



UNDER THE HIGH PATRONAGE OF THE MINISTER OF PUBLIC HEALTH

MR. WAEL ABOU FAOUR

LEBANESE PSYCHOLOGICAL ASSOCIATION

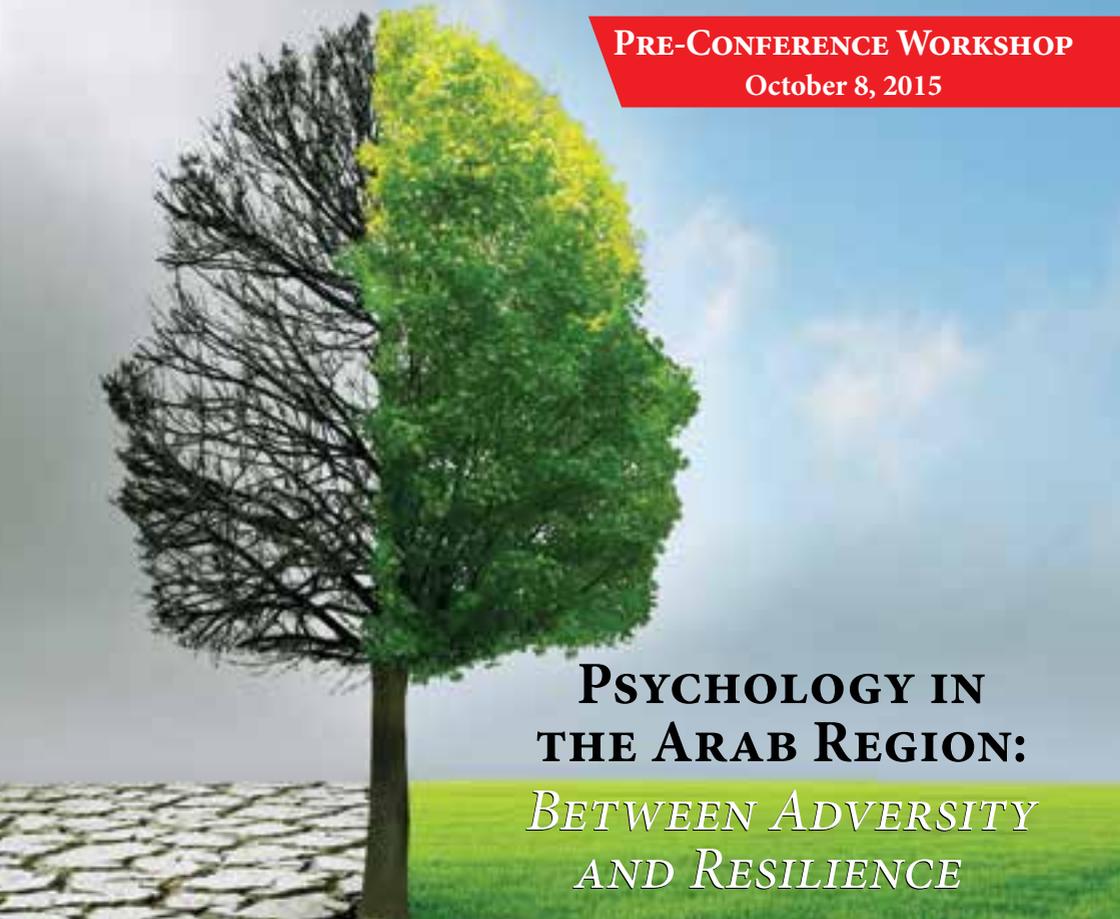
FIRST ARAB CONFERENCE

www.lpa2015.org



PRE-CONFERENCE WORKSHOP

October 8, 2015



**PSYCHOLOGY IN
THE ARAB REGION:
*BETWEEN ADVERSITY
AND RESILIENCE***



SCIENTIFIC PROGRAM

October 8th - 10th, 2015

Hotel Gefinor Rotana, Beirut, Lebanon



WELCOME NOTE

In celebration of its 10th Anniversary, the Lebanese Psychological Association (LPA), in collaboration with the International Union of Psychological Science (IUPsyS), is holding its first Arab Conference from 8th to 10th of October, 2015 in Beirut, Lebanon.

This conference intends to be a dialogue platform between mental health experts, as well as an opportunity to share ideas and experiences on a variety of topics under the general theme of Adversity and Resilience; where psychology is to be seen not only as a profession and a scientific discipline, but also as a peaceful instrument to revert adversity and strengthen human resilience.

Leyla Akoury Dirani, Ph.D.

Associate Professor, Clinical Psychologist, AUB-MC

*Conference Co-Chair
LPA President*

Brigitte Khoury, Ph.D.

Associate Professor, Clinical Psychologist, AUB-MC

*Conference Co-Chair
LPA Founding President*



CONFERENCE CO-CHAIRS:

Leila Dirani, Ph.D.

Associate Professor, Clinical Psychologist, AUB-MC

LPA President

Brigitte Khoury, Ph.D.

Associate Professor, Clinical Psychologist, AUB-MC

LPA Founding President

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St. George Hospital University Medical Center*

Ahmad Oueini, Ed.D.

Associate Professor, Lebanese American University

Members:

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*Professor and Chairperson of Psychology Department,
Lebanese University, 2nd Branch.*

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Chairperson of Psychology Department, University Saint Joseph

Hanine Hout, Ed.D.

Assistant Professor, Haigazian University.

Shahe Kazarian, Ph.D.

Professor, Psychology Department, American University of Beirut

Brigitte Khoury, Ph.D.

Associate Professor, Clinical Psychologist, AUB-MC

Christine Sabieh, Ph.D.

Psychology Professor, Faculty of Humanities, Notre-Dame University, Louaize



KEYNOTE SPEAKERS



Prof. Saths Cooper, PhD

President: International Union of Psychological Science (IUPsyS) and Pan-African Psychology Union (PAPU)

Vice President: International Social Sciences Council (ISSC) and **Chair** of the South African Board for the International Council for Science (ICSU)

Extraordinary Professor: University of Pretoria, South Africa

Honorary Professor: University of Limpopo, South Africa



Susan Heitler, PhD

Clinical Psychologist

Author: From Conflict to Resolution and PowerOfTwo.com

Private Practice: Rose Medical Center, Denver, Colorado



THURSDAY 8 OCTOBER 2015: OPENING CEREMONY

09:00 - 17:00

**Preconference Workshop - From Conflict To Resolution:
The Three Essential Ingredients of Effective Couples Therapy**

17:00 - 18:00

Registration

18:00 - 18:10

Welcome note from LPA President

Dr. Leyla Akoury Dirani

18:10 - 18:25

**Signing of the Memorandum of Understanding between
the Psychological Society of South Africa and the Lebanese
Psychological Association.**

18:25 - 18:35

**Announcement of the
“Pan Arab Council of Psychological Science”,**

Dr. Brigitte Khoury, LPA Founding Member and Former President

18:35 - 18:45

Word of the Ministry of Public Health,

Mr. Wael Abou Faour

18:45 - 19:30

**Keynote Lecture from the President of the International Union
of Psychological Science (IUPsyS),**

Dr. Saths Cooper: “The Birth of International Psychology”

19:30

Cocktail Reception



FRIDAY 9 OCTOBER 2015

08:00 - 09:00

Registration and Welcome Coffee

09:00 - 09:45

Keynote lecture: My Way - No, MY Way! What Does It Take To Resolve Conflicts Collaboratively?

Moderator: **Dr. Leyla Akoury Dirani**

Dr. Suzan Heitler, Clinical Psychologist, Psychotherapist, USA

Symposium 1: The Impact of War on Mental Health

Moderator: **Dr. Shahe Kazarian**

09:45 - 10:00

A Lebanese Study on the War trauma, Mental Health, Suicide, Family Life and Work: The Price to Pay

Elie Karam, M.D, IDRAAC Dept. of Psychiatry and Clinical Psychology, St. George Hospital University Medical Center, Faculty of Medicine, Balamand University, Lebanon, MIND

10:00 - 10:15

The Psychological Effect of Armed Conflict on Women and Children in Aden – Yemen

Maan A. Bari Qasem Saleh, PhD., Aden University, Yemen

10:15 - 10:30

Post-Traumatic Stress Disorder among Elderly in Diraig and Outash camps near Nyala city of Southern Darfour

Prof. Rukiyya Assayed Al Tayeb Abbas, University of Khartoum, Sudan

10:30 - 11:00

Questions and Answers

11:00 - 11:30

Coffee Break

Symposium 2: Eating Disorders in the Arab Region

Moderator: **Dr. Aimee Nasser Karam**

11:30 - 11:45

Hope and Coping Styles as Predictors of Eating Disorder Among University Students

Shaimaa E. Basha, Lecturer in Psychology Department, Helwan University, Egypt



FRIDAY 9 OCTOBER 2015

11:45 - 12:00

Eating Behavior, Attitudes and Awareness Levels Among Undergraduate Students in Three Arabic Countries (on-going research)

Sabrina Tahboub-Schulte, PhD,

Assistant Professor at American University of Sharjah, Sharjah

12:00 - 12:15

Clinical Interventions for Eating Disorders: Psychological, Nutritional and Medical

Carole Wehbe Chidiac, Medical Director GMC Clinics (Dubai),

Board Adviser of Middle East Eating Disorder Association (MEEDA)

12:15 - 12:30

Psychological Interventions for Eating Disorders

Carine El Kazen, Clinical Psychologist, Psychotherapist at

GMC Clinics (Dubai), MEEDA Chief Operations Officer

12:30 - 12:45

Nutritional Interventions for Eating Disorders

Hiba Safieddine, Registered Dietician,

Founding member and Vice President of MEEDA

12:45 - 13:00

Questions and Answers

13:00 - 14:00

Lunch Break

Symposium 3: Post Traumatic Stress Disorder: From Patients Minds to the Clinicians' Perspectives

Moderator: Dr. Mirna Ghanage

14:00 - 14:15

Counter-Transference to Trauma: A Transitional Breach in the Therapist's Identity – A Qualitative Approach

Mayssa' El Husseini, PhD candidate, Clinical Psychologist,

Hôpital Cochin, Paris, France

14:15 - 14:30

Réflexions sur l'usage de la langue maternelle en situation de transmission de Trauma

Layla Tarazi-Sahab, Assistant Professor at Saint Joseph's University, Lebanon



FRIDAY 9 OCTOBER 2015

14:30 - 14:45

In An Unspoken Voice: Neurobiological Legacy of Trauma and Treatment Implications

Ghina Ismail, Adolescent and Adult Clinical Psychologist,
American University of Beirut, Lebanon

14:45 - 15:00

Post Traumatic Stress Disorder : A Multidisciplinary Approach

Myriam ElKhoury-Malhame, PhD, Assistant Professor
of Psychology, USEK and Université Libanaise, Lebanon

15:00 - 15:30

Questions and Answers

**Symposium 4: The Culture of Mental Health in the Arab Region:
Attitudes and Beliefs**

Moderator: Dr. Elham El Hajj Hassan

15:30 - 15:45

**Cultural Influences in Mental Health Disorders:
An Indigenous Study from Iran**

Mostafa Zarean, PhD, Clinical Psychologist, Tabriz University, Iran

15:45 - 16:00

**Resilience, A Hope or Desperation in
Fragmented Societies: A Critical Paper**

Murad Amro, Clinical Psychologist,
Palestinian Counseling Center, Jerusalem, Palestine

16:00 - 16:15

The Culture of Mental Health in the Arab Community

Dr. Ali Albu Mohamed, Missan College of Education, Iraq

16:15 - 16:30

**A Dialectical Relationship Between Power, Religion and
the Collective Unconscious: Arab World and "Charlie Hebdo"
as Models**

Prof. Qassem Salih, President of the Iraqi Psychological Association

16:30 - 17:00

Questions and Answers



FRIDAY 9 OCTOBER 2015

Symposium 5: Childhood Adversities: Interventions and Education

Moderator: Ms. Rita Merhej

17:00 - 17:15

**Filming Interactions to Nurture Development (FIND):
A Novel Video Coaching Program for Families Facing Adversity**

*Laura K. Noll, MSc, Stress Neurobiology
and prevention lab., University of Oregon, USA*

17:15 - 17:30

دراسة في السمات الشخصية عند التلميذ اللبناني المتنمّر عليه في المدرسة

Youssef Al-Akoury, Associate Professor, Université Libanaise, Lebanon

17:30 - 17:45

**Teaching About War in a War Zone :
An Undergraduate Course on Children and War**

*Toni Hoffman, PhD, University of California
at Santa Cruz and the American University of Beirut*

17:45 - 18:00

Questions and Answers / Closing Remarks for Day 1



SATURDAY 10 OCTOBER 2015

08:00 - 09:00

Registration and Welcome Coffee

09:00 - 09:45

Presentation by Dr. Sverre L. Nielsen

Moderator: Dr. Brigitte Khoury

Dr. Sverre Nielsen, Senior Adviser at Norwegian Psychological Association, on the International Project on Competence in Psychology (IPCP)

Symposium 6: Psychological Interventions in Times of Adversity

Moderator: Ms. Nicole Naim Eid

09:45 - 10:00

Cognitive-Behavioral Therapy in Conflict Resolution

Aimee Karam, PhD, IDRAAC, Dept. of Psychiatry and Clinical Psychology, St. George Hospital University Medical Center, Faculty of Medicine, Balamand

10:00 - 10:15

Workforce Capacity Building to Deal with Trauma in War and Disaster Situations: Would a Model of Work Between UK and Sri Lanka be Useful in the Middle East?

Dr. Shamil Wanigaratne, Consultant Clinical Psychologist, Chair of the UK-Sri Lanka Trauma Group

10:15 - 10:30

The Influence of Psychological Capital on Future Motivation for Learning, Cognitive Strategy Use and Academic Achievement

Hovig Demirjian, EdD Candidate, Durham University, UK

10:30 - 10:45

A Missing Link in Educational Reform in the Arab World

Adnan Farah, Professor of Counseling Psychology, University of Bahrain

10:45 - 11:00

Questions and Answers

11:00 - 11:30

Coffee Break



SATURDAY 10 OCTOBER 2015

Symposium 7: Resilience: Conceptual frame and Cultural Specificities

Moderator: **Dr. Ahmad Oueini**

11:30 - 11:45

Personality in the Arab Levant: Are There Culture-Specific Traits Relevant to Resilience?

Pia Zeinoun, MS, Psychologist, Psychological Assessment Center, American University of Beirut Medical Center, Lebanon

11:45 - 12:00

Resiliency Predicts Academic Performance of Lebanese Adolescents Over Demographic Variables and Hope

Huda Ayyash Abdo, PhD, Associate Professor, Department of Social Sciences, Lebanese American University, Lebanon

12:00 - 12:15

Resilience in Palestinian Adolescents Living in Gaza

Mary Katherine Howell, Research Assistant and PhD candidate, Howard University, USA

12:15 - 12:30

Deuil et Déstructuration du Moi

Dr. Thérèse Ward, Psychologist, Université Libanaise, Lebanon

12:30 - 13:00

Questions and Answers

13:00 - 14:00

Lunch Break

Symposium 8: Special Groups

Moderator: **Dr. Christine Sabieh**

14:00 - 14:15

Trauma and its Psychological Consequences on LGBT Individuals in Lebanon and the Arab world

Chady Ibrahim, M.D., Psychiatrist, Clinical Sexologist

14:15 - 14:30

Legal and Ethical Issues When Dealing with LGBT Clients in Lebanon

Hala Kerbage, M.D. Psychiatrist, Hotel-Dieu de France



SATURDAY 10 OCTOBER 2015

14:30 - 14:45

The Role of the Psychologist in Dealing with LGBT Individuals: Reparative Therapy and its Consequences, and Latest Guidelines

Brigitte Khoury, PhD, Associate Professor, Psychiatry Department, American University of Beirut Medical Center, Lebanon

14:45 - 15:00

Gender-Based Violence Among Syrian Women

Aimee Karam, PhD, IDRAAC, Dept. of Psychiatry and Clinical Psychology, St. George Hospital University Medical Center, Faculty of Medicine, Balamand

15:00 - 15:30

Questions and Answers

Symposium 9: Couples in Times of Conflict

Moderator: Dr. Michel Nawfal

15:30 - 15:45

Alexithymia and Agreement in Reporting Intimate Partner Violence

Patricia Eid, Ph.D., Psy.D, Université du Québec à Montréal, Canada

15:45 - 16:00

Spousal Rejection / Control as Determinant for the Parental Rejection / Control of Children in Pakistan

Shazia Gulzar, Clinical Psychologist, Comstats Inst. of Inf. Technology, Lahore, Pakistan

16:00 - 16:15

Married Couples with Working and Non-Working Wives, Examining Employment Status on the Self-Esteem, Psychological Well-Being and Stress-Related Symptoms of Husbands

Faisal Hassan Rizvi, Research Scholar, Department of Psychology, Aligarh Muslim University, India

16:15 - 16:30

Questions and Answers

16:30 - 17:00

Closing Remarks of Conference



ABSTRACTS

A Lebanese Study on the War trauma, Mental Health, Suicide, Family Life and Work: The Price to Pay

Authors: **Elie G Karam , Zeina Menimneh, Aimee Karam, John Fayyad and Mariana Salamoun**

A representative sample of the total population of Lebanon was interviewed face to face in the subjects households. A systematic assessment of exposure to war was carried out. In addition, assessment of major mental disorders was carried out using a structured questionnaire (CIDI). Exposure to war was related not only to mental disorders, but also to the first onset and the severity of these disorders. In addition we looked at Durkheim's theory of suicidality after war. Lastly we looked at the burden of war on family life (marital, children...) and on work .The price of military conflicts is heavy and of long duration.

The Psychological Effect of Armed Conflict on Women and Children in Aden – Yemen

Maan A. Bari Qasem Saleh, PhD., Aden University, Yemen

This longitudinal study covers the cases of victims exposed to three armed conflicts in Yemen, specifically in the city of Aden, the southern capital, in the period from January 1986, May 1994, and March 2015. This presentation focuses on the psychological effects of armed conflict in these wars on women and children from cognitive, emotional and behavioral aspects.

Research methodology was Archival and case study adopted during the interview and field survey and clinical reviews of Yemeni Mental Health Association programs, such as a hotline for psychological help (developed at the Faculty of Medicine, University of Aden) and School behavioral Counseling program. The study sample included women and children victims of direct and indirect armed conflict. A range of psychological interventions provided depends on cognitive behavioral techniques, self-assertion and elective psychotherapy applied with cases of anxiety and post-traumatic stress disorder and depression in addition to other sleep and eating disorders. Some interventions have been useful with positive outcomes, but in limited cases were frustrating because of the size of the injury.

A number of recommendations and conclusions emphasized the importance of diagnostic and intervention of psychological help to reduce the amount of suffering for women and children with the recommendations to design and approve a clear policy to address the problem, particularly in the openness and reconciliation for the victims of war along the lines of South Africa's experience with the provision of future programs for psychological services to help victims. Special attention should be paid to qualified human resources specially psychologists and other Mental Health providers



ABSTRACTS

Hope and Coping Styles as Predictors of Eating Disorder Among University Students

Shaimaa E. Basha,

Lecturer in Psychology Department, Helwan University, Egypt

The aim of this study was to examine relationship between Hope, coping styles, and eating disorders among university students. The study also attempted to find out the role of hope, and coping styles as predictors of eating disorders. The sample consisted of (258) Egyptian university students (male= 104 with mean of 18.87 and St. = 1.057 and female= 154 with mean of=19.39 and St. = 1.104). The measures used in this study were; CISS -21) Coping Inventory for Stressful Situation, Snyder Hope scale, EDE-Q 6.0. The result showed significant differences between males and females in eating disorders and Emotional oriented Style in favor of the female sample and no significant differences were found between the two gender samples in Hope and task oriented and avoidance oriented styles. The results also revealed a positive correlation between eating disorders and emotional oriented and avoidance oriented styles in both male and female samples. And a negative correlation between eating disorders and hope and task oriented style in both male and female samples. The findings also suggested that Hope was a significant predictors of eating disorders in male. And avoidance oriented style was significant predictors of eating disorders in female sample.

Eating Behavior, Attitudes and Awareness Levels Among Undergraduate Students in Three Arabic Countries

Sabrina Tahboub-Schulte, PhD,

Assistant Professor at American University of Sharjah, Sharjah

Worldwide, eating disorders are on the increase. However, our understanding of the nature and extent of such problem behaviors in the Middle East remains limited. Existing data are inconsistent and limited to selected Arab countries (Soh, Touyz, & Surgenor, 2006; Wildes, Emery, & Simons, 2001). Moreover, comparisons across findings are difficult due to methodological differences in variable selection and measurements used. Still, the existing data highlight concerning levels of eating disturbances and body dissatisfaction in this part of the world (e.g. Schulte & Thomas, 2013). Our cross-national study aims to strengthen the current evidence based in this region by collecting data from multiple sites (Lebanon, Kuwait and United Arab Emirates) using the same set of instruments. Overall, 600 undergraduate students completed two standardized questionnaires (EAT-26 and EDAT; Garner, Olmstead, Bohr, & Garfinkel, 1982; Schmidt et al., 1995). Data collection has now been completed and data sets have been merged and coded for joint analyses. Findings will provide us with important insights about eating disturbances and awareness levels within each country's subsample as well as combined across the three study sites.



ABSTRACTS

Clinical Interventions for Eating Disorders: Psychological, Nutritional and Medical

Carole Wehbe Chidiac, Medical Director GMC Clinics (Dubai),
Board Adviser of Middle East Eating Disorder Association (MEEDA)

Eating disorders are under-diagnosed, often mistreated, and in the Middle East, clinicians struggle to treat this difficult population due to the lack of training and resources.

New types of Eating Disorders are presented with special consideration to the anorexia with normal BMI and the anorexia with regular period. This presentation covers as well an overview of special assessment and special psychological interventions for Eating Disorders, which are recommended before starting traditional therapy.

Psycho-education and motivational interview have an important role in treating this population, a role shared by the psychologist, the nutritionist and the medical doctor who should be part of a team working closely together and speaking the same language.

In this presentation, we will explain how an eating disorder is not only a psychological problem: the physiological aspect and the role of low blood sugar as a trigger for bingeing and the effect of starvation in all of the anorexic's symptoms should be known and explained to the patient by the psychologist as much as the nutritionist or the doctor.

The nutritional interventions will be presented as well. Since no therapy would work before starvation is reversed and since chaotic refeeding is dangerous, strict dietary guidelines should be followed when dealing with anorexics. For bulimics and binge-eaters, ditching the diet mentality is a main goal and nutrition rehabilitation with 5 to 6 complete meals a day, is the first step of the treatment.

Patients will show resistance and may have medical complications, which makes the collaboration crucial between the nutritionist, psychologist and medical doctor.

In the presentation the following roles of the medical doctor will be addressed: explaining and monitoring the complications of the disorder, setting the frequency of the follow-ups depending on the severity of the case, clarifying the indications for hospital admission in case of Anorexia and the indications and complications of refeeding in Anorexia. A quick overview of the role of the medications in the treatment of Eating Disorders will be presented as well.



ABSTRACTS

Counter-Transference to Trauma: A Transitional Breach in the Therapist's Identity – A Qualitative Approach

Mayssa' El Husseini, PhD candidate, Clinical Psychologist,
Hôpital Cochin, Paris, France

Objectives. To explore the mechanisms implicated in trauma transmission through counter transference reactions in therapists working with traumatized patients; to identify trauma impact on therapists and the processes underlying vicarious traumatization; to explore the implication of mother tongue use in the impact of trauma clinic onto therapist's counter transference.

Method. An interview protocol for therapists working with traumatized patients introduces the concept of emergent scenario (Lachal 2006; 2012; 2015). Semi-structured interviews of one hour and a half in average designed for the purpose of this research were conducted with 45 therapists working with traumatized patients. The interviews were analyzed following the principles of the Interpretative Phenomenological Analysis promoting the therapists subjective experience of the studied phenomenon.

Results. First findings reveal several indicators of trauma transmission amongst therapists, identified throughout their narratives. Therapists interviewed could express a feeling of disinclusion from the therapists' community; inability to re-account the narratives of the patients or to share the emotional confusion stirred by the therapy and that could affect the therapist's vision of the world around; experiencing moments of strangeness and inner disquiet; discomfort pertaining to the validity of their theoretical background; resonance in the defense mechanisms deployed by therapists and by patients at certain moments of the therapy; resorting to disregarding cultural interpretations/ generalizations to make sense of an utterly painful situation and put a protective distance with the patients' culture of origin; three types of emergent scenarios.

Working with trauma patients in mother tongue solicites belonging and affiliation which complexifies the level of the therapeutic interaction. Language as an identity indicator (Levi Strauss 1962; Kaes 1998) introduces another layer to the therapeutic relation, which is the collective identity shared between the therapist and the patient. The presence of a translator interferes in the core of what the therapist receives from the patient's narrative. A particular attention to the cultural meaning of the traumatic event is to be considered.

Discussion: Our study results reflect interesting subtleties in countertransference reactions to trauma narratives and shed light on processes indicative of trauma transmission. It also provides corroborative evidence to previous study findings in the field of countertransference to trauma work (Dalenberg, 2000; Lachal, 2006, 2012; Wilson & Lindy, 1994).



ABSTRACTS

The transitory disruptions in the therapists' beliefs highlight the particularly intense mobilization of countertransference reactions to trauma. Exploring the disorganization in each therapist's narrative structure reflects the style of that therapist's defense mechanisms implicated in countertransference.

The transgressive aspects of the trauma narratives are the most implicated in the disqualification of the patients' culture of origin.

Conclusion: The findings of this study underline the presence of trauma transmission and depict some of the channels through which it is conveyed within countertransference reactions. However, this transmission is not static and does not necessarily obstruct the therapeutic alliance, insofar as the examination of countertransference reactions helps transform trauma transmission elements into means to better understand the therapeutic process.

In An Unspoken Voice: Neurobiological Legacy of Trauma and Treatment Implications

Ghina Ismail, Adolescent and Adult Clinical Psychologist,
American University of Beirut, Lebanon

The past few decades have seen innovative paradigms in the treatment of trauma, be it Peter Levine's Somatic Experiencing, Francine Shapiro's EMDR, and /or Pat Ogden's Sensorimotor Processing approach. What many of these approaches have in common is moving beyond the realm of words and cognition. They speak to a common dilemma brought by clients when visiting practitioners' offices. This dilemma may be summarized in the following words: "I know 'it's not my fault', I understand that. However, my feelings are not catching up with my thinking". New findings in the field of neurobiology recognize this dilemma, and provide a scientific explanation whereby the approach to trauma focuses on appreciating its neurobiological imprints and working with the body to facilitate psychological healing. This presentation aims at reviewing key findings in the field of neurobiology which are changing the face of trauma treatment approaches.



ABSTRACTS

Post Traumatic Stress Disorder : A Multidisciplinary Approach

Myriam ElKhoury-Malhame, PhD, Assistant Professor
of Psychology, USEK and Université Libanaise, Lebanon

Although most people encounter at least one traumatic event over their lifetime, not all of them will develop post-traumatic stress disorder (PTSD). With the contemporary rise in traumatic sources (especially but not only in our part of the world) the World Health Organization recent reports describe PTSD as an increasing global health issue, due to its high frequency, severity, comorbidity and cost. Similarly to other mental health problems, much remains unknown about PTSD. Similarly to other anxiety disorders it is marked by excessive fear. It comes as no surprise that the most prevalent hypothesis in PTSD is that of a fear-processing deficit. Conceptualizing PTSD as a fear disorder can be phenomenologically quite narrow. It has been nonetheless pragmatic in allowing thorough translational research from animal to bench-side and clinical studies.

Our results have confirmed the hypotheses of increased amygdala and decreased prefrontal activity in PTSD alongside altered connectivity between limbic and cortical areas. This would account for the emotional and cognitive deficiencies patients complain about in our offices:

- *having exaggerated physiological responses to fear (sweating, heart rate),*
- *having difficulty controlling their negative emotions*
- *having difficulty detaching their attention from aversive cues. Being on the lookout for threat stimuli is involved in etiology and maintenance of PTSD.*

We have further shown that these impairments are positively correlated with symptom severity (the most severe symptoms correlate with the most altered behaviors) and are restored after symptom removal by EMDR and CBT. These psychotherapies are indeed recommended as first line of intervention in PTSD. Their many variants (special population, recent trauma, repeated trauma) can show very handy and adaptable to demands and as such should be integrated in clinicians' psychological first-aid and trauma-aid kit.

In terms of promoting prevention and early intervention, we have highlighted:

- 1) *Risk factor: Supportive proof after decades of evidence that individuals higher in neuroticism experience more intense emotional reactions to even minor stressors, specifically to stimuli evoking fear rather than other emotions. This may explain their increased vulnerability to subsequent anxious psychopathologies. By screening for neurotics we can tailor treatment options*



ABSTRACTS

2) *Early intervention: Even at the acute stress stage, trauma is associated with enhanced amygdala, OFC and dorsolateral PFC activity. This shows the amygdala plays a central role in traumatic pathophysiology early after traumatic exposure. It also points to the pivotal role of early tackling of the amygdala-OFC connections in a population highly exposed to trauma.*

3) *Protective factor: Resilience is defined as the ability to cope effectively in stressful situations and involves the ability to experience emotions matching environmental demands. We show it is positively correlated with right amygdala and left (OFC)! Exactly the structures altered in PTSD. Better understanding the neural underpinnings of resilience and mobilizing adequate emotion regulation resources is essential in advocating adaptive ways of dealing with adversities and traumatic exposures, notably in an Arab world relegating emotions to the back seat.*

To the best of our knowledge, this is the first time causality is established between amygdala activity, subtle cognitive and emotional processing and subsequent anxiety. This provides support on the relevance of subjective scales used to diagnose PTSD in correlation to biological (cerebral) variables. It allows us to bring clinical/therapeutic “intuition” into standardized “brain science” and thus translate into practical guidelines for our patients: meditation, relaxation, breathing, take home assignments, cognitive restructuring, role plays... It mostly outlines the brain structures that therapy needs to target, directly or indirectly, to relieve PTSD sufferings. Those markers should be further examined as acquired and in relationship to risks of relapse.

Last but not least, with all this knowledge and know-how at hand, it remains a common responsibility to work on establishing adequate multidisciplinary medico-psychological crisis cell unit that would intervene after punctual trauma (civilian or war-related). Psychological interventions would thus actively participate in promoting sustainable peace, one individual at a time.



ABSTRACTS

Cultural Influences in Mental Health Disorders: An Indigenous Study from Iran

Mostafa Zarean, PhD, Clinical Psychologist, Tabriz University, Iran

The process of assessment, diagnosis, and treatment of major mental disorders (anxiety and depression) is significantly influenced by contextual factors including ethnic and cultural issues. Despite their importance, little attention has been paid by researchers in Iran and abroad to these factors. Although recent ethnical and cross-cultural research is developing in the field, no comprehensive study about symptomatology and cultural definitions of emotional disorders in Iran has been reported. The present study aims to investigate anxiety and depression qualitatively in three major ethnic groups in Iran, namely The Azeri, Kurdish, and Farsi (Persian) ethnic groups. In a cross sectional qualitative design, 44 patients (14 Azeri, 15 Kurdish, and 15 Persian) who were diagnosed with at least one clinical emotional disorder participated in an individual in-depth interview. The interview consisted of descriptions about perceptions of emotional disorders, patients' perceptions about causal factors, attitudes toward co-morbidity issue, and help seeking behaviors. Data were analyzed using content analysis. Primary findings represented relative similarity between three groups in the reported themes, which could be summarized in three main themes namely negative emotionality, somatization, and maladaptive cognition. Perceptions of etiological factors for emotional disorders were more psychological processes rather than social and environmental components. Participants recognized individual factors as the main contributor to treatment and recovery from anxiety and depression. Prevailing knowledge about co-morbidity issues was addressing the common factors for emotional disorders rather than belief in developmental phases. Despite significant similarities between the three groups, the extracted themes consisted of a heterogeneous set of psychological constructs with remarkable differences with DSM-V definitions about symptomatology, etiology, and conventional treatment approaches to emotional disorders. These findings provide further evidence to reiterate the importance of contextual variables such as culture and ethnicity in assessment, diagnosis, and treatment of emotional disorders. Theoretical applications and the clinical utility of the research findings are discussed.



ABSTRACTS

Resilience, A Hope or Desperation in Fragmented Societies: A Critical Paper

Murad Amro, Clinical Psychologist,
Palestinian Counseling Center, Jerusalem, Palestine

The Palestinian helping professionals in OPT face a constant challenges within their field of work. The absence of a state nation, national unified code of ethics and practice, add to their fate of working under occupation and the constant threat of violence escalation and daily human right violations, add more weight in them. Despite all kind of western training and intervention models, the Palestinian helping professionals are left alone with sequential traumas that exceed in different ways the whole concept of accidental trauma. One more questions, how do this professionals that provide helping services proceed when they themselves are exposed in different daily situations to traumas.

Working in a fragmented field and hostile environment shift the focus to the quality and challenges related to absence of a unified code of ethics due to disunity and helplessness of Palestinian Authority. Around 95% of psychosocial interventions and research in different sectors of service providing (PA, Ngo`s, UNRWA) in OPT are dependant in Western development agencies financial aid. These agencies change their developmental priorities every now and then creating a whole system of dependence, that struggle to survive according to the fundraising polices, hindering the local aspiration for an independent developed professional sector. The absence of a regulating professional body within a landscape of different actors, struggling between each other to gain the favor of the development agencies, reflect the mistrust that hinter the appearance of open reflection on the practice and the experience. Moreover, the master discourse of results, which steam from the need of the development agencies and the global capitalist system, introduce these professionals to a widely confessed area where the local experience is repressed for the sack of the western post-modern thinking and practice.

This paper therefore, raises the question about resilience as a concept? What do we mean about and to what extent does this concept overlap with the internalization of violence? How can one differentiate between representations of resilience and passive adaptation? Or does resilience concept remove the pardon of the intolerable anxiety form the shoulders of professionals traumatized themselves? Could resilience be a manic defense in a hostel defragmented world dominated by the Development discourse? In all, this paper select to treat the questions of resilience and diversity critically by Lacanian psychoanalytical concepts theoretical frame, on the light of the Palestinian helping professions experience through the last 30 years.



ABSTRACTS

A Dialectical Relationship Between Power, Religion and the Collective Unconscious: Arab World and “Charlie Hebdo” as Models

Prof. Qassem Salih, President of the Iraqi Psychological Association

This paper discuss the problematic of the dialectical relationship between power, religion and the collective unconscious by asking opposing questions which have no conclusive answers, like :-

- *Do every ground landed with religion, would be after a thousand of years, the most part of the world that filled with conflicts, wars and vexatious of life?*
- *Why the new religion destroys its predecessor? Is it mandatory that the followers of the old religion must believe the new one? Otherwise, they would be considered as a deadly foe? Or refute some of their beliefs?*
- *How can a physical nature create a human being with miraculous mental abilities from an extremely simple cell?*
- *How can this universe, which is full of enormous quantitative and qualitative opposites, manage to function systemically unless there is a supernatural power that manages it?*

Psychologists are divided into two groups in their attitude toward religion, and the paper discusses them objectively and impartially, with special concentration on Sigmund Freud.

The paper concluded that one of the main reasons for this dilemma is the authority's exploitation of religion to serve its own benefits. The paper also warned that Charlie Hebdo's attack ignited a new war between faith and atheism that history may record it by the title “The War of Prophets”.

The paper aimed to make the reader generate a conclusion that the main reason for this cognitive chaos is (Dogmatism), as a closed way of thinking and a closed cognitive formation related to the personal beliefs and non-beliefs about the facts, realities and absolute power. And the opinions and judgments of beliefs that are linked to the legacies in the collective unconscious and has no logical proof of its rightness. To accompanies any ideology regardless of its content whether religious or secular. Psychological and social studies have shown that dogmatism was the main reason for political differences, which often ended with wars. And it's “a disease”, of crises' creators of political leaders and clerics in particular.

The modern world is witnessing a number of closed minds who reject new ideas, despite the strength of the supported evidences and adhere to old beliefs even if it is proved wrong...are in billions. While the number of open minds who agree to give up some of their beliefs if they were convinced it was wrong, and accept new ideas if supported by strong evidence... are in millions.

This is the task of such as this conference and Arab psychologists to reverse the equation by targeting the dogmatism, which is the main reason of the human disasters, starting from a psychological fact that the quality of the human ideas and beliefs decides the quality of his behavior.



ABSTRACTS

Filming Interactions to Nurture Development (FIND): A Novel Video Coaching Program for Families Facing Adversity

Laura K. Noll, MSc, Stress Neurobiology
and prevention lab., University of Oregon, USA

Previous work has shown that ongoing exposure to chronic, uncontrollable stress early in life places children at increased risk for a wide range of serious mental and physical health problems both in childhood and later in life (e.g. Shaw & Krause, 2002). A variety of evidence-based interventions have been developed to target the parent-child relationship in the context of early adversity. These interventions often focus on providing skills training and support for caregivers (e.g. Kazdin, 2008) and have been found to be effective in improving behavioral outcomes as well as neurobiological functioning (Gunnar, Fisher, & The Early Experience, Stress, and Prevention Network, 2006). However, the need for cost-effective and easily scalable interventions that may be translated across diverse high adversity contexts remains high. Building on existing intervention efforts in this domain and microsocial interaction research, the Oregon Social Learning Center (OSLC) and the Stress Neurobiology and Prevention (SNAP) Research Lab at the University of Oregon have developed a new strength-based video coaching intervention that is designed to bolster caregiving capacity and foster children's resilience in the face of chronic environmental adversity. This intervention, called Filming Interactions to Nurture Development (FIND), is unique in that it uses brief "microsocial" video clips of the caregiver engaged in naturalistic interaction with their child as their own model of developmentally supportive behaviors. In this presentation, I will provide an overview of the FIND Program and on-going research efforts to assess its impact on families who are experiencing chronic stress associated with adversity.



ABSTRACTS

دراسة في السمات الشخصية عند التلميذ اللبناني المتلمذ اللبناني المتممّ عليه في المدرسة

Youssef Al-Akoury, Associate Professor, Université Libanaise, Lebanon

بناء على ملاحظات في المدارس، وبالاعتماد على روائز نفسية متخصصة، تمّ اختيار عينة من التلاميذ في مدارس لبنانية، للبحث في موضوع التنمّر وبالتحديد عند التلميذ المتممّ عليه في المدرسة. دراسة الاسباب المؤثرة في ظهور هذه الحالات النفسية كوّنت المحور الاساسي للدراسة (سمات شخصية التلميذ، الاهل، المدرسة، ...) حاولت الدراسة تشخيص هذه الاسباب وبلورة سمات الشخصية عند المتممّ عليه في المدرسة من خلال تطبيق روائز نفسية متخصصة: "رائز رسم العائلة"، "رائز رسم الشخص"، "رائز رسم المنزل" من شأنها تظهير سمات شخصية هذا التلميذ المتممّ عليه وبالتالي تحديد موقع الاسباب الكامنة وراء ظهور هذه الحالة.

تمّت الدراسة عند التلاميذ من الصف الخامس اساسي او الصف السادس اساسي، تم اختيارهم بناء على بحث فردي لوجود معاناة من حالة تنمّر مؤكدة من المدرسة والاهل والتلميذ ولها اثارها الجانبية على حضور هذا التلميذ وتفاعله في الصف وبالتالي نجاحه في دروسه. في المقابل اختيار تلميذ من الصف ذاته لا يعاني من تنمّر عليه في المدرسة. استندت الدراسة الى اثنان وثلاثين تلميذا واهلهم، من الذكور والاناث ومن مدارس متنوعة في المناطق اللبنانية.

في النتائج يتماهى الابن مع اهل لا يملكون مهارة حل المشكلة، كما يتماهى مع اب بحضور سلبي، يكتسب الابن سمات سلبية من بيئته المنزلية تجعله عرضة لا بل مهياً لتلقي التنمّر ويجعله فريسة سهلة للمتنمّر. اثبتت هذه النتائج من خلال اختبار "رائز تفهم الموضوع" TAT للاب والام.

1. تظهير سمات المتممّ عليه في المدرسة

- تفاعل سلبي في المدرسة وتدني النتائج الدراسية
- تماهي مع صورة اب ضعيف وسلبي
- السلبية في التعاطي في المواقف التتمرية
- عدم وجود حل للمواقف المستجدة او الضاغطة
- تدني الثقة بالذات
- قلق من الاخر
- خجل وانطواء
- احباط
- نقص المبادرة
- اضطراب صورة الجسد واضطراب للادراك الجسدي
- تدني القدرة على المواجهة
- قدرات تحليلية سلبية
- قدرات جسدية متدنية
- نقص التأقلم والمهارات الاجتماعية
- اضطرابات سلوكية معرفية اجتماعية



ABSTRACTS

Teaching About War in a War Zone : An Undergraduate Course on Children and War

Toni Hoffman, PhD, University of California
at Santa Cruz and the American University of Beirut

This paper and presentation describe an undergraduate course entitled Children and War being taught at the American University of Beirut (AUB). The course had been previously taught at the University of California.

Children and War reviews the impact of war on child development by examining children in different war contexts, including forced migration, gender-based violence, youth in armed groups, child mortality, and more. The course emphasizes a psychosocial perspective on war-affected children (i.e., the perspective that psychological status is intertwined with the changing contexts of war). Students are introduced to rights-based, humanitarian, peacebuilding and community-based approaches to child protection and well-being. Instruction involves lectures, academic research, multimedia activities, interdisciplinary readings, guided discussion, and group collaboration to assist student learning about the course's many sensitive topics.

The course was first taught at AUB in the fall of 2014. It covered many conflicts in different parts of the world, focusing on the Syrian conflict. As expected, students at the outset displayed a refined understanding of war and war dynamics, but also showed a well-developed understanding of peace and peacebuilding (when compared to students at the University of California). Students from disparate backgrounds (including Syrian students) fully embraced the humanitarian perspectives and the psychosocial assumptions of the modern international approach to the protection of war-affected children.

Students were given the unique opportunity to engage with Syrian refugee children living in informal settlements in the Bekaa Valley, via AUB's partnership with the Kayany Foundation (which administers schools in the settlements). Students enthusiastically engaged in this service component, working in classrooms, painting murals, leading arts and crafts activities, music and play. Students also did some teacher training, including a workshop on Psychological First Aid.

Overall, the course was rated quite highly by all students; many have continued to volunteer and assist refugees since the course ended. This presentation includes a curriculum overview, a student panel discussion, photos and videos of the class activities.



ABSTRACTS

Cognitive-Behavioral Therapy in Conflict Resolution

Aimee Karam, PhD, IDRAAC, Dept. of Psychiatry and Clinical Psychology, St. George Hospital University Medical Center, Faculty of Medicine, Balamand

This presentation outlines the specific aspects of the current Lebanese conflict. It emphasizes the reasons of the national dialogue failure from a Cognitive conceptualization. Also, it will highlight the raising activism of the civil society in resisting threats, violence and the vacuum created by severe divisions. United protest and collective actions directed towards human rights, societal values, social goals and mainly peace processes are prominent and markers of successful coping strategies enhancing resilience against adversities.

Understanding the several facets of a conflict, its cultural meanings, its ideological roots and how it impacts the beliefs, emotions and behaviors of a community may serve as a powerful tool, informing via the CBT principles, the task of the mediators towards tackling the core concerns, not only on a personal level but also on a community level.

Workforce Capacity Building to Deal with Trauma in War and Disaster Situations: Would a Model of Work Between UK and Sri Lanka be Useful in the Middle East?

Dr. Shamil Wanigaratne, Consultant Clinical Psychologist, Chair of the UK-Sri Lanka Trauma Group

Global mental health, workforce capacity building and task shifting have become widely used terms in the world of health care and development. These concepts and the movement have developed over the past 20 years. The presentation describes a parallel practical development of capacity building over the same period between the UK and Sri Lanka and a training model that has emerged, that may have relevance in the Middle East and other conflict areas in the world.

Background

Sri Lanka experienced a civil war for 26 years which ended in 2009 and a devastating tsunami in 2004. In the mid 90's there was little awareness or acknowledgement of the psychological impact of trauma in the country. In 1996 a group of Sri Lankan expatriates and British mental health professions met in London and formed to group to work towards helping Sri Lanka deal with the psychological consequences of the civil war. This group became a UK registered charity in 1999. In the initial years the UK-Sri Lanka Trauma Group (UK-SLTG) was involved in awareness raising and lobbying for policy development and skills development of professionals and frontline workers. In 2004 Sri Lanka was struck by a tsunami causing destruction to more than half the countries' coast line with more than 36,000 deaths and 800,000 displaced.



ABSTRACTS

Members of the UK-SLTG were involved in a range of capacities in the tsunami response. One example was working with children, their families and schools to mitigate the effects of disruption and displacement and so help improve their ability to benefit from schooling.

Although Sri Lanka had a good infrastructure compared to other affected countries it did not have the capacity to cope with such as disaster, particularly in regard to the resultant medium to long-term mental health issues. At the time there were some well intentioned but inappropriate responses from the international community in the psychological sphere. In this context the UK-SLTG successfully lobbied King's College London and Maudsley Hospital for support to establish a capacity building resource centre in Sri Lanka. With a generous grant from Catholic Aid for Overseas Development (CAFOD), UK-SLTG with partners were able to establish Samutthana the King's College London Resource Centre for Trauma, Displacement and Mental Health in 2006 in Sri Lanka.

Model of capacity building

In trying to reach its objectives Samutthana developed a pragmatic 3 level approach to training that has proved to be very successful. Level 1 aimed at those with minimum skills and training such as volunteers and NGO workers, level 2 for those with some skills and qualifications and level 3 for professionals such as doctors, psychiatrists, psychologists, nurses etc. The workshops and curricula are based on evidence based approaches with cultural considerations. The concept of supervision was also introduced as essential component of training as well as inbuilt evaluation. Training is conducted by expat Sri Lankan and international (mainly British) expert volunteers and local experts who are also mainly volunteers. The donation of time and expertise of mental health professionals to the work and the co-ordination of this to meet the need have emerged as key factors for the success of this approach.

Outcomes

There have been many outcomes both tangible and intangible. Few of the tangibles are listed below:

- *Over 10,000 attendances at training workshops*
- *Established the countries 1st training course in Clinical Psychology with the University of Colombo*
- *Special workshops for psychiatrists*
- *Counselling workshops for university teachers in conflict areas.*
- *Cognitive behavior therapy certificate course*
- *Translation of trauma manuals, production of CBT manual*
- *Seen as a resource for other NGO's for their training needs*
- *Consulted for expertise and needs analysis by organisations*
- *Responding to needs arising out of specific incidence (e.g. violence against Muslims in a particular area)*



ABSTRACTS

- *Part of a network that included government organisations as well as NGO's*

Discussion and Implications

The development of the model of capacity building described above parallels the development of the global mental health movement (Prince et al 2007) and they may have influenced each other, as some of the key individuals in both are associated with King's College London. The main problem that we are attempting to address is the magnitude of the mental health problems facing the world in general and the lack of resources and capacity in skills personnel to deal with this problem. In conflict zones and in a situation of mass displacement such as Syria, this problem is immense. The magnitude of the problem requires us to build capacity in conventional approaches and health care systems as well as look beyond this, as there will never be enough trained skilled people to meet the need. The “task shifting” approach (WHO, 2007) that has emerged from the Global Mental Health movement and the Public Mental Health approach as a response to collective trauma (Somasundaram, 2010) are some alternative approaches. The concept of collective trauma and approaches to respond to this would be of particular relevance for the displaced in Syria as well as for the situation in Libya and Iraq.

Many of the Middle Eastern countries experiencing conflict and adversity have a diaspora who are mental health professionals who are serving other countries. The model of capacity building described above has the potential of harnessing this resource. Philanthropic qualities of mental health professionals in High Income and Middle Income countries if tapped could also be a major resource in capacity building endeavors to meet the mental health needs of people caught up in conflict. Curricula made up of evidence based approaches as well as culturally driven innovative approaches are needed in capacity building to respond to the mental health consequences of trauma. There are also opportunities to evaluate new approaches such as community interventions to deal with trauma resulting from conflict.



ABSTRACTS

The Influence of Psychological Capital on Future Motivation for Learning, Cognitive Strategy Use and Academic Achievement

Hovig Demirjian, EdD Candidate, Durham University, UK

Being motivated to learn, perform and achieve is the byproduct of intermingling of different cognitive, psychological and developmental factors. In the recent decade, there is a psychological and educational revitalization on focusing on the power of positive psychology in explaining students' learning behaviors (Compton, 2005; Seligman, Ernst, Gillham, Reivich & Linkins, 2009) specially with the recent observations on the role of psychological capital (Luthans, Avolio, Avey & Norman, 2007) which is defined as the individual's positive psychological state of development and is characterized by self-efficacy, optimism, hope and resiliency. The following research paper that taps psychological capital and its predicted influence on the students' academic motivation and perceived instrumentality is still in progress and a novel observation in the field of educational psychology. Within the given motivational theories, negative experiences often flatten students' learning experiences including frequent failures, incompetency and ambiguity of future educational plan. Psychological capital as a positive psychological construct is believed to have an influential role in motivating students and more specifically predicting the achievement of future oriented educational goals.

In an ever-changing societal and technological context, students as learners confront a challenging educational environment that demands continuous persistence and psychological capital to achieve and excel. The purpose of presenting this paper is to review and examine the newly emerging construct psychological capital as a multidimensional and multifaceted conception which is the amalgamation of positive psychological beliefs related to the future motivation of students and self-regulated learning in the classroom.

A Missing Link in Educational Reform in the Arab World

Adnan Farah, Professor of Counseling Psychology, University of Bahrain

This paper examines some direction for understanding the influential role that psychologists can play in educational reform, a role that allows them to be a motivating force in the education reform field.

The paper argues that psychologists at different levels of practice can have an impact on student performance, teaching standards, and other educational reform issues. It also explores how psychology can contribute in learning and teaching of 21 century skills for both students and teachers. The paper provides an overview of the most influential fields of psychology that can contribute to educational reform such as positive psychology, cognitive psychology, educational psychology, school psychology and counseling psychology. The paper further describes the services psychologists can provide to support educational reform and the psychologists' contribution in many aspects of learning and teaching process such as assessment, classroom and behavior management, crisis intervention, health behavior, and inclusive education.



ABSTRACTS

Personality in the Arab Levant: Are There Culture-Specific Traits Relevant to Resilience?

Pia Zeinoun, MS, Psychologist, Psychological Assessment Center, American University of Beirut Medical Center, Lebanon

Personality variables are predictive of resiliency and coping against stressors and trauma (Campbell-Sills, Cohan, & Stein 2006). It follows, that valid and reliable measures of personality are important, both in research and clinically. In the Arab world, research on trauma, resilience, and coping has used popular personality tests (e.g., Big Five Inventory, Personality Assessment Inventory), that were originally developed in English or other Western countries. There is no evidence thus far whether these translated/adapted instruments can fully capture the personality domain that is relevant to the Arab region. There may be personality variables that are relevant to Arab cultures, which are not addressed by existing Western measures. This lack of coverage may lead to errors of omission when investigating the role of personality as a predictor of resiliency in the Arab region. We set forth to develop an Arabic personality test using a mixed indigenous and etic approach (Zeinoun, Daouk-Öyry, Choueiri, van de Vijver, under review). In line with the psycholexical method that produced the Five Factor Model (FFM), we conducted the first Arabic psycholexical study using Modern Standard Arabic (n = 803), and vernacular Arabic (n = 504) from people in Lebanon, Syria, Jordan, and the West Bank. Results indicated that personality concepts in the Arab-Levant share major similarities with those of Western models of personality such as the Big Five. However, there are cultural-specific dimensions of personality, namely those related to honor/integrity, family orientation, and social intelligence, that are not measured by Western popular personality tests. These personality variables may be culturally-specific predictors of coping and resilience in the Arab context. Implications for measuring personality in the Arab world and predicting resilience are discussed.

Resiliency Predicts Academic Performance of Lebanese Adolescents Over Demographic Variables and Hope

Huda Ayyash Abdo, PhD, Associate Professor, Department of Social Sciences, Lebanese American University, Lebanon

This paper aims at investigating resiliency factors (sense of mastery, sense of relatedness, and emotional reactivity), and hope as predictors of academic performance, while controlling for gender, tuition fees, and age. Differences in resiliency factors across gender and tuition fees were also explored. Participants were 599 Lebanese adolescents (330 female), ranging from ages 11 to 19. Resiliency factors predicted academic performance over gender, tuition fees, and hope, and played a more important role in the academic performance of middle/late than early adolescence. Gender differences were found in emotional reactivity (marginal) and sense of relatedness, with females scoring higher than males in both cases. Finally, adolescents with low tuition fees scored lower than those with middle tuition fees on emotional reactivity and marginally lower than those with high tuition fees on sense of relatedness. The relevance of these findings to resiliency among adolescents is discussed, along with implications and recommendations for future research and educational practice.



ABSTRACTS

Resilience in Palestinian Adolescents Living in Gaza

Mary Katherine Howell, Research Assistant
and PhD candidate, Howard University, USA

Introduction: Since the Israel's military blockade of the Gaza Strip began in 2007, repeated aerial and ground invasions have affected thousands of Palestinians living in Gaza, especially those who were children during many of these military actions and are now adolescents. The pathogenic impact of ongoing political conflict on children and adolescents has been well-documented in the literature. The present study, by contrast, examined the factors that support adolescent health and utilized a salutogenic model to examine prevalence of depression and anxiety and predictors of resilience in a group of adolescents attending secondary school in Gaza.

Method: Three hundred thirty-five Palestinian adolescents ($n = 335$) enrolled in 11th and 12th grades in secondary schools in Gaza refugee camps completed the Beck Depression Inventory, the Beck Anxiety Inventory, and self-report measures assessing coping skills, self-regulation, parental authority, family sense of coherence (perception of family seeing the world as comprehensible, manageable, and meaningful), life orientation (optimism or pessimism), national identity, and ethnic identity.

Results: Participants with less depressive symptoms reported greater self-regulation, $r(333) = -.40, p < .001$; stronger family sense of coherence, $r(333) = -.40, p < .001$; more optimistic life orientation, $r(333) = -.31, p < .001$; and stronger national identity, $r(333) = -.28, p < .001$. Participants with less anxiety symptoms reported greater self-regulation, $r(333) = -.38, p < .001$; stronger family sense of coherence, $r(333) = -.25, p < .001$; more optimistic life orientation, $r(333) = -.16, p < .001$; stronger national identity, $r(333) = -.29, p < .001$; and also more coping skills, $r(333) = -.15, p < .001$. In a stepwise logistic regression analysis, significant predictors of membership in the resilient group (minimal to no depressive and anxiety symptoms, $n = 135$) were life orientation, Wald (1, $n = 135$) = 10.12, $p < .001$; ethnic identity, Wald (1, $n = 135$) = 6.56, $p < .01$; family sense of coherence, Wald (1, $n = 135$) = 11.61, $p < .001$; coping skills, Wald (1, $n = 135$) = 3.83, $p < .05$; and self-regulation, Wald (1, $n = 135$) = 8.67, $p < .003$. This model explained 22% of the variance in depression and anxiety symptoms.

Conclusion: These findings indicate that optimism, stronger Arab ethnic identity, perception of family seeing the world as comprehensible, manageable, and meaningful, stronger coping skills, and greater self-regulation promote adolescent adaptation and health. Information about resilient youth living in high threat environments and salutogenesis may inform preventative community-based behavioral health interventions as well as treatment of depression, anxiety, and other psychological distress among adolescents living with ongoing violence.



ABSTRACTS

Deuil et Déstructuration du Moi

Dr. Therèze Ward, Psychologist, Université Libanaise, Lebanon

Les cas que je vais présenter ci-après relatent l'histoire de quatre femmes qui ont perdu leurs fils pendant les guerres du Liban depuis une trentaine d'années. Deux d'entre elles, Lamia et Chiraz ont eu une affirmation de la mort mais Sonia et Mariam attendent et cherchent toujours le retour de leurs fils disparus. Ces femmes sont toutes les quatre toujours accrochées à la perte, incapables de la dépasser.

Surinvestir la perte serait pour elles le seul salut de la destruction psychique.

Malgré les variations dans les circonstances de la disparition ou de la mort de leurs fils, ces mères dénie la mort, et l'entretiennent, chacune à sa façon, par le délire des fois et par l'accrochement à l'illusion du retour et la commémoration d'autres fois.

Cette incapacité à se détacher de l'objet libidinal est-elle due à une immaturité psychique et à un Moi faiblement structuré ? Ou bien le Moi déstructuré de ces mères résulte de la violence et de l'horreur endurées pendant des années d'adversité? La résilience étant la capacité de résister aux épreuves de la vie et de se reconstruire après avoir été victime d'une action violente. La façon avec laquelle ces mères ont géré la perte en la surinvestissant résulterait elle de qualités et de dons individuels ou bien de faiblesse et d'imperfection ?

Trauma and its Psychological Consequences on LGBT Individuals in Lebanon and the Arab world

Chady Ibrahim, M.D., Psychiatrist, Clinical Sexologist

Trauma is widely prevalent among the Lesbian, Gay, Bisexual, and Transgender (LGBT) people in Lebanon and the Arab world. It has been increasingly documented both scientifically and in the media over the past few years. In our region, laws discriminating against the LGBT population still exist and are being applied. For example, Lebanon has the penal code 534 which is being used to criminalize homosexuality and to randomly detain and in some cases abuse LGBT people by the authorities. Many LGBT individuals continue to face discrimination in the workplace and within their own families

In the context of this hostile social and legal environment, trauma has significant psychological consequences on LGBT people. LGBT people suffer from depression and suicidal ideation, anxiety disorders and substance use disorders more so than their heterosexual counterparts. This has been partially explained in the literature by the minority stress model.

The medical establishment, specifically psychiatry and psychology have had various views on homosexuality over the years ranging from classifying it under various disorders in the DSM to removing it from the DSM in 1974 followed by the WHO removing it from the list of diseases in 1991 and culminating with the statements issued by The Lebanese Psychological Association and the Lebanese Psychiatric Society in May 2013 affirming that homosexuality is not a disease and therefore requires no treatment.



ABSTRACTS

In addition to reviewing trauma among LGBT people in the region and its consequences, our symposium will focus on presenting the historical progression of the views on homosexuality of the main psychology schools. We will describe this progression in more details: psychoanalytic theories, Kinsey study, other landmark studies, changes in the DSM and ICD over the years and conclude with the current state of knowledge.

We will also discuss the issue of treatment of homosexuality (reparative therapy) and question whether it's ethical or effective. We will also discuss its potential harmful effects. Finally, we will highlight the most recent guidelines for psychologists in dealing with the LGBT population, specifically in questions related to trauma and violence. The symposium will allow Q&A from the audience.

Gender-Based Violence Among Syrian Women

Aimee Karam, PhD, IDRAAC, Dept. of Psychiatry and Clinical Psychology, St. George Hospital University Medical Center, Faculty of Medicine, Balamand

Violence against women has profound implications on the community mental health and well-being, especially when this type of violence is treated as a "private" family matter or a normal part of life. WHO's World Report on Violence and Health notes that "one of the most common forms of violence against women is that performed by a husband or male partner"

In the context of a study addressing GBV facts and figures in a refugee Syrian population, focus groups interventions were conducted, aiming primarily at spreading awareness around the concept of GBV, gathering data reflecting the reality of the GBV situation in this high risk community, in terms of prevalence, perceptions, practices and attitudes. Objectives were also to explore key issues that would maintain and perpetuate significant violence against women and implement learning and progress at different levels in relation to perception, prevention and response mechanisms.

In this respect, the main causes and the underlying dynamics affecting GBV will be exposed.

Preliminary criteria for what make collective actions successful in the process of change will be highlighted.

Identify practical and rigorous ways to enhance the effectiveness of these actions in mediating the change among the main stakeholders will be emphasized.



ABSTRACTS

Alexithymia and Agreement in Reporting Intimate Partner Violence

Patricia Eid, Ph.D., Psy.D, Université du Québec à Montréal, Canada

Earlier studies have found relatively low interpartner agreement on reports of intimate partner violence (IPV). Emotional dysregulation arising from alexithymia seems to alter the recognition of emotion-relevant information generated by self and others in social interactions. Specifically, it modifies perceptions of hostile behavior perpetrated and experienced in a relationship. It is hypothesized that alexithymia weakens interpartner agreement. Seventy-nine couples completed the Toronto Alexithymia Scale (TAS-20) and the Conflict Tactics Scale (CTS-2) that questions both partners on the occurrence and frequency of verbal, physical and sexual violence perpetrated by the respondent and by the partner. Results, through the Actor Partner Interdependent Model (APIM), show that findings lean in the sense of the hypotheses. Interpartner agreement is shown to be low to moderate with more agreement on men's perpetrated IPV. Alexithymia is discussed to be a moderator of perception of IPV and contributes to the explanation of why low agreement is generally found between partners.

Spousal Rejection / Control as Determinant for the Parental Rejection / Control of Children in Pakistan

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The present study investigated the relationship of spouse rejection and control as the risk factor for parental rejection and control of children in Pakistan. It was hypothesized that the spouses, both husbands and wives, more rejecting in their relationships will be rejecting towards their children and parental control will be higher in fathers than mother; spousal control will be high for husbands. This study also focused certain demographics variable pertinent to spousal and parental rejection. Two questionnaires; Parent Acceptance – rejection/ Control, Mother and Father Form (Rohner, 2004) and Intimate Partner Acceptance- Rejection/ control, Mother and Father forms (Rohner, 1997) were translated into Urdu to assess parental and spousal acceptance-rejection. The sample of study included 108 children of 8-12 years ($M= 10.66$, $SD= 1.137$) and their fathers ($n= 108$) and mothers ($n=108$). They belonged to different educational levels, professions and SES groups. Psychometric properties of both Urdu questionnaires were determined which showed these to be reliable measure. The results indicated the Child PARQ score, both by mother and father, and husband- wife were within the moderate range. There was no significant relationship between spousal rejection and parental rejection as perceived by children. Hierarchical regression indicated mother's age, education and controlling behavior as significant predictor of children's perception of rejection by mothers, whereas father's education, control and their own perception of being rejected by their wives was the significant predictor of child's perception of rejection by father. More educated wives were perceived more rejecting by husbands. MANOVA showed significant child's gender effects for mother acceptance- rejection and father's control. Family size had an impact on husband's perception of rejection by wives; husbands from larger families perceive their wives as more rejecting. The results are discussed in the light of cultural context.



ABSTRACTS

Married Couples with Working and Non-Working Wives, Examining Employment Status on the Self-Esteem, Psychological Well-Being and Stress-Related Symptoms of Husbands

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Stress occurs when individuals confront situations which are perceived as overwhelming and difficult to cope. It has become accepted wisdom that stress influences our physical and psychological health; more specifically, too much stress can make us ill. Thus, the notion that stress is bad for health and it can make us ill has become a modern cultural truism. Employment status of wives in India has been debated vastly, more specifically in northern India. There has been growing evidence that it affects self-esteem and psychological well-being of husbands in more than one way and often adversely. The present study attempted to compare working and non-working couples on self-esteem, psychological well-being and stress-related symptoms. The sample size for the study was 100 couples (50 couples with working wives and 50 couples's non-working wives). Rosenberg Self-Esteem Scale developed by Rosenberg (1965), Psychological Well-Being Inventory developed by Ryff (1989) and Stress Symptom Checklist developed by Husain (2006) were used to obtain primary data. Appropriate statistical methods were put to work for data analysis. It was hypothesized that psychological distress might have causal effects to decrease self-esteem and psychological well-being among the couples with working wives as compared to couples which had non-working wives. The current study sought to compare the observations and as expected, there was enduring evidence that employment of wives has had stress-related symptoms incited among the husbands. The results showed a firm support to the hypotheses which signified that the wife's employment status could affect self-esteem and psychological well-being of husbands substantially and even cause distress.

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