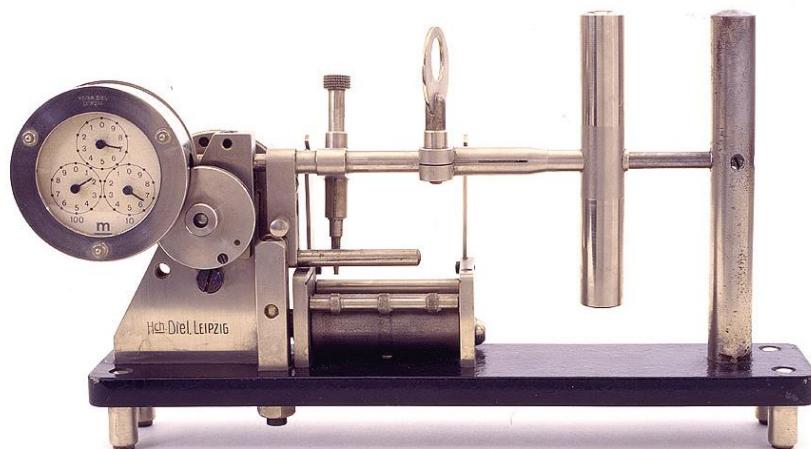


XXV NAUČNI SKUP

# EMPIRIJSKA ISTRAŽIVANJA U PSIHOLOGIJI

29 – 31. MART 2019.

FILOZOFSKI FAKULTET, UNIVERZITET U BEOGRADU



INSTITUT ZA PSIHOLOGIJU  
LABORATORIJA ZA EKSPERIMENTALNU PSIHOLOGIJU  
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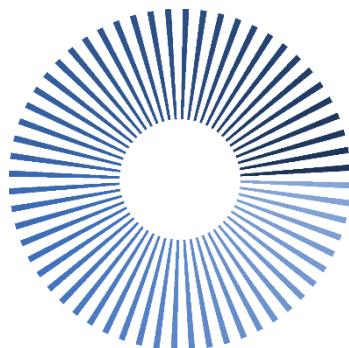
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LABORATORIJA ZA EKSPERIMENTALNU PSIHOLOGIJU FILOZOFSKI FAKULTET,  
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Orlando M. Lourenço, Kai Ruggeri, Claus-Christian Carbon, Agostini Tiziano, Milica Vukelić, Ivana Stepanović Ilić, Dejan Todorović, Sunčica Zdravković, Iris Žeželj, Zoran Pavlović, Zvonimir Galić, Kirsten E. Bevelander, Dušica Filipović Đurđević, Slobodan Marković, Jérémie Lemoine, Dragica Pavlović Babić, Ksenija Krstić, Jasmina Kodžopeljić, Dražen Domijan, Ljiljana Lazarević, Oliver Tošković, Pavle Valerjev, Denis Bratko, Petar Čolović, Janko Međedović, Anja Wertag, Dragana Stanojević, Maja Savić, Nataša Simić, Maša Popović, Marina Videnović, Goran Opačić, Aleksandar Kostić, Nenad Havelka, Kaja Damnjanović (predsednica)

**Organizacioni odbor:**

Ljiljana Lazarević, Slobodan Marković, Olga Marković Rosić, Ivana Stepanović Ilić, Predrag Nedimović, Ksenija Mišić, Oliver Tošković, Marko Živanović, Kaja Damnjanović

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Attachment; and also a significant correlation with the injunction “Don’t be well”. The final hierarchical regression model shows that only the injunction “Don’t be well” can be seen as a significant predictor of Cyberchondria. The relation between dimensions of Attachment, injunction, and Cyberchondria can be discussed through a behavioral manner of getting ill in order to get the attention of others through the maintenance of the behavior patterns of cyberchondria.

**Keywords:** Cyberchondria, Attachment, injunctions, Don’t be well

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## COPING WITH SECONDARY TRAUMA IN PROFESSIONALS WORKING WITH REFUGEES

**Maša Vukčević Marković**

Psychosocial Innovation Network, Belgrade | [masa@psychosocialinnovation.net](mailto:masa@psychosocialinnovation.net)

**Marko Živanović**

Department of Psychology, Faculty of Philosophy, University of Belgrade

Professionals who are working with refugees are on a daily basis faced with people who have experienced severe traumatic experiences and, therefore, are subjected to secondary traumatization. Secondary traumatization comprises of typical trauma-related symptoms usually seen in trauma survivors suffering from PTSD. The aim of this study was the examination of the latent structure of coping mechanisms in a sample of professionals working with refugees in Serbia and the exploration of relations between coping mechanisms and secondary trauma symptoms. A total of 270 participants (57% females, age range from 18 to 67 ( $M = 33.66$ ,  $SD = 9.58$ ) working directly with refugees completed COPE inventory assessing 15 coping mechanisms and Secondary Traumatic Stress Scale ( $\alpha = .916$ ) measuring intrusions ( $\alpha = .766$ ), avoidance ( $\alpha = .809$ ), and arousal symptoms ( $\alpha = .818$ ) of secondary trauma. Factor analysis of COPE inventory (Maximum likelihood extraction, Promax rotation) has shown that coping mechanisms group around four inter-related latent factors which accounted for 46.92% of variance – Problem-focused coping (planning, active coping, suppression competing activities, and positive reinterpretation and growth), Emotion-focused coping (use of emotional social support, use of instrumental social support, and focus on distress and venting of emotions), Avoidant coping (denial, religious coping, and behavioral disengagement), and Passive coping (acceptance, humor, substance use, restraint, and mental disengagement). Problem- and emotion-focused coping have shown not to be related to any of the secondary trauma symptoms. On the other hand, Avoidant coping was related to intrusions ( $r = .282$ ,  $p < .001$ ), avoidance ( $r = .290$ ,  $p < .001$ ), and arousal ( $r = .261$ ,  $p < .001$ ). The same pattern of correlations was observed for Passive coping (intrusions  $r = .129$ ,  $p < .05$ ; avoidance  $r = .232$ ,  $p < .001$ ; arousal  $r = .208$ ,  $p < .001$ ). Results have shown that employing maladaptive coping mechanisms in order to reduce negative effects of emotionally charged and demanding work experiences lead to the increase of secondary trauma symptoms, disabling one to deal with traumatic contents they were faced with. On the other hand, the use of adaptive coping mechanisms seems not to be effective in terms of alleviation of secondary trauma symptoms. Obtained results provide valuable guidelines for designing and delivering programs oriented toward enhancing the well-being of professionals working with traumatized individuals.

**Keywords:** coping mechanisms, secondary traumatization, refugees, traumatic experiences

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