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**Contributing to Psychomed** .................................................................................................................................. 43
This present new issue of *Psychomed* is devoted – in the same way as in a few of previous issues – to a noteworthy set of posters, presented in an International Conference. This time, the posters have been selected from those presented at the 12th International Conference of Behavioural Medicine, held in Budapest from Aug. 29 to Sept. 1, 2012, organised by the International Society of Behavioural Medicine (ISBM) and the Hans Selye Hungarian Society of Behavioral Sciences and Medicine.

The idea of publishing posters in a scientific journal may seem odd, but it is not new. Some time has already passed by since we started to publish posters on *Psychomed*, in the occasion of the 6th International Conference of Cognitive Psychotherapy (ICCP), held in Rome in 2008. We received a favourable response. Several colleagues responded with enthusiasm and contributed with their posters. Then, the experience was repeated with selections of posters from other International Conferences: the EABCT Conference held in Dubrovnik in 2009 and the EABCT Conference in Milan in 2010, and again from the 7th ICCP “Clinical Science” hold in Istanbul in June 2011.

The idea of publishing posters was not only welcomed but soon after it was followed by other Italian scientific journals as well. So, this publication is not any more unique in its kind. But it is certainly coherent with the editorial policy of our journal, which aims at providing an easy-to-use tool for scientific updating, a “workout tool” for colleagues engaged in the clinical work and experimental research in the area interfacing both medical and behavioural sciences.

The idea to publish their posters so far has been welcomed by the authors, as it does not require to write down an article, with all the attention to the “instructions to the authors”, as the poster is ready to be displayed. Besides, due to the online nature of *Psychomed*, the journal is not limited in the quantity of material which can be published, unlike printed journals. Moreover, previous technical difficulties have been overcome: now we have succeeded in preserving on the journal the printing clarity of original posters, so that readers can enlarge at will the posters’ images and texts comfortably on their computer screens and obtain the same view as when they approach in person the real paper poster at the Conference halls. Finally, it is to remind that there are also advantages for us as editors, as posters usually have been already undergone a process of selection by the Conference organisers, so that really very few have to be rejected or re-edited.

A large number of posters is usually displayed in International conferences, which have the same (or even higher) quality as the papers, albeit their authors, often young or non-English speaking, have not enough language skills to present them in symposia or in oral sessions. *Psychomed* allows to publish such scientific works. In addition, as regards the posters in this issue of *Psychomed*, they have also been screened by the ISBM Conference organisers and have been rated for their scientific quality, so that the selection presented here could exclude all posters with low ratings. For this, we would like to thank Dr. Frank Penedo, chairing the Scientific Program, and the Colleagues of the Scientific Committee.
who assisted in the effort of collecting all the contributions.

The 28 posters have been gathered according their thematic content, spanning from aging to stress, from measurement problems and methods to gender related problems, from illness perception to quality of life. Finally, we are proud to be able to include contributions by Authors from many different countries, such as Bulgaria, Chile, Hungary, Indonesia, Lithuania, Mexico, Pakistan, Portugal, Russia, Spain, whom we thank for their interest in Psychomed.

A last but not least notation: the technology which allows us to read comfortably a poster on our computer as if we were in Conference venue should not let us forget that in a poster there is much more work than in a single journal page.

As usually, we leave the the last word to our readers.

Lucio Sibilia

Roma, May 2013
Studies on aging
The Impact of Person-Centered Therapy on Older Adults’ Self-Esteem and Congruence

Sofia von Humboldt & Isabel Leal

Research Unit in Psychology and Health, R&D, ISPA - Instituto Universitário

Objectives
1. To analyse the impact of person-centered therapy (PCT) on the degree of self-esteem (SE) and congruence of older adults and 2. To evaluate the existence of a correlation between socio-demographic variables and the degree of SE.

Methods
Participants
The sample comprised 40 older adults aged 65 and over, from both genders, who completed eight sessions of PCT. (M = 71.73, SD = 6.9).

(n = 40)
• 57.5% female;
• 37.5% married,
• 60% active.

Material
Socio-demographic Questionnaire
• Gender; Age; Marital Status; Professional Status; Nationality; Ethnicity; Medical Condition; Activity/Occupation; Household.

Self-Esteem Scale (SES)\(^1,2\)

• The evaluation of the gap between real self (RS) and ideal self (IS) constitutes the measure of the degree of SE, congruence and psychological adjustment.
• Comprised of 74 5-point self-reference semantic differential items (Likert type), in which the individual classifies himself as he/she sees himself in reality (RS) and as he/she wishes to be (IS).

Procedure
• Data was gathered in two moments of evaluation (A – before the beginning of therapy) and (B – after the end of therapy). All participants completed eight sessions of PCT.

Results
The degree of SE increased from -0.057 in moment A to 0.042, in moment B;
• After the therapeutic process, participants indicated an increase of the absolute value of SE (0.099);
• IS was higher than RS in moment B;
• Both components indicated a decrease of the absolute value: IS and RS, being the latter more accentuated than the first;
• The results also indicated no correlation between SE and the socio-demographic variables for a significance level (\(\alpha = 0.05\)), in both moments.

Discussion and Conclusions
• Positive effect of PCT on older adults’ SE, translated into a better adjustment of the RS and IS, and subsequently, an increase of their congruence level;
• The increase of the degree of SE was translated in a better correspondence between what older adults felt towards themselves in reality and what they wish for themselves in an ideal plan;
• Better association between self and experience and more trust in older adults’ organismic experience;
• With the increase of congruence, older adults created conditions for a better future perspective, a belief in their self-fulfilment and project capacities, less defensiveness, less anxiety, more autonomy and flexibility and less solitude.

Acknowledgements:
This work was supported by the Portuguese Foundation for Science and Technology (FCT) [grant number SFRH/BD/44544/2008].

References:
Approaching Older Adults’ Sense of Coherence: The Effects of Religious Beliefs
Susana Santos, Sofia von Humboldt & Cláudia Carvalho

Introduction
The aging process implies adjustments both to the elderly’s personal and social life, since this age group finds themselves significantly more vulnerable to disability, chronic illness, and / or other concomitant complications, which may limit their autonomy and reduce quality of life. The Sense of Coherence (SOC) can be defined as a general orientation to the world and / or for life, referring to a variety of stimuli, past and future, which express the extent to which the individual perceives life experiences, as dynamically comprehensible, manageable and with meaning, corresponding to all three dimensions of SOC: Comprehensibility; Manageability and Meaningfulness. A high SOC allows the elderly to develop greater resilience to challenges and to better mobilizing the available resources and became more likely to lead healthy lifestyles, contributing to healthy aging. Religious beliefs have proven to be of importance in helping the elderly patients, to endure invasive treatments or to accept psychological support, which indicates the desire to feel better and act accordingly to make it happen. Religious beliefs play an already recognized role in health psychology being associated with better psychological health, physical health and better social support and well-being.

Aim
Explore the possible association between religious beliefs and older adults’ sense of coherence (SOC).

Methods
Participants
The research focused on a sample of 123 elderly aged above 74 years cognitively healthy (M = 82.4, SD = 5.6).

Instruments
- Sense of Coherence Scale (SOC) (Antonovsky, 1987; Port. Version, Nunes, 1999): Self assessment questionnaire with 29 items. Each score presents a sentence to be rated in a scale from 1 (never happens) to 7 (always happens). Total SOC can vary from 29 to 203 points. A higher score corresponds to a higher SOC. The Portuguese version presents high reliability (Cronbach’s alpha of .83 to .90) and test-retest validity (r = .88)3.
- Mini-Mental State Examination (MMSE)2.
- Sociodemographic data were assessed, including the type of belief system or absence of religious beliefs.

Procedure
Exploratory, descriptive and correlation study.
Convenience sampling.
Non institutionalized participants.
Confidentiality of data were assured, and after having been explained to each participant the objectives of the study, all participants provided their informed consent.
Questionnaires were hetero administered on face to face interview in the following order: MMSE; Sociodemographic questionnaire and the SoCS.
SPSS (Statistical Package for Social Sciences) (version 19.0, SPSS Inc., Chicago, IL) for the statistical treatment and analysis of results.

Results and Discussion
Distribution of the sample for the various religious beliefs is displayed on Figure 1.

Due to the small number of participants in several religious systems (e.g. Taoism, Islamism, Judaism and Buddhism) we performed the analysis considering 4 groups: No Religion, Catholics, Protestants and Others.

Table 2: SOC’s total scores according to the Religious Group

<table>
<thead>
<tr>
<th>Religion</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non religious</td>
<td>132.93</td>
<td>4.64</td>
</tr>
<tr>
<td>Catholics</td>
<td>131.48</td>
<td>3.55</td>
</tr>
<tr>
<td>Protestants</td>
<td>134.16</td>
<td>4.91</td>
</tr>
<tr>
<td>Others</td>
<td>122.55</td>
<td>5.24</td>
</tr>
</tbody>
</table>

This exploratory research emphasizes the importance of SOC in the context of the elderly by enabling this population to give a meaning to their lives and to better face the challenges of late life. Further research with larger, representative and homogenous samples is warranted to further understand this topic of study.

Acknowledgements: This research was supported by the Portuguese Foundation for Science and Technology (FCT) [grant number SFRH/BD/44544/2008]

Contacts: susmsantos@gmail.com; sofia.humboldt@gmail.com; Claudia.Carvalho@ispa.pt
The aim of the present review is an attempt to describe certain aspects of contemporary health psychology concepts and in specific searching the relationship between psychosomatic predisposition and possibilities to adapt (coping strategies) to life with chronic disease. Considering this, the individual predisposition could be discussed, in the health-disease continuum, as a phenomena supporting the etiology on one hand and as a consequence of the disease, as a psychological resource of the personality to cope and adapt to life with chronic disease. Clarifying these correlations could have practical application for rationalizing some psychotherapeutic procedures.

Personality type D and depression – predictors for cardiovascular diseases

In the last years as a result of the performed clinical trials, regarding coping styles in patients with ischemic heart disease, a new personalized psychological construct was determined, described by its author Johan Denollet as a personality type D. It presents with permanent characteristic manifestations of negative affect and social isolation. These two dimensions are interpreted as predictors mainly of adaptational manifestations when coping with cardiovascular disease (7, 8).

Coping strategies in patients with chronic cardiovascular diseases

Patients with chronic disease use problem-focused as well as emotional-focused strategies and some orientated to overcoming problems of psychosocial adaptation of the person towards new health situation and others serve as mediators between social-demographic variables, personality qualities, environmental conditions and outcomes of psychosocial adaptation.

Depending on the disease, social-demographic characteristics of patients combinations of emotional-focused and problem-focused strategies are observed with domination of some behavioral styles in certain stages of the disease: active processing and expressing experienced emotions, social support, information for the disease, positive attitude to life, self-confidence in strength and abilities, estimated as productive behavioral styles.

Screening of patients with such predisposition gives opportunity for early intervention, psychological and behavioral consulting, aiming improvement of cardiovascular status.

Conclusions

Conclusions for the effect of adaptation strategies in patients with cardiovascular diseases

- Individuals with internal control and optimistic attitude have better adaptation to the disease and exhibit lower level of emotional distress.
- Strategies, related to problem solving, positive reconstruing and seeking social support, result in better adaptation to the disease.
- Coping strategies like fight, lack of commitment, self-blaming and fatalism contribute to higher levels of emotional distress and low level of adaptation to the disease.
- Alteration of coping strategies during the course of the disease is also observed. In early stages after being diagnosed affection strategies dominate and after certain period redirecting to healthier and productive coping strategies is observed.
- Research of this area show that health programs conducted in the context of group mutual help and oriented to practical assignments encourage independence and personal responsibility, increase patient’s self-care capacity and skills of fulfilled live with others.

References

- Canney RM., Freedland KE. Depression and heart rate variability with coronary heart disease. Cleveland Clinic Journal of Medicine, 76(2):13-17, 2009.
- Denollet J. DS 14: Standart Assessment of Negative Affectivity, Social Inhibition and Type D Personality. Psychosomatic Medicine, 67: 89-97, 2005.
Adjustment to Aging and Subjective Age in Portugal and Romania: A Comparative Multiple Correspondence Analysis for Latent Constructs

Sofia von Humboldt & Isabel Leal

Research Unit in Psychology and Health, R&D, ISPA- Instituto Universitário

Aims

This research aims at:
- Investigating latent constructs that can work as major determinants in adjustment to aging (ATA), and subjective age (SA)
- Exploring relationships of these constructs in an older cross-cultural population.

Participants

64 eligible non-institutionalized participants were recruited from senior universities message boards, local and art community centres list-serves, in Lisbon, Bucharest and in the Algarve regions. The average age of the sample was 80.1 (SD = 5.48 range = 74-99).

Participants were culturally diverse, 65.6% female, 50.0% Portuguese, 57.8% married and 68.8% pensioners.

Results and Discussion

Table 1. Three-dimensional representation for the overall model that joins the concepts of “adjustment” and “age” for Romanian older adults: factor loadings for each dimension, mean loadings and % inertia (variance) explained.

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>Satisfied</th>
<th>Attractive</th>
<th>Concerned</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>With congruence</td>
<td>.003</td>
<td>.011</td>
<td>.003</td>
<td>.093</td>
</tr>
<tr>
<td>Without concern</td>
<td>.000</td>
<td>.017</td>
<td>.005</td>
<td>.260</td>
</tr>
<tr>
<td>With apprehension</td>
<td>.000</td>
<td>.017</td>
<td>.005</td>
<td>.274</td>
</tr>
<tr>
<td>Young-at-heart</td>
<td>.000</td>
<td>.008</td>
<td>.005</td>
<td>.260</td>
</tr>
<tr>
<td>Good-enough</td>
<td>.003</td>
<td>.005</td>
<td>.007</td>
<td>.287</td>
</tr>
<tr>
<td>Family, Social and Interpersonal</td>
<td>.029</td>
<td>.005</td>
<td>.027</td>
<td>.287</td>
</tr>
</tbody>
</table>

Table 2. Three-dimensional representation for the overall model that joins the concepts of “adjustment” and “age” for Portuguese older adults: factor loadings for each dimension, mean loadings and % inertia (variance) explained.

<table>
<thead>
<tr>
<th>Dimensions</th>
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<th>Attractive</th>
<th>Concerned</th>
<th>Mean</th>
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<tr>
<td>With congruence</td>
<td>.000</td>
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<tr>
<td>Family, Social and Interpersonal</td>
<td>.029</td>
<td>.005</td>
<td>.027</td>
<td>.287</td>
</tr>
</tbody>
</table>

Conclusions

The evidence on variety of aging well presented in this paper is an important contribution to the under-developed potential of the ATA concept in this population and its association with SA.

Growing evidence of gerontology and geriatrics is demonstrating that the potential of older people for aging well is relatively unexplored. This study’s outcome can be useful in clinical practice, service planning and evaluation with older population.

Acknowledgements: This research was supported by the Portuguese Foundation for Science and Technology (FCT). grant number SFRH/BD/44544/2008

References

Analysing Latent Constructs for Older Adults’ Age Representation: The Importance of Time Perspective

Sofia von Humboldt & Isabel Leal

Aims

This research aims:
To investigate latent constructs that can act as major determinants in older adults’ conceptualization of age representation (AR), in an older cross-national population.

To understand how these can yield a more distinguished approach on aging well and successful aging.

Participants

• The convenience sample comprised 231 eligible non-institutionalized and national-diverse individuals (N = 231; 74-102 years (Mage = 83.1; SD = 6.992). Subjects were recruited through senior university messages board, local and art community centers list-serves, in Lisbon, Bucharest and in the Algarve regions. Participants were culturally diverse, 59.3% female; 62.8% married; 27.7% Romanian.

Material and Procedure

Semi-structured interviews based on an interview guide were conducted in the participants’ own homes.

Each interview consisted of 1 open-ended question: “How do you represent your age at this moment?”

Data was analyzed, employing content analysis until the point of theoretical saturation was reached.

Results and Discussion

As regards to AR, eight categories of answers emerged, namely, (a) ‘regret about the past’, (b) ‘with dissatisfaction’, (c) ‘as an opportunity’, (d) ‘future investment’, (e) ‘present challenge’, (f) ‘reconciliation with life’, (g) ‘dynamic life’ and (h) ‘with contentment’.

‘As an opportunity’ was the most verbalized AR by the participants (20.5%). This was indicated by German (25.5%), Romanian (20.2%) and Brazilian (18.9%) participants.

“My age gives me the chance to be myself without any kind of masks.” (Participant 67)

“Every day is a new day for me.” (Participant 111). Portuguese participants mostly verbalized ‘dynamic life’ and ‘with contentment’ (both 18.2%). These participants indicated an active life and enjoyment when representing their age.

“We are moving to a new house soon.” (Participant 102).

“Age brought me the ability of laugh about me and be happy about my age.” (Participant 113).

Finally, ‘regret about the past’ was the least mentioned AR for German (0.6%), Romanian (2.7%) and Brazilian (4.1%) participants whereas ‘with dissatisfaction’ was the least verbalized AR for Portuguese participants (3.4%).

“I do not want to look into the past. I did many wrong things and I regret them.” (Participant 56).

A three-dimension model formed by ‘past-oriented’, ‘present-oriented’ and ‘future-oriented’ was indicated as a best-fit solution for AR (accounting for 89.0% of the total variance).

Conclusions

The evidence on variety of aging well, presented in this paper is an important contribution to the under-developed potential of the AR concept in this population.

Enhancing AR might be an important target to improve older adults’ interventions’ outcomes and aging well.

Acknowledgements

This research was supported by the Portuguese Foundation for Science and Technology (FCT) [grant number SFH/B0/44544/2008

References

Studies on illness and behaviours
Health maintenance and development for persons under high cognitive load.

Costrikina I. Moscow City University of Psychology and Education, Research Department of social competence and intelligent, Moscow, Russia
Korzh T. Medical Department of fitness club «LO ´K O PARK», Moscow, Russia

Goal of research – search of effective methods to maintain psychic and physical health of people whose professional activity is connected high cognitive load.

Data and research tools.
Participants: 300 people, whose professional activity is connected with high cognitive load : 164 operator microscopist and 136 PC users.

Three types of rehabilitation were used:
1. sessions vibrating massage and gymnastics in general developmental exercises;
2. segmental and acupressure in combination with general developmental exercises;
3. sessions of the segmental and acupressure combined with corrective exercises. The result of treatment in 90% of asteno- physical complaints disappeared, the degree of chronic fatigue significantly decreased in 2.5. Accommodation volume rose by an average of 1.48 diopters.

The study was supported by the Russian Foundation for the Humanities, project № 12-06-00279 «Cognitive predictors of performance highly skilled labor, economic behavior and socialization of young people.”
Diabetes and Hypertension: Assessing the Effects of Physical Illnesses on the Quality of Life of Elderly People
Dina Cardoso, Sofia von Humboldt, & Isabel Leal

1. Introduction
There is a set of organic transformations in the aging process that contribute to the appearance of diseases characteristic of this stage of life, such as hypertension and diabetes. These diseases can lead to a decrease in QoL. The adjustment to these pathologies can be facilitated, by understanding their effect on quality of life (QoL) of elderly people.

2. Research Aims
1To analyze significant differences in the dimensions of the QoL of the elderly with diabetes compared to elderly patients with other chronic diseases and elderly people without chronic diseases
2To analyze significant differences in the dimensions of the QoL of the elderly with hypertension compared to elderly patients with other chronic diseases and elderly people without chronic diseases

3. Method
Sample: 120 participants, (mean age 80.18, SD = 5.26, range 74-97).

4. Results
In some dimensions of QoL, there were significant differences in older adults with diabetes when compared with other groups.
‘Mental health’ was the only QoL dimension presenting significantly lower values in diabetes patients (M=3.85) when compared elderly with ‘other diseases’ (M=4.3)
There were no significant differences in QoL dimensions of older adults with diabetes when compared with the ‘no-disease’ group.
When compared with the ‘no-disease’ group, significantly lower values appear in elderly patients with hypertension in ‘Physical Function’ (M=4.20), ‘Performance Limitation’ (M=4.95), ‘Physical Pain’ (M=4.425) and ‘Vitality’ (M=4.74) dimensions.
When compared with ‘other diseases group’ all dimensions have higher levels of QoL in people with hypertension except ‘mental health’ (M=3.60) which had significantly lower scores.

5. Discussion
✓ Stigma of diabetes, lack of support, lack of care and treatment requirement may explain lower values of the ‘mental health’ dimension
✓ The dimensions ‘vitality’ and ‘physical function’, in diabetes patients, have higher values than ‘mental health’, possibly due to adequate pharmacological treatment
✓ In the dimension ‘physical function’, elderly people with hypertension have low scores, as already reported by other authors
✓ The fact that there is not much emotional support for elderly patients with this disease in Portugal, the stigma of the disease, the changing of the elderly routine and the fact that it is an incurable disease may explain the low scores in the mental health dimension.

6. Conclusions
✓ This study indicates the impact of diabetes and hypertension in the dimensions of QoL of elderly Portuguese
✓ The impact of these diseases on the lives and routines of the elderly may compromise more than only their physical health. It is important to consider this statement in designing treatments which should cover physical, social and emotional / mental areas
✓ These results should be taken into account in clinical practice.

This research was supported by the Foundation for Science and Technology [FCT] [SFRH/BD/44544/2008].

7. References
Ethical considerations in connection with cognitive therapies

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ICBM 2012, Budapest

Cognitive therapy’s ethical roots

• Ancient Greek philosophy: idea of connections among thoughts, emotions and behaviour (Socrates: „ignorance” and „passion”, see Aristotle, Ethica Nicomachea 1145 b 23-32)
• Stoicism: emotions and common sense (Poseidonios), irrational decisions (Zeno of Citium), “Some things are in our control and others not. Things in our control are opinion, pursuit, desire, aversion, and, in a word, whatever are our own actions…The things in our control are by nature free, unrestrained, unhindered… Men are disturbed, not by things, but the principles and notions which they form concerning things.” (Epictetus: The Enchiridion I, V)
• Stoic ethical implication: “Let us say what we feel, and feel what we say, let speech harmonize with life.” (Seneca).
• Ethical basic principle: the pledge of the happiness is living in accordance with nature, including with our own human nature, too.

Aaron T. Beck’s cognitive therapy

“…suggests that the individual’s problems are derived largely from certain distortions of reality based on erroneous premises and assumptions. These incorrect conceptions originated in defective learning during the person’s cognitive development… By pinpointing the fallacies in his thinking and correcting them, he can create a more self-fulfilling life for himself”

Richard B. Brandt (1910-1997) moral philosopher, representative of the rule utilitarianism. In his ”A Theory of the Good and the Right”(1979) he tries to answer the question: “what ought I, morally, to do?” He proposed a ”reforming definition” of ”morally right” and ”rational person”. Our action is rational in so far as it would ”survive maximal criticism and correction by facts and logic.” Can wants, beliefs, desires, aversions (attitudes) be corrected at all? Brandt calls cognitive psychotherapy the ”process of confronting desires with relevant information by repeatedly representing it, in an ideally vivid way, and at an appropriate time.” Typical mistakes: dependence on false beliefs, artificial desire-arousal in culture-transmission, generalization from untypical examples, exaggerated valences produced by early deprivation. ”The process relies on… use of evaluative language, …use of artificially induced feeling-states like relaxation.” (Quotation from Brandt, p. 113)

Summary

• People have a set of rules that form their intentions, behaviour and evaluation concerning what is morally Good or Wrong.

• According to Bernard Williams ethical investigations are very often founded on so-called poor concepts such as Good, Right, Wrong, Must. There are also rich concepts in particular in the usage of cognitive therapy (anxiety, sadness, transgression, self-criticism etc) We must make their meaning explicit.

• Brandt suggests the method of appeal to linguistic intuition and the method of reforming definitions. John Searle offers us the theory of speech acts.
State Anxiety in Surgical Patients

Madalena Cunha¹, Paula Lopes², Graça Aparício¹ & Carlos Albuquerque¹
²CI&DETS - Superior Health School - Polytechnic Institute of Viseu, Portugal.
³CHTV

Introduction
The state anxiety is an emotion commonly experienced by surgical patients and documented in the literature as a determinant of their well-being, arrogating to preoperative visit as protector of its occurrence and an important indicator of patient satisfaction.

Methods, Participants and Material
The transversal observational study was conducted in a non-probabilistic sample of 180 pre-surgical patients (55.6% women and 44.4% men) with mean age of 57.25 years, using the Zung Anxiety Scale. (Ponciano, Vaz Serra, & Relvas, 1982).

Results

Anxiety
The level of anxiety is high in 51.7% patients (worse in women), mild in 39.4% and moderate in 8.9%.

Sex, School levels and Age vs Anxiety
The state anxiety is higher in women (M = 37.39) than men (M = 34.01) (U = 2852.5, p =. 001), and also more severe in the less educated (H = 12,949, p =. 024) and older (r =. 233, p =. 002). Age explains 5.4% of the variability in state anxiety.

Nursing Preoperative visit vs. Anxiety
Patients who received preoperative visit were less anxious, but without statistical significance (X² =. 756, p =. 685).

Objectives
Te studied the state anxiety in order to:
- Explain the influence of socio-demographic variables in state anxiety;
- To determine the influence of preoperative visit at the level of state anxiety.

Table 1 – Anxiety Level and Sex

<table>
<thead>
<tr>
<th>Anxiety</th>
<th>Sex</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild Anxiety</td>
<td>41</td>
<td>51.3</td>
</tr>
<tr>
<td>Moderate Anxiety</td>
<td>8</td>
<td>10.0</td>
</tr>
<tr>
<td>High Anxiety</td>
<td>31</td>
<td>38.7</td>
</tr>
</tbody>
</table>

Table 2 - Anxiety and Sex

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild Anxiety</td>
<td>41</td>
<td>30</td>
<td>71</td>
</tr>
<tr>
<td>Moderate Anxiety</td>
<td>8</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>High Anxiety</td>
<td>31</td>
<td>62</td>
<td>93</td>
</tr>
</tbody>
</table>

Table 3 – Nursing Pre-operative Visit

<table>
<thead>
<tr>
<th>Sex</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-surgical care importance</td>
<td>51</td>
<td>59</td>
<td>110</td>
</tr>
<tr>
<td>No</td>
<td>11</td>
<td>14</td>
<td>25</td>
</tr>
<tr>
<td>Yes</td>
<td>40</td>
<td>45</td>
<td>85</td>
</tr>
<tr>
<td>Nursing preoperative visit</td>
<td>45</td>
<td>58</td>
<td>103</td>
</tr>
<tr>
<td>No</td>
<td>27</td>
<td>31</td>
<td>58</td>
</tr>
<tr>
<td>Yes</td>
<td>18</td>
<td>27</td>
<td>45</td>
</tr>
</tbody>
</table>

Conclusions
It is inferred that sex, age and education influence the anxiety state, imposing consider them when planning a visit to the preoperative surgical patients.

Bibliography
The Comparison of Functional Status Between Psychosis Patients Who Received Community Mental Health Services and Mental Hospital Patients.

Sri Idaiani

Background: Aceh Province is the first province in Indonesia that has been developing the community mental health program since 2007. The purpose of this study was to compare the functional status of psychosis patients who received community mental health program in primary health centers (PHC) and patients who was only treated in mental hospital (MH).

Methods: This study was conducted in 2011 in Aceh. The design of this study was cross sectional, subjects were psychosis patients; consisted of 139 from PHC and 160 from MH. The patients were 224 male and 75 women, the average duration of illness was 13.6 years. Patients lives in Banda Aceh and partly in the district of Aceh Besar. The rater’s were 11 mental health nurses who had trained for this study. The data was collected by visiting patient in their house. The functional status of patients was assessed by Health of Nations (HoNOS) Aceh version that have been tried in advance and had been assessed the agreement among nurses. The numerical data was assessed by two different test of the mean, while the categorical data was assessed by chi square.

Results: Table 1 describes background characteristics of subjects. The youngest subject was 15 years and the oldest was 68 years. Subjects who were from PHC older than mental hospital’s (p=0.012). The shortest duration of illness was 1 year and the longest was 46 years. The majority of subjects were low education (no school, unfinished primary school, finished primary school to finished junior high school). In general subjects had no occupation (jobless). Eighty eight subjects had job including pension. The socioeconomic status was assessed by family expenditure. Quintile 1 was the poorest and quintile 5 was the richest. There were differences of gender (p=0.038) and marital status (p=0.001).

Table 2. Functional status of subjects

Table 1. Background characteristics of subjects

<table>
<thead>
<tr>
<th></th>
<th>Mental Hospital</th>
<th>PHC</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Age</td>
<td>37.1*</td>
<td>40.6</td>
<td>0.012**</td>
</tr>
<tr>
<td>2 Duration of illness</td>
<td>13.2*</td>
<td>13.5</td>
<td>0.781**</td>
</tr>
<tr>
<td>3 Gender</td>
<td>Male</td>
<td>127</td>
<td>97</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>33</td>
<td>42</td>
</tr>
<tr>
<td>4 Marital status</td>
<td>No married</td>
<td>119</td>
<td>80</td>
</tr>
<tr>
<td></td>
<td>Married</td>
<td>25</td>
<td>48</td>
</tr>
<tr>
<td></td>
<td>Divorced</td>
<td>16</td>
<td>11</td>
</tr>
<tr>
<td>5 Education status</td>
<td>Low</td>
<td>92</td>
<td>84</td>
</tr>
<tr>
<td></td>
<td>Middle</td>
<td>63</td>
<td>51</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>6 Occupation</td>
<td>No</td>
<td>116</td>
<td>91</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>41</td>
<td>47</td>
</tr>
<tr>
<td>7 Expenditure</td>
<td>Quintile 1-3</td>
<td>91</td>
<td>88</td>
</tr>
<tr>
<td></td>
<td>Quintile 4-6</td>
<td>69</td>
<td>51</td>
</tr>
</tbody>
</table>

* mean ** t test

Table 2. Functional status of subjects

<table>
<thead>
<tr>
<th></th>
<th>Mental Hospital</th>
<th>PHC</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functional status</td>
<td>7.4*</td>
<td>6.3*</td>
<td>0.782**</td>
</tr>
</tbody>
</table>

* mean ** t test

Conclusion: patients who received community mental health services had almost similar functional status than the patients who only sought treatment at a mental hospital. This study should be continued to assess cost of service both in community and mental hospital.

Key words: community mental health, Aceh, functional status, psychosis

Correspondence: sridalani@yahoo.com
ABSTRACT

The aim of the study is the examination of the relationship of coping styles, self-efficacy and physical self-concept in female students with demographics, health, exercise habits, number of dependent children, children and smoking. Sample (n=158) contains five groups: emergency medical technicians (n=58), medical students (n=58), psychologists (n=18) and psychologists (n=18) and patients in need of care (n=23). Women were aged 18-23 years. Smoking status, physical activity, exercise habits, number of dependent children, children and smoking were examined. The rate of women who smoke is 36.1%. The rate of women who smoke is 36.1%. The rate of women who smoke is 36.1%. The rate of women who smoke is 36.1%

AIM OF THE STUDY

The aim of the study is the examination of the relationship of coping styles, self-efficacy and physical self-concept in female students with demographics, health, exercise habits, number of dependent children, children and smoking. Sample (n=158) contains five groups: emergency medical technicians (n=58), medical students (n=58), psychologists (n=18) and psychologists (n=18) and patients in need of care (n=23). Women were aged 18-23 years. Smoking status, physical activity, exercise habits, number of dependent children, children and smoking were examined. The rate of women who smoke is 36.1%. The rate of women who smoke is 36.1%. The rate of women who smoke is 36.1%. The rate of women who smoke is 36.1%

METHODOLOGY

Sample (n=158) contains five groups: emergency medical technicians (n=58), medical students (n=58), psychologists (n=18) and psychologists (n=18) and patients in need of care (n=23). Women were aged 18-23 years. Smoking status, physical activity, exercise habits, number of dependent children, children and smoking were examined. The rate of women who smoke is 36.1%. The rate of women who smoke is 36.1%. The rate of women who smoke is 36.1%. The rate of women who smoke is 36.1%

RESULTS

Table 1: Descriptive Statistics, evening course students selected on the basis of the female students at Semmelweis University

Table 2: Factor Analysis: Selected Data of Evening Courses Students at Semmelweis University (Tuza Sample in the 1920th, Coefficient Matrix Component)

Table 3: Factor Analysis: Selected Data of Evening Courses Students at Semmelweis University (Tuza Sample in the 1920th, Coefficient Matrix Component)

CONCLUSIONS

- There was a gender difference in the number of students for male and female students.
- In college students, the level of self-efficacy and the perception of significant control for health behaviors is lower than for female students.
- Smoking course female students under 25 years of age have significantly higher (p<0.05) means than their colleagues of 30. It may be beneficial for young female students to attend smoking classes.
- The female SC 

REFERENCES

Schemata have been considered by Beck, Rush, Shaw and Emery (1979), “Relatively stable cognitive patterns that form the basis for the regularity of interpretations of a particular set of situations” (p. 12).

Schemata would be intimately related to the processing of information and have a nuclear role in it. Their influence is present not only in the processing of information deriving from the outside world – by means of perception – but also in memory processes, from encoding to recall (Stopa & Vitaly, 2005).

We can therefore understand schemata as stable cognitive structures that, by functioning as an external experience’s organizer, would be related with the subject’s encoding, evaluation, interpretation and response processes in presence of an exterior event.

According to Beck’s perspective (1967), we can consider schemata in depression to present the following characteristics:

They would be directed by the negative aspects of the self. They would be idiosyncratic. They would integrate unattainable goals, dysfunctional attitudes and, by consequence, information processing biases; They would not be flexible; They would be accepted without questioning.

The contents of schemata in depression that are dysfunctional and negative, would be:

- Negative representations of the self and the world; Specific beliefs about a negative and self-damaged Self; Dysfunctional Attitudes. Abstractions; Conditional hypothesis of negative valence.
- The depressed participants present a greater number of Early Maladaptive Schemas, compared with non-depressed participants.

The results demonstrate the existence, in depressed participants, of a predominant processing, retention and recall of negative information. This implies, according to some theoretical models, a reinforcement of negative emotions. In depressed individuals, a preference for the recall of negative events allows for the maintenance and reinforcement of negative emotions like sadness, that are associated with a loss of valued objectives or with the impossibility to attain such valued goals.

Our results are also commensurate with the relation between emotions and self-schema contents. Thus, in depressed individuals, a negative emotion ceases to be related exclusively to the triggering situation, and becomes more general, as a schema congruent way. The results illustrate this generalization of a preference for the processing and recall of negative information independent of the stimulus words presented, which demonstrates the existence, in depressed individuals, of a negative self-schema content. This schema would imply a privileged processing of negative valence information. We can consider these aspects as an explanation for the recall of negative events in words of different valences observed in depressed participants. These studies also reinforce what was stated by the ICS model (Interacting Cognitive Subsystems) (Teasdale & Barlow, 1995) concerning the activation of a previous existing schematic model that is triggered by the processing of information related to it.

The decrease in recall and processing of positive information, other than to less frequent remembering or to a cognitive slowing, allows for the maintenance of negative information and is consistent with the existence of negative self schemata that make the processing of inconsistent emotional information more difficult. Because autobiographical memories are related to the self, this is a possible justification for depressed participant’s recalling more negative events and for the predominance of negative events among those that are remembered.

Our results also showed that memory deficits in depression are complex, since there is a variability associated with the severity of depression. Hence, when depression was less severe, depressed participants wouldn’t manifest memory deficits such as negative biases and a cognitive slowing. In those situations concerning information processing and recall, the results showed that depressed participants presented a profile similar to that of participants without psychological disorders.

We continue the study with the relation between attachment matrix, schemas and interpersonal relations in depressed subjects.

### RESULTS

**HYPOTHESES**

- Hypothesis 1: The depressed participants recalled more autobiographical memories of negative content, than the other groups.
- Hypothesis 2: Hypothesis 1 - The depressed participants exhibit a greater number of categorical memories than extended memories, compared with other groups.
- Hypothesis 3: Hypothesis 2 - The depressed participants present a greater number of Early Maladaptive Schemas, compared with other groups.

### DISCUSSION

Participants

<table>
<thead>
<tr>
<th>Participants</th>
<th>42 subjects with a major depression diagnostic; 28 subjects with panic disorder diagnostic; 51 subjects without psychopathological disorder</th>
</tr>
</thead>
</table>

**METHOD**

Participants

<table>
<thead>
<tr>
<th>Participants</th>
<th>42 subjects with a major depression diagnostic; 28 subjects with panic disorder diagnostic; 51 subjects without psychopathological disorder</th>
</tr>
</thead>
</table>

**Autobiographical Memory Task**

<table>
<thead>
<tr>
<th>Total recalled events</th>
<th>Depressed X SD</th>
<th>Panic X SD</th>
<th>Without Pathology X SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total recalled events</td>
<td>10.5</td>
<td>9.7</td>
<td>9.4</td>
</tr>
<tr>
<td>Total recalled events with negative</td>
<td>5.2</td>
<td>4.8</td>
<td>4.9</td>
</tr>
<tr>
<td>Total recalled events with positive</td>
<td>5.3</td>
<td>4.9</td>
<td>4.5</td>
</tr>
</tbody>
</table>

**Categorical and Extended Memories**

<table>
<thead>
<tr>
<th>Categorical memories</th>
<th>Depressed X SD</th>
<th>Panic X SD</th>
<th>Without Pathology X SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Categorical memories</td>
<td>50.1</td>
<td>47.2</td>
<td>45.3</td>
</tr>
<tr>
<td>Extended memories</td>
<td>50.1</td>
<td>47.2</td>
<td>45.3</td>
</tr>
</tbody>
</table>

**Schemas**

<table>
<thead>
<tr>
<th>Schemas</th>
<th>Depressed X SD</th>
<th>Panic X SD</th>
<th>Without Pathology X SD</th>
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</thead>
<tbody>
<tr>
<td>schemas</td>
<td>50.1</td>
<td>47.2</td>
<td>45.3</td>
</tr>
<tr>
<td>schemas</td>
<td>50.1</td>
<td>47.2</td>
<td>45.3</td>
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</tbody>
</table>

**Psychometric Analysis**

<table>
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<th>Psychometric Analysis</th>
<th>Depressed X SD</th>
<th>Panic X SD</th>
<th>Without Pathology X SD</th>
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<td>45.3</td>
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<tr>
<td>Psychometric Analysis</td>
<td>50.1</td>
<td>47.2</td>
<td>45.3</td>
</tr>
</tbody>
</table>

**ANOVA**

<table>
<thead>
<tr>
<th>ANOVA</th>
<th>Depressed X SD</th>
<th>Panic X SD</th>
<th>Without Pathology X SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANOVA</td>
<td>50.1</td>
<td>47.2</td>
<td>45.3</td>
</tr>
<tr>
<td>ANOVA</td>
<td>50.1</td>
<td>47.2</td>
<td>45.3</td>
</tr>
</tbody>
</table>

**Mood States**

<table>
<thead>
<tr>
<th>Mood States</th>
<th>Depressed X SD</th>
<th>Panic X SD</th>
<th>Without Pathology X SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mood States</td>
<td>50.1</td>
<td>47.2</td>
<td>45.3</td>
</tr>
<tr>
<td>Mood States</td>
<td>50.1</td>
<td>47.2</td>
<td>45.3</td>
</tr>
</tbody>
</table>

**Conclusion**

The results demonstrate the existence, in depressed participants, of a predominant processing, retention and recall of negative information. This implies, according to some theoretical models, a reinforcement of negative emotions. In depressed individuals, a preference for the recall of negative events allows for the maintenance and reinforcement of negative emotions like sadness, that are associated with a loss of valued objectives or with the impossibility to attain such valued goals.

Our results are also commensurate with the relation between emotions and self-schema contents. Thus, in depressed individuals, a negative emotion ceases to be related exclusively to the triggering situation, and becomes more general, as a schema congruent way. The results illustrate this generalization of a preference for the processing and recall of negative information independent of the stimulus words presented, which demonstrates the existence, in depressed individuals, of a negative self-schema content. This schema would imply a privileged processing of negative valence information. We can consider these aspects as an explanation for the recall of negative events in words of different valences observed in depressed participants. These studies also reinforce what was stated by the ICS model (Interacting Cognitive Subsystems) (Teasdale & Barlow, 1995) concerning the activation of a previous existing schematic model that is triggered by the processing of information related to it.

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Our results also showed that memory deficits in depression are complex, since there is a variability associated with the severity of depression. Hence, when depression was less severe, depressed participants wouldn’t manifest memory deficits such as negative biases and a cognitive slowing. In those situations concerning information processing and recall, the results showed that depressed participants presented a profile similar to that of participants without psychological disorders.

We continue the study with the relation between attachment matrix, schemas and interpersonal relations in depressed subjects.
Acute Stress Disorder Symptoms, Anxiety and Extent of Information among Patients Suffering from Dengue Fever

RuhhsanKamar PhD and Andleeb Zahra
Department of Applied Psychology, University of the Punjab
Lahore, Pakistan

ABSTRACT

The study examined acute stress disorder symptoms, level of anxiety and extent of information among patients suffering from Dengue Fever. It was hypothesized that patients are likely to report acute stress disorder symptoms and report anxiety. The sample consisted of 100 Dengue fever patients and was recruited from the teaching hospital of Lahore and through snow ball sampling from common people. The patients ranged in ages between 16-60 years, with mean age of 32 JD (±10.26). Acute Stress Disorder Scale and Beck Anxiety Inventory were used to assess acute stress disorder symptoms and level of anxiety in patients. A self-constructed disease related questionnaire was used to assess patients’ extent of information. The data was analyzed using descriptive statistics. Majority of the patients were experiencing acute stress symptoms and were experiencing anxiety. Moreover, the extent of information of the patients was very low. A significant relationship between level of education and level of anxiety was found. Patients were stressed because of Dengue fever. It is mosquito borne illness. It is responsible for many deaths across the world. A self-report anxiety inventory was used to assess anxiety level of the Dengue patients.

INTRODUCTION

Dengue viruses are transmitted to humans through the bites of infected female Aedes mosquitoes. It is mosquito borne illness. It starts after the incubation (White, 2004).

The findings highlighted psychological impact of Dengue fever on patients and warrant the need for provision of psychological intervention for Dengue fever to enable them deal with their stress and apprehensions and also to need for provision of information related to the disease.

Key words: dengue fever, acute stress disorder symptoms, anxiety, extent of information

OBJECTIVES OF THE STUDY

1. Examine acute stress disorder symptoms, anxiety, and extent of information in the patients suffering from Dengue fever.
2. To examine the extent of information in the Dengue patients.
3. Assess the extent of information in the Dengue patients.
4. Assess the extent of anxiety of the respondents.

METHODOLOGY

Sample

The sample consisted of 100 Dengue fever patients with equal number of men and women and sample was recruited from one major teaching hospital in Lahore and from common public. The patients ranged in ages between 16 to 60 years with the mean age of 32.0 JD (±10.26) and majority of the patients were married (64%).

METHOD

Acute Stress Disorder Scale (ASDS), Bryant, Moulds & Gullifor, (2000)

The ASDS has 19 items with the 5-point Likert scales ranging from not at all (1), mildly (2), moderately (3), quite a bit (4) very much (5). The cut off score for Acute Stress Disorder Scale is 56. The scale was translated into Urdu after seeking permission from the author.

Beck Anxiety Inventory (BAI), Beck & Steer

BAI is a self-report inventory of anxiety. It consists of 21 items. It is based on a 5-point Likert ranging from not at all (1), mildly (2), moderately (3) to severe (4). The cut off score for BAI is 17. Minimum anxiety 8-15 mild anxiety 16-25 moderate anxiety and 26-63 severe anxiety.

MEASURES

Disease Related Information Questionnaire (DRIQ)

A self-prepared questionnaire was used to gather information about the symptoms, causes, satisfaction with treatment, and satisfaction about ways taken by the Government to control Dengue fever, facilities at the hospitals and suggestions to control Dengue fever.

RESULTS

Data were analyzed using descriptive and inferential statistics. Descriptive statistics was used to evaluate how many patients were experiencing acute stress disorder symptoms and anxiety. A self-constructed disease related questionnaire was used to assess extent of information among patients suffering from Dengue fever. Statistical test were non parametric test and correlation test was done to find out the relationship between the education level and level of acute stress disorder symptoms and anxiety. The results indicated that a significant number of patients were stressed because of dengue fever. There was no relationship between the education level and level of acute stress disorder symptoms and anxiety. The correlation test was done between education level and level of acute stress disorder symptoms and anxiety. The results indicated that there was no relationship between the education level and level of acute stress disorder symptoms and anxiety. (Table 1).

CONCLUSION

It is concluded that the patients suffering from dengue fever experience stress which has a significant impact on psychological and physical well being of the patients. The patients also experience anxiety which has a significant impact on psychological and physical well being of the patients. The findings highlighted psychological impact of Dengue fever and need for educating general masses about coping strategies and personal measures to be taken.

REFERENCES

INTRODUCTION

The Stroke is a disease that threatens the quality of life in the elderly not only for its high incidence and mortality, but also by increased morbidity it causes, especially physical dependence and/or emotional changes.

And the care of dependent elderly at home by their relatives (caregiver’s) requires the adoption of a widely varied range of strategies for him to “deal”, noting that many empirical studies document the association of socio-demographic, clinical and with psychosocial quality of life and mental functioning of informal caregiver’s. In this context, the objective of the study is the mental health of informal caregiver’s.

METHODS And OBJECTIVES

The research model adopted follows the model cross sectoral or cross, following a line of analysis explanation, with which it seeks to explore how personal and situational variables have an impact on mental functioning (mood and mental health), the caregiver informal.

PARTICIPANTS And MATERIAL

A non-probability sample of convenience, was composed of 636 caregiver’s (83.8% female and 16.2% male) aged M = 50.19 years.

The caregivers minimum age was 17 years old and the maximum 85, with the average of 50.19 years old. The most represented age group is from 35 to 55 years old. The sample is not equilibrated according to gender, with 16.2% male and 83.8% female. The married condition is predominant with 74.7%. Most of the individuals lives in rural areas (73.9%) and belongs to a middle class family and has a reasonable socioeconomic level (40.4%).

The results showed that 62.8% of caregiver’s did not have depression, and 16.1% have mild depression, moderate in 12.0% and only 9.1% had depression serious.

The score on the mental health, reflecting that 49.5% have good mental health, 37.1% have poor mental health and 13.4% is reasonable health.

Caregiver’s with more positive mental functioning, scored with better self-concept, lowest overhead in size implications for personal life, satisfaction with the family role, needs and reactions to emotional overload, more social support, better functionality and family better socioeconomic level.

Caregiver’s with poorer mental functioning, ie, poorer mental health, depressive symptoms had more severe and scored with a greater vulnerability to stress, a greater burden on the dimensions family support, financial burden, perception of efficacy and mechanisms of control and trait of neuroticism more sharp.

Table1 – Depression Level and Sex

<table>
<thead>
<tr>
<th>Depression Level</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Not Depression</td>
<td>78</td>
<td>75.7</td>
</tr>
<tr>
<td>Mild Depression</td>
<td>5</td>
<td>4.9</td>
</tr>
<tr>
<td>Moderate Depression</td>
<td>9</td>
<td>8.7</td>
</tr>
<tr>
<td>Serious Depression</td>
<td>11</td>
<td>10.7</td>
</tr>
</tbody>
</table>

The results support that the variables age, socioeconomic status, family function, overload, social support, self-concept, personality traits, vulnerability to stress, age of the dependent and the dependency ratio predict the mood of caregivers.

The variables age, socioeconomic status, family function, overload, social support, self-concept, personality traits, vulnerability to stress, age and the dependent elderly dependency ratio predict mental health of informal caregiver’s, which suggests that health professionals should include in the planning of health actions that are addressed.

CONCLUSIONS

The protocol of data collection included:

· Inventory of Self-Concept (Vaz Serra, 1973)
· Scale Screening for Mental Health (ER/80)
· Scale of Social Aid (Matos & Ferreira, 2000)
· Inventory of Self Concept (Vaz Serra, 2000).

REFERENCES


Studies on stress in the clinical setting
INTRODUCTION

Claustrophobia, defined as the fear of being confined in small spaces, causes a huge distress to those who need Magnetic Resonance Imaging (MRI) because of the physical and functional characteristics of most of the equipment (see figures 1 and 2).

According to Hollenhorst et al (2001), up to 37% of the patients can experience moderate to high anxiety levels. From that amount, 5 to 10% are not able to finish the full procedure due to claustrophobia. This contributes to the unsuccessful of the procedure and consequent failure of the diagnosis and/or clinical follow-up.

Other reported factors less referred were: alteration of the light intensity, ventilation, surrounding music, aromatherapy, decoration, and dimensions of the room, previous predisposition, and association of the closed space feeling to previous events.

Claustrophobia is quite a common symptom the patients who submit to MRI. From those patients, 82.3% consider that the system’s configuration is the main condition when carrying out such an examination, following body immobility (62.9%) and the level of noise (14.5%), which agrees with the study of Haddad et al (2005).

Some of the patients inquired related that they do not remember to have felt any kind of claustrophobia symptoms before the MRI. In this sense, this procedure can be considered as an inducer of such a phobia, as previously related by Midsias et al (1998).

They also related that the radiographer explained the procedure (100%), being such explanation recommended in the studies by some authors as Törneqvist et al (2006) and Ercalino et al (2007). It must be emphasized that 24.2% of these patients considered preponderant the paper of the radiographer in the success of the procedure, as related in the study carried out by Medina and Bacles (2002), mentioned by Haddad et al (2005).

METHODOLOG and DISCUSSION

Were included 62 claustrophobic patients (see table 1). The patients were selected from the clinic database, which have undergone at least one MRI in the institution’s open system, without any other restrictions.

In a first stage, the patients were contacted either by phone or e-mail. They have authorized to take part in the study. In a second stage, the patients were called by phone and answered the survey. It was structured in three parts, the second part consisting of 36 items adapted from the paper Claustrophobia Questionnaire used for measuring levels of claustrophobia.

RESULTS

This study gives good hints for the evacuation of an open MRI. Such a type of equipment revealed to be the crucial factor on reducing the anxiety in claustrophobic patients, thus assuring the success of the procedure. The radiographer was repeatedly reported by most of the patients as the main responsible for a broad understanding of the procedure, and thus for their relaxation and the good accomplishment of the examination.
OBJECTIVE

Evaluate the perceptions of parents regarding pediatric kidney examinations in Nuclear Medicine (NM).

BACKGROUND

The Pediatric Nuclear Medicine is a subspecialty of Nuclear Medicine where the kidney examinations is the complementary diagnostic method most frequently performed. These examinations have common characteristics, among which are: the administration of a radiopharmaceutical, the waiting time between administration of the radiopharmaceutical and image acquisition, and the need for restraint the child during image acquisition.

Successful completion of these examinations depends directly on the cooperation of the pediatric patient and his parents.

METHODOLOGY

Subjects

Convenience sample (n = 42) of parents of pediatric patients who underwent kidney examinations at NM departments of two private hospitals in the Lisbon area.

Parents were aged between 20 and 50 years old and 45.2% possessed the completed 12 years of high school.

Instruments

Two questionnaires were applied. The first questionnaire contained 16 close-response and 1 open-response questions. This questionnaire sought to characterize the sample and determine the level of information for parents and the feelings associated with the examination.

The second questionnaire consisted of 9 open-response questions. The indicators in assessment were the relevance of the information received and beliefs of the parents associated with suggestions for improving the customer service.

Procedure

The first questionnaire was collected before the examination, while the second was applied after the examination of the pediatric patient.

Concerning ethical procedures, the clinical directions of the MN departments allowed the application of the two questionnaires. All patients parents agreed to participate in the research study.

Data collection took place between April and June 2011.

CONCLUSIONS

The results of this study indicate that the instructions given to parents of pediatric patients during the examination of the procedures should have been taking more in consideration by the Nuclear Medicine Technologist.

Firstly, it is understood that favor the relationship of Nuclear Medicine Technologist established with the child and parents/accompanying persons enables participants to become more informed and participants in the examination.

Indeed, empathy and sensitivity of health professionals, allied to the way knowledge is transmitted, are aspects that will influence how the examination is perceived by parents/accompanying persons.

Finally, it is suggested the development of a care program to the parents of pediatric patients performing NM kidney examinations, achieved by making a guideline, in order to promote better cooperation of them and consequently the adhesion and well being of children. This guideline focusing not only on information related to the procedures but also on psychosocial aspects of pediatric patients offer NM teams a agenda that could prove helpful in daily practice.

REFERENCES


First questionnaire

It was found that 92.9% of the sample received explanation of the procedures associated with the examination (cf. Table 1).

Table 1. Information provided before the examination.

<table>
<thead>
<tr>
<th>Question Topics</th>
<th>N=42</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrival time</td>
<td>37</td>
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<tr>
<td>Total time</td>
<td>29</td>
</tr>
<tr>
<td>Required</td>
<td>29</td>
</tr>
<tr>
<td>preparation</td>
<td>29</td>
</tr>
<tr>
<td>Procedure</td>
<td>13</td>
</tr>
<tr>
<td>Instructions for parents</td>
<td>17</td>
</tr>
<tr>
<td>Waiting time</td>
<td>5</td>
</tr>
<tr>
<td>Others</td>
<td>11</td>
</tr>
</tbody>
</table>

Regarding the feelings experienced by the parents before the examination (cf. Figure 1) the focus was on anxiety (42.9%).

Second questionnaire

Most parents (90.8%) indicated that the examination took place in an appropriate manner, and the whole sample considered useful the information received before the exam (cf. Figure 2). Nevertheless, 14.3% did not consider it complete and 28.6% received no instructions on how parents should conduct during the examination (cf. Figure 2).
THE EMOTIONAL IMPACT OF DIFFICULT CONVERSATIONS WITH PATIENTS: A STUDY WITH STUDENTS AND PHYSIOTHERAPISTS

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BACKGROUND

Helpful physiotherapists do not simply dispense services, but provide them in a manner that reflects patient’s needs and understanding of his disease or disability. In fact, communication with the patient should occupy a prominent place in the physiotherapists’ work, but some results indicate that physiotherapists encounter many challenging conversations during their everyday work. Yet, health schools curriculum offers few means to prepare them for difficult situations.

OBJECTIVE

The aim of this work is to identify students’ and physiotherapists’ anxiety levels in difficult communication situations.

METHODOLOGY

Subjects

The study involved 60 2nd grade and 60 4th grade students of physiotherapy course from School of Health Technology in Portugal and 60 Portuguese physiotherapists.

Procedure

To evaluate the degree of anxiety experienced by subjects, were used videotaped scenarios, representing different problematic situations within the physiotherapist-patient interaction, related to specific assertive communication themes (e.g., facilitate expression of emotions, moderate excessive expression of emotions, make a request, respond to a question/request, elaborate a critic and respond to a critic). Subjects have to answer in direct speech to the simulated patient in the video, and then filled out a six-point Likert scale focused on their perception of anxiety in each interaction.

RESULTS

The groups differ significantly in their perception of anxiety, in each of the six assertive themes (Kruskal-Wallis for median comparison for independent samples).

CONCLUSIONS

The results of this study reveals important differences between students and professionals, in the way subjects react to various communication scenarios. As mentioned by Yudkowski, Downing and Ommert the experience and clinical practice could attenuate the anxiety felt by physiotherapists, comparatively with other groups. The attendance in psychology and social sciences classes, with increased focus on patients’ illness experiences and on communication skills, may also explained the better results in 4th grade students.

Some situations, like respond to a question/request, seems to trigger higher levels of anxiety in subjects. Acknowledge that are interactions with patients more exigent than others should be considered when training programs for communication skills are designed both in pre and post-graduate curricula in physiotherapy.

REFERENCES


Reaction to an Audiovisual Stressor and its Change Due to Relaxation Training in Individuals with Positive and Negative Affectivity

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I. Introduction

Stress is a natural phenomenon, and nobody can escape it, however, negative affectivity may be a disease directly, but it has been proved to be a disease-enhancing factor. According to M. A. Santed (2003), people with negative affectivity are more responsive to stress, while positive emotions reduce the negative influence of stress on the body’s physiological systems. Stress is a natural phenomenon and nobody can escape it, however, negative emotion may be avoided if stress is reduced by increasing personal resistance to stress. There are not much studies analysing the relationships between stress and emotions when using objective reaction to stressor measurements and not scales measuring subjectively perceived stress. Psychologists are still struggling to understand the way mental states can impact on body functions and favour the development and progression of disease (Dantzig, 2004). So, the study aimed at assessing the reaction to an audiovisual stressor and its change due to relaxation training in individuals with positive and negative affectivity.

II. Method

Subjects completed the Positive and Negative Affect Schedule (PANAS-X) created by D. Watson and L. A. Clark (1994) to measure their positive and negative affectivity. Only Negative and Positive Affects scales were used in the analysis. The reliability of the scales was calculated by using Cronbach’s alpha, which were 0.613 for Negative Affect scale and 0.781 for Positive Affect scale. The participants who scored above the mean in Negative Affect scale were assigned as subjects having high negative affectivity. Body temperature, skin electrical activity (skin conductance), heart rate and respiratory rate were recorded while measuring participants’ reaction to the audiovisual stressor. Mind Media device NeXus 10 (serial number 0235/0223) (Holland) was used for the evaluation of subjects’ physical condition. The program of the audiovisual stressor was used as a stressor. NeXus 10 technology meets the European Community Council Directive 93/42/EEC for medical devices requirements (Maid Mediu BV. User manual for NeXus-10, 2004/2005).

III. Results

A comparison of psychophysiological response to an audiovisual stressor between subjects having high and low positive affectivity is presented in Figure 1. The results of the study showed, that subjects having high positive affectivity had higher respiratory rate at the stressor phase than subjects having low positive affectivity (p=0.04). The results of the study showed, that subjects having high positive and low positive affectivity were more similar (had lower respiratory rate) while waiting for the stressor (p=0.08) and at the stressor phase (0.08 p=0.01) and higher skin conductance while waiting for the stressor (0.01 p=0.01) and while getting back to their usual state after the stressor (0.01 p=0.01). Thus, subjects having low positive affectivity reacted to an audiovisual stressor more than subjects with high positive affectivity.

A comparison of psychophysiological response to an audiovisual stressor between subjects having high and low negative affectivity. Students’ having high negative and positive affectivity psychophysiological reaction between 1st and 2nd measurement to their reaction to an audiovisual stressor were analyzed. The results of the study showed that subjects having high negative affectivity reacted to an audiovisual stressor even more when measuring their reaction for the second time (respiratory rate at the stress phase and after the stress). However, subjects having high positive affectivity showed lower psychophysiological reaction after relaxation trainings while measuring their reaction to an audiovisual stressor for the second time (skin temperature and respiratory rate while waiting for the stressor, at the stressor phase and after the stressor and heart rate at the stressor phase). Subjects having high positive affectivity reacted to an audiovisual stressor less after biologic relaxation (heart rate and skin temperature) and after progressive muscle relaxation (respiratory rate). There were no significant differences between the 1st and 2nd reaction to the audiovisual stressor measurements in subjects having high positive affectivity in the control group (p=0.05).

IV. Conclusions

Students with high negative affectivity had higher psychophysiological reaction to an audiovisual stressor while subjects with high positive affectivity reacted less. Subjects having high negative affectivity after attending relaxation trainings reacted to an audiovisual stressor even more while subjects having high positive affectivity were less responsive to stress after attending relaxation trainings. There were no significant differences between psychophysiological response to the audiovisual stressor after relaxation trainings between subjects having high and low positive affectivity (p=0.05).

Subjects: 90 people aged between 18-30 (mean age 21,9 ± 2,5) participated in this study. There were 39 men and 71 woman.

Procedure: The participants were randomly assigned to 3 different groups. Two groups received 4 relaxation training sessions (progressive muscle relaxation 30 (33.3 percent) and biofeedback relaxation 29 (32.2 percent)) once a week, between two measurements of their reaction to the audiovisual stressor. The third group was a control group (31 (34.5 percent) which did not receive any relaxation trainings, but it had the same time intervals between the first and the second measurements of reaction to audiovisual stressors.

The measurement of psychophysiological reaction to the audiovisual stressor was performed twice: on the first visit and after the relaxation trainings (in 4 weeks approximately). The measurement of psychophysiological reaction to the audiovisual stressor for the control group was also performed twice: the first time and after 4 weeks approximately without giving any relaxation trainings. Psychophysiological reaction to the audiovisual stressor was recorded in 4 phases: at rest, while waiting for the stressor, during the stressor phase and after the stressor while getting back to their usual state.

References


Introduction

The patients vulnerability to stress in the pre-operative is assumed as determinants of well-being and pre-operative visit as an important protector of the nosological entity occurrence.

In this context, we studied the stress vulnerability in pre-surgery patients.

Objectives

- Explain the influence of socio-demographic variables in the patient stress;
- Infer the influence of pre-operative visit in the vulnerability of patients stress;

Methods, Participants and Material

The transversal observational study was conducted in a non-probabilistic sample of 180 pre-surgical patients (55.6% women and 44.4% men) with mean age of 57.25 years, using the Vulnerability to Stress Scale - 23 QVS (Vaz Serra, 2000).

Results

Vulnerability to stress vs Sex, School levels and Age

Vulnerability to stress is higher in the:
- men (57.5%) than women (54%)
- individuals living alone (H = 16,349, p = .000)
- less instructed (H = 18,023, p = .003)
- those living in rural areas (U = 301.0, Z = -2.336, p = .020)
- and older (r = .287, p = .000).

Age and Pre-operative Visit vs Vulnerability to Stress

Age explains 8.2% of the variability in vulnerability to stress and its also independent of the pre-operative visit, (U = 3452.0, p = .186).

Conclusions

It was found that age, education and cultural background, influence vulnerability to stress, being consider them when planning good practice in health care of pre-surgery patients.

Bibliography

Studies on measurement and method
GHQ-12 in Romanian people: reliability, exploratory and confirmatory factor analysis
Andrea Cătălina Brabete, María del Pilar Sánchez-López and Raquel Rivas-Diez
Universidad Complutense de Madrid, España

Introduction

The General Health Questionnaire-12 (GHQ-12; Goldberg, 1972) is a self-administered screening measure for the detection of nonpsychotic problems in community and clinical settings. It also assesses psychological well-being.

The first versions of the test, GHQ-60, GHQ-28 and GHQ-30 were designed as multi-dimensional measures. The GHQ-12 was originally developed as a unitary screening measure. However, several authors identified a multidimensional structure (Campbell, Walker & Farrell, 2003). For example, Politi et al. (1994) found two factors: general dysphoria and social dysfunction. Andrich & van Schouwen (1999) suggested that the positively worded items formed one factor and the negatively worded items formed another.

Graetz (1999), Martin (1999) and Worsley & Gribbin (1977) proposed three different 3-factor models. Recently it has been suggested that the GHQ-12 should be used as a one-dimensional measurement (Hankins, 2008a, 2008b; Ye, 2009). These authors suggested that multifactorial structure is due to the fact that a mixture of positive and negative statements can produce an entirely artefactual division into factors, a psychometric phenomenon known as “method effect” (Hankins, 2008a).

In view of the previous results in different samples, we consider it relevant to confirm the validation of the scores of the questionnaire in Romanian population and to assess the dimensionality of the instrument by means of confirmatory factor analysis.

Objective

The purpose of this study is to analyze the internal consistency and the factor structure of the GHQ-12 in the Romanian general adult population, using a Likert-type scoring.

Method

Participants

Women N = 512
Age range = 16-71
Mean age = 29.53
S.D. = 10.63

Men N = 293
Age range = 17-78
Mean age = 28.40
S.D. = 11.77

Instruments

The 12-Item General Health Questionnaire (GHQ-12) (Goldberg & Williams, 1988) consists of 12 items, each one assessing the severity of a mental problem over the past few weeks using a 4-point Likert-type scale (from 0 to 3). The score was used to generate a total score ranging from 0 to 36. The positive items were corrected from 0 (always) to 3 (never) and the negative ones from 3 (always) to 0 (never). High scores indicate worse health.

Procedure

The instruments have been translated from English to Romanian language following the recommendations of international regulations and national ones (ITC, 2011; Muñiz & Hambleton, 1996; van de Vijver & Poortinga, 1997).

It was used the “snowballing” method. In all cases the instruments were administered with a cover sheet indicating the instructions for filling-in. After having explained the purpose of the study, all the participants gave their informed consent on the participation. We also guaranteed the anonymity of their personal data.

Results

Reliability

To assess internal consistency, Cronbach’s alpha coefficient was calculated. It was found a value of 0.70 for the entire sample.

Exploratory factor analysis

All factors have eigenvalues exceeding the unit, a criterion used to guide the number of significant factors. The first factor accounts for 34.94% while the three factors taken together account for 52.62% of the variance in GHQ-12.

Confirmatory factor analysis

Conclusions

These results support the conclusion that the GHQ-12 is an effective measure for assessing the psychological well-being and detecting non-psychotic psychiatric problems in Romanian population.

The exploratory factor analysis showed that the GHQ-12 is a multidimensional measure. There were statistically significant correlations between all the items of the test and, when the confirmatory factor analysis was done, there were correlations between the factors. The study of French & Tait (2004) also showed strong correlation between the factors. This fact led the authors to recommend that it may be prudent to use the overall score rather than overinterpret the factors within the GHQ-12. As Hankins (2008a) proved the GHQ-12 fits better as a one-dimensional model with error correlations so the apparent two or three dimensional structure is artefactual. In the future, we propose to continue adapting the instrument and to apply it on the Romanian population living in Spain.

References

Hankins, M. (2008a). The factor structure of the twelve item General Health Questionnaire (GHQ-12): the result of negative phrasing? Clinical Practice & Epidemiology in Mental Health, 4, 10.
LAW AND PSYCHOLOGY

DR. LÁSZLÓ KELEMEN

Two surveys were the basis of the monitoring of attitudes towards law and the operation of law and of comparing results.

The first, entitled "What's Our Attitude Towards Law?", was organised in the spring of 2010.

The second was held in the spring of 2011 with the title "Law and Society".

The 2010 study worked with a national representative sample of 1000 and - besides - a sample of 100 lawyers opening up an opportunity in the phase of analysing results to determine whether possible changes in comparison to the opinions measured in the previous year on the sample of lawyers come nearer or diverge. Changes between the two samples were mainly due to the changes in preferences regarding political parties. If the observed changes couldn't be attributed to answers regarding the changes observed in political party preferences, answers to this question were sought for among other socio-demographic attributes.

The interesting thing about the comparison is that Hungarian parliamentary elections were held between the two samplings. Comparison making between results of the two surveys followed a special method: Scales were made on statements of the 2010 study according to similar subject groups that allowed surveyors to determine, which was the scale where changes were detectable and what were the background variables that could explain the measured changes, with a special view on changes caused by political party preferences. Changes of the averages of scales - or uniformities, on the other hand - could identify modifications within each subject matter allowing the surveyors to draw conclusions. Through the examination of changes of all scales we were able to determine changes in the society reaching thereby, starting from a certain psychological viewpoint, a certain social viewpoint. Political party preferences reflected changes and uniformity at once. Comparing the results to each other it can be said that the ratio of supporters of FIDESZ, the party currently in power, has decreased seriously, while the ratio of the insecure electorate has increased highly. Meanwhile the ratio of opposition party supporters hasn't changed, whereby the correlation of forces has remained unchanged, and this influences considerably changes in attitudes, too. For if the opinion of voters of the governing party changes, that surely leads to significant changes in the society as a whole.

"Overall, in areas covered by the scales, the following changes in the society have come about in the last year:

In spite of changes in government, the critical attitude towards the political system has remained. Respondents are less and less able to believe in crime prevention strategies; and this is independent of all societal dimensions I have examined: it proves to be a phenomenon of the entire society. The Hungarian society is becoming more and more pessimistic about questions affecting the individual citizen. Respondents think that a strong State is still need. The belief in the administration of justice is somewhat stronger, but most voters still remain sceptical in this regard. Similarly to the previous year, the restoration of capital punishment was supported by the great majority. In opinion of the respondents, injustice and sin are parts of life therefore they are afraid of becoming victims of criminal acts. Unlike other groups of the society, voters of the governing party are more optimistic than the average regarding both dimensions of their beliefs in a righteous world: additionally they form the only group where it is perceptible that the last year has affected their attitudes positively."
EXTERNALIZING PERSONALITY AND EXECUTIVE COGNITIVE FUNCTION: A STUDY WITH A NON-CLINICAL SAMPLE

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1University of Aveiro, Portugal; 2IBILI, Portugal; 3University of Beira Interior, Portugal; 4Argosy University, USA;
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A common behavioral pattern reflected in many manifestations of externalizing is an apparent failure to learn from experience, raising the possibility that externalizing may involve a deficit in executive cognitive function – a deficit in the ability to self-monitor ongoing behavior for errors.1,3

The aim of this study is to examine the influence of externalizing on performance on the Halstead Category Test.

METHOD:

- Participants: 37 university students (26 females and 11 males), between 18 and 46 years old (M = 22.41), selected on the basis of their score on the Externalizing Spectrum Inventory (ESI)12 with a high score, 18 with a medium score and 11 with a low score.
- Materials: Halstead Category Test (HCT)
  - Provides a measure of executive function: assesses concept learning, flexibility of thinking, the ability to learn and apply new rules and monitor errors.
  - Scoring/variables: Number of errors (total); loss of set – attentional and conceptual; spatial positional reasoning; proportional reasoning, memory and perseveration.
  - 208 stimuli divided into 7 sub-tests
- Procedure: Participants completed the Portuguese reduced version of the ESI. Selected participants were posteriorly called to the lab, where they performed individually a computerized version of the HCT.

Data analysis: Kruskal-Wallis Tests were applied to analyse main effects of group for the total scores and the various sub-scales. Follow-up Mann-Whitney Tests were carried out wherever a main effect emerged in the previous analyses.

RESULTS:

- Significant differences emerged between high, low and medium externalizers in the scale Loss of set – Conceptual:
  \[ \chi^2(2) = 6.35, p < .05. \]
  - Medium (M=4.21, SD=1.67) and high (M=6.00, SD=2.37) externalizers had significantly more conceptual losses than low externalizers (M=1.04, SD=1.86).
  - \[ Z=2.27, p<.05 \] (medium vs low externalizers)
  - \[ Z=2.01, p<.05 \] (high vs low externalizers)
- No significant differences emerged for the total score of the Halstead Category Test or for any other sub-scale.

CONCLUSION:

- Participants scoring high on the externalizing vulnerability performed significantly worse on the “Loss of Set – Conceptual” scale than participants scoring low. The same pattern was observed in medium when compared to low externalizers.
- The “Loss of Set – Conceptual” scale assesses the ability to apply the same rule to slightly different patterns of figures. This suggests that a higher externalizing vulnerability is associated with an increased difficulty at the level of abstract concept formation and poor cognitive flexibility.

REFERENCES

Psychomed 2013 n.1 Special Issue: 12th ICBM Selected Posters
ABSTRACT

This research was carried out to identify the stressors in Pakistani professional women and to develop an indigenous tool to measure it. Both qualitative and quantitative research, in three phases, was carried out, on groups consisting of doctors, bankers, University professors, telecommunication officers, and pharmaceutical employers. In phase one, focus group discussions on stressors were carried out on three groups of professional women (N=30) of ages between 26 and 57, and the findings were used to develop the 60 items Working Women’s Stressors Scale (WWSS), employing Likert scale (5-point). In phase two, pilot study, validation, and reliability testing were carried out. The pilot study conducted on working women (n=30) of ages between 23 and 52 revealed the high value reliability coefficient (α =.85). Option “any other” in the scale identified six more items for inclusion in WWSS scale, increasing the number of items to 66. In the third phase, factor analysis and assessment of construct validity was carried out for psychometric evaluation of WWSS on working women (n=300) of ages between 21-59 years, with a mean of 31.37. It yielded alpha (α=.95). Six factors emerged from factor analysis i.e. family stressors (α =.97), daily hassles/personal stressors (α=.89), social stressors (α=.86), work stressors (α=.85), life events (α=.83), and catastrophes (α=.75).

INTRODUCTION

Role of women is changing due to their entry into the job market in the more traditional society like Pakistan. Their responsibilities then doubled and stresses are enhanced. While, the chances of experiencing irreconcilable expectations, besides a lot of stress, depends upon the time limitations and stress available to an individual (Coster, 1974; Goode, 1960) In addition to occurrence of conflicts, a lot of stress, depends upon the time limitations and strength available to an individual (Kaluz, 2009). The increasing stress in Pakistan working women is alarming in a significant proportion. Stress in Pakistani working women is increasing in a significantly alarming proportion. Therefore, it is need of the hour to assess the stress of working women. To achieve the goal, in order to achieve the objectives, a scale with fundamental attributes (validity and reliability) was developed that guarantees dependable measurement of variables under exploration (Waltz, Strickland & Lenz, 2005).

METHODOLOGY

Phase 1: Generation of items for the Questionnaire

To generate items for an indigenous self report scale to measure the stressors of Pakistani working women.

To determine psychometric properties of the measure of stressors

Participants

Professional women (N=18) including six participants in each group, comprised of doctors, bankers, University professors, telecommunication officers, textile personal and pharmaceutical employees.

Procedure

Discussions on stressors were carried out on three groups of professional women. A list of statements was prepared, taking into account the description of stressors (causing stress in their lives), illustrated by the participants.

Results

Detailed notes were taken, summarized and variables were identified.

Generation of items for the Questionnaire

Considering the entire variable finalized during discussions, a 60 items Working Women’s Stressors Scale (WWSS) was developed. Response options were given in the 5-point Likert rating scale format. An option of “any other” was also given to identify area, overlooked by the researcher or participants during discussions.

Phase 2: Pilot testing for the preliminary questionnaire

A purposive sample (N=30) of working women comprised of doctors, nurses, bankers, human resource officers, and some other organizations were selected for the pilot study.

Results

Of pilot study

Six items identified by the option “any other” in the questionnaire were also included in the final scale of WWSS increasing the total number of items to 66. Reliability analysis revealed significant correlation between the stressors with alpha (α=85%)

Phase 3: The Validation study

Method

Factor analysis was used to ensure and construct the validity of multidimensional scale WWSS (Gregory, 2006).

Participants

The participants of this study were (n=300), working women selected from banks, hospitals, telecommunication, pharmaceutical manufacturing organizations, Universities and construction companies, within the age range of 21 to 59 years while the mean age was 33.80 year.

RESULTS

Table 1 Demographic Characteristics of Working Women (N=300)

<table>
<thead>
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<th>Variable</th>
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<th>SD</th>
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<td>33.80</td>
<td>10.27</td>
</tr>
<tr>
<td>Telecommunications</td>
<td>72</td>
<td>24.00</td>
<td>33.80</td>
<td>10.27</td>
</tr>
<tr>
<td>Universities</td>
<td>52</td>
<td>17.33</td>
<td>33.80</td>
<td>10.27</td>
</tr>
<tr>
<td>Pharmaceuticals</td>
<td>57</td>
<td>19.00</td>
<td>33.80</td>
<td>10.27</td>
</tr>
</tbody>
</table>

Factor analysis

The KMO coefficient was .89 and factor analysis progressed Bartlett test of sphericity was significant (p<0.001) indicating that data was distributed normally to allow an evaluation of the potential factor structure.

Table 2 KMO and Bartlett’s Test

<table>
<thead>
<tr>
<th>Eigenvalue</th>
<th>Items</th>
<th>Percentages of variances</th>
<th>Cumulative(%) percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.Firendy stresses</td>
<td>17.44</td>
<td>26.43</td>
<td>26.43</td>
</tr>
<tr>
<td>2.Personal stressors</td>
<td>8.79</td>
<td>13.98</td>
<td>40.41</td>
</tr>
<tr>
<td>3.Social stressors</td>
<td>7.12</td>
<td>11.93</td>
<td>52.34</td>
</tr>
<tr>
<td>4.Work stressors</td>
<td>6.21</td>
<td>10.35</td>
<td>62.69</td>
</tr>
<tr>
<td>5.Life events</td>
<td>5.26</td>
<td>8.80</td>
<td>71.49</td>
</tr>
<tr>
<td>6.Catastrophes</td>
<td>4.18</td>
<td>6.97</td>
<td>78.46</td>
</tr>
</tbody>
</table>

REFERENCES

Studies on gender related problems
The aging of the human organism is found to be associated with a continuous imbalance between gains and losses. This rhythm could be avoided, by implementing new strategies for a successful aging. Breast cancer can influence different components of the female elderly life: like the psychological, the physical, the social and the existential dimensions. Rather complex problems. For some of the elderly patients the maximization of psychological and physical health levels and therefore maximizing the quality of life is the main goal in order to overcome the cancer treatment.

It becomes fundamental for health practitioners to (a) contextualize quality of life face to cancer situations related to the increasing of the prevalence of multiple bio-psycho-social symptoms that (b) increase the efficiency of the interventions such as on a physical level, such as a psychological level.

**The Importance of Breast Cancer on Elderly Women’s Sense of Coherence**

Francis Carneiro, Sofia von Humboldt & Cláudia Carvalho

**Method**

**Participants**
- **Study Group:** 22 female elderly with breast cancer remission.
- **Control Group:** 20 non-breast-cancer elderly.

**Inclusion Criteria**
- Female elderly with breast cancer remission.
- Female elderly with intact cognitive capacities (MSME scores 10).
- Not institutionalized elderly women.

**Material**
- Mental State Mini-Exam (MSME).
- Social demographic characterization questionnaire.
- Sense of Coherence Scale (SOC).

**Procedure**
- Voluntary and unpaid participation (informed written and/or oral consent).
- Guarantee of confidentiality regarding personal data and results.
- Empirical data gathered during November and December 2011.

**Social-Demographic data of participants**

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household</td>
<td>124</td>
<td>100</td>
</tr>
<tr>
<td>0</td>
<td>10</td>
<td>8.1</td>
</tr>
<tr>
<td>1</td>
<td>27</td>
<td>21.9</td>
</tr>
<tr>
<td>2</td>
<td>71</td>
<td>58.1</td>
</tr>
<tr>
<td>3</td>
<td>11</td>
<td>8.9</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td>3.2</td>
</tr>
<tr>
<td>Professional status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retired</td>
<td>91</td>
<td>73.6</td>
</tr>
<tr>
<td>Professional specialist</td>
<td>18</td>
<td>14.9</td>
</tr>
<tr>
<td>Non-specialized worker</td>
<td>6</td>
<td>4.8</td>
</tr>
<tr>
<td>Artist</td>
<td>15</td>
<td>12.3</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-religious</td>
<td>4</td>
<td>3.2</td>
</tr>
<tr>
<td>Catholicism</td>
<td>112</td>
<td>90.3</td>
</tr>
<tr>
<td>Protestantism</td>
<td>4</td>
<td>3.2</td>
</tr>
<tr>
<td>Taskers</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>2.4</td>
</tr>
<tr>
<td>Housing location</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>53</td>
<td>42.7</td>
</tr>
<tr>
<td>Town</td>
<td>13</td>
<td>10.5</td>
</tr>
<tr>
<td>Rural area</td>
<td>57</td>
<td>46.9</td>
</tr>
<tr>
<td>Village</td>
<td>9</td>
<td>7.4</td>
</tr>
</tbody>
</table>

**Conclusion**

Despite differential emotional experience of cancer diagnosis, it represents always a life threatening and a menace to the integrity of the individual that leads to a necessity for reappraising the intrapsychic experiences. Future investigation should (1) evaluate the distress scores related to physical and psychological symptoms related to cancer, in a way to help medical decisions to be formed in a more informed and adequate regarding each case. (2) identify the psychological related pre-treatment and treatment factors and (3) evaluate which the psychological consequences related to the treatment course and its impact in life quality, so that new efficient and adequate preventive strategies can be developed.
Evaluation of the therapeutic process of women with couple’s violence
Dolores Mercado, Ayari Viridiana Salazar and Ana Luisa Viveros
National University of Mexico

The purpose was to evaluate the process of psychological support therapy to women in violence situation given by a government institution.

The permanence of women in couple’s violence can be explained by cultural factors that adjudicate women the responsibility for the wellbeing of the family members, fear associated with separation or the increase of violence, as well as psychological defenses such as negation or violence normalization.

For a woman to be able to free herself from a couple’s violence situation she should change believes, behaviors and emotions that kept her inside and did not allow her to leave couple’s violence. This program is targeted to strengthen the women and help them to get free from a violent situation.

It is a structured therapeutic program, each session has its own objective

Method
Three hundred and two women volunteer which attended to this psychological support program for couple’s violence victims. For 56 it was the first time they had attended, 100 with 2 to 4 sessions, 80 with 5 to 8, and 66 with 9 to 13 sessions. The instrument “Feminine believes, behaviors and emotions towards couple’s violence” (Mercado, 2012) that evaluates believes, behaviors and emotions that hold back women from getting out of a violence situation, as well as a factor of need of a better life was administered. It is a transversal design.

Results
The results comparing the media between the groups with different number of sessions are being represented on the charts.

ANOVA produced, significant effects with a p<0.05 in the subscales of: Irrational Responsibility, Guilt, Submission, Dependency, Fear to Change, Violence Agreement, and Normalization. In every case the significance was because the measures decreased as the number of sessions increased. Which indicates the more therapeutic sessions, the more the women will change their believes, behaviors and emotions about the violence they live. It is suggested that when the women who looked up for psychological help, had already started the process to free themselves from violence. And the role that therapy plays is to give them tools and strength to feel secure of their own decisions, the ones they have taken and the ones they will take [decisions].

These results suggest that the therapeutic help produces several changes in cognitive, emotional and attitude variables that empower women in couple’s violence situation.

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The objective of this study was to describe some of the contingent conditions for either separation or permanency into the couple's violence.

**Method**

27 women volunteered, all with couple's violence, they were already going to a support institution for domestic violence. Twenty of them were separated from the aggressor, 70% took themselves the decision and the remaining 30% was a decision of the couple, 7 were still into the relationship. A semi-structured interview was applied about violence, its context and the women answer to violence.

**Results**

Results showed more terrorist violence in separated women and more situational violence in those that were not separated (Johnson, 2008).

When the violence started women did not reply violently, they tried to avoid it with several strategies:

1) They began to defend themselves violently (violent resistance),
2) Some did not defend themselves.

---

**Separated**

- More terrorist violence
- 18% Never tried to split

**Reasons to split temporarily or definitive**

- Intense violence
- Violence increase
- Infidelity
- And drugs
- Violence against children
- Perception of lack of success in avoiding violence and of a blurry future of the relationship was stronger

**Reasons not to go out**

- 34% Economic
- 25% Fear of dealing with life alone
- 10% Love

---

**Non separated**

- More situational violence

**Problems confronted when they split temporarily or definitive**

- 8% Had economic disturbances
- 65% Because of lost, missing, love and loneliness.

**Reasons to return to relationship**

- the aggressors promises.
- being partially capable of avoiding violence and of being.

**Reasons not to go out**

- 14% Had learnt to set limits.

---

To get out from couple violence depends on a process: first women bear silently, with recurrence some present resistance, and finally violence intensification and lack of solution perspectives seem to be important for some women to take the decision of running out from couple's violence. When women decide to go out from a violent partner they need emotional and economic security. Family and social nets are natural support sources. Formal psychological and legal support enhances woman's empowerment to end with this public health problem.

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Gender Related Differences in Predicting Health Related Behaviour: Lithuanian Study

Gabija Jarašiūnaitė, Olga Riklikienė, Keštutis Miškinis

Department of Theoretical Psychology, Vytautas Magnus University, Kaunas, Lithuania; 2 Lithuanian University of Health Sciences, Department of Nursing and Care, Kaunas, Lithuania; 3 National Health Insurance Fund under the MoH, Strategy Department, Vilnius, Lithuania

I. Introduction

Research on the relationship between gender and health-related behaviour is largely grounded in the assumption that women and men differ in their health-related behaviour as well as in treatment seeking and self-care for illness (8,10). Some of the findings support the gender role self-concept related with masculinity and weaker gender perceptions on health related behaviour (24,26). Other studies indicate factors related with health literacy. Men are less knowledgeable about health in general, specific diseases and their risk factors than women (3), less able or likely to access, interpret and apply information to maintain and improve health (3) and exhibit lower levels of health literacy even about male-specific health issues (5).

Lithuanian women have higher levels of health literacy (9). According to Lithuanian health statistics on 2005, more women were vaccinated from influenza; blood pressure was also measured more often to women than men. After being diagnosed with higher blood pressure women (43.8 %) were more likely to change their lifestyle than men (30.9 %). Equally more women (88.7 %) than men (76.6 %) used medications in case to lower their blood pressure (7). However, there are lack of studies analyzing gender related differences in predicting health related behaviour in Lithuanian population.

II. Material and methods

1066 Lithuanian citizens (495 men and 571 women, aged 18 and above) representing the entire population of Lithuania completed the survey about health care system in Lithuania. The questionnaire was created by Olga Riklikienė in 2009. The questionnaire consisted of 12 demographic and 47 thematical questions about Lithuanians (Table 1). The reliability of the questionnaire was measured (Cronbach’s alpha = 0.922). In this study the questions about respondents knowledge about 5 preventive programmes financed by national health insurance fund, evaluation of their responsibility about person’s health, knowledge about generic and branded medicines are analyzed.

According to National Health Insurance Fund under the Ministry of Health, 115345 females participated in uterus cancer preventive program in 2011. 76757 females participated in breast cancer preventive program and 112474 males were participated in prostate cancer preventive program for early detection of the disease. According to this, there were less males who participated in prostate cancer preventive program comparing to women who participated in uterus or breast cancer preventive program in 2011.

The results revealed that women were well acknowledged about uterus cancer and breast cancer preventive programs (accordingly - 84.2 % and 79.3 %), while only 63.2 % of men knew about existing preventive program for prostate cancer.

Cardiovascular diseases are the most common cause of death in the Lithuanian population. In 2011, cardiovascular diseases accounted for more than 50 percent of the deaths (6). Thus, prevention of these diseases is very relevant.

The data of National Health Insurance Fund, 171435 Lithuanian citizens participated in preventive program for cardiovascular diseases and 67641 - for large intestine cancer. The results confirmed that more females than males didn’t know about possibility for free of charge cardiovascular disease preventive program (p<0.05). Also, more females then males knew about large intestine cancer preventive program (p<0.05).

Table 1. A comparison of males and females agreement on statements about health importance and preventive programs

<table>
<thead>
<tr>
<th>Statement</th>
<th>Gender Agreement Disagreement</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uterus cancer</td>
<td>Male 94.1, Female 95.2</td>
<td>0.022</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>Male 97.6, Female 97.5</td>
<td>0.028</td>
</tr>
<tr>
<td>Preventive programs</td>
<td>Male 19.3, Female 18.7</td>
<td>0.019</td>
</tr>
<tr>
<td>Don’t Exp. it’s free of charge</td>
<td>Male 21.1, Female 20.6</td>
<td>0.017</td>
</tr>
</tbody>
</table>

IV. Conclusions

Lithuanian females are better acknowledged about National free of charge preventive programmes and more active in participating than majority of males threatened preventive health activities as simply waste of time. Lithuanian women in relation to men were also better informed about forms of drugs, more often use health care service. This study confirms existing health related differences between Lithuanian men and women that predict some aspects of their health related behaviour, especially for health promotion.

III. Results

Table 1. A comparison of males and females agreement on statements about health importance and preventive programs

<table>
<thead>
<tr>
<th>Statement</th>
<th>Gender Agreement Disagreement</th>
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<tr>
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<td>Male 19.3, Female 18.7</td>
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</tr>
<tr>
<td>Don’t Exp. it’s free of charge</td>
<td>Male 21.1, Female 20.6</td>
<td>0.017</td>
</tr>
</tbody>
</table>

Table 2. A comparison of males and females knowledge about original and generic drugs, use of health care services in the last 12 months and plans to participate in preventive programs

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Original</th>
<th>Generic</th>
<th>No opinion</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>2644</td>
<td>54.5</td>
<td>45.5</td>
<td>0.008</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>3176</td>
<td>56.2</td>
<td>43.2</td>
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</tr>
<tr>
<td>Male</td>
<td>677</td>
<td>32.3</td>
<td>67.7</td>
<td>0.001</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>78.6</td>
<td>25.2</td>
<td>78.6</td>
<td>0.001</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>68.3</td>
<td>31.7</td>
<td>68.3</td>
<td>0.001</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>71.8</td>
<td>28.2</td>
<td>71.8</td>
<td>0.001</td>
<td></td>
</tr>
</tbody>
</table>

Conclusion

According to National Health Insurance Fund under the Ministry of Health, 115345 females participated in uterus cancer preventive program in 2011. 76757 females participated in breast cancer preventive program and 112474 males were participated in prostate cancer preventive program for early detection of the disease.

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References

The Influence of Optimism and Coping Strategies in the Quality of Life of Women with Breast Cancer.

Paulina Mera (pdm@rca.uc.cl)
Department of Psychology - Pontificia Universidad Católica de Chile

INTRODUCTION

Breast cancer is a chronic disease and is the leading cause of cancer death among women worldwide (GLOBOCAN, 2001). Once knowing the diagnosis, some patients go through a grieving process due to the loss of health and/or autonomy (Oblitas, 2004). The recommended treatments have a strong impact on the health of these women. The most common side effects of chemotherapy are alopecia, nausea, vomiting, antinausea vomiting and weakening and isolation from their families and normal social activities (Gómez, 2005). Researchers have also described several emotional reactions associated with the diagnosis and its treatment, such as increased levels of anxiety, depression and fear (Gómez, Schag, & Heinrich, 1989). Therefore, cancer and its treatment have great effects on the quality of life (QOL) of these patients. There are several psychological factors that have been associated with good QOL among patients with breast cancer, two of the most studied are optimism and coping.

BACKGROUND

Optimism and QOL: A positive evaluation of the situation has been associated with positive mood and posttraumatic growth in women with breast cancer (Sears, Stanon, & Dunoff-Burg, 2003). An optimistic explanatory framework, has been associated with an increased longevity in women who had breast cancer for a second time (Seligman, 1998).

Coping and QOL: Passive coping has been associated with accelerated progress of the disease (Epping-Jordan, Comps, & Howell, 1994) and an increase in emotional distress (Mazone, Classman, & DuFamely, 2000).

OBJECTIVE

The aim of this study was to examine the relationship between optimism and coping strategies with quality of life in a sample of women with breast cancer.

METHODS

Participants: 25 women with breast cancer, between the ages of 29 and 67 (mean age 52.8, D.S. = 10.1) who received support from an interdisciplinary team of health professionals part of a nonprofit corporation called “Yo Mujer”. All participants signed an informed consent before being enrolled. The estimated statistical power was 0.85.

Data Collection and Measures: Participants completed a self-administered questionnaire that included: 1) WHOQOL-BREF developed by OMS to evaluate quality of life (World Health Organization, 1999); 2) the Spanish version of LOT-R to evaluate optimism (Otero, Luengo, Rimmoto, Gómez-Fraguela, & Castro, 1998); 3) the Spanish version of CSI to evaluate coping strategies (Cano, Rodríguez & García, 2007) and 4) a questionnaire to collect sociodemographic and health data.

RESULTS

Partial correlations: Controlling for number of children, current treatments and mastectomy, QOL correlates positively with optimism and active coping, with both ratios of similar magnitude (see Table 1). And controlling for: number of children, mastectomy; QOL correlates positively with optimism variable correlates positively with seeking social support, and negatively with self-criticism (see Table 2).

Predictive model of QOL: The independent variables were entered using the method of stepwise step-0), two variables were significant: social support (active coping) and self criticism (passive coping), which accounted for a 50.7% of the variance of QOL (see Table 3).

DISCUSSION

Patients who use optimistic and active coping strategies have better QOL. The positive expectations are translated into efforts to actively address the situation (Ferrando, Chico & Tois, 2002), and active coping may help reduce psychological stress, as people perceive they control the disease and its treatment (Thompson et al., 1994). While coping is the strongest predictor of QOL, there is a significant association between optimism and other predictors (social support and self criticism), therefore, we can conclude that there is an indirect relationship between optimism and quality of life.

These findings also suggest that seeking social support promotes good QOL. Previous studies have shown that this variable was associated with longer survival in patients with metastatic (Spiegel et al., 1989).

Self-criticism impacts QOL. This coping strategy is a feature of pessimistic explanatory style (Petersen & Seligman, 1998) and may be detrimental for the QOL of these women.

References:


Next Conferences

**EABCT**

**43rd Annual Congress**
European Association for Behavioural and Cognitive Therapies

**25th - 28th September 2013**

**Marrakech 2013**

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**INFORMATION**

**Congress Venue**
The Congress will be held at:
The Palmeraie Hotel & Resort
Les Jardins de la Palmeraie,
Circuit du Palmarai,
Marrakech 40000,
Morocco.

www.palmeraemarrakech.com

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**Congress Secretariat**

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**Congress Dates**
A programme of Full Day Pre-Congress Workshops will be held on Wednesday 25th September 2013.
The Congress will start on Thursday, 26th September 2013 and will end on Saturday, 28th September 2013.

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**43rd Annual Congress**
European Association for Behavioural and Cognitive Therapies

**25th - 28th September 2013**

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**IMPORTANT DATES**

**Submissions**
Submission closes: 3rd March 2013
Submission closes for posters: 21st April 2013
Notification of acceptance: Late April / May 2013

**Programme**
Final programme: July 2013

**Congress**
Pre-Congress Workshops: Wednesday 25th September 2013
Opening Reception at 6.00pm: Wednesday 25th September 2013
Congress opens: Thursday 26th September 2013
Congress closes: Saturday 28th September 2013
13th International Congress of Behavioral Medicine

An offer you can’t refuse: the excellent ICBM congress in a very lively and old European university city!

On behalf of the ISBM, the NBMF, the Department of Health Sciences, the Wenzelbach Institut of the UMCG and the Scientific Program and Local Organizing Committees, we warmly invite you to the 13th International Congress of Behavioral Medicine to be held in Groningen, The Netherlands in 2014.

Groningen, the Netherlands

Groningen is located in the North of the Netherlands and is a very lively university city with over 50,000 students in higher and university education. The city became a member of the Hanseatic League in the 14th century, which exemplifies its old roots that are still visible. Groningen is a stylish city with nerve, which can be seen in its modern architecture as well. The University of Groningen was founded in 1614. An event that -of course- will be celebrated in 2014.

On behalf of the ISBM, the NBMF and local organizers,

Joost Deuker, President Elect International Society of Behavioral Medicine (ISBM)
Ronan O’Carroll, Program Chair, ICBM 2014
Robbert Sanderman, Chair Local Organizing Committee ICBM 2014
Jac van der Klink, Co-chair Organizing Committee ICBM 2014
Judith Prins, President Netherlands Behavioral Medicine Federation (NBMF)

Important dates

- September 2013
- Second Announcement & Call for Abstracts
- November 2013
- Deadline Workshop Submission
- January 15, 2014
- Deadline Abstract Submission
- April 1, 2014
- Abstract acceptance confirmation
- May 1, 2014
- Deadline Rapid Communications Posters
- May 1, 2014
- Deadline Early Bird Registration
Contributing to Psychomed

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All issues of Psychomed are available on-line at http://www.crpitalia.eu/psychomed.html

Contributions for Psychomed can be sent by email in Italian or English to: Dr. Dimitra Kakaraki at: psychomed@crpitalia.eu . For information about the editorial norms, please read: http://www.crpitalia.eu/normeautori.html .

The works will be shortly read by the Editorial Committee and the sending Author will receive a prompt feed-back.