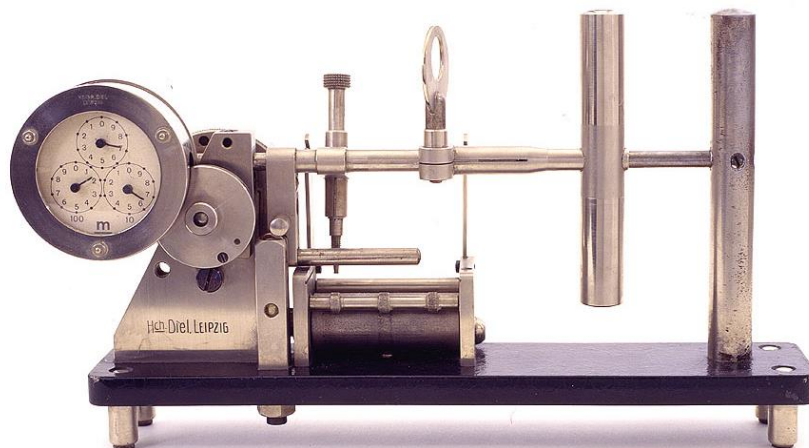


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EMPIRIJSKA ISTRAŽIVANJA U PSIHOLOGIJI

29 – 31. MART 2019.

FILOZOFSKI FAKULTET, UNIVERZITET U BEOGRADU



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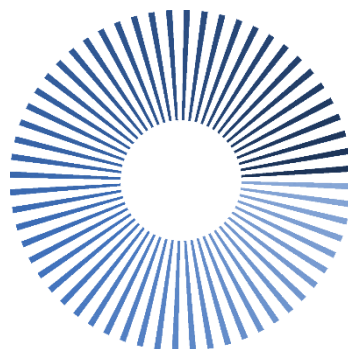
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for a person with diabetes (PWD), as well as for others around them. This study examines the most common difficulties and the need for psychological support in relation to diabetes. Instruments used were the PAID questionnaire (*Problem Areas in Diabetes Questionnaire*), WHO (Five) Well-Being Index, and a short questionnaire about the attitudes towards psychological support and counseling, created for the purpose of this research. The study was conducted online, and the sample included 184 participants, both gender (female = 75,5%, male = 24,5%), i.e. PWD (55%), their close friends (10%) and members of their families (35%). Data of the sample in total underwent descriptive statistical analysis and results revealed that the most common difficulties that PWD face are: *concern about the future and worry that they could face serious complications in times to come* (64%), *concern about reactions to low blood sugar levels* (50%) *feeling of guilt and anxiety when not taking medication regularly or sticking to the prescribed diet* (50%), followed by the *feeling of not having clear goals in the treatment of diabetes* (45%), *feeling burned-out from taking incessant diabetes care* (45%) and *constantly thinking and caring about their diet* (43%). Regarding the attitudes towards psychological support, 99,5% feels that PWD should be provided with free psychological counseling as auxiliary assistance in facing and overcoming these difficulties, while 91,3% say they would personally take part in a programme of psychological support to PWD as part of a group or individual counseling. The results show that a large number of persons in/directly facing diabetes feels that there is a need for psychological support in handling this challenge, therefore it is important for the results of this and similar studies to be applied in practice and used to establish additional support programs for PWD as well as for persons close to them.

Keywords: psychological support, diabetes, mental health

PSYCHOMETRIC PROPERTIES AND FACTOR STRUCTURE OF REFUGEE HEALTH SCREENER (RHS-13)

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Refugee Health Screener (RHS–13) is a brief screening tool designed to assess most common symptoms of mental health conditions in refugee population. Despite its indisputable practical value in mental health screening and psychological triage, there has been little evidence on basic psychometric properties of this instrument. Therefore, this study aims to explore internal constancy and factor structure of RHS–13 on a diverse sample of refugees/asylum seekers/migrants. Sample consisted of 567 refugees/asylum seekers/migrants (86.8% male, age range 13 – 65 years ($M = 23.37$, $SD = 8.59$) from different countries, including Syria, Afghanistan, Cuba, Nigeria, Iraq, Zimbabwe, etc. RHS–13 consists of 13 Likert-scale items representing most common psychological distress symptoms in refugee population i.e. symptoms of anxiety, depression and post-traumatic stress. Results showed good internal consistency ($\alpha = .861$). Using the Maximum Likelihood estimation method we tested the one-, two- and three-factor models. One-factor model was rather poor $\chi^2(54) = 265.15$, $p < .001$; CFI = .888; RMSEA = .083 [CI90%: .073 – .095], two-factor model (factor 1: anxiety and depression symptoms, factor 2: post-traumatic stress symptoms) had better fit $\chi^2(53) = 201.69$, $p < .001$; CFI = .921; RMSEA = .070 [CI90%: .060 – .081], while three-factor model

$\chi^2(51) = 190.17, p < .001$; CFI = .926, RMSEA = .069 [CI90%: .059 – .080] had also good fit. The results show that three-factor model fits best the data (one- vs three-factor model $p < .001$; two- vs three-factor model $p < .01$) indicating a clear factorial structure of RHS-13. Therefore, our data justify the usage of additional cut-off scores, alongside recommended overall RHS-13 cut-off score, in screening for anxiety, depression and post traumatic stress symptoms in refugee population.

Keywords: Refugee Health Screener, factor structure, anxiety, depression, post-traumatic stress

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IT'S A BAD LUCK: RELATIONS BETWEEN SUPERSTITION AND COPING STRATEGIES

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Superstition can be defined as believing that certain life events can influence a person's fate and that they can bring good or bad luck, which cannot be explained using scientific facts, but their source can be found in magical or mystical causes. According to the tripartite model, superstition was considered and analyzed as an attitude toward specific objects of superstition. The study assumes that superstitious behavior can be linked to stress coping strategies, where we assume that people who are prone to superstition may be more inclined to use alternative methods of coping with stress and avoiding dealing with the problem. The sample consisted of 342 respondents (234 female), mostly students (71.3%), and the rest consisted of employed (19.9%) and unemployed (8.8%) people, aged 18 – 49 ($M = 25.36$; $SD = 6.79$). We used Superstition scale (Žeželj et al., 2009) to measure behavior associated with superstitions and Brief COPE (Carver, 1997) with three factors of coping: problem focus, avoidance and seeking social support. The results of the correlation analysis showed that there is a statistically significant correlation between superstition and coping strategies. A positive correlation has been found between superstitions and the seeking social support strategy ($r = .262$; $p < .00$) and the avoidance coping strategy ($r = .233$; $p < .00$), while statistically significant negative correlation has been found between superstitions and problem-focused coping ($r = -.126$; $p < .05$). All of the obtained correlations are of low intensity. We conducted 3 hierarchical regression analysis (one for each coping strategy) with two sets of predictors, wherein the first step we controlled gender, age, residence, and education level. In the second step, we added a dimension of general superstition. The results of the regression analysis showed that problem-focused coping ($R^2 = .033$; $F(5, 337) = 2.275$; $p < .05$) can be predicted negatively by superstition ($\beta = -.127$, $p < .05$), same as the seeking social support coping ($R^2 = .155$; $F(5, 337) = 12.407$; $p < .00$) positively ($\beta = .206$, $p < .00$), and the avoidance coping ($R^2 = .081$; $F(5, 337) = 5.943$; $p < .05$) also positively ($\beta = .249$, $p < .05$). Based on these results, it can be concluded that the inclination to superstition is higher for those who are prone to seeking support in others and avoiding coping with problems. The obtained results indicate that bad luck and similar magical justifications represent an ineffective way of overcoming stressful situations.

Keywords: superstition, coping, problem-focused, avoidance, seeking social support

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