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Scientific Tracks & Abstracts





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Grade level differences in the cognitive, behavioral and psychological components of test anxiety

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The capacity to cope with test anxiety that contain high concentrations of cognitive, behavioral, and physiological manifestations, is becoming increasingly important in educational contexts as well as evaluative settings. The developing ability to deal with test anxiety relative to the increasingly strict evaluative practices students encounter points that students' test anxiety may decline as they move through school years. This study examined three test anxiety components (thoughts, off-task behaviors, and autonomic reactions) with students from 3 public schools in Istanbul, Turkey. Using a diverse sample of elementary (Grade 4; N = 414) and middle (Grade 6; N = 201) school students, grade level differences in these components were investigated. Applying a multivariate approach, significant differences were found in the overall test anxiety, favoring fourth grade students. The results also revealed Grade 4 advantage for off-task behaviors and autonomic reactions, η^2 = .014 and η^2 = .011, but no grade level differences in the thoughts. Educational implications of the findings are discussed.

Biography

Utkun Aydin has her expertise in the relationship between affective constructs and mathematical thinking. She is especially interested in the development and adaptation of instruments that focus on metacognition and test anxiety. She uses quantitative techniques such as structural equation modeling and multilevel modeling to investigate the direct and indirect effects of the hypothesized constructs.

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Old age and women's identity

Greco Francesca Romana, D'Onofrio Grazia, Seripa Davide, Ciccone Filomena, Sancarlo Daniele, Mangiacotti Antonio and Greco Monica

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Female identity is a dynamic concept, and it has been a very discussed issue by contemporary cultural critic. How does old age affect identity construction and per- ception in elderly woman? Has feminine gender an impact in subjective wellbeing? Psychological changes of midlife women have been as conflicting as the idea that society has about them. Personality changes after young adulthood in women is a con- troversial matter. Erikson proposed that women might not develop identities in early adulthood as men do. In fact, he argued that women develop them later, in the context of an intimate relationship. Moreover, identity development appears to have impor- tant consequences for midlife well-being. For example, Vandewater et al. found that women's midlife well-being was facilitated by earlier attainment of a well-articulated identity. In these situations accomplishment of developmentally earlier tasks (identity formation) sets the stage for later psychological health. Our work sheds additional light on how women live this period of life in terms of happiness and purpose of life.

Biography

Francesca Romana Greco is a young psychologist enthusiastic and open to new frontiers. She recently graduated with top rates at the Faculty of Clinical Psychology at Universita' Europea di Roma (UER), Rome, Italy, where she conducted several research projects on neurosciences and cognitive disorders. After graduating she started her career at Geriatric Unit at Casa Sollievo della Sofferenza Hospital, Italy where she took part to several projects involving elderly people and Alzheimer's patients. One of the most recent projects she has been involved is a European Project called Agile Co-Creation for Robots and Aging (ACCRA) Project which aimed to develop new technological solutions for older people.

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Mental health and current social conditions: How modern society looks after own mental health (on the example of transitional society)

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Introduction: Modern humanity is suffering from numerous problems that violate world stability, and hinder sustainable development of countries, causing an increase in tension in the system of social interaction. The problem of Mental Health Care in the contemporary world becomes global in a large scale. Each country in the world faces significant hindrances in both sociopsychological and economic aspects of the Mental Health Care system. No country has completely solved this problem yet.

At the same time the WHO notes that in the future, given aging population and worsening social problems, the number of people with mental and behavioural disorders will increase considerably (WHO, 2018). That's why the Mental Health Care issue appears to be an important factor of social development, productive work and social stability in any country all over the world (Flaherty, 2018).

Methodology: The study was designed using the following aspects: (a) the young generation of transitional countries was chosen as the population source for the study in order to more effectively predict future tendencies of the development of both civil society and the mental health of the population in these countries (as they relate to the development of global society); (b) Ukraine was chosen as the base transitional country for study since Ukrainian society is currently facing severe social challenges in civil society development (socio-economic crisis, social transformations, social consequences of military conflict, increase in migratory activity, etc.).

The psycho-diagnostic markers were defined using data from the Mental Health Foundation (www.mentalhealth.org.uk) (Mental Health Foundation, 2017). The questionnaire was structured in such a way as to represent different aspects of caring for one's own mental health (interpersonal communication; physical activity; eating and drinking; listening to one's own body; social representation; mental and physical relaxation; self-perception; interpersonal relationships). For the appropriate questions respondents were asked to identify the average time spent on the specific activity (in minutes per week) and to divide their answers between 2 aspects of these activities (whether enjoyable or mechanical/routine).

- 1. The culture of interpersonal communication (talking about own feelings (reflection of life events; solving of life challenges; functional abilities; aims and priorities; social relationships etc))
- 2. The culture of physical activity
- 3. The culture of eating and drinking
- 4. The culture of listening to own body
- 5. The culture of social representation (Ask for help; Do something you're good at etc)
- 6. The culture of mental and physical relaxing
- 7. The culture of self perception
- 8. The culture of interpersonal relationships (care for others; spirituality etc)

As participants of this research students from different regions of Ukraine were involved (583 persons)

Results: 78% of the individuals under study weren't able to verbalize and concretize their own understanding of definition "Mental Health" and only 6% of the individuals under study have defined MH as "emotional health", "social wellbeing", "social, personal and psychic harmony".

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The average time that modern Ukrainians spend for talking about own feelings is 172 minutes per week. However, 77% of the individuals under study are disappointed with emotional feedback of their partners in interpersonal communication.

Only 8% and 5% of general time for doing walking and household chores are enjoyable for persons under study. But 88, 90, 75, and 93% of general time for doing morning exercises, fitness, jogging, competitive activities are enjoyable for persons under study.

68% of individuals haven't got any special system of their exercises, fitness or jogging

The eating as an enjoyable activity takes only 34% of general time. 83% of individuals haven't got any special system of eating (content of meal, times per day. They often combine eating and other activities).

In average, relaxing takes only 159 minutes per week. At the same time, 93% of individuals haven't got any regular system of relaxing activities (Yoga, stretching exercises, Meditation, Breathing exercises).

According to the received results, 87% of individuals aren't satisfied with the feedback for their taking care activities.

Practical/Social value: The results of this investigation assist to identify avenues to reduce the impact of social frustraters, improve the mental health of citizens of transitional countries, and establish the social stability of their interaction.

Biography

Viktor Vus, PhD in Psychology, Associate Professor, Editor-in-chief of the journal "Mental Health: global challenges" (Italy), Coordinator of the International Platform "Mental Health: global challenges of XXI century", R&D Laboratory for Community Health (LPNU, Ukraine), NDSAN Network (sector of partnership building) (Italy). He has 18+ years' experience of conducting psychological trainings (in the area of psychosomatic, mental health); rehabilitation programs; psychological rehabilitation and support of combatants and ex-combatants. He organizes International Events & Activities on Mental Health Care; helps develop, guides, evaluates & teach mental health practices; works with governmental agencies, NGOs & educational institutions; implements mental health and psychosocial support activities within the triangle of Government, Business, Civil sector; researches in the field of Mental Health Care Systems developing. He is the author of educational course "The organization of Mental Health Care in transitional countries". Areas of specialization/interest: personality socialization in the context of globalization; mental health.

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The integration between psychology and spirituality

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The challenge for contemporary health psychology is to develop integration with clinical health care. This integration should be based on a holistic systemic model that consider the multiple biological, psychological, spiritual and social factors as interlinked.

The purpose of health care is to improve the health of the population which is defined by WHO as a complete physical psychological and social wellbeing. The importance of psychology for medicine is being increasingly recognized and psychological topics are now included in most medical curricula.

It is obvious to all that humans are more than simple biological machines: they are also spiritual beings who are inevitably, in some sense, oriented toward the transcendent, whether defined as the Universal principle, anima mundi, cosmos, God, or something that is simply greater than the individual alone. Beliefs about spirituality affect interpretations of life, from birth to death, from self-worth to one's life philosophy. Spirituality cannot be isolated from human nature.

The main problem is that spirituality lacks a precise theoretical-conceptual definition and has therefore been subject to increasing speculation regarding its nature.

Therefore, the spiritual dimension of life and the role of the spiritual in healthcare opens up medicine to incorporate the spiritual dimension as an active force in patient care. Within conventional medicine, a growing body of research supports the efficacy of prayer and other spiritual interventions on healthcare.

However, in medicine and psychology there is no consideration of spirituality and soul. The bioenergetics take in consideration a third element – the vital energy – this is the soul of the human being. The soul is the bridge that links body with the psyche into an integrated and functional system and the medium through which the mind may gain command over the body.

The unified integrative medicine, whereby I present a new model of unification that emphasis the relationship between body, psyche and soul, and try to describe the nature of the spirit and differentiate it from the essence of the soul combining existing knowledge of psychology, philosophy, physics, religions and spiritual disciplines to clarify the terms and their role in human functioning and development. Adding the spiritual realm to psychology will shed a light on the interaction between the soul and the brain to produce the psyche.

In this presentation, I will propose a practical solution for the apparent separation between medicine, psychology and spirituality by providing a single, holistic and integrated overview of the psychology that allow to describe the essence and the nature of the psyche, and the relation between psyche and physical body which is relevant to medicine to explain the relation between psychological traumas and physical diseases and to introduce a new element in the treatment of physical diseases.

Biography

Nader Butto, an Israeli Cardiologist, graduated in medicine and surgery in Turin. Later, in Israel, he specialized in cardiology. In France, in 1995, he followed an invasive cardiology internship for ten months, focusing in particular on the coronary angioplasty procedure. In the following two months he attended the Centro Columbus in Milan to complete his preparation in the ultrasound intracoronary technique. Through a long research on the Human soul he had developed his own system called "The Method of Nader Butto", which aims to integrate conventional medicine with the millenary oriental disciplines, based on the energy model; to them he adds the psychological aspect as the root of physical pathological alterations.

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Effect of systematic two-year chess intervention on the IQ of school children

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R esearch on the effect of chess training on cognitive abilities has generally pointed to increases in IQ and cognitive functioning among children. However, some studies have not substantiated this finding. The present study, funded by the Cognitive Science Research Initiative, Department of Science and Technology, Government of India, analyzed the effect of 2-year systematic chess training on the IQ of schoolchildren. A pre-test–post-test with control group design was used. The sample was randomly selected from children studying in four city schools (grades 3–9), which included both the genders. The experimental group (N=80) underwent weekly chess training for 2 years, while the control group (N=77) was involved in extracurricular activities offered in school such as cricket, football, and hockey. Both the groups were involved in these activities after school hours. Intelligence was measured by Wechsler Intelligence Scale for Children (WISC-IV INDIA). This test yields five composite scores—Full Scale IQ, Working Memory Index, Processing Speed Index, Verbal Comprehension Index, and Perceptual Reasoning Index. Assessment was carried out prior to the chess training, after 1 year of training, and after 2 years of training by psychologists. The training methodology comprised Winning Moves Chess Learning Program with the demonstration board, on-the-board playing and training, chess exercise through workbooks, and working with chess software, which was carried out by trained chess coaches. Preliminary analysis at the end of 1 year revealed significant increases in all indices except verbal comprehension. Results of ANCOVA (Analysis of Covariance) carried out at the completion of 2 years will be presented in the paper.

Biography

Veena Easvaradoss is associate professor and Head of the Psychology Department, Women's Christian College, Chennai, India. She is a professional clinical psychologist whose research interests include evaluation of the effectiveness of clinical, counseling and educational interventions in normal and clinical groups, test construction to measure psychosocial functions and positive psychology and mental health. She is the co-investigator of the Government of India-funded Department of Science and Technology project.

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Virtual reality utilization for optimizing working memory stimulation during EMDR therapy and PTSD treatment

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Statement of the Problem: By overloading the working memory during EMDR(Eye Movement Desensitization and Reprocessing) therapy with dual attentional tasking, the quality of the traumatic memory is altered and its intensity weakened, leading to less symptoms of PTSD(Post-Traumatic Stress Disorder). Crucial to EMDR therapy is the adequate dosage of the secondary task (WM taxation) during recall of traumatic memories. In clinical EMDR, the secondary task consists of bilateral eye movements. However, the speed and width of EM's is not recorded, while they may have large effects on WM taxation and thus treatment outcome. It appears, then, that it would be helpful to have a secondary task of which the degree of WM taxation can be manipulated and adjusted to individual patients.

Method: A pilot feasibility study investigated whether a Virtual Reality EMDR intervention that titrates WM load per individual leads to more reduction of subjective distress towards trauma compared to other traditional (non-VR) interventions. PTSD patients were offered three conditions of EMDR administering as a choice.

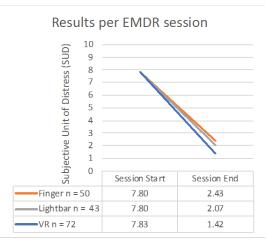


Fig. 1. Mean Subjective Unit of Distress (SUD) values for the traditional Finger condition, the EMDR Lightbar condition, and Virtual Reality (VR) condition across 165 EMDR sessions

Findings: The EMDR VR administering had positive effect on decreasing subjective distress within a single EMDR session, and more positive effect compared to traditional methods. In addition, a large proportion of patients preferred the VR as treatment method of choice. Overall, patients reported the VR to have better therapy outcome and subjective distress reduction, a more immersive experience, and less distraction by the therapist's presence.

Conclusion & Significance: Titrating WM load per individual could improve EMDR therapy effectivity. Moreover, VR would be a promising research environment to study EMDR and PTSD treatment because it allows for precise controlling and manipulating therapy variables to alter WM load. More data is needed to explore the effects of titrating WM load and VR administering on PTSD treatment. Future VR utilization in PTSD treatment is suggested.

Biography

Tjeu Theunissen is a PhD-candidate at Maastricht University (NL) and has completed several clinical trainings. He is working (parttime) as a therapist in the specialized health care at mental health clinic U-Center (NL), performing EMDR on international patients with PTSD (mostly NATO soldiers). He has experience as a therapist, researcher, and teacher in clinical psychology, in which a specialization in psycho-trauma is apparent. Highlights in his achievements are winning the FPN education prize for best teacher during his first year of teaching at Maastricht University, and being accepted in world's most top- rated incubator program 'Y-Combinator' with the presented EMDR-VR business concept. He has founded the company SiIVRmind with the specific aim to improve trauma therapy via Innovation technology, with a strong focus on scientific research and clinical practice.

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Conflict and stress found in insurance sector (private v/s government insurance sector)

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This study focuses on stress and conflict found in (Government v/s Private) insurance sector and how it affects the productivity of the organisation and how it causes the physiological and psychological change on employees. In this paper we tried to understand the problem faced by employees in government v/s private insurance sector and who suffers the most. Analysis conducted in two phases. In first phase semi-structured interviews was conducted on 15 number of employees from government and 15 from private sector to explore the conflict related problems. Content analysis was done to gain in depth knowledge about conflicting area found in insurance sector and later used the LISRES-A (Life Stressors and Social Resources Inventory) inventory by Rudolf H. Moos to measure organizational stress among employees.t-testing was further done on the collected data to find out the significant difference between the mean of life stressor and social resources scale in LISRES -A scale. As we have assumed Result showed private insurance employees reported more conflict in their organization. Fear of demotion, high insecurity of job, paid less are some of the issues that create a conflict within organization. Stress too cause physiological and psychological, behavioural problems among private insurance employees which later decline the productivity of the organization. Private insurance employees have more life stressors than government insurance employees whereas social resources found greater in government insurance employees.

Biography

Divya Dubey Pursuing Ph.D in Psychology from Amity university Lucknow, completed Masters in Psychology from Lucknow university, and had diploma in Forensic Psychology from Gujarat Forensic sciences university, Gujarat and a licensure in one of the tool in forensic psychology, Layered Voice Analysis (LVA 6.50) from Nemesysco, Israel. She also had a one-year work experience as a "Project Assistant" at Indian Institute of Technology, Gandhinagar, Gujarat.

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Bio-psychosocial model of health

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The focus of this work is mainly on integrating bio-psychosocial model in public health discipline. Its founder, George L. Engel (1977) discovered that bio-psychosocial model represents the contribution of biological, psychological and social factors in determining health. Authors like Nadir, Hamza and Mehmood (2018) concur that bio-psychosocial model has been a mainstay in the ideal practice of modern medicine. It is attributed to improve patient care, compliance and satisfaction and to reduce physician-patient conflict. Even though it appears that patients and healthcare system are likely to benefit from the utilization of bio-psychosocial model, further research is still needed to determine whether or not bio-psychosocial model is a workable model in healthcare system to benefit all patients. In particular, more knowledge about how psychosocial factors can influence health and disease remain unclear to most public health professionals. Both, strengths and critical views of bio-psychosocial model are critically analyzed.

Biography

Simon George Taukeni has passion in Public Health specifically in areas such as, HIV/AIDS, Epidemiology, Monitoring and Evaluation and Health Psychology. He is working at the University of Namibia. He believes that psychosocial model of health is very important to unearth general population situation in accessing healthcare and influencing their lifestyles. Thus, prevention and intervention strategies for public health should be devised in consideration of how biological, behavioral, psychological, social, economic and spiritual factors contribute to health status of the general population.

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