

Body dissatisfaction and low self-esteem are important risk factors for eating pathology. Contingent self-esteem is the extent to which self-esteem is contingent upon outcomes and achievements (Crocker & Wolfe, 2001; Kernis, 2002). The relationship between contingent self-esteem and eating pathology has not been examined before. It is predicted that contingent self-esteem has additional predictive value for eating disorder symptoms above global self-esteem and body-esteem. Female college students ($N=174$) filled out a survey containing different measures of self-esteem (Rosenberg self-esteem scale, Body-esteem scale and Contingent self-esteem scale) and eating disorder symptoms (EDE-Q, NVE). Results demonstrated that contingent self-esteem is positively related to all measures of eating disorder symptoms and has additional predictive value above global self-esteem and body-esteem. Contingent self-esteem is an important factor that is related to eating disorder symptoms. Implications for eating disorder prevention programmes and therapeutic interventions will be discussed.

Psychological attendance of unaffected women by two years after BRCA 1/2 cancer genetic testing

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Objective: Describe the psychosocial support of carriers/non carriers by two years after test result delivery. **Methods:** Cohort of 622 carriers/non carriers within BRCA1/2 families. Questionnaires including medical, psychosocial (IES, CES-D, BIS, social support...) and socio-demographic characteristics completed before and 15 days, 12 months and 24 months after the result. **Results:** Response rate ($N=533$; 86%, 40 years old on average; $SD=12$). Psychological consultation has been offered to 72% and 32% of carriers ($n=232$) and non carriers ($n=301$) respectively ($p < 0.001$). After multivariate adjustment, carriers were more frequently offered psychological consultation when they were younger, when a psychologist attended at the result consultation, and when they had a higher psychological distress. Among the non carriers, the level of distress was the only factor correlated to psychological referral. By one and 2 years, 21% of the carriers attended at a psychological consultation, compared to 9% of the non-carriers ($p < 0.001$). Related factors will be detailed.

The relationship between religious orientation and death anxiety: A cross-sectional study

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The aim of the present study was to examine the relationship between religiosity (both intrinsic and extrinsic), and the death anxiety cross-sectionally. One hundred and twenty individuals living in the three cities of Ankara, Istanbul, and Bursa from Turkey participated to the study. Each age group (young adults, middle aged adults, and older adults) included 40 individuals. Death Anxiety Scale (Thorson-Powell, 1994) and Intrinsic-Extrinsic Religiosity Scale (Allport & Ross, 1967) were used as the measures of the study. The collected data was analyzed by 2 (intrinsic vs. extrinsic religiosity) X 3 (age groups) between subjects factorial analysis of variance (ANOVA). The results revealed that while the effects of religiosity and religiosity-age interaction were significant, age did not have a significant main effect on death anxiety. Strengths and limitations, as well as the implications of the findings of the study were discussed.

Alexithymia, anxiety and depression in inflammatory bowel disease: A comparative study

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Based on the review of the relevant scientific literature, this study aims to compare a clinical sample (CS) of outpatients with inflammatory bowel disease (IBD) with a sample of subjects without IBD or other chronic disease (NS) concerning alexithymia, anxiety and depression, as well as to explore the way these variables correlate in the CS. Socio-demographic and study variables were compared between CS ($N=46$) and NS ($N=46$). Main data were collected using the Portuguese validated versions of HADS and TAS-20 and analyzed using SPSS. No significant differences were found between the two samples regarding sex [$\chi^2(1, N=92)=1.13$; $p=0.40$] and age [$t(89)=-1.20$, $p=0.23$]. There were significantly higher levels of anxiety [$t(90)=2.88$; $p < 0.01$] and alexithymia [$t(90)=2.44$; $p < 0.05$] in the CS as well as a significant positive correlation between anxiety and alexithymia ($r=0.62$; $p < 0.01$) and depression and alexithymia ($r=0.58$; $p < 0.01$). Psychological intervention targeted at anxiety and alexithymia should be considered an important resource in the therapeutic decision-making process in IBD.

Hope in cerebral palsy: Comparative study

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This study evaluates and compares Hope in individuals with and without Cerebral Palsy. Hope is "a cognitive set based on a reciprocally derived sense of successful agency and pathways" (Snyder et al., 1991, p. 571). Cerebral Palsy (CP) describes a group of chronic conditions characterized by motor dysfunction, of which main cause is non progressive brain damage (UCP, 2001). 131 subjects have participated: 75 individuals with and 56 without CP; aged between 16 and 36 years. A Socio-Demographic Questionnaire and the Hope Scale (Snyder et al., 1991 adapted by Pais-Ribeiro, Pedro & Marques, 2006) were used. An average value of 16,16 was found for Hope; 8,00 for Agency and 8,16 for Pathways. Although significant statistical differences between sexes or groups weren't found, the results show that individuals with CP have slightly lower Hope and Agency; and higher Pathways than individuals without CP. CP appears to have influence in individuals' Hope.

Psychometric properties of the Hope Scale: Exploratory study

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This study evaluates the psychometric properties of the Hope Scale (Snyder et al., 1991 adapted by Pais-Ribeiro, Pedro & Marques, 2006), using a Cerebral Palsy sample. Hope is "a cognitive set based on a reciprocally derived sense of successful agency and pathways" (Snyder et al., 1991, p. 571). Cerebral Palsy (CP) describes a group of chronic conditions characterized by motor dysfunction (UCP, 2001). 75 subjects with CP, aged between 16 and 36 years, have participated. The factorial solution found for the Hope Scale, suggests 2 factors that explain 52,9% of the total variance – agency and pathways. This appears to follow the structure suggested in the original scale. The scale reliability (Cronbach's alpha) is 0,76. The Hope Scale appears to be a reliable instrument to evaluate hope in individuals with CP; it allows to understand the individuals' ways to cope with chronic conditions and, therefore, adequate the psychological interventions.

Characteristics in COPD patients self-selected to inpatient rehabilitation and outpatient clinics

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