Psychological Applications and Trends 2024

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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!

Lasty, 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
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Prof. Michael Wang
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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, tittled "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 enthousiastic 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 Psycoanalysis 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 InPACT 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 Elewa-Ikpakwu, & 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**
Nicole Jafari, & Laleh Mehrad

Evaluation of cognitive and behavioral effects of personality-based substance use prevention in Canada **71**
Marvin Krank

Personality traits relevant to depression: Old associations, new perspectives **76**
Gaye Saltukoğlu, & Arkun Tatar

Anxiety, social desirability, and coping styles in hypersexual and non-hypersexual men **81**
Angelika Kleszczewska-Albińska

Fostering therapeutic alliance and long-term benefits through virtual collaboration in VRET **86**
Kristína Varšová, & Vojtěch Juřík

Healing through mirroring the other: A single case on sharing vulnerability in the therapeutic relationship **91**
Carolina Papa, Erica Pugliese, Ramona Fimiani, & Claudia Perdighe

The meaningfulness of life: Its assessment and nature **96**
Shulamith Kreitler

The PHQ-9 and GAD-7 depressive and anxiety multipurpose measures: Exploring gender differences and clinical utility regarding psychological flexibility **101**
Danie A. Beaulieu, Abigail Daley, Lisa A. Best, & Cecile J. Proctor

Quality of life in aging: A survey for co-living **106**
Marie J. Myers

Clinical interventions for children and adolescents in public mental health services in Brazil **111**
Luziane Zacché Avellar

Life on hold – Living with ambiguous loss **116**
Lili Khechuashvili, & Mariam Gogichaishvili

Meaning making after malpractice complaints against psychologists: Losing the battle, winning the war **121**
Esmé van Rensburg, & Hanlé Kirkcaldy

Educational Psychology

Epistemological framing in statistics courses for psychology students **126**
Carlos Vargas Morales

Clinging to the dream: Predicting persistence among college students **131**
Gaithri A. Fernando, Krishna Foster, Michael S. Joseph, Tina Salmassi, Valerie Talavera-Bustillos, & Amber Pereira

Towards fair and responsible AI: A study using SWOT and four-component model to analyse ethical AI in education **136**
Ruhul Amin Noel, & Gabriele M. Murry

Facilitators and barriers in the use of digital tools for adolescents and young adults with disabilities or troubles **141**
Florent Halgand, Dorothée Trotier, Guillaume Souesme, Sophie Pivry, & Célia Maintenant

Early diagnosis and intervention of developmental dyslexia at the preschool age: The role of stress **146**
Victoria Zakopoulou, Elena Venizelou, Christos-Orestis Tsiantis, Alexandros Tzallas, George Dimakopoulos, & Maria Syrrou

Different aspects of identity and ethnic socialization practices of parents in Serbia **151**
Milena Belić, Hana Sejfović, & Đerđi Erdeš-Kavečan

School climate – Teachers' perspective **156**
Danijela S. Petrović, Jovan Radosavljević, & Natalija Ignjatović

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**
Sandrine Garin, Valérie Cohen-Scali, & Katia Terriot

Results from year two of a brain development unit with preservice teachers **166**
Susie Morrissey, & Katharine Northcutt

Teacher's perceptions of the usefulness of board games in elementary school **171**
Pierre Cès, Mathilde Duflos, Anne-Lise Doyen, & Caroline Giraudeau

Social Psychology

Perceptions of inclusion professionals on employability of individuals with intellectual and developmental disabilities: A transnational study **175**
Carla Sousa, Júlia Pereira, Paulina Tsvetkova, & Cátia Casimiro

Diversity management to reduce stereotypes and discrimination in society **180**
Maija Zakrizevska-Belogrudova

Longitudinal changes in vocational interests in middle adolescence **185**
Iva Šverko, Toni Babarović, Mirta Blažev, Iva Černja Rajter, & Dora Popović

Lifelong employability: Developing power to act in higher education students **190**
Maria Cadilhe, Ana I. Rodrigues, Liliana Cunha, & Marta Santos

Qualitative study of body image and culture among Iranian-Americans **195**
Sepehr Khosravi, & Amara Miller

Coping strategies as mediators of the relationship between high sensory processing sensitivity and compassion fatigue **200**
Jimmy Bordarie, & Caroline Mourtialon

Pastor or manager? Young priests placed into a role they did not sign up for **205**
Gottfried Catania, & Andre Mifsud

Adolescent's attitude to foster or adopted children **210**
Elena Chebotareva

The pattern of change in autonomous career motivation in mid-adolescence **215**
Toni Babarović, Iva Šverko, & Eta Krpanec

Language of hate and discrimination in politics: Does it matter who we are to care **219**
Medea Despotashvili

Highly sensitivity, job satisfaction and work engagement among speech-language therapists **224**
Jimmy Bordarie, & Olivia Gentilhomme

Profiles of professional identification in the French public service sector **229**
Victor Noble, & Evelyne Fouquereau

Better understanding the workers' pre-implementation attitudes toward an organizational change **234**
Camille Reculet, & Evelyne Fouquereau

Exploring the representations of disabled women using the repertory grid technique **239**
Amy Camilleri-Zahra, Mary-Anne Lauri, & Gottfried Catania

Experiencing organizational change at university: The role of personal and job resources **244**
Kristina Kovalcikiene, Aurelija Stelmokiene, Loreta Gustainiene, & Giedre Geneviciute-Janone

The mediating role of contextual performance in the relationship between self-leadership and job satisfaction **249**
Íris Leão, & António Caetano

Factors influencing acculturation strategies of Armenians Azeris living in Georgia **254**
Anna Gvetadze, & Ekaterine Pirtskhalava

The Covid-19 pandemic as a career shock: University students' perspective **258**
Ivana B. Petrović, Maja Ćurić Dražić, & Milica Vukelić

Identity strategies of Georgians migrants in Germany **261**
Ekaterine Pirtskhalava, & Ina Shanava

Work addiction and work-related depression in Jamaica: What is the cost of too much work? **266**
Tracy A. McFarlane, & Sophia S. Morgan

Georgia's political identity & middle corridor **271**
Elene Kvanchilashvili, & Ekaterine Pirtskhalava

Legal Psychology

Violence risk appraisal and legal principles – From legal perspective to practical application **275**
Martina Feldhammer-Kahr, Nina Kaiser, Ida Leibetseder, & Martin Arendasy

Cognitive and Experimental Psychology

The influence of bilingualism on lexical access and categorization process in primary school children **280**
Samira Bouayed, Annamaria Lammel, & Louise Goyet

What use is the reproductive imagination to the visitor of a museum exhibition? **285**
Colette Dufresne-Tassé

The role of humour and absurdity in creating memorable and persuasive beverage advertisements **290**
Md Jawadur Rahman, & Gabriele M. Murry

Physical and psychological survival as motives: Explaining all attention and memory **295**
Rebecca C. Curtis

Improving machine learning prediction of constructs: Mental fatigue **299**
Vojtěch Formánek, & Vojtěch Juřík

Mental cultural models: How modern Georgians perceive love, sexuality and family **304**
Lali Surmanidze, & Tinatin Chkheidze

Does a smile signal happiness? Beliefs among laypersons about emotional facial expressions **309**
Derek J. Gaudet, & Lisa A. Best

Perception as an intelligent act **314**
Martinho Moura, & Bruno Nobre

Environmental Psychology

Place attachment and the meaning of home for immigrants **319**
Lystra Huggins

A descriptive-social-norm based intervention to increase a pro-environmental behavior in a restaurant **322**
Alessia Dorigoni, & Nicolao Bonini

Being a climate volunteer in Turkey: Turning eco-anxiety into action **325**
Meryem Demir Güdül

Impact of natural and urban environments on thermal pain perception: Experimental study in virtual environments **329**
Anna Mucha, Ewa Wojtyna, & Anita Pollak

An exploration of eco-anxiety and environmental engagement in Malta using a mixed-methods research design **334**
Claire Bonello, & Mary-Anne Lauri

Co-living as a choice for independent retired women: Hope for social transformation **339**
Marie J. Myers

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, & Ľubor 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**
Ľubor Pilárik, Eva Virostková Nábělková, Zuzana Heinzová, & Lada Kaliská

Depression and HIV infection among MSM: The perfect storm toward chemsex **380**
Stella Capodieci, 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**
Jarosław 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 Roczniewska, & 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 Ranđelović, 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 neuropersonality and empathy **508**
İbrahim Gökşin Başer, Zeynep Temel, Melek Astar, & Itır 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**
Zişan Şaroğlu, & 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 João Santos, Maria João 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 Žitniakova 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 Nadiah Mahmud, & Khazriyati Salehuddin

Emotional intelligence and social media use: Dissociative experiences and fear of missing out as mediators **567**
Danilo 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 Bozogáňová, & 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 Romașcanu

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 Bozogáňová, 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**