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Strategije suočavanja sa stresom i zdravstveni problemi kod žena

Cilj ovog rada predstavlja utvrđivanje razlika u strategijama suočavanja sa stresom između žena koje su izvestile o postojanju zdravstvenih problema u proteklih godinu dana od trenutka ispitivanja i žena kod kojih zdravstveni problemi, u istom periodu, nisu registrovani. Istraživanjem je obuhvaćen uzorak od 246 žena (123 žene sa zdravstvenim problemima i 123 žene bez zdravstvenih problema), starosti između 20 i 63 godine ($AS=39.99$, $SD=8.68$), različitog obrazovnog, radnog i socioekonomskog statusa. Brief COPE skalom (Carver, 1997) je ispitano 14 strategija suočavanja sa stresom: samoometanje, aktivno prevladavanje, poricanje, zloupotreba psihoaktivnih supstanci, traženje emocionalne i instrumentalne podrške, odustajanje, ventiliranje, pozitivno redefinisane, planiranje, humor, prihvatanje, religioznost, i samookrivljavanje. Rezultati jednofaktorske multivarijantne analize varijanse (MANOVA), pokazuju da su glavni efekti ($F(14, 209) = 2.26$, $p < .01$, $\eta^2 = .13$) značajni na multivarijantnom nivou, pri čemu se kod ispitanica koje su izvestile o postojanju zdravstvenih tegoba registruje učestalije ventiliranje, samookrivljavanje, te traženje emocionalne podrške, u odnosu na ispitanice koje nisu izvestile o postojanju zdravstvenih tegoba. Dobijeni rezultati ukazuju na to da žene sa zdravstvenim problemima nešto učestalije koriste strategije suočavanja sa stresom fokusirane na emocije, što je u skladu sa rezultatima prethodnih studija koji ukazuju na to da se ova forma suočavanja sa stresom, nasuprot strategijama suočavanja sa stresom fokusiranim na problem, češće koristi kada događaji nisu promenljivi. U skladu sa time, moguće je da ispitanice, koje su izvestile o postojanju zdravstvenih problema, fizičke tegobe percipiraju u većoj meri kao događaje nad kojima imaju smanjenu kontrolu i uticaj, te da je ovakva percepcija stresnog događaja uticala na učestalije korišćenje emocionalno fokusiranih strategija suočavanja. Iznete pretpostavke je potrebno proveriti u budućim istraživanjima ispitivanjem povezanosti percepcije kontrolabilnosti zdravstvenih problema i korišćenja strategija suočavanja sa stresom.

Ključne reči: zdravstveni problemi, strategije suočavanja sa stresom, stres

Coping strategies and health problems in women

The aim of the present study was to determine the differences in coping strategies among women who reported the existence of health problems in the past year and

women without health problems in the same period of time. The study included a sample of 246 women (123 women with health problems and 123 women without health problems), aged between 20 and 63 years ($M = 39.99$, $SD = 8.68$), with different educational, employment and socio-economic status. Participants responded to a coping questionnaire Brief COPE scale (Carver, 1997) with the fourteen subscales: self-distraction, active coping, denial, substance abuse, use of emotional and instrumental support, behavioral disengagement, venting, positive reframing, planning, humor, acceptance, religion, and self blame. The results of the multivariate analysis of variance (MANOVA) show significant main effects ($F(14, 209) = 2.26$, $p < .01$, $\eta^2 = .13$), with more frequent use of ventilation, self-distraction, and emotional support among women who reported the existence of health problems, than among women without health problems. The obtained results suggest that women with health problems are frequently using emotional-focused strategies, which is in line with the results of previous studies that indicate that this form of coping, as opposed to problem-focused coping, is more often used to handle or eliminate stressful events that appear not to be under the individual's control. Accordingly, it is possible that women with health problems perceived to a greater extent this physical problems as events over which they have reduced control and influence. The foregoing assumptions need to be verified in future studies by examining the relation between perception of controllability of health problems and use of coping strategies.

Keywords: health problems, coping strategies, stress

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Faking aggressiveness: Scores' changes under different faking instructions

The aim of this study was to explore the effect of different instructions (standard - honest, socially desirable - faking good, and socially undesirable - faking bad) on scores' changes on aggressiveness questionnaire. The applied Aggressiveness Questionnaire AVDH measures four facets of aggressiveness - anger, vengefulness, dominance, and hostility. On a sample comprises of 70 students, the questionnaire was given under standard instruction, and after 2 weeks under randomly assigned faking good or faking bad instruction, and after another 2 weeks under opposite