelligence in women with breast cancer: Investigating pathways towards depressive symptomatology through blame** 709
Nadia Barberis, Janine Gullo, & Marco Cannavò
- "I didn't choose to have my breast removed": Brazilian lesbian/bisexual women's journey through breast cancer** 714
Carolina de Souza, Katherine Bristowe, & Manoel Antônio dos Santos

WORKSHOPS

Clinical Psychology

Awareness Integration Theory: An evidence-based multi-modality approach workshop 721
Foojan Zeine, & Nicole Jafari

Facing challenges: The positive impact of psychological flexibility 724
*Danie A. Beaulieu, Abigail Daley, Derek J. Gaudet, Cecile J. Proctor, Patrick Hickey,
& Lisa A. Best*

Guided mindfulness practices for healthcare professionals: Using nature to practice self-care and reach inner peace 727
Laleh Mehrad, & Nicole Jafari

Mindfulness biofeedback treatment for improved attention and other cognitive functions: Technique, tools and application for clinicians and researchers 730
Rose Schnabel

Cognitive and Experimental Psychology

Predicting behavior: Why, what for, and how 733
Shulamith Kreitler

Health Psychology

Moving from consultation to partnership: strategies for meaningful Patient and Public Involvement (PPI) in research 736
Natalia Duda, Isaiah Gitonga, Siobhán Corrigan, & Rebecca Maguire

AUTHOR INDEX 739