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Odjel za psihologiju

Sveučilište u Zadru

**SAŽETCI OBJAVLJENIH I  
PREZENTIRANIH RADOVA NAKON  
IZBORA U ZVANJE IZVANREDNOG  
PROFESORA**

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## 1. Radovi objavljeni u međunarodno priznatim časopisima i publikacijama (kategorija a1)

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- Sorić, I.; Vulić-Prtorić, A. (2006) **Percepcija roditeljskog ponašanja, školska samoeфикаsnost i kauzalne atribucije u kontekstu samoregulacije učenja.** *Društvena istraživanja*. 15 , 4-5; 619-960.

Socijalno kognitivna perspektiva naglašava nužnost sagledavanja procesa samoregulacije kao recipročne interakcije osobnih faktora, okolinskih varijabli i ponašanja (Zimmerman, 2001.). Kako taj proces karakterizira izrazita ciklička dinamičnost opravdano je pretpostaviti da osim direktnih postoje i neki medijacijski odnosi među uključenim varijablama. Upravo je zato cilj provedenog istraživanja bio je provjeriti ima li percipirana školska samoeфикаsnost medijatorsku ulogu u odnosu između načina na koji djeca percipiraju ponašanje svojih roditelja i kauzalnih atribucija kojima objašnjavaju svoje školsko postignuće.

Provedene analize potvrdile su pretpostavku o medijacijskoj ulozi školske samoeфикаsnosti u odnosu između percepcije roditeljskih odgojnih postupaka i kauzalnih atribucija kojima učenici tumače svoje školsko postignuće, međutim samo na poduzorku učenika koji svoje školsko postignuće doživljavaju kao uspjeh. Preciznije, pokazalo se da percepcija odgojnih postupaka majke, osim direktno, na kauzalno pripisivanje školskog postignuća stabilnim uzrocima djeluje i preko percipirane školske samoeфикаsnosti.

- Vulić-Prtorić A., Macuka I. (2006) **Family and coping factors in the differentiation of childhood anxiety and depression,** *Psychology and Psychotherapy: Theory, Research and Practice*, 79, 199-214.

The purpose of this investigation was to explore whether specific contextual (perception of family relationships) and personal (coping strategies) factors are more likely to be associated with anxiety or depression. The research was conducted on a sample of 331 children and adolescents ranging in age from 10 to 16 years who completed measures of the anxiety symptoms, depressive symptoms, coping strategies, and family interactions. Data were analysed according to gender differences. Among family variables, perceived father rejection was found to be best predictor of anxiety, and father and mother rejection, together with family satisfaction, was best predictor for the depression. Avoidance is a coping strategy that best predicts anxiety, and expressing feelings is a significant predictor of depression.

This research strongly indicates that problems in family interactions are more associated and better predictors of depression than anxiety.

Results support the argument that the two disorders are distinct and that they are characterized by unique coping and family profiles. Knowledge that anxiety and depression could be distinguished on the basis of family and coping variables may facilitate clinical assessment and treatment planning.

- Vulić-Prtorić A. (2006) **Anksiozna osjetljivost: fenomenologija i teorije**, *Suvremena psihologija*, 9, 2, 171-194.

U radu su opisane osnovne teorijske postavke u tumačenju fenomenologije anksiozne osjetljivosti (*anxiety sensitivity*), kao i rezultati suvremenih istraživanja na ovom području. Anksiozna osjetljivost se opisuje kao strah od javljanja anksioznih simptoma i tjelesnih senzacija povezanih s anksioznošću, a koji proizlazi iz uvjerenja da ti simptomi i tjelesne senzacije mogu imati negativne tjelesne, psihološke i socijalne posljedice. Anksiozna osjetljivost predstavlja temeljni strah i specifičnu tendenciju da se strahom reagira na senzacije koje su sastavni dio anksioznosti, straha ili panike.

Svrha rada je prikazati neke aktualne trendove i probleme u tumačenju anksiozne osjetljivosti, te razvoja anksioznosti i anksioznih poremećaja. Do danas su se konstrukti anksiozne osjetljivosti i njima srodni psihološki konstrukti, najviše opisivali u okviru nekoliko teorija anksioznosti, posebice Reissovoj teoriji očekivanja i osjetljivosti, u radovima Richarda McNallyja, Scotta Lilienfelda, Stevena Taylora, te kognitivnim teorijama paničnih poremećaja Davida Clarka, Aarona Becka i Davida Barlowa. Pri tome se osobito vrijednim čini naglašavanje potrebe specifičnog pristupa u istraživanju i tumačenju razvoja pojedinih anksioznih poremećaja.

Ovakav pristup nudi brojne smjernice za istraživanja na ovom području, ali isto tako i za bolje razumijevanje fenomenologije anksioznosti općenito.

- Vulić-Prtorić, A; Grubić, M; Galić, S; Cocha, R; Lopižić, J; Padelin, P. (2007) **Anxiety in children with headaches**. *Psychological Topics* 16, 2, 201-229.

The aim of this study was to examine the different aspects of anxiety symptoms: separation anxiety, social anxiety, test anxiety, obsessive-compulsive symptoms, worry, anxiety sensitivity, somatic symptoms in four groups of subjects: 1) children with headaches in pediatric care, 2) nonclinical headachers, 3) subjects with anxiety disorders, and 4) healthy controls.

The sample consisted of 187 schoolchildren: 43 patients with headaches as a primary complaint, 59 headachers recruited from the general population, 43 patients with a diagnosis of anxiety disorders and 42 healthy children in control group. Two questionnaires for children and adolescents were used: *The Fear and Anxiety Scale* and *The Psychosomatic Symptoms Questionnaire*. Headache problems were rated by experienced pediatric specialists.

There were no age and gender differences in anxiety symptoms in the two headache groups and control group. No significant differences were found on any of the anxiety subscales between headachers in pediatric care and headachers who did not ask for medical help. Significant differences in anxiety scales were found between headachers, anxious children and healthy controls. Headachers suffer from more anxiety problems than healthy controls. In the clinical sample of children suffering headaches anxiety problems of clinical relevance were found in range from 7% on the measures of excessive worry and anxiety sensitivity to 32% on the separation anxiety. In the community sample anxiety problems of clinical relevance were found in range from 5% on the measure of obsessive compulsive symptoms to 17% on the test anxiety. The majority of children with headaches complaints do not have a clinically significant anxiety symptomatology, but the incidence of anxiety symptoms is higher than in a population of non-headachers.

- Macuka, I. Vulić-Prtorić, Anita (2007) **Family determinants of childhood asthma**, *15th Psychology Days in Zadar: Book of Selected Proceedings*, University of Zadar, str.213-221.

Asthma is a widespread public health problem and the most common chronic illness in childhood and adolescence. According to the Croatian national data the asthma prevalence in the pediatric population is between 1.5% to 5% representing 1/4 of all chronic disease in childhood and adolescence.

The aim of the investigation was to determine the specific family variables which are related to asthmatic symptoms in children. The family variables were operationalised as two parenting dimensions: control and emotionality. The study was focused on two samples: a group of schoolchildren with asthma (N = 46) in pediatric care and a group of healthy schoolchildren (N = 42). The ANOVA was used to assess the difference in the perception of parenting practices between the two groups of children. Significant differences were found in three scales: EmotionalityMother, EmotionalityFather and ControlFather.

In both cases asthmatic children rated their parents lower on emotionality than healthy children, and when compared to healthy children, they also perceived their fathers to be more controlling towards them.

- Vulić-Prtorić, A.; Jović, M.; Coha, R.; Grubić, M.; Lopižić, J.; Padelin, P. (2008) **Anksiozna osjetljivost i psihosomatski simptomi u djece i adolescenata**, *Klinička psihologija*, 1, 1-2, 7-26.

Definirana kao strah od javljanja anksioznih simptoma i tjelesnih senzacija povezanih s anksioznošću, anksiozna osjetljivost ima značajnu kliničku primjenu ne samo u prevenciji i terapiji anksioznih poremećaja, već osobito u području zdravstvene psihologije i ispitivanja načina na koje se mladi pacijenti suočavaju s boli i bolesti.

U ovom radu prikazani su rezultati istraživanja u kojem je sudjelovalo ukupno 184 ispitanika u dobi od 10 do 15 godina, iz četiri uzorka: (1) uzorak djece koja boluju od glavobolje (N=43), (2) uzorak djece koja boluju od astme (N=46), (3) uzorak djece koja doživljavaju veći broj psihosomatskih simptoma (N=53) i (4) kontrolni uzorak djece bez zdravstvenih tegoba (N=42). Uspoređeni su rezultati ove četiri skupine s obzirom na razinu anksiozne osjetljivosti i pokazalo se da postoji značajna razlika između sva tri klinička i kontrolnog uzorka, dok između djece s glavoboljama, astmom i psihosomatskim simptomima nema značajne razlike. Djeca u navedena tri klinička uzorka imaju značajno više rezultate na skali anksiozne osjetljivosti.

Nadalje, u kliničkim uzorcima djece utvrđeni su specifični obrasci povezanosti anksiozne osjetljivosti s ostalim aspektima anksioznosti (separacijskom, socijalnom, ispitnom, opsesivno kompulzivnom, i dr.). Rezultati ovog istraživanja pokazuju da je ispitivanje anksiozne osjetljivosti kod djece koja imaju različite zdravstvene tegobe od osobitog značaja za psihološki terapijski i preventivni rad.

- Vulić-Prtorić A. (2008) **Psihometrijska validacija Upitnika obrambenih stilova DSQ-40 – preliminarno istraživanje**, *Socijalna psihijatrija*, 36, 2, 49-57.

U radu je prikazan postupak provjere nekih psihometrijskih karakteristika *Upitnika obrambenih stilova* (DSQ-40). Metrijski pokazatelji ispitani su na uzorku od 120 ispitanika, studenata Sveučilišta u Zadru, koji su ispunili DSQ-40 i Derogatisov *Kratki inventar simptoma* (BSI).

*Upitnik obrambenih stilova* (DSQ-40) sadrži 40 tvrdnji koje opisuju 20 obrambenih mehanizama i 3 dominantna obrambena stila (zreli, neurotični i nezreli). Opisi obrambenih mehanizama u DSQ-40 usklađeni su s nomenklaturom u *Ljestvici obrambenog funkcioniranja* u DSM-IV klasifikaciji.

Provjerom metrijskih karakteristika dobiveni su nalazi vrlo slični rezultatima dobivenim u istraživanjima s upitnikom DSQ-40 u drugim zemljama: koeficijenti pouzdanosti su relativno niski (Cronbach alfa koeficijent za subskalu zrelih mehanizama iznosi 0,52, za subskalu neurotskih mehanizama 0,50, a nezrelih 0,71). Faktorska struktura dobivena u ovom istraživanju također se razlikuje od originalne, ali je u skladu s nalazima dobivenim u drugim zemljama. Naime, čini se da se grupiranje čestica u ovom upitniku može bolje objasniti dvofaktorskom (zreli i nezreli obrambeni stil) nego trofaktorskom solucijom (zreli, neurotični, nezreli obrambeni stil).

Utvrđene su statistički značajne, pozitivne korelacije između svih dimenzija na *Kratkom inventaru simptoma* (BSI) i obrambenih mehanizama iz skupine nezrelog obrambenog stila. Pri tome su autistične fantazije značajan prediktor za sve aspekte psihopatologije, osim somatizacije.

- Burić, I., Macuka, I., Sorić, I., Vulić-Prtorić, A. (2008). **Samopoštovanje u ranoj adolescenciji: važnost uloge roditeljskog ponašanja i školskoga dostignuća**. *Društvena istraživanja*, 17( 4-5), 887-906.

Brojna istraživanja su pokazala važnost samopoštovanja u objašnjenju čitavog niza psiholoških i socijalnih ishoda djece i adolescenata. Roditelji zasigurno predstavljaju ključne čimbenike u razvoju samopoštovanja svoje djece. Iako se mnoga istraživanja bave pitanjima izvora socijalizacije samopoštovanja, vrlo rijetko se usmjeravaju na ispitivanje zasebne uloge majki i očeva. Cilj ovog istraživanja bio je pridonijeti boljem razumijevanju važnosti zasebne uloge roditeljskog ponašanja majki i očeva te školskog uspjeha u objašnjenju samopoštovanja učenika u ranoj adolescenciji.

Istraživanje je provedeno na uzorku od 102 učenika (66 djevojčica i 36 dječaka) sedmih i osmih razreda osnovne škole. Rezultati ovog istraživanja, primjenom hijerarhijske regresijske analize, potvrđuju zasebnu važnost dječje percepcije roditeljske uloge majki i očeva. Odnosno, utvrđeno je kako su emocionalnost majki i emocionalnost očeva značajni pozitivni prediktori, a psihološka kontrola majki značajni negativan prediktor dječjem samopoštovanju. Nakon kontrole spola djeteta i roditeljskog ponašanja majki i očeva, školski uspjeh se nije pokazao značajnim prediktorom u objašnjenju dječjeg samopoštovanja.

- Jović, M., Vulić-Prtorić A., Baraban D., Grubić M., Brnović I., Padelin P. (2009). **Coping strategies and health-related quality of life in children and adolescents with type 1 diabetes**, *Review of Psychology*, 16, 29-36.

The aim of this study was to identify relationships between coping strategies and different aspects of health-related quality of life in children with type 1 diabetes measured with the Croatian translation of the PedsQL 4.0 Generic Core Scales and PedsQL Diabetes Module. The sample consisted of 199 schoolchildren: 47 patients with type 1 diabetes and 152 healthy children. Children health problems were rated with *PedsQL 4.0 Generic Core Scale* and with *PedsQL Diabetes Module*. Coping strategies were measured with *The Coping Strategies Inventory for Children and Adolescents*. *The results showed that all subscales of the PedsQL 4.0 Generic Core Scales and the PedsQL Diabetes Module have satisfactory reliability with the majority of scales exceeding a Cronbach  $\alpha$  of 0,70.*

Significant correlations were found between coping strategies and different aspects of health-related quality of life and those correlations were higher in girls than in boys. The findings of the present study suggest that child psychologists and clinicians treating children and adolescents suffering diabetes should address coping strategies related to specific health-related problems and assist them in developing more effective ways of coping.

## 2. Radovi u zbornicima sažetaka priopćenja s međunarodnih znanstvenih skupova

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- Sorić, I.; Vulić-Prtorić A.; Penezić, Z. (2006) **Dimensions of parenting, causal attributions and academic achievement**. *3rd European Conference on Positive Psychology*, Braga, Portugal : University of Minho.

Background: Weiner (1992) in his attributional theory of motivation and emotion emphasises people's explanations of their experience (achievement) as the main determinants of the way they think, feel and behave. He suggests that attribution for success or failure influences emotional reactions and success expectation, which would in turn influence motivation and subsequent performance. Three basic dimensions of causality were identified: locus, stability and controllability. A number of studies in academic context have shown that failure which is attributed to stable and uncontrollable factors (such as low ability) hinders future achievement behaviour, whereas failure which is attributed to unstable and controllable factors (such as lack of effort or poor learning strategy) has better implications for future achievement behaviours. It is quite probable that children's causal attributions for their academic achievement are related to the nature of child-parent interactions. Most parents have strong beliefs about the pattern of 14 favourable characteristics they would like in their children and the childrearing practices they should use to accomplish them (which have to be adapted to the culture differences and to the personality of the individual child). Maccoby and Martin (1983) proposed a two-dimensional classification of parenting patterns with accepting-responsive vs. nonaccepting-unresponsive on one axis and punishing-controlling vs.

Nonpunishing-noncontrolling on the other. Combining these basic dimensions of parenting four general styles of parenting have been identified: authoritarian, indifferent, permissive and authoritative. Aims: Numerous studies have explored the influence of dimensions of parenting on healthy child and adolescent functioning. The current study investigated the relationship between parenting dimensions, students' academic achievement and causal attributions by which students explain attained academic achievement.

Methods: The participants were 127 students (72 boys and 55 girls) who were enrolled in a seventh grade of primary school (Mage=13.71). The participants completed the questionnaires anonymously during a regularly scheduled classroom period.

Measures: Questionnaire "Children and parents" (Macuka, 2003) which is designed to examine how children observe their parents on two basic dimensions of parenting (separately for mother and father). The Causal Attribution Scale (Sorić, 1998) was constructed to assess students' causal attributions for academic achievement. The students were first asked to indicate the most important reason for their academic achievement (operationalized as the final mid-term grade) and then to assess that particular reason along the causal dimensions.

Results: The emotionality and control as dimensions of parenting were significantly correlated with students' causal attributions of academic achievement. Students who perceived their mothers as more accepting and responsive, and who attained better academic achievement, made more controllable attributions for that achievement. Similarly, students who perceive their emotional relationship with mother more positive, and accomplish better grades, made more internal attributions. A large number of studies on the consequences of attribution process found that attribution of academic (un)success to internal, unstable and controllable causes has better implications for future achievement behaviours. It seems that nature of parent-child interactions, especially dimension of emotionality could play an important role in generating favourable kind of causal attributions.

- Penezić, Z.; Sorić, I.; Vulić-Prtorić, A. (2006) **Life goals as predictors of life satisfaction among different age groups**. *3rd European Conference on Positive Psychology*, Braga, Portugal: University of Minho, 2006.

Life satisfaction and related constructs such as well being, happiness and quality of life are newer constructs of so-called, positive psychology. The intention of the scientist is to discriminate, investigate and theoretically explain these constructs. According to the theory, satisfaction develops as the inverse function of the observed differences between what a person possesses and multiple comparison standards (temporal and social). It seems that goals (what is desired) are set on the basis of these comparisons, but attainments (what is realized) are also evaluated. The difference between "possessdesire" is established. So, the aim of investigation was to find out which aspects of life goals are the most significant predictors of general life satisfaction. A nonexperimental examination was conducted on a sample of subjects aged 15 to 71, from several Croatian towns, using questionnaires, self-evaluation and rating scales.

Results have shown that there were no significant differences in general satisfaction with life, but age differences were evident in the temporal satisfaction



with life. General satisfaction with life has the highest correlation with temporal satisfaction with life and temporal self-esteem. Importance (what is desired) and achievement (what is realized) of different goals, play a significant role in explaining life satisfaction among different age groups. Achievement of different developmental goals is a better predictor of life satisfaction than the importance of the same goals. Discrepancies among importance and achievement of developmental goals are not significant in prediction of life satisfaction when importance or achievement have been controlled.

- Vulić-Prtorić, A; Sorić, I; Penezić, Z. (2006) **Coping Strategies and Psychosomatic Symptoms in Children**. *3rd European Conference on Positive Psychology*. Portugal, Braga: University of Minho, 2006.

Background: Medically unexplained symptoms such as headache, recurrent abdominal pain, dizziness, fainting and vertigo are common in pediatric primary care throughout the world and they may be associated with marked distress and functional disability during childhood and adolescence. Number of children with psychosomatic complaints has increased over the last decade, while the age of onset has decreased (Just et al, 2003). A number of personal psychological characteristics have been found to play important role in developing and maintaining these symptoms, in particular such as self-efficacy beliefs, cognitive distortions, dysfunctional attributions, immature defense mechanisms and dysfunctional coping strategies (Carr, 1999). Coping strategies are assumed to be consciously and deliberately used methods for regulating negative emotions or to manage situations in which there is a perceived discrepancy between stressful demands and available resources. Aims: The paper presents the results of an investigation carried out with the aim of determining specific coping strategies in children with psychosomatic complaints. The research was carried out on a sample of 275 pupils aged from 11 to 16 years. It was hypothesized that different and specific coping strategies would be associated with number and sort of psychosomatic symptoms in children (cardiovascular, respiratory, gastrointestinal, dermatological, pseudoneurological, and pain / weakness).

Methods: Two self-report measures were administered: The Coping Strategies Inventory for Children and Adolescents (SUO) and The Psychosomatic Symptoms Questionnaire for Children and Adolescents (PSS). Seven coping strategies were included: problem solving, expressing feelings, avoidance, distraction, social support from friends, social support from family and cognitive restructuring.

Results: Data were analysed according to age and gender differences. Avoidance and expressing feelings are coping strategies that best predicts somatic complaints in this sample. Active ways of coping like problem solving, cognitive distraction, self-calming and asking for help from others, contribute to the better adaptation and decrease psychosomatic symptoms, in contrast to the more nonadaptive ways of coping like avoidance and expressing feelings. Data on age and sex were discussed as well. Conclusions: The results show a considerable contribution of different aspects of coping functioning to the health and development of somatic problems in the period childhood. However, it is important to state that different coping strategies have different effects to boys and girls psychosomatic complaints.

- Macuka I., Vulić-Prtorić A. (2006) **Children's Perception of Parental Acceptance and Rejection: Age and Gender Differences**, *1st International Congress on Interpersonal Acceptance and Rejection*, Istanbul: Turkey.

The aim of this study was to determine specific aspects of parental behavior towards boys and girls of different age. The research was conducted on the sample of 527 children aged 11 to 15 years (276 boys and 251 girls). Family context and its role in child development are investigated often and numerous measurements in this area were made. The Quality of Family Interactions Scale (KOBI) is a 55-item questionnaire designed to assess children's perceptions of the family climate as well as their parent's behavior toward them along five subscales (family satisfaction, father acceptance, mother acceptance, father rejection, mother rejection). All subjects completed the questionnaires for assessment satisfaction with their family climate and parental acceptance and rejection operationalized according with the PART - theory. Reliability coefficients ranged from 0.86 to 0.89. For specific forms of parental behavior it could be concluded that they change as the child grows up, although the structure of parental behavior is mainly stable.

The purpose of this research was to determine if the parental behavior was different toward boys and girls of a different age. The results show that the girls perceive significantly more positive emotional aspects in the relations with their mother and significantly less rejection and misunderstanding in relations with both, mother and father, than boys. Also, girls were more satisfied with family life than boys.

Results show differences in evaluation considering the age of subjects. Older children are less satisfied with family life and the relations with their father are evaluated more negatively than in younger children. Compared with younger children, the older ones consider the relations with both parents as less close, with less support and confidence.

- Macuka I., Vulić-Prtorić A., Nekić I., Sorić I. (2007) **Children at risk for psychopathology: The influence of some parent psychopathology dimensions**, *Abstracts - 10th European Congress of Psychology*. Prag: EFPA. 3-6 July 2007.

Objective: Children of parents with psychopathology symptoms are at greater risk for a variety of other forms of psychological dysfunction. Previous research indicates direct effect of parent's psychopathology on adjustment problems among their children. The purpose of this study was to examine relationship between children and parents psychopathology. Also the effects of gender (both children and their parents) on psychopathology symptoms (among children and their parents) were assessed.

Method: The research was conducted on the sample of 102 schoolchildren aged 12 to 15 years (66 girls and 36 boys) and their mothers and fathers aged 32 to 61 years. Youth problems were measured with the Youth Self-Report – YSR (Achenbach, 2001) which consists of eight syndrome scales: anxious/depressed, withdrawn/depressed, somatic complaints, social problem, thought problems,

attention problems, rule-breaking behavior and aggressive behavior. Parent psychopathology was measured with BSI - Brief Symptom Inventory (Derogatis, 1993) consisted of nine primary symptoms dimensions: somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation and psychoticism.

Results: ANOVA statistical analysis show a gender differences only on subscale rule-breaking behavior in children sample: boys have higher results on this scale than girls. In parents sample the difference occurred in somatization scale where mothers have higher results than fathers. Pearson correlation coefficients shows some significant relationship between different dimensions of parental and children psychopathology: paranoid ideation of parents was positively associated with social problem and attention problems among children, and interpersonal sensitivity of parents was positively associated with aggressive behavior among children.

Conclusions: Results show some gender differences among children and parents in some psychopathology classifications. Boys have higher results on rule-breaking behavior subscale, and mothers have higher results on somatization subscale. There are some significant correlation between different dimensions of parental and children psychopathology.

- Nekić I., Macuka I., Sorić I., Vulić-Prtorić A. (2007) **Children academic achievement and some parental dimensions: the mediating effect of children self-esteem**, 12<sup>th</sup> Biennial Conference for Research on Learning and Instruction International – Developing Potentials for Learning, Budapest, Hungary, Abstracts, 2007, str. 215.

Objective: The aim of this study was to determine the contribution of self-esteem and some parental dimensions (behavioral control, psychological control and emotionality of mothers and fathers) to children's academic achievement. Also, we wanted to examine the mediating effect of children's self-esteem on the relationship between these parental dimensions and academic achievement.

Method: The research was conducted on the sample of 102 schoolchildren aged 12 to 15 years (66 girls and 36 boys). Children self-esteem was measured with Coopersmith's Self-esteem Inventory - SEI (adapted by Lackovic-Grgin and Bezinovic, 2002). Parental dimensions of behavioral and psychological control and emotionality were assessed with Children Report of Parental Behavior Inventory – CRPBI – 57 (Keresteš, 1999). Children's average final grade at the end of past midterm was used as a measure of their academic achievement.

Results: The regression analysis shows that mother's psychological control and children's self-esteem significantly contribute to academic achievement. Baron and Kenny (1976) procedure was used to examine the mediating impact of children's self-esteem on the relationship between parental dimensions and academic achievement. The results revealed that children self-esteem indeed mediate this relationship.

Conclusions: Higher academic achievement was positively associated with self-esteem and negatively with mother's psychological control. Children's self-

esteem mediated the relationship between dimensions of parenthood and children school success.

- Sorić, I., Penezić, Z., Vulić-Prtorić, A. i Nekić, I. (2007). **The components of self-regulated learning in relation to the quality of student-teacher interaction.** *Abstracts - 10th European Congress of Psychology.* Prag: EFPA. 3-6 July 2007.

Zimmerman (2001) conceptualized self-regulation in terms of contextually specific processes (cognitive, affective and behavioral) which are cyclical used for the attainment of personal goals. The process of self-regulation represents a reciprocal interaction of personal factors, environmental variables and behaviors. Brophy (1987) noted that the motivation to learn is competence acquired through general experience but stimulated most directly through modeling, communication of expectations and direct instruction by significant others (especially parents and teachers). Modeling studies provide evidence on how information conveyed socially can be internalized by students and used self-regulatively to produce greater learning (Schunk, 2001). Concerning school context, we expect that patterns of student-teacher interactions (e.g., autonomy-support vs. control) would be connected to students' goal orientations, perceived control, self-esteem, the use of effective learning strategies and better achievement.

The research was conducted on a two subsamples of students: first, which was consisted of 107 students from private secondary schools and second which was consisted of 77 students from public secondary schools. The Croatian version of "The Components of Self-regulated learning (CRSL)" (Niemi-virta, 1996) was applied, together with "The Authoritative Classroom Management Style Scale" (Pavić, 2005) and "The Quality of School Climate Scale" (Pavić, 2005).

The results of analysis indicated that students from public and private secondary schools significantly differ in their perception of the student-teacher interactions as well as in their perception of the school climate. Also, patterns of relationships between the motivational-cognitive components in self-regulated learning within these two groups of students were quite different.

- Sorić, I., Burić, I. i Vulić-Prtorić, A. (2008). **Identifying the patterns of students' goal orientations.** *Horizons of Psychology – 8th Alps-Adria Psychology Conference: Abstracts.* Ljubljana. October 2-4, 2008.

There are a number of different models of goal orientations in academic settings that have been developed by different researchers. The most of these models propose two general goal orientations that concern the reasons students are pursuing when approaching and engaging in a learning task. They are labelled learning and performance goals (Pintrich, 2003). Niemi-virta (1996) distinguished a third type of goal orientation: work-avoidance goal orientation.

The aim of this study was to examine classification of students into groups considering different goal orientations and to compare those groups in some other variables relevant for self-regulated learning process (gender, general self-esteem, academic self-efficacy, values, perceived academic control, academic achievement and expectancy of future academic achievement).

The participants were 335 adolescents (aged between 13 and 17 years) which completed the questionnaires anonymously during a regularly scheduled classroom period. K-means cluster analysis was used to classify students into four groups according to their pattern of goal orientations: first group consisted of students with very low score on learning goal orientation and very high score on performance and work-avoidance goal orientations ; second group consisted of students with very low score on learning and performance goals and very high score on work-avoidance goal orientations; third group included students with very high score on all goal orientations and fourth group included students with very high score on learning orientations and low score on performance and work-avoidance orientations.

Obtained statistical analyses revealed differences between identified groups of students concerning their academic self-efficacy, learning task value, perception of academic control, and expectancy of future academic achievement. Particularly, the second group students have the lowest self-esteem, the lowest perceived academic control, the lowest expectancy of future achievement and they do not value learning tasks very highly.

- Sorić, I., Penezić, Z., Vulić-Prtorić, A. i Ivanov, L. (2009). **Internalizing and externalizing problems of students with different attributional patterns of academic achievement.** *Abstract book „From Knowledge to Interventions“- 23rd Annual Conference of the European Health Psychology Society.* Pisa, Italy. 23-26 September, 2009.

Students' perception of failure cause as unstable and uncontrollable does not offer the opportunity for volitional change – students don't have any influence on such kind of causes. This can result in a "cycle of failure" in which this kind of attributions result in lack of persistence, which leads to failure, low self-esteem, learned helplessness and a tendency to maladaptive behavior. Further, next failure confirm negative beliefs and cycle continues (Turner et al., 1998).

The aim of this study was to compare students with different attributional patterns in some other variables relevant for self-regulated learning process and students' health. K-means cluster analysis was used to classify 147 adolescents/students into four groups according to their pattern of causal attributions.

Obtained analyses identified group of students with "maladaptive attributional pattern" who have the lowest academic achievement, negative self-perceptions (self-esteem, self-efficacy), poor self-regulated learning orientations and who express more internalizing problems than other students.

- Jović, M., Vulić-Prtorić, A., Baraban, D., Vlašić-Cicvarić, I., Brnović, I., Lopižić, J. (2009). **Anxiety in children in pediatric care.** *Abstract book „From Knowledge to Interventions“- 23rd Annual Conference of the European Health Psychology Society.* Pisa, Italy. 23-26 September, 2009.

Background: The aim of this study was to examine the different aspects of anxiety symptom clusters in four groups of pediatric patients.

Methods: The sample consisted of 194 schoolchildren: 48 patients with headaches, 56 children with asthma, 48 children with diabetes and 42 healthy children. Two questionnaires were used: The Fear and Anxiety Scale and The

Psychosomatic Symptoms Questionnaire. Statistical analysis included: descriptive statistics and t-tests for independent samples.

Findings: Results show that headaches ( $t = -3.76, p < 0, 05$ ) and children with asthma ( $t = -4.59, p < 0, 05$ ) suffer from more anxiety problems than healthy controls. Children with diabetes reported more problems than healthy children only on Worry scale ( $t = 2.36, p < 0, 05$ ).

Discussion: The findings of this study suggest that child psychologists and clinicians treating children in pediatric care should assist them with the expression and control of anxiety feelings what, consequently, could make their medical treatment more effective.

- Vulić-Prtorić A., Marinović L. (2010) **Personality and psychopathology: Comparison of the correlational patterns on the Freiburg Personality Inventory (FPI-R) and Brief Symptom Inventory (BSI)**, 9<sup>th</sup> Alps Adria Psychology Conference, 16-18 September 2010., Klagenfurt, Austria.

The objectives of this study were to investigate the correlations between personality traits and psychopathology clusters in the sample of Croatian female and male university students.

The research was carried out on a sample of 302 Croatian university students (170 females). Two self-report measures were administered: Freiburg Personality Inventory (FPI-R) and Brief Symptom Inventory (BSI). Data were analyzed according to gender differences. Descriptive statistics and correlations are reported.

According to the FPI-R results female students indicated significantly higher scores on social orientation, excitability, stress, physical complaints and emotionality, and male students had higher scores on attainment orientation, aggression and extraversion. With regard to BSI results male students reported significantly more symptoms of hostility, phobic anxiety and paranoid ideation. The correlations between all observed indicators (12 variables from FPI-R and 9 variables from BSI) were calculated separately for males and females. There are a few aspects of the matrix that are worth mentioning: first, it is notable that in both, females and males participants, social orientation, attainment orientation and extraversion do not correlate with any BSI symptom cluster and, as expected, the highest correlations were between emotionality and all BSI symptom clusters. Further connections show specific gender patterns that are analyzed in discussion.

### 3. Stručni radovi u knjigama i stručnoj periodici

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- Vulić-Prtorić, A. (2006) **Skala hiperaktivnosti-impulzivnosti-pažnje - HIP**. u Čubela-Adorić i sur. (ur.). *Zbirka psihologijskih skala i upitnika - Svezak 3*; Zadar: Sveučilište u Zadru.

Hiperaktivnost, impulzivnost i problemi usmjeravanja pažnje predstavljaju naročito ozbiljan problem zbog brojnih negativnih posljedica na planu školskog i socijalnog ponašanja. Teškoće u usmjeravanju pažnje i koncentraciji najčešće rezultiraju u školskom neuspjehu, a impulzivnost i agresija u teškoćama stvaranja

dobrih socijalnih odnosa s vršnjacima i mreže socijalne potpore. Djeca s ovim problemima vrlo brzo postaju svjesna svojih teškoća u regulaciji pažnje, svoje impulzivnosti i problema u kontaktima s roditeljima, učiteljima i vršnjacima. Skala hiperaktivnosti – impulzivnosti – pažnje (HIP) konstruirana je s ciljem dobivanja mjernog instrumenta kojim će se vršiti procjena hiperaktivnog i impulzivnog ponašanja, te problema usmjeravanja pažnje. Sastoji se od 19 čestica koje opisuju najčešće simptome navedenih problema u djetinjstvu i adolescenciji.

Skala je konstruirana na temelju popisa simptoma iz DSM-IV klasifikacije (APA, 1996), tvrdnji koje se koriste u različitim psihodijagnostičkim instrumentima za mjerenje simptoma poremećaja s deficitom pažnje i hiperaktivnošću (PDPH) kao i teorijskih tumačenja simptomatologije ovih poremećaja u djetinjstvu i adolescenciji.

- Vulić-Prtorić, A; Bubalo, J. (2006) **Skala smisla života - SSŽ**. u Ćubela-Adorić i sur. (ur.). *Zbirka psihologijskih skala i upitnika - Svezak 3*; Zadar : Sveučilište u Zadru.

Smisao života se može definirati kao spoznaju reda, sklada i svrhe u osobnoj egzistenciji, težnju ka ciljevima koji su vrijedni truda, njihovo ostvarenje i popratni osjećaj ispunjenja (prema Zika i Chamberlain, 1992). Skala smisla života (SSŽ) predstavlja adaptirani oblik PIL skale (Purpose in Life Test) autora Crumbaugh i Maholick (prema Debats, 1996). Sastoji se od 23 tvrdnje koje ispituju emocionalni aspekt smisla tj. kvalitetu egzistencije i kognitivni aspekt smisla tj. svrhu egzistencije.

- Vulić-Prtorić, A.; Sorić, I. (2006) **Upitnik samoefikasnosti za djecu**. u Ćubela-Adorić i sur. (ur.). *Zbirka psihologijskih skala i upitnika - Svezak 3*; Zadar : Sveučilište u Zadru.

Bandura (1977) određuje samoefikasnost kao vjerovanje u sposobnost organiziranja i izvršenja akcija potrebnih da bi se ostvario određeni pretpostavljeni tip aktivnosti. Upitnik samoefikasnosti za djecu (Self-efficacy Questionnaire for Children - SEQ-C) konstruirao je Peter Muris (2001), za ispitivanje dječjeg osjećaja samoefikasnosti u tri područja: akademskom, socijalnom i emocionalnom. Upitnik se sastoji od 24 čestice koje se mogu podijeliti na tri domene samoefikasnosti: (1) socijalna samoefikasnost (8 čestica) koja se odnosi na percipiranu sposobnost za odnose s vršnjacima te asertivnost ; (2) akademska samoefikasnost (8 čestica) koja se odnosi na percipiranu mogućnost snalaženja u učenju i školskom gradivu, te na ispunjavanje školskih očekivanja ; te (3) emocionalna samoefikasnost (8 čestica) koja se odnosi na percipiranu sposobnost suočavanja s negativnim emocijama.

- Macuka, I. Vulić-Prtorić, Anita (2007) **Family determinants of childhood asthma**, 15th Psychology Days in Zadar: Book of Selected Proceedings, University of Zadar, str.213-221.

Asthma is a widespread public health problem and the most common chronic illness in childhood and adolescence. According to the Croatian national data the asthma prevalence in the pediatric population is between 1.5% to 5% representing 1/4 of all chronic illness in childhood and adolescence. The investigation was

conducted with the aim of determining the specific family variables which are related to asthmatic symptoms in children. The family variables were operationalised as two parenting dimensions: control and emotionality. This study was focused on two samples: a group of schoolchildren with asthma (N=46) in pediatric care and a group of healthy schoolchildren (N=42).

The ANOVA was used to assess the children's perceptions of parenting practices in two samples. Significant differences were found in three scales: Emotionality-Mother, Emotionality-Father and Control-Father. In both cases asthmatic children scored their parents lower on emotionality than healthy children, and compared to healthy children they also perceived their fathers to be more controlling towards them.

- Vulić-Prtorić, A. (2008) **Skala agresivnosti za djecu i adolescente – SNOP**, u Penezić Z. i sur. (ur.). *Zbirka psihologijskih skala i upitnika - Svezak 4*; Zadar: Sveučilište u Zadru, 87-102.

Agresivno ponašanje mogli bismo definirati kao « ; svaku reakciju (fizičku ili verbalnu) izvedenu s namjerom da se nekom drugom nanese šteta ili povreda bilo koje vrste, bez obzira da li je ta namjera do kraja realizirana » ; . U suvremenim dijagnostičkim sustavima blaži oblici agresivnog ponašanja u obliku negativističkog, prkosnog ponašanja kod kojeg još uvijek ne dolazi do kršenja temeljnih prava drugih osoba i socijalnih normi, opisuju se u okviru Poremećaja sa suprotstavljanjem i prkošenjem, dok se agresivno i delikventno ponašanje opisuje se u okviru Poremećaja ophođenja (DSM-IV). Pri procjeni agresivnog ponašanja u djetinjstvu i adolescenciji podaci se prikupljaju iz više izvora, a važan dio procjene svakako bi trebalo biti i prikupljanje informacija od samog ispitanika i to pomoću objektivnog mjernog instrumenta, odnosno upitnika agresivnosti koji je namijenjen upravo djeci i adolescentima.

Skala agresivnosti za djecu i adolescente se sastoji od Skala SNOP se sastoji se od 40 čestica (9 za subskalu Prkošenje i suprotstavljanje, 15 za subskalu Ophođenja, 9 za subskalu Žrtva i 7 za subskalu Nasilnik. Skala pokazuje visoku pouzdanost tipa unutarnje konzistencije (Cronbach alpha= 0, 912), a ostale metrijske karakteristike također su zadovoljavajuće. Rezultati na Upitniku agresivnosti za djecu i adolescente pokazali su se značajno povezanima s rezultatima na Skali agresivnosti AG (Keresteš, 1999) ( $r=0,79$ ), kao i s rezultatima na Skali hiperaktivnosti HIP (Vulić-Prtorić, 2006) ( $r=0,60$ ).

Rezultati provedenog istraživanja pokazuju da Upitnik agresivnosti za djecu i adolescente ima zadovoljavajuće psihometrijske kvalitete, te da će njegovo korištenje pridonijeti poboljšanju kliničke procjene i istraživanjima na ovom području.

- Zubčić T., Vulić-Prtorić A. (2008) **Multidimenzionalna skala perfekcionizma (MPS-F)** u Penezić Z. i sur. (ur.). *Zbirka psihologijskih skala i upitnika - Svezak 4*; Zadar : Sveučilište u Zadru, 23-35.

Multidimenzionalna skala perfekcionizma (MPS – F ; Frost i sur. 1990) sastoji se od 35 tvrdnji koje mjere perfekcionizam kroz šest dimenzija: Dimenzija Osobni standardi je konceptualizirana kao vrlo visoki osobni standardi i pretjerana važnost



koja se pridaje tim visokim standardima pri samoevaluaciji. Dimenzija Zabrinutost zbog pogrešaka je konceptualizirana kao negativne reakcije na pogreške, tendencija ka interpretiranju pogrešaka kao jednakih neuspjehu, i tendencija vjerovanju da će osoba izgubiti poštovanje drugih nakon neuspjeha. Tendencija k vjerovanju da pojedinačni roditelji postavljaju visoke ciljeve i da su pretjerano kritični sačinjava dimenziju Roditeljska očekivanja, odnosno Roditeljska prigovaranja. Dimenzija Dvojba u vlastitu izvedbu opisana je kao osjećaj nesigurnosti u vlastite akcije ili mišljenje, i kao tendencija osjećanju da zadaci nisu zadovoljavajuće završeni. Naglasak na važnosti i preferiranju reda i organizacije čini zadnju komponentu perfekcionizma, nazvanu Organiziranost.

Skala ima zadovoljavajuću pouzdanost ; koeficijenti unutarnje konzistencije se kreću od 0, 77 do 0, 93 dok koeficijent unutarnje konzistencije za cijelu skalu iznosi 0, 90.

- Vulić-Prtorić, A; Sorić, I; Penezić, Z. (2009) **Coping Strategies and Psychosomatic Symptoms in Children.** U Freire T. (ed) *Understanding Positive Life: Research and Practice on Positive Psychology.* Lisboa: Climepsi Editorias, 183-198.

Background: Medically unexplained symptoms such as headache, recurrent abdominal pain, dizziness, fainting and vertigo are common in pediatric primary care throughout the world and they may be associated with marked distress and functional disability during childhood and adolescence. Number of children with psychosomatic complaints has increased over the last decade, while the age of onset has decreased (Just et al, 2003). A number of personal psychological characteristics have been found to play important role in developing and maintaining these symptoms, in particular such as self-efficacy beliefs, cognitive distortions, dysfunctional attributions, immature defense mechanisms and dysfunctional coping strategies (Carr, 1999). Coping strategies are assumed to be consciously and deliberately used methods for regulating negative emotions or to manage situations in which there is a perceived discrepancy between stressful demands and available resources. Aims: The paper presents the results of an investigation carried out with the aim of determining specific coping strategies in children with psychosomatic complaints. The research was carried out on a sample of 275 pupils aged from 11 to 16 years. It was hypothesized that different and specific coping strategies would be associated with number and sort of psychosomatic symptoms in children (cardiovascular, respiratory, gastrointestinal, dermatological, pseudoneurological, and pain / weakness).

Methods: Two self-report measures were administered: The Coping Strategies Inventory for Children and Adolescents (SUO) and The Psychosomatic Symptoms Questionnaire for Children and Adolescents (PSS). Seven coping strategies were included: problem solving, expressing feelings, avoidance, distraction, social support from friends, social support from family and cognitive restructuring.

Results: Data were analysed according to age and gender differences. Avoidance and expressing feelings are coping strategies that best predicts somatic complaints in this sample. Active ways of coping like problem solving, cognitive distraction, self-calming and asking for help from others, contribute to the better adaptation and decrease psychosomatic symptoms, in contrast to the more nonadaptive ways of coping like avoidance and expressing feelings. Data on age and sex were discussed as well. Conclusions: The results show a considerable

contribution of different aspects of coping functioning to the health and development of somatic problems in the period childhood. However, it is important to state that different coping strategies have different effects to boys and girls psychosomatic complaints.

#### 4. Radovi u zbornicima sažetaka priopćenja sa stručnih skupova

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- Vulić-Prtorić A., Macuka I. (2006) **Depresivnost i psihosomatski simptomi u djetinjstvu i adolescenciji**, *Prvi hrvatski kongres primijenjene psihologije*, Zagreb, travanj 2006., Knjiga sažetaka, str.88.

Depresivnost je emocionalno stanje koje opisuju osjećaji tuge, neraspoloženja, žalosti, utučenosti i sl. Većina istraživača danas definira depresivnost u terminima kontinuuma od normalne, povremene i prolazne žalosti do duboke depresije koja traje ili se stalno ponovo vraća. Danas se procjenjuje da oko 10-15% djece u općoj populaciji ima značajno izražene simptome depresije. Psihosomatski simptomi predstavljaju sve one tjelesne simptome koji se javljaju pod utjecajem emocionalnih čimbenika, a uključuju jedan organski sustav, obično pod kontrolom autonomnog živčanog sustava. Simptomi se mogu javiti u rasponu od jednog ili više simptoma slabijeg intenziteta pa sve do većeg broja vrlo intenzivnih simptoma koji djetetu ometaju svakodnevno funkcioniranje. Različiti tjelesni simptomi psihogene etiologije koji se javljaju u djetinjstvu i adolescenciji dio su različitih kliničkih slika (pa tako i depresije), a najčešće se opisuju u kategoriji različitih psihosomatskih i somatoformnih poremećaja (APA, 1996).

U radu su prikazani rezultati istraživanja koje je provedeno s ciljem utvrđivanja specifičnih aspekata depresivnosti koji su povezani s pojavom psihosomatskih simptoma u djece i adolescenata. Istraživanje je provedeno na uzorku od 315 učenika (158 djevojčica i 157 dječaka) od 5. do 8. razreda osnovne škole. U istraživanju su primijenjene dvije skale: Skala depresivnosti za djecu i adolescente SDD (Vulić-Prtorić, 2003) i Upitnik psihosomatskih simptoma za djecu i adolescente PSS (Vulić-Prtorić, 2005).

Rezultati provedenog istraživanja pokazuju da ispitanici koji postižu klinički značajno izražene simptome depresivnosti imaju i veći broj psihosomatskih simptoma (osobito pseudoneuroloških, gastrointestinalnih, kardiovaskularnih) te da u većoj mjeri doživljavaju glavobolje, umor i različite oblike bolova. Nadalje, utvrđene su spolne razlike kako u doživljavanju simptoma depresivnosti tako i psihosomatskih simptoma: u usporedbi s dječacima, djevojčice imaju značajno veći broj simptoma. Zaključak: Dobiveni rezultati potvrđuju teorijske postavke u razvojnoj psihopatologiji o dvosmjernoj povezanosti depresivnih i psihosomatskih simptoma: depresivnosti kao snažnom rizičnom čimbeniku u razvoju psihosomatskih reakcija, ali i kao posljedici dugotrajnijeg doživljavanja tjelesnih tegoba. Razmotrene su i praktične implikacije dobivenih rezultata, posebice u planiranju tretmana djece sklone somatizaciji, te depresivne djece i adolescenata.

- Macuka I., Vulić-Prtorić A. (2006) **Neke obiteljske odrednice astme kod djece i adolescenata**, XV. Dani psihologije u Zadru, Knjiga sažetaka, str 99.

Astma je jedna od najčešćih kroničnih bolesti u djetinjstvu i adolescenciji. U našoj zemlji prevalencija astme u djece se prosječno kreće od 1.5% do 5% i predstavlja četvrtinu svih kroničnih bolesti kod djece. Uzroci astme su brojni i samo djelomično poznati te u etiologiji astme danas prevladava biopsihosocijalni model astme i alergija koji se zasniva na ideji o multifaktorijalnoj etiologiji bolesti i višestrukim odrednicama tog poremećaja. Obiteljski kontekst temeljni je kontekst unutar kojeg se odvija djetetov razvoj. Faktori obitelji u razvoju astme pojavljuju se kao izvori ranjivosti djeteta. Roditeljska toplina, podrška i ljubav imaju pozitivan utjecaj na emocionalnu i socijalnu stabilnost i zrelost djeteta. S druge strane, ravnodušnost, pretjerana kontrola, grubost i zanemarivanje djeteta pridonose različitim problemima i teškoćama kod djece. Čak ako i dopustimo da obiteljski odnosi mogu utjecati na astmu, ne možemo uvijek kazati je li neka od obiteljskih varijabli uzročnik ili tek održavatelj bolesti. Iako određeni emocionalni čimbenici u obiteljskom domu mogu biti značajni za izazivanje ranih napada astme u neke djece, u druge djece bolest se može izvorno razviti zbog ne-obiteljskih razloga, a potom roditelji tog djeteta mogu i mimo svoje volje nagrađivati različite simptome tog sindroma. Primjerice, roditelji mogu pretjerano štiti astmatično dijete i prema njemu se posebno odnositi upravo zbog njegove astme. Važno je istaknuti teoriju obiteljskih sustava autorice Beatrice Wood (2000) u tumačenju tjelesnih simptoma i psihološke prilagodbe djeteta. Somatske tegobe se mogu promatrati kao jedan od oblika komunikacije s okolinom koju dijete koristi u situacijama kada je emocionalni dijalog s roditeljima ili drugim djetetu važnim osobama prekinut ili poremećen. Općenito, danas postoje istraživanja koja dokazuju heterogenost psihosocijalnih poteškoća otkrivenih kod osoba oboljelih od astme (Kinsman, Dirks i Jones, 1982 ; Mrazek, 1988 ; prema Fritz, Yeung i sur., 1995).

Cilj ovog istraživanja bio je utvrditi specifičnosti aspekata obiteljskih odnosa kod djece koja boluju od astme (N=46), te usporedba njihovih rezultata sa kontrolnom skupinom zdrave djece (N=42). U tu svrhu korištena je Skala percepcije obiteljskih odnosa (Macuka, 2004) koja ispituju dvije temeljne dimenzije roditeljskog ponašanja: emocionalnost i kontrolu.

Rezultati pokazuju neke razlike u dječjim procjenama varijabli obiteljskih odnosa: astmatična djeca procjenjuju statistički značajno manjim pozitivne emocionalne aspekte u kontaktu s majkom i ocem u odnosu na skupinu zdrave djece. Također u procjenama kontrole od strane oca su utvrđene statistički značajne razlike, astmatična djeca procjenjuju značajno višim stupanj kontrole od strane oca.

- Macuka I., Vulić-Prtorić A. (2006) **Coping Strategies in Children with Asthma**, 26th European Conference of Psychosomatic Research, Cavtat, Croatia, sažetak objavljen u Journal of Psychosomatic Research, pp. 425.

Chronic physical illness presents stressors of high intensity and long duration. They affect overall child and adolescent growth and development and their adjustment. Asthma is one of the most common chronic diseases in childhood and adolescence. Children average prevalence of asthma in Croatia goes from 1.5% to 5% and presents one quarter of all chronic diseases in children. Epidemiological

literature shows that the presence of psychiatric disorders in children that are chronically ill is double higher than in healthy children (Pless and Nolan, 1989 ; Holden at al., 1997 ; according to Lacković-Grgin, 2000). According to review of Garrison and McQuistan (1989 ; according to Spirito at al., 1995) the results of recent studies shows that those children are capable of successfully adapting to stressors that come out of chronic diseases. The factors that are consistently mentioned as important for understanding stress and chronic diseases relations are coping strategies, some personality traits, peer relationships, family structure, social support etc. Coping strategies have significant mediating role in psychological adjustment to illness and include all those behaviors that are used in overcoming the difficulties in stressful situations. They relate to emotional, cognitive and behavioral responses to stressful situations and vary with time and characteristics of concrete stressful situations.

The aim of this research was to determine which strategies of coping children with asthma most frequently use and which ones they find most effective. Forty eight children (38 boys and 8 girls) at the age of 10 to 15 years that have extrinsic type of asthma have participated in this research. The Coping Strategies Inventory for Children and Adolescents – SUO (Vulić-Prtorić, 2002) was used as a measure instrument. It consists 58 items divided in 7 subscales that describe 7 coping dimensions: Problem Solving, Expressing Feelings, Avoidance, Distraction, Social Support – Friends, Social Support – Family, and Cognitive Restructuring. Applying the SUO scale we get information about frequency and effectiveness of coping strategies used by children and adolescents in response to stressful events.

This research has shown that children with asthma most frequently use: Problem Solving, Distraction and Social Support from Family and Friends in coping with stress, and as most efficient they evaluated the Problem Solving strategies, Social Support from Family and Friends, and Distraction.

- Vulić-Prtorić, A; Coha, R; Grubić, M; Lopžić, J; Padelin, P. (2006) **Coping strategies in children with headaches**. *26th European Conference of Psychosomatic Research*, Cavtat, Croatia, Journal of Psychosomatic Research, pp. 422.

Objective: To examine the differences between three groups of subjects: 1) children with headaches in pediatric care, 2) nonclinical headaches, and 3) healthy controls, in seven, different aspects of coping strategies (Problem Solving, Expressing Feelings, Avoidance, Distraction, Social Support- Friends, Social Support – Family, Cognitive Restructuring).

Method: The sample consisted of 144 schoolchildren: 43 patients with headaches as a primary complaint, 59 headaches recruited from the general population, and 42 healthy children and adolescents in control group. Coping strategies were measured with SUO- The Coping Strategies Inventory for Children and Adolescents. SUO is the self-assessment instrument that measures the frequency and effectiveness of coping strategies in response to stressful events. Children's headache problems were rated by experienced pediatric specialist.

Results: Significant differences were found in four of seven coping strategies: in stress situations avoidance, distraction and seeking support from family were more common in children with clinical and nonclinical headaches, and expressing feelings

were more common in nonclinical headaches. Significant gender differences were found only for the nonclinical headaches group in three coping strategies: Problem Solving, Social Support – Family and Cognitive Restructuring. In both cases girls scored higher than boys. Conclusions: Clinicians might benefit from routine screening of coping with stressful life events in children with headaches. Prevention and treatment of illness related problems requires helping children changing the methods they use to cope with stressors.

- Bartolić, B.; Vulić-Prtorić, A. (2006) **Konstrukcija i validacija upitnika agresivnosti za djecu i adolescente**. XIV godišnja konferencija psihologa - Ljudski potencijali kroz životni vijek -Vodice: Hrvatsko psihološko društvo.

Polazište: Agresivno ponašanje mogli bismo definirati kao « svaku reakciju (fizičku ili verbalnu) izvedenu s namjerom da se nekom drugom nanese šteta ili povreda bilo koje vrste, bez obzira da li je ta namjera do kraja realizirana.» (prema Žužul, 1989, str. 49). U suvremenim dijagnostičkim sustavima blaži oblici agresivnog ponašanja u obliku negativističkog, prkosnog ponašanja kod kojeg još uvijek ne dolazi do kršenja temeljnih prava drugih osoba i socijalnih normi, opisuju se u okviru Poremećaja sa suprotstavljanjem i prkošenjem, dok se agresivno i delikventno ponašanje opisuje se u okviru Poremećaja ophođenja (DSM-IV). Istraživanja su pokazala kako je agresivnost u djetinjstvu povezana s maloljetničkom delinkvencijom i kriminalitetom u odrasloj dobi, školskim neuspjehom i preranim napuštanjem školovanja, zlorabom droga, maloljetničkim trudnoćama, nezaposlenošću, nasiljem u partnerskim i obiteljskim vezama te drugim nepovoljnim razvojnim ishodima (prema Keresteš, 2006). Pri procjeni agresivnog ponašanja u djetinjstvu i adolescenciji podaci se prikupljaju iz više izvora, a važan dio procjene svakako bi trebalo biti i prikupljanje informacija od samog ispitanika i to pomoću objektivnog mjernog instrumenta, odnosno upitnika agresivnosti koji je namijenjen upravo djeci i adolescentima.

Cilj: Konstrukcija i validacija Upitnika agresivnosti za djecu i adolescente, te utvrđivanje povezanosti rezultata dobivenih na ovom upitniku s rezultatima na Skali agresivnosti AG (Keresteš, 1999) i Skali hiperaktivnosti HIP (Vulić-Prtorić, 2006).

Metoda: Uz Upitnik agresivnosti za djecu i adolescente korištena je i Skala agresivnosti AG (Keresteš, 1999) te Skala Hiperaktivnosti – Impulzivnosti – Pažnje – HIP (Vulić-Prtorić, 2006).

Rezultati: Konstruiran je Upitnik agresivnosti za djecu i adolescente koji se sastoji od 24 čestice, te sadrži dvije subskale – Prkošenje i suprotstavljanje i Ophođenje. Upitnik pokazuje visoku pouzdanost tipa unutarne konzistencije (Cronbach alpha= 0, 912), a njegove ostale metrijske karakteristike također su zadovoljavajuće. Rezultati na Upitniku agresivnosti za djecu i adolescente pokazali su se značajno povezanim s rezultatima na Skali AG (Keresteš, 1999) ( $r=0,79$ ), kao i s rezultatima na Skali HIP (Vulić-Prtorić, 2006) ( $r=0,60$ ). Zaključak: Rezultati provedenog istraživanja pokazuju da Upitnik agresivnosti za djecu i adolescente ima zadovoljavajuće psihometrijske kvalitete, te da će njegovo korištenje pridonijeti poboljšanju kliničke procjene i istraživanjima na ovom području.

- Zdravković, Ž; Vulić-Prtorić, A. (2006) **Stres i suočavanje sa stresom kod djece s ponavljajućom abdominalnom boli**. XIV godišnja konferencija

*psihologa - Ljudski potencijali kroz životni vijek* -Vodice: Hrvatsko psihološko društvo.

Polazište. Ponavljajuća abdominalna bol se smatra funkcionalnim gastrointestinalnim poremećajem čiji uzrok nije strukturalne ili biokemijske prirode. Klinički se manifestira kao neodređena abdominalna, grčevita bol koja se javlja tijekom dana, u trajanju od nekoliko minuta do nekoliko sati, a epizode se ponavljaju kroz određeni vremenski period. Bol se često javlja s drugim znakovima autonomne pobuđenosti. Psihički čimbenici imaju važnu ulogu u pojavljivanju, jačini i održavanju boli. Abdominalni simptomi često ometaju djecu u obavljanju svakodnevnih aktivnosti kao što su pohađanje škole, druženje s vršnjacima, sudjelovanje u raznim izvanškolskim i obiteljskim aktivnostima. Tjelesni simptomi psihogene etiologije koji imaju ponavljajući obrazac i stvaraju klinički značajne smetnje na raznim područjima djelovanja, te nisu pod voljnom kontrolom djeteta najčešće se svrstavaju u kategoriju somatoformnih poremećaja.

Cilj ovog istraživanja je bio utvrditi razlike u broju doživljenih stresnih životnih događaja i učestalosti korištenja različitih strategija suočavanja sa stresom kod zdrave djece i djece sa ponavljajućom abdominalnom boli, te ispitati međusobne odnose navedenih varijabli.

Metode. U istraživanju je primijenjen Upitnik psihosomatskih simptoma za djecu i adolescente PSS (Vulić-Prtorić, 2005), Skala stresnih životnih događaja STRES-D (Košta i Vulić-Prtorić 2002) i Skala suočavanja sa stresom za djecu i adolescente SUO (Vulić-Prtorić, 2002).

Rezultati. U istraživanju je utvrđeno da su djeca sa simptomima ponavljajuće abdominalne boli doživjela veći broj stresnih životnih događaja, te su u suočavanju sa stresom koristila veći broj različitih strategija. Nadalje je utvrđeno da su djeca s abdominalnim simptomima s povećanjem broja doživljenih stresora tijekom života učestalije koristila emocionalnu reaktivnost i izbjegavanje kao strategije suočavanja, dok su u manjoj mjeri tražila socijalnu podršku od obitelji.

Zaključak. Stresni životni događaji kao rizični faktori okoline mogu prethoditi razvoju psihosomatskih simptoma, povećati rizik za njihovo javljanje ili se pak javiti kao posljedica tih simptoma. Međutim, suočavanje može ublažiti ili pojačati utjecaj stresora na funkcioniranje djeteta, stoga dugotrajno korištenje disfunkcionalnih strategija suočavanja kod djece sa abdominalnim simptomima može dovesti do ozbiljnih problema na različitim aspektima djetetova života.

- Grubić, M.; Coha, R.; Vulić-Prtorić, A. (2007) **Anksiozna osjetljivost u djece koja boluju od glavobolje i astme**. 18. *Dani Ramira i Zorana Bujasa* u Keresteš, G.; Brković, I.; Butković, A. (ur.). Zagreb: knjiga sažetaka, Školska knjiga, 59.

Definirana kao strah od javljanja anksioznih simptoma i tjelesnih senzacija povezanih s anksioznošću, anksiozna osjetljivost ima značajnu kliničku primjenu ne samo u prevenciji i terapiji anksioznih poremećaja, već osobito u području zdravstvene psihologije (osobito suočavanja s boli).

U ovom radu prikazani su rezultati istraživanja u kojem je sudjelovalo ukupno 131 ispitanika u dobi od 10 do 15 godina, iz dva klinička (djeca koja boluju od

glavobolje i djeca koja boluju od astme) i jednom kontrolnom uzorku djece bez zdravstvenih tegoba. Uspoređeni su rezultati ove tri skupine s obzirom na razinu anksiozne osjetljivosti i pokazalo se da postoji značajna razlika između oba klinička i kontrolnog uzorka, dok između djece s glavoboljama i astme nema značajne razlike.

Djeca sa zdravstvenim tegobama imaju značajno više rezultate na skali anksiozne osjetljivosti. Nadalje, u kliničkim uzorcima djece utvrđeni su specifični obrasci povezanosti anksiozne osjetljivosti s ostalim aspektima anksioznosti (separacijskom, socijalnom, ispitnom, opsesivno kompulzivnom, i dr.), te s depresivnosti. Rezultati ovog istraživanja pokazuju da je ispitivanje anksiozne osjetljivosti kod djece koja imaju različite zdravstvene tegobe od osobitog značaja za psihološki terapijski i preventivni rad.

- Macuka, I; Nekić, I; Penezić, Z. (2007) **Empirijska provjera dvaju upitnika za mjerenje anksiozne osjetljivosti** 18. *Dani Ramira i Zorana Bujasa* u Keresteš, G.; Brković, I.; Butković, A. (ur.). Zagreb: knjiga sažetaka, Školska knjiga, 63.

Anksiozna osjetljivost se opisuje kao strah od javljanja anksioznih simptoma i tjelesnih senzacija povezanih s anksioznošću. Osoba pri tom procjenjuje da ti simptomi i tjelesne senzacije mogu imati negativne tjelesne, psihološke i socijalne posljedice. Za mjerenje ovog konstrukta kod djece i adolescenata u svijetu se najčešće koristi Indeks anksiozne osjetljivosti za djecu (CASI – Childhood Anxiety Sensitivity Indeks) autorice Silverman (1991), a u Hrvatskoj subskala Anksiozna osjetljivost (AS) kao dio Skale strahova i anksioznosti za djecu i adolescente (SKAD-62) autorice Vulić-Prtorić (2003).

Adaptirana verzija CASI na hrvatskom uzorku sadrži kao i originalna verzija 18 tvrdnji koje mjere anksioznu osjetljivost djeteta kroz njihovu procjenu nelagode i prijetnje zbog javljanja anksioznih simptoma. Subkala anksiozne osjetljivosti (AS) iz skale SKAD-62 (Vulić-Prtorić, 2003) sadrži ukupno 8 tvrdnji koje opisuju anksioznu osjetljivost tj. tjelesne reakcije poput ubrznog rada srca, bolove u truhu, vrtoglavicu, mučninu, osjećaj gušenja, te katastrofične kognitivne interpretacije vezane za takve tjelesne reakcije. Prethodne primjene ove subskale su pokazale vrlo dobre psihometrijske pokazatelje. Pouzdanost ove skale je utvrđena na normativnom i kliničkom uzorku od preko 2000 ispitanika u dobi od 10 do 18 godina i izražena koeficijentom unutarne konzistentnosti Cronbach alfa iznosi 0.80.

U ovom radu prikazani su rezultati istraživanja koje je provedeno u uzorku od 300 ispitanika, učenika od 5. do 8. razreda osnovne i 1. do 4. razreda srednje škole čiji je cilj bio usporediti osnovne psihometrijske pokazatelje, faktorsku strukturu i konvergentnu valjanost skala AS i CASI.

- Vulić-Prtorić, A. (2007) **Anksiozna osjetljivost i psihosomatski simptomi kod djece i adolescenata**. 18. *Dani Ramira i Zorana Bujasa* u Keresteš, G.; Brković, I.; Butković, A. (ur.). Zagreb: knjiga sažetaka, Školska knjiga, 66.

Anksiozna osjetljivost se opisuje kao strah od javljanja anksioznih simptoma i tjelesnih senzacija povezanih s anksioznošću, a koji proizlazi iz uvjerenja da ti simptomi i tjelesne senzacije mogu imati negativne tjelesne, psihološke i socijalne

posljedice. U dosadašnjim istraživanjima u okviru zdravstvene psihologije anksiozna osjetljivost se pokazala dobrim prediktorom tzv. interoceptivnog straha, tj. straha od tjelesnih senzacija za vrijeme nekih tjelesnih napora ili zdravstvenih tegoba. Tako se pokazalo da je u usporedbi sa simptomima boli, simptomima somatizacije, crtom anksioznosti i simptomima paničnog napada, anksiozna osjetljivost najbolji prediktor straha od boli kod djece. Djeca koja imaju visoke razine anksiozne osjetljivosti doživljavaju iste razine boli značajno intenzivnije u usporedbi s djecom koja imaju prosječne ili niske razine anksiozne osjetljivosti.

U istraživanju je sudjelovalo 278 ispitanika u dobi od 10 do 15 godina. Primijenjene su dvije skale: Skala anksioznosti (SKAD-62) i Upitnik psihosomatskih simptoma za djecu i adolescente (PSS). Uspoređeni su odnosi anksiozne osjetljivosti i psihosomatskih simptoma (kardiovaskularnih, pseudoneuroloških, muskulaturnih, respiratornih, gastrointestinalnih, i dr.).

Rezultati su analizirani odvojeno za uzorak dječaka i uzorak djevojčica. Pokazalo se da je anksiozna osjetljivost značajno izraženija u uzorku djevojčica, te da su anksiozno osjetljivije djevojčice sklonije doživljavati više boli, slabosti i umora, te gastrointestinalnih psihosomatskih simptoma. Simptomi anksiozne osjetljivosti u velikoj mjeri mogu poslužiti i u objašnjavanju nastanka i održavanja psihosomatskih simptoma, jer se somatski aspekt konstrukta anksiozne osjetljivosti može promatrati u širem kontekstu kognitivne interpretacije tjelesnih simptoma općenito.

- Vulić-Prtorić, A., Grubić, M. (2008) **Sindromi anksioznosti kod djece oboljele od astme i djece s glavoboljama**, rad prezentiran na XVI. *Danima psihologije u Zadru*, Knjiga sažetaka, str 25.

Utvrđivanje specifičnih profila anksioznih sindroma ima osobitu značajnost u kliničkom radu, te prevenciji i terapiji anksioznih poremećaja u djece koja imaju različite zdravstvene tegobe. U ovom radu prikazani su rezultati istraživanja u kojem je sudjelovao ukupno 131 ispitanik u dobi od 10 do 15 godina, iz dva klinička (djeca koja boluju od glavobolje i djeca koja boluju od astme) i jednog kontrolnog uzorka djece bez zdravstvenih tegoba.

Primijenjena su dva upitnika: Skala strahova i anksioznosti za djecu i adolescente SKAD-62 (Vulić-Prtorić, 2002) i Upitnik psihosomatskih simptoma za djecu i adolescente PSS (Vulić-Prtorić, 2005). Uspoređeni su rezultati ove tri skupine s obzirom na razinu anksioznosti u 7 različitih aspekata anksioznosti: ispitnoj, socijalnoj, separacijskoj, opsesivno – kompulzivnim simptomima, simptomima paničnog napada, agorafobije i anksiozne osjetljivosti, te zabrinutosti i sklonosti somatizaciji.

Pokazalo se da postoji značajna razlika u svim ispitivanim aspektima anksioznih sindroma između oba klinička i kontrolnog uzorka. Djeca sa zdravstvenim tegobama imaju značajno više rezultate na svim skalama anksioznosti. Nadalje, u ispitivanim uzorcima djece utvrđeni su specifični profili anksioznih sindroma: djeca s glavoboljama imaju najviše anksioznih simptoma u svim aspektima anksioznosti, a najizraženija je zabrinutost i separacijska anksioznost. U profilu anksioznosti djece koja boluju od astme ističu se zabrinutost i opsesivno kompulzivni simptomi, a u profilu zdrave djece najizraženiji su simptomi socijalne anksioznosti. Rezultati ovog istraživanja pokazuju da je utvrđivanje specifičnih klastera anksioznosti kod djece



koja imaju različite zdravstvene tegobe od osobitog značaja za psihološki terapijski i preventivni rad.

- Petričić, A., Vulić-Prtorić, A. (2008) **Neki prediktori suočavanja s dijabetesom TIP1 i TIP2**, rad prezentiran na XVI. *Danima psihologije u Zadru*, Knjiga sažetaka, str 20.

U radu su prikazani rezultati istraživanja koje je provedeno s ciljem utvrđivanja načina suočavanja s dijabetesom tip1 i tip2, te prediktivne vrijednosti socijalne podrške, crta ličnosti, znanja o dijabetesu, trajanja bolesti i nekih sociodemografskih varijabli na strategije suočavanja s dijabetesom.

Istraživanje je provedeno na uzorku od 100 dijabetičara (48 ispitanika oboljelih od dijabetesa tipa 1 i 52 ispitanika oboljelih od dijabetesa tipa 2) u dobi od 21 do 80 godina starosti. Primjenjena su četiri upitnika: Upitnik suočavanja sa stresom (Hudek-Knežević i Kardum, 2006), Ljestvica procjene socijalne podrške (Hudek-Knežević i Kardum, 1993), Eysenckov upitnik ličnosti (Eysenck i Eysenck, 1975, prema Lojk, 1979) i Upitnik znanja o dijabetesu (Taylor, i sur., 2003) koji je preveden s engleskog jezika i nešto izmijenjen.

Rezultati pokazuju da su razlike u načinima suočavanja s dijabetesom tip1 i tip2 vjerojatnije rezultat dobi ispitanika, nego tipa dijabetesa. Utvrđena je povezanost određenih crta ličnosti i percipirane socijalne podrške sa strategijama suočavanja kod dijabetičara tip1 i tip2. Uočeno je da je prediktivna vrijednost percipirane socijalne podrške, crta ličnosti, znanja o dijabetesu, trajanja bolesti i nekih sociodemografskih varijabli različita ovisno o tipu dijabetesa i dobi ispitanika.

- Marinković V., Vrsaljko D., Vulić-Prtorić A. (2008) **Psihometrijska validacija upitnika CORE u uzorku adolescenata**, rad prezentiran na XVI. *Danima psihologije u Zadru*, Knjiga sažetaka, str 13.

U radu su prikazani rezultati istraživanja koje je provedeno s ciljem provjere faktorske strukture i konkurentne valjanosti ljestvice CORE (Clinical Outcome in Routine Evaluation) na uzorku adolescenata. Kako se radi o vrlo kratkom i jednostavnom upitniku koji se u dosadašnjoj primjeni u drugim zemljama pokazao korisnim trijažnim instrumentom, zanimalo nas je koje njegove kvalitete će se pokazati u uzorku hrvatskih adolescenata.

Ispitivanje je provedeno u uzorku od 325 adolescenata u dobi od 12 do 17 godina. Ispitivanje je bilo anonimno, a provedeno je u sklopu jednog opsežnijeg istraživanja. U svrhu ovog rada prikazani su rezultati dobiveni primjenom dva upitnika: upitnikom za djecu i mlade YP-CORE (Young Person's CORE) koja se sastoji od 18 tvrdnji na koje ispitanici odgovaraju na skali čestine od 5 stupnjeva: od nikada do gotovo cijelo vrijeme, te Skalom samoprocjene ponašanja mladih (YSR - Youth Self-Report ; Achenbach, 2001) koja predstavlja najpoznatiji multivarijantni statistički pristup psihopatologiji u djetinjstvu i adolescenciji.

Na osnovi rezultata ovog instrumenta dobivaju se profili internaliziranih i eksternaliziranih ponašanja. U radu su prikazani rezultati provjere faktorske strukture i pouzdanosti YP-CORE, te konkurentne valjanosti koja je utvrđena usporedbom procjena ispitanika na dvije navedene skale. Također su provjerene razlike u rezultatima na obje skale s obzirom na spol i dob ispitanika.

- Nekić, M., Tucak Junaković, I., Macuka, I., Burić, I., Vulić-Prtorić, A., Ivanov, L. (2008) **Problemi i poteškoće studenata Sveučilišta u Zadru: Potreba za otvaranjem Studentskog savjetovališta**, rad prezentiran na XVI. *Danima psihologije u Zadru*, Knjiga sažetaka, str 132.

Istraživanje je provedeno u uzorku od oko 500 studenata Sveučilišta u Zadru, a s ciljem da se utvrdi kvaliteta života studenata, te teškoće s kojima se sreću tijekom studija. Također se pokušalo utvrditi stanje i potrebe za edukacijom studenata na određenu temu, te individualnim i grupnim savjetovanjem, a u svrhu pokretanja rada Studentskog savjetovališta.

Prema rezultatima provedene ankete radi se o slijedećim problemima: napetost ili nervoza (**92,7%** studenata), strah od neuspjeha u studiju (**78,8%**), neracionalno korištenje vremena za učenje i zabavu (**72,7%**), nesigurnost u svezi buduće karijere (**63,5%**), osjećaj snažne tjeskobe u svezi polaganja ispita (**62,5%**). S obzirom na potrebu otvaranja Studentskog savjetovališta, **44% studenata izjavljuje da bi potražilo stručnu psihološku podršku i pomoć kada bi im ta mogućnost bila na raspolaganju**, za *individualno savjetovanje* zainteresirano je **68,8%** studenata, za *grupno savjetovanje* zainteresirano je **22,4%** studenata, za sudjelovanje u *edukativnim radionicama* zainteresirano je **59,4%** studenata, a više od **80% studenata** smatra da bi im koristile edukativne radionice.

Rezultati provedenog istraživanja prethodili su otvaranju Studentskog savjetovališta na Sveučilištu u Zadru.

- Vulić-Prtorić A., Sorić I., Penezić Z. (2008) **An empirical look at The Defense Style Questionnaire-40: Reliability and Construct Validity**, *4th European Conference on Positive Psychology*, Opatija, Croatia, Book of Abstracts, pp 365.

Defense mechanisms, together with coping strategies, are used to describe people's responses to stressful situations. They are part of normal development, serving the dual function of protecting the person from excessive anxiety and maintaining self esteem. According to the Vaillant's hierarchical model the ego defenses can be arranged on a continuum of the adjustment, with the mature defenses contributing to the successful and joyful life, and immature defenses predicting different psychopathology symptoms and disorders. Among the instruments available today for evaluating defense mechanisms, one of the most interesting is DSQ and its numerous versions.

The aim of this study is to evaluate the validity of the DSQ-40 in Croatian sample and to examine the gender differences and associations between the defensive styles and some personality and psychopathology symptom patterns. The research was carried out on a sample of 300 Croatian university students. Three self-report measures were administered: Defense Style Questionnaire (DSQ-40), Freiburg Personality Inventory (FPI) and Brief Symptom Inventory (BSI). The Defense Style Questionnaire DSQ-40 (Andrews et al 1993) measure three clusters: mature, neurotic and immature style. With the permission of the author, the scale was

translated into Croatian. Three experts, psychiatrists with the psychoanalytical training performed the content validity.

Factor structure of defenses in Croatian sample is compared with original clusters. Internal reliability is evaluated as well. Data were analyzed according to gender differences. The associations between the defensive styles and personality dimensions and psychopathology symptom patterns are analyzed.

The results provide evidence for the conclusion that emotional instability and immature defenses (especially autistic fantasy and projection) were the major predictors of the BSI psychiatric symptoms. On the other hand, it appeared that both, emotional stability and mature defenses are strongly correlated with perceived life satisfaction, social orientation, openness, extraversion, and emotional stability. Results in this study indicated that emotional stability and mature defenses appeared to protect the person from psychopathology.

- Pupić-Bakrač A., Penezić Z., Sorić I., Vulić-Prtorić A. (2008) **(In)stability of self-esteem in adulthood: The role of stressful life events**, *4th European Conference on Positive Psychology*, Opatija, Croatia, Book of Abstracts, pp 365.

There are great numbers of stressful events that affect our everyday life. On the other side, people have a tendency to keep self-image as an equal and consistent through all situations. In that context great numbers of researches have found that high self-esteem could be treated as an efficient stress buffer.

In this investigation we have tried to assess the dynamics of self-esteem in adulthood in relationship with number of stressful life events people have experienced and strategies of personal control that people use to regulate it. There is much research which has investigated these constructs, but the number of longitudinal studies is very small, so the main contribution of this research is in that it studied the dynamics of these processes within a period of one year.

Subjects were 224 adults from Croatia which were contacted twice in the period of one year. We have used Rosenberg's General self-esteem scale, Social Readjustment Rating Scale, as well as questionnaires for assessment of strategies of personal control that people use.

Results have shown that no significant difference was found in the level of self-esteem between the two measurements. In addition, a significant positive correlation between self-esteem in two measurements was found, and, therefore, it could be said that self-esteem remained stable between the two measurements. In contrary to some other results there were no significant correlation among stressful life events and self-esteem neither in the first nor the second measurement.

- Cifrek-Kolarić M., Vulić-Prtorić A., Baraban D., Grubić M., Brnović I., Padelin P., Vlašić-Cicvarić I. (2011) **Percepcija roditeljskog ponašanja i prilagodba djece oboljele od dijabetesa**, *20. Dani Ramira i Zorana Bujasa*, Zagreb:

Odsjek za psihologiju Filozofski fakultet Sveučilišta u Zagrebu i Hrvatsko psihološko društvo, Knjiga sažetaka, 202-203.

Cilj: Cilj ovog istraživanja bio je provjeriti povezanost između percepcije roditeljskog ponašanja i dva indikatora prilagodbe djece oboljele do dijabetesa tip 1: simptoma depresivnosti i kvalitete života povezane s dijabetesom.

Metoda: U ispitivanju su sudjelovala djeca oboljela od dijabetesa tip1 (N=58) u dobi od 10 do 17 godina. Od mjernih instrumenata primjenjeni su: Skala percepcije roditeljskog ponašanja SPRP (Macuka, 2004), Skala depresivnosti za djecu i adolescente SDD (Vulić-Prtorić, 2002) i PedsQL Diabetes Module za procjenu kvalitete života djece oboljele od dijabetesa (Varni, 2003).

Rezultati: Korelacijskom analizom utvrđeno je kako je percipirana kontrola od strane oca povezana sa više simptoma depresivnosti i više poteškoća na gotovo svim dimenzijama kvalitete života povezane s dijabetesom. Nasuprot tome, emocionalnost oca pokazala se povezanom sa manje simptoma depresivnosti, manje poteškoća u kontroli i liječenju dijabetesa i manje problema u komunikaciji o bolesti. Kad je u pitanju percepcija majčinog ponašanja, utvrđeno je kako je više emocionalnosti od strane majke povezano sa manje zapreka liječenju dijabetesa, a više kontrole od strane majke sa više poteškoća u samokontroli dijabetesa. Regresijskom analizom utvrđeno je kako je percipirana kontrola oca značajan prediktor simptoma depresivnosti, zabrinutosti zbog bolesti i komunikacije o bolesti. Emocionalnost oca pokazala se značajnim prediktorom uspješnosti kontrole bolesti: djeca koja percipiraju više emocionalnosti od strane oca doživljaju manje zapreka liječenju i uspješnija su u samokontroli bolesti. Konačno, kontrola majke negativni je prediktor samokontrole bolesti.

Zaključak: Iako se većina istraživanja koja se bave utjecajem obiteljskih čimbenika u razvoju djece usmjeravaju uglavnom samo na odnos majka-dijete, rezultati ovog istraživanja još jednom potvrđuju važnost uzimanja u obzir i odnosa otac-dijete.

- Vulić-Prtorić A., Marinović L. (2011) **Dimenzije ličnosti kao prediktori obrambenih mehanizama**. 20. Dani Ramira i Zorana Bujasa, Zagreb: Odsjek za psihologiju Filozofski fakultet Sveučilišta u Zagrebu i Hrvatsko psihološko društvo, Knjiga sažetaka, 257.

U radu je prikazan postupak provjere obrazaca povezanosti između nekih dimenzija ličnosti i obrambenih mehanizama. Istraživanje je provedeno u uzorku od 295 ispitanika (167 ispitanica), studenata Sveučilišta u Zadru, koji su ispunili upitnike DSQ-40 i FPI-R.

*Upitnik obrambenih stilova* (DSQ-40, Andrews i sur. 1993) sadrži 40 tvrdnji koje opisuju 20 obrambenih mehanizama i 3 dominantna obrambena stila (zreli, neurotični i nezreli). Opisi obrambenih mehanizama u DSQ-40 usklađeni su s nomenklaturom u *Ljestvici obrambenog funkcioniranja* u DSM-IV klasifikaciji. *Freiburški inventar ličnosti* (FPI-R, Fahrenberg i sur., 2008) namijenjen je mjerenju 10 osobina ličnosti i 2 globalna konstrukta. Osobine ličnosti koje se mjere ovim inventarom jesu: zadovoljstvo životom, društvena usmjerenost, ambicioznost, zakočenost, povećana uzbudljivost, agresivnost, opterećenost, tjelesne tegobe,

zdravstvene brige i otvorenost. Koeficijent pouzdanosti Cronbachov  $\alpha$  kreće se od .55 do .88.

Rezultati pokazuju da se studenti i studentice razlikuju s obzirom na dimenzije ličnosti i korištenje mehanizama obrane. Značajna razlika pokazala se u 8 od 12 FPI-R subskala: društvena usmjerenost, ambicioznost, povećana uzbudljivost, agresivnost, opterećenost, tjelesne tegobe, te ekstraverzija i emocionalnost. Značajna razlika utvrđena je i u 12 od 20 DSQ-40 mehanizama obrane.

Značajna razlika utvrđena je i u obrascima povezanosti između pojedinih dimenzija ličnosti i obrambenih mehanizama. Općenito se pokazalo da dimenzije ličnosti bolje predviđaju različite mehanizme obrane kod žena nego muškaraca. Od svih dimenzija ličnosti društvena usmjerenost bila je najbolji prediktor različitih mehanizama obrane i kod studenata i kod studentica.