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18-23 July 2021
Prague, Czech Republic
(Virtual)



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The abstracts of the 32nd International Congress of Psychology have been typeset from files kindly supplied by the organizing committee. The text of individual presentations is as originally submitted by the authors of the contributions. The arrangement of the presentations in this print volume is in accordance with the planned Congress program at the time the files were passed for publication. Any alterations made between this point in time and the actual date of the Congress will not be reflected in this volume.

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The study dedicated to research cognitive function of children with osteogenesis imperfecta (OI) and children with cerebellum tumor (BT). Experimental groups included: (1) 18 children with diagnosis Q78.0 osteogenesis imperfecta, where 6 children were with OI type III and 11 children with OI type III, mean age was 15 ± 2.14 years; (2) 14 children with cerebellum tumor, 9 children of which had chemo-radiotherapy, mean age -14.6 ± 2.1 . Control group included 18 typically developmental children, mean age -14.7 ± 2.4 . Intelligence assessed by KABC II (Kaufman, Kaufman, 2004). It was found out that in groups of children with OI type III and with BT there were decrease of IQ scores ($p < .01$ for OI and $p < .0001$ for BT), but not in group of children with OI type I ($p > .20$). Also, cerebellum tumor and OI type III influenced negatively on Long-Term Memory ($p < .003$ for OI and $p < .004$ for BT), Visual Processing ($p < .005$ for OI and $p < .006$ for BT) and Fluid Reasoning ($p < .0001$ for OI and $p < .004$ for BT). Decrease of Short-Term Memory is observed both in children with BT ($p < .0001$) and in children with OI regardless of type ($p < .03$ for type I and $p < .0001$ for type III). Therefore, Short-Term Memory seems to be most sensitive to developmental disorders regardless of disease severity. As to other cognitive function it can be assumed that severe motor defects (OI type III) and cerebral affection (BT) decrease cognitive development in similar way.

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Self-identification and coping behavior of deaf and hard-of-hearing students

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For the psychological and social adaptation of the deaf and hard-of-hearing people, cultural and social aspects – formation of acculturation and educational conditions – are highly significant. We studied 137 deaf and hard-of-hearing students in different educational situations. We used these methods: Big Five (Costa & McCrae), TRF (Becker), WCQ (Lazarus & Folkman), Self-Esteem, Coping strategies (Jambor & Elliott) and self-stigma scale (Mikhailov, 2008). Type of self-identification of students depended on the degree of deafness, type of school, way of communication in family: large hearing loss, studying in schools for deaf and gesture communication increased the likelihood of “deaf” acculturation. Less hearing loss, inclusive education in public school or school for the hearing-impaired, mixed communication in the family contributed to the formation of “hearing” acculturation. The choice of specific coping depended on the degree of deafness: a large hearing loss increased coping “leaving to the deaf world” and decreased “bicultural skills” coping. People with mild hearing loss tended to «hiding» coping. Students who identified themselves with the “hearing world” had high self-esteem, a higher level of extraversion, self-awareness, personal resources, ability to cooperate, better mental health, emotional stability, higher ability to empathy, greater fullness of life with feelings and sense and high sense of self-worth. Lack of belonging to a certain culture (marginality) leads to personality disadaptation: deaf and hard-of-hearing students with marginal identification had a lower self-estimation level, worse mental health and personal resources, lower level of extroversion, self-confidence and

life satisfaction. Supported by the RFBR No. 19-013-00406.

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Prevalence of dissociative symptoms in college students

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Dissociative symptoms are part of several mental disorders, can impair the normal functioning of an individual and are difficult to detect. Despite of such relevance there are an scarce of assessment tools available in Spanish language and adapted for target population for use in clinical practice. The aim of this research was describe the prevalence of dissociative symptoms in a college students sample, for this purpose we adapted the dissociative experiences scale (D.E.S) (Bernstein & Putnam, 1986) and administered to college students. One hundred eighty college students (male = 80, female = 100) completed the scale and demographics information poll, age ranged between 18 to 29 years old ($M = 21.28$ years, $SD = 3.66$ years). Results shows a prevalence of dissociative symptoms in roughly 16% of our sample, for the overall sample the total averaged scores ($M = 18.81$, $DS = 10.56$) were mild higher than the expected value scores ($M = 15.2$, $DS = 12.7$) for that age group taken from a general population study done in US (Ross, Joshi & Currie, 1990). Furthermore, when comparing our data to a more similar culture the difference between data were minimal, since our reported average median score (10.71) and median reported (13.5) in a study done in Puerto Rico (Martínez-Taboas, 1995) were comparable. This study is an initial effort for build, design and standardize assessments tools suitable for Colombian population and to open new research avenues for the complex topic of dissociative disorders.