

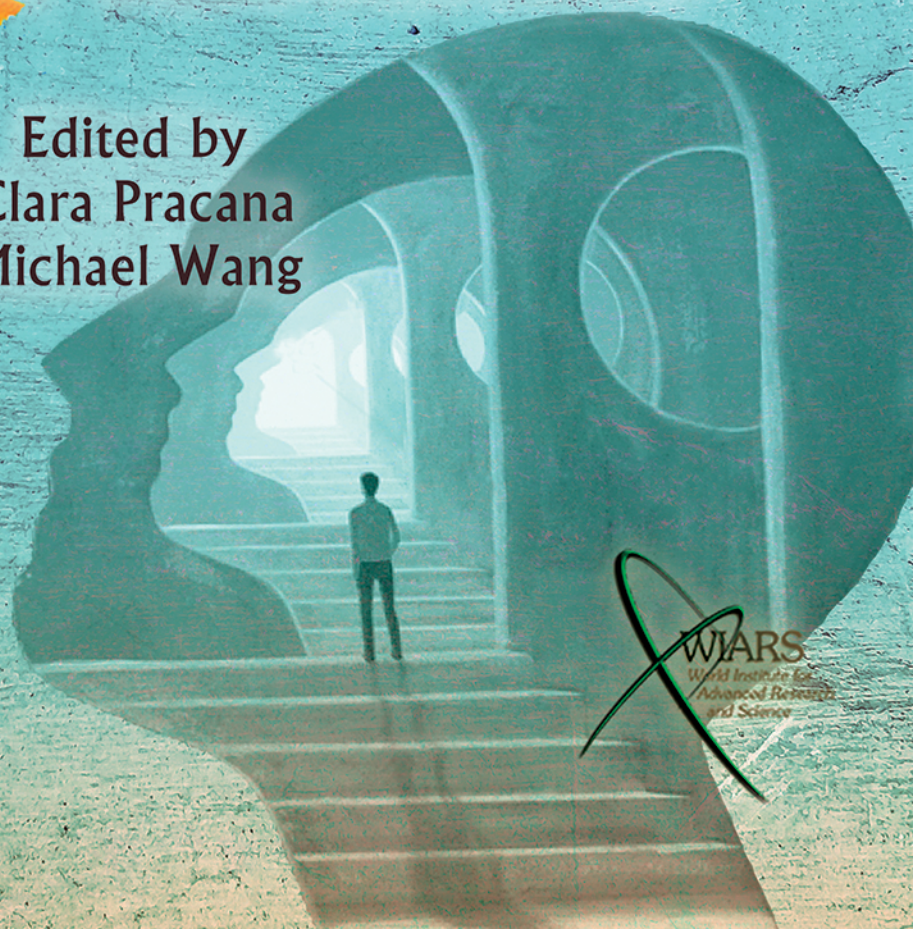
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BOOK OF ABSTRACTS

Edited by
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The background features a teal, textured surface with visible brushstrokes and some cracking. On the left side, there are large, expressive brushstrokes in shades of orange and red. A white square frame is partially visible, overlapping the orange brushstrokes and the teal background.

Virtual Presentations

CLINICAL PSYCHOLOGY

ELKINS HYPNOTIZABILITY SCALE: ADAPTATION OF THE FRENCH VERSION

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Abstract

This study aims to adapt the Elkins Hypnotizability Scale (EHS, Elkins et al., 2015) to a French sample and to determine its psychometric properties. The EHS was conceived in order to assess individuals' responsiveness towards suggestions guiding hypnotic experiments, ranging from motor responses to imagery and hypnotic amnesia. We also investigated the role of social desirability, attitudes and beliefs towards hypnosis, and vividness of visual imagery on individuals' hypnotizability level. Usually, these factor effects are considered in the light of hypnotizability (see Bret et al., 2023; Koep et al., 2020). Preliminary results revealed that the French version of EHS showed a good internal consistency. The gender effect on EHS scores was not significant. A significant, moderate and positive correlation between the EHS and the attitudes/beliefs towards hypnosis suggest that attitudes/beliefs might predict efficiently the responsiveness to hypnotic suggestions. A moderate and a positive correlation was found between the EHS and the vividness of visual images, no significant correlation was found between the social desirability and the EHS scale, confirming its relevance. These findings tend to show that the French adaptation of the EHS may be an available brief assessment of hypnotic suggestibility, useful for researchers and clinical practitioners.

Keywords: Attitudes, beliefs, hypnosis, hypnotizability, suggestibility.

CHILDHOOD EMOTIONAL ABUSE AND PROBLEMATIC INTERNET USE: TRAIT MINDFULNESS AND DISSOCIATIVE EXPERIENCES AS MEDIATORS

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Abstract

The escalating prevalence of internet usage has prompted a heightened curiosity in comprehending the factors contributing to problematic internet use (PIU). Specifically, the study delves into the potential link between childhood emotional abuse (CEA) and PIU based on the Compensatory Internet Use Theory (CIUT), recognizing CEA as a precursor to mental health issues, with PIU as a possible coping mechanism. Additionally, the research explores the mediating roles of trait mindfulness (TM) and dissociative experiences (DE), hypothesizing that trait mindfulness may provide adaptive coping strategies, while dissociative experiences may lead to avoidance behaviors like excessive internet use. The study enlisted 1074 Italian adolescents (537 girls) aged between 14 and 17 years ($M = 15.65$, $SD = .92$). Participants filled out the following self-report instruments: Childhood Emotional Abuse Subscale from the Childhood Trauma Questionnaire-Short Form (CTQ-SF), Five Facets Mindfulness Questionnaire (FFMQ), Adolescent Dissociative Experiences Scale (A-DES), Shorter Promis Questionnaire (SPQ). To mitigate the influence of background variables, a Multivariate Analysis of Covariance (MANCOVA) was conducted. Subsequently, Structural Equation Modeling (SEM) with latent variables was employed to assess the proposed mediation model. Finally, a Multiple-Group Path Analysis (MGPA) was conducted to assess the gender invariance of the hypothesized model. Gender and parental educational level were controlled for based on the findings of the MANCOVA. SEM yielded remarkable fit indices for the hypothesized model: $\chi^2(72) = 209.92$; $p < .001$, CFI = .98, RMSEA = .04 (90% CI = .04 – .05), SRMR = .03. All direct and indirect pathways were statistically significant ($p < .001$): from trait CEA to TM ($\beta = -.35$), to DE ($\beta = .52$), to PIU ($\beta = .27$); from TM to PIU ($\beta = -.17$);

from DE to PIU ($\beta = .37$); from trait CEA to PIU through TM ($\beta = .06$), to PIU through DE ($\beta = .19$). MPGA highlighted the gender invariance of the model: $\Delta\chi^2(13) = 19.16$, $p = .12$, $\Delta CFI = .001$. These findings emphasize the critical significance of recognizing and addressing the distinct and profound challenges confronted by adolescents who have endured CEA, especially those who exhibit heightened levels of dissociation and deficits in trait mindfulness. Such individuals may be at a heightened risk for engaging in maladaptive online behaviors. Consequently, the development and implementation of interventions tailored to target dissociation and enhance mindfulness skills could prove to be clinically effective in preventing and managing PIU among emotionally abused youth.

Keywords: *Childhood emotional abuse, trait mindfulness, dissociative experiences, problematic internet use, adolescents.*

DEMORALIZATION AFFECTS QUALITY OF LIFE IN TERMINAL CANCER PATIENTS IN PALLIATIVE CARE

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Abstract

Objective: Demoralization implies a persistent inability to cope with a stressful situation and is characterized by feelings of hopelessness and helplessness due to loss of purpose and meaning in life. Although years of research have demonstrated its clinical importance, there are few studies that deepen the relationship between demoralization and health-related quality of life (HRQoL) in terminal cancer patients in palliative care. The aim of this study is to specifically examine the prevalence of demoralization in a sample of terminally ill cancer patients and assess its independent effect on patients' HRQoL, controlling for other clinical and psychological variables.

Methods: Data were collected from 372 terminal cancer patients undergoing palliative care. The Edmonton Symptom Assessment System (ESAS) for symptoms of palliative care patients, the Hospital Anxiety and Depression Scale (HADS) for psychological distress, the Functional Assessment of Cancer Therapy Scale - General Measure (FACT-G) for HRQoL and the Functional Assessment of Chronic Illness Therapy - Spiritual Well-Being for spirituality (FACIT-Sp) were used. In addition, Demoralization was assessed using the Demoralization Scale - Italian version (DS-IT).

Results: According to the DS-IT, 48.4% of the recruited terminal cancer patients were severely demoralized, and 13.7% showed moderate demoralization. Demoralization was strongly correlated with HRQoL, which was severely impaired (mean FACT-G (SD) = 53.52 (14.7)). The regression analysis showed that psychological distress (HADS: $\beta = -0.42$, $p < .001$), as well as "Disheartenment" ($\beta = -0.21$, $p < .001$) and "Sense of Failure" ($\beta = -0.11$, $p = .003$) subscales of the DS-IT were the strongest contributors for HRQoL, followed by the "Dysphoria" subscale ($\beta = -0.07$, $p = .034$) of the DS-IT and the "Appetite" ($\beta = -0.09$, $p = .012$), "Lack of Well-Being" ($\beta = -0.08$, $p = .032$), and "Drowsiness" ($\beta = -0.07$, $p = .035$) subscales of the ESAS, with the final model explaining 70% of the variance of the FACT-G.

Conclusions: The results of the present study highlight the presence of high levels of demoralization in terminal cancer patients and show that psychological distress and demoralization are the main independent negative factors affecting HRQoL in these patients. From a clinical perspective, the high prevalence and impact on HRQoL highlight the need to adequately assess demoralization and psychological distress in terminal cancer patients and to identify psychological interventions that focus on preventing existential distress and thus improve the quality of life of dying patients and accompany them until the end of life.

Keywords: *Psycho-oncology, Demoralization, end-of-life, palliative care, quality of life.*
