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Stručni članak
Professional article
UDK 613.86-054.73
UDK 325.254.000.616.89

ISTRAŽIVANJE PSIROPATOLOŠKIH POSLEDICA IZBEGLIŠTVA RESEARCH ON PSYCHOPATHOLOGICAL CONSEQUENCES OF REFUGEEISM

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Sažetak - Istraživane su neke psihičke i psihopatološke posledice izbeglištva (109 ispitanika) iz kolektivnog smeštaja u Krnjači u poređenju sa istim reakcijama telesno povređenih pacijanata Ortopedske klinike KCS u Beogradu (70) i ispitanika, Beogradana, bez iskustva životne traume (105). Pored upitnika o sociodemografskim obeležjima, ispitanici su odgovorili na PTSP10 skalu, Kratki Eysenckov inventar ličnosti, Test porodične homogenosti (*Family Homogeneity Inventory*) i Skalu uticaja događaja (*Impact of Events Scale*). Primenom odgovarajućih statističkih postupaka (analiza varijanse) utvrđivana je značajnost razlika između određenih obeležja unutar eksperimentalne grupe izbeglica, kao i razlika u pogledu prisustva psihičkih i psihopatoloških obeležja između sve tri podgrupe ispitanika. Ustanovljeno je da su unutar grupe izbeglica muškarci značajnije češće reagovali simptomima PTSP, kao i znatima opšteg neuroticizma, kao i to da su izbeglice u braku učestalije reagovala simptomima PTSP. U odnosu na neizbeglice, izbeglice su značajnije više opterećene simptomima PTSP, što verovatno predstavlja izraz hronifikacije PTSP kod ove kategorije ispitanika. Zanimljiv je rezultat da su ispitanici bez iskustva značajne životne traume reagovali sa najviše simptoma opšteg neuroticizma. Ovo se može objasniti činjenicom da je ista grupa postigla najviše vrednosti i na skali ekstroverzije (po istom Eysenckovom instrumentu), ili se može dovesti u vezu sa porastom neurotičnog reagovanja u našoj celokupnoj populaciji. Navedeni i ostali rezultati poređeni su sa nalazima sličnih istraživanja drugih autora.

Ključne reči: Izbeglice+psihologija; Psihopatologija; Posttraumatski stresni poremećaji; Neurotski poremećaji; Ekstroverzija (Psihologija)

Summary - The study examined mental and psychopathological consequences of refugeeism and included (109) refugees from refugee camp in Krnjača. Their reactions were compared with the reactions of (70) somatically injured patients from Orthopedic Hospital of the Clinical Centre in Belgrade and subjects (105) from Belgrade denying any traumatic experience whatsoever. Apart from the questionnaire on socio-demographic features, subjects were asked to provide answers to Post Traumatic Stress Disorder (PTSD-10) scale, Brief Eysenck's Personality Inventory, Family Homogeneity Inventory and Impact of Events Scale. By implementation of appropriate statistical procedures (variance analysis), the significance of differences among certain features within the experimental group of refugees was examined, as well as the difference concerning presence of mental and psychopathological features among all three subgroups. It was determined that within the refugee group, males more significantly and more frequently reacted with PTSD symptoms, as well as with signs of general neuroticism and that married refugees more frequently presented with PTSD symptoms. In comparison to non-refugees, refugees more significantly and more frequently present with PTSD symptoms, which is probably caused by PTSD chronicity in this category of subjects. Subjects denying any significant traumatic experience in their lives presented with symptoms of general neuroticism more than the rest of examinees. This is an interesting finding that can be explained by the fact that the same group achieved the highest values on the extraversion scale (using the same Eysenck instrument), or may be correlated to the increase of neurotic reactions in the whole population of Serbia and Montenegro. The above mentioned and other results were compared to the findings of similar researches performed by other authors.

Key words: Refugees + psychology; Psychopathology; Stress Disorders, Post-Traumatic; Neurotic Disorders; Extraversion (Psychology)

Uvod

Izbeglice u kolektivnom smeštaju

Izbeglištvo u Srbiji i Crnoj Gori već više od decenije je masovni fenomen. Gotovo svaki 10. stanovnik u ovoj zemlji je izbeglica. Ako je uopšte za utehu, u svetu je u periodu 1967-1991. god. bilo 171 milion ljudi pogođenih ratom, od toga u industrijski razvijenim zemljama "tek" 700.000 [1]. Među njima je do 1993. registrovano čak 40 miliona izbeglica i to sa tendencijom stalnog rasta [2]. Paralelno sa porastom broja izbeglica raste u svetu i broj istraživanja o njima [3].

Prema raznim izvorima [4,5] broj izbeglica u SCG je blizu milion, pri čemu je najveći broj, preko 600.000, stigao 1995. god. iz Hrvatske, R. Srpske Krajine i Bosne i Hercegovine. Poređenja radi, Hrvatska ima oko 200.000 izbeglica. Sociolog Ilić V. [5] tvrdi da registrovanih izbeglica ima oko 800.000, dok se ostatak, do jednog miliona, pojavljuje kao tzv. *crna brojka*, službeno neregistro-

Introduction

Refugees in refugee camps

Refugeeism in Serbia and Montenegro has been a mass phenomenon for over a decade. Almost every 10th inhabitant of this country is a refugee. If it is of any comfort, in the period of 1967-1991, there were 171 million people struck by war worldwide, out of which 'only' 700,000 in industrially developed countries [1]. Until 1993, there were as much as 40 million refugees registered among them, with a tendency of constant growth [2]. The growth in number of refugees worldwide resulted in growing number of researches investigating the refugee issue [3].

According to various sources [4,5], the overall number of refugees in Serbia and Montenegro amounts to nearly a million, out of which majority - over 600.000 came from Croatia, the Republic of Srpska Krajina and Bosnia and Herzegovina. In Croatia, for example, there are presently around

vane izbeglice. Izuzev blizu 200.000 izbeglica sa Kosova prognanih 1999. god. sve naše izbeglice pripadaju kategoriji tzv. *ekstremno traumatizovanih*, koju pominje Becker [6], parafrizirajući autora ovog izraza, puno poznatijeg Bruna Bettelheima, koji pod njim podrazumeva, pored dugog izlaganja stresu (autor ne ističe gde je vremenska granica između akutnog i hroničnog stresa), činjenicu da je trauma duboko lična, da je socijalnog, tj. humanog porekla, i na kraju mada najbitnije, da uključuje iskustvo mogućnosti gubitka sopstvenog života. Kad je populacija SCG u pitanju, izbeglištvo, uz boračko iskustvo na frontu, spada po intenzitetu u najteža stresna iskustva [7].

Iskustva iz prošlosti, kako ona priyatna, tako i ona bolna, teško se prevazilaze, što tvrde mnogi autori [6,8,9]. Traumatski događaji ostaju prisutni više u senzornoj nego u simboličkoj memoriji, tako da se intimna traumatska doživljavanja teško verbalizuju, tj. prevode u jezik komunikacije, pa trauma nastavlja da "živi", ne samo u subjektivnom životu pojedinca, nego se, kako neki tvrde [1], prenosi sa generacije na generaciju.

Kad je reč o smeštaju izbeglica, opšte je poznato da ih je u Srbiji i Crnoj Gori 95% u tzv. porodičnom smeštaju, a 5% u kolektivnim kampovima [4,10]. Međutim, prema novijim sociološkim istraživanjima [5] u kolektivnom smeštaju se nalazi čak 20%, dok ih je kod rođaka i prijatelja 54%, a 20% su sami sebi obezbedili stanovanje i većim delom ishranu.

Poseban problem predstavlja, kao što je to kod svih nesreća, populacija starih, kojih je među izbeglicama 13-15% [11], a među onima koji žive u kolektivnom smeštaju, po svemu sudeći, taj je procenat još i veći. To je posledica selekcije mladih i zdravih izbeglica koje se integrišu u Srbiji i Crnoj Gori, preseljavaju u treće zemlje, ili se, u najmanjem procentu, vraćaju odakle su prognani. U kolektivnim smeštajima je takode, zbog iste negativne selekcije, veći broj telesno obolelih kao i invalida rada.

Izbeglički kolektiv funkcioniše dobrim delom kao zajednica, tj. kao skup ljudi međusobno socijalno i emocionalno povezanih, kao u seoskoj, a u nekim aspektima kao u porodičnoj zajednici. Nažalost, on neretko neguje tzv. *kulturu egzila* [12] ili *supkulturu nesreće*, kako je taj fenomen nazvala Svetska zdravstvena organizacija [13]. U supkulturi nesreće snižen je prag vulnerabilnosti na događaje koji se doživljavaju ugrožavajućim. U njoj preovlađuje pasivan stav u savladavanju posledica nesreće i učestalije je dugotrajno reagovanje simptomima na katastrofu, kao što su zbunjenost, zaprepašćenost ili dezinhibisano socijalno ponašanje.

Treba imati na umu da su izbeglički kampovi izmešteni iz grada, da funkcionišu u uslovima polugeta. Tako su kontakti izbeglica sa neposrednim susedima ili nemogući ili su retki. Stanovništvo ih, kako ističe Ilić [5], doživljava kao konkurenciju u sopstvenom siromaštvu, bez primetne etničke solidarnosti koja bi se mogla očekivati s obzirom na

200.000 refugees. Ilić V. [5] a sociologist claims that there are around 800.000 officially registered refugees, while the remaining 200.000 appear as officially unregistered refugees. Excluding nearly 200.000 refugees expelled from Kosovo during 1999, all refugees living in this country belong to the category of so-called "extremely traumatised", as mentioned by Becker [6], paraphrasing the author of this expression, much better known Bruno Bettelheim for whom "extremely traumatised" implies, beside long exposure to stress, the fact that the trauma is deeply personal, that it is of social, that is, human origin, and the last, but the most important, that it involves the experience of possibility of losing one's own life. It should be stated that, in terms of this population, refugeeism, beside combat experience on the front lines, belongs to the most intensive stressful experiences [7].

Past experiences are difficult to overcome (pleasant ones and even more painful ones) which was confirmed by many authors [6,8,9]. Traumatic experiences, in the narrower sense, remain longer in sensory, than in symbolic memory, making intimate traumatic experiences difficult to verbalise, that is, to translate into the language of communication. Trauma therefore continues to "live", not only in subjective life of an individual, but, according to some authors [1], it keeps on transferring from generation to generation.

When accommodation of the refugees is concerned, it is widely believed that 95% of refugees in Serbia and Montenegro live in so-called family accommodations, while 5% live in refugee camps [4, 10]. However, according to the latest sociological research [5], as much as 20% of refugees live in refugee camps today, 54% with their relatives and friends while 20% of them have managed to provide a dwelling place of their own, and in majority of cases, food.

A special problem, as in all disasters, are the elderly, comprising 13-15% of the refugee population [11], while among those living in refugee camps, the percent is even higher, which results from the selection of younger and healthy refugees who manage to integrate in Serbia and Montenegro, move to other countries, or, in the least percentage, return to their homelands they were expelled from. The percentage of somatically ill and of war invalids is, due to the same negative selection, higher in refugee camps.

Refugee camps function a great deal as communities. Groups of people are socially and emotionally inter-connected, as rural, and in certain aspects, as family communities. Unfortunately, it is rather often the so called "exile culture" [12], or the "disaster subculture", as named by the World Health Organisation [13] in which the threshold of vulnerability related to the events experienced as jeopardising is lowered. The disaster subculture is marked by prevailing passive attitude in coping with disaster effects and frequent and long-lasting reactions to disaster, such as confusion, shock or disinhibited social behaviour.

istorodnost nacionalne pripadnosti izbeglica i okolnog stanovništva. Smeštajni uslovi u kampovima (u literaturi o izbeglicama koristi se eufemizam *kamp*, da bi se izbegla realnija reč *logor* koja budi znatno više negativnih asocijacija), su loši, kao što je slučaj i u izbegličkom logoru Krnjača kraj Beograda, na putu za Pančevo. U njemu višegeneracijske porodice žive u jednoj prostoriji radničkih baraka, sa zajedničkim, primitivnim sanitarijama. Mnogi među njima premeštani su nekoliko puta iz kampa u kamp. Uglavnom su gradskog porekla, srednjeg stepena obrazovanja, a manje od polovine je zaposleno, pri tome samo 3% stalno. Čak 1/3 izbeglica živi samo od humanitarne pomoći, približno isto toliko njih rešava svoje zdravstvene probleme, uključujući naravno i one psihičke prirode, samomedikacijom [4].

Opšta klima u izbegličkom logoru, iako ne bez solidarnosti, obojena je animozitetom i svadama, pri čemu se razlike naglašavaju više nego sličnosti. Ukratko, atmosfera u kampovima je bremenita raznoraznim životnim bilansiranjima i subdepresivnim raspoloženjem (nisko samopoštovanje njegovih stanovnika, doživljaj bespomoćnosti, zavisnost od drugih, utisak izolovanosti, odbačenosti ili doživljaj zanemarivanja od okoline, rodbine, države ili čak od čovečanstva).

Ciljevi i hipoteze istraživanja

Glavno težište ove studije leži u utvrđivanju nekih psihičkih, porodičnih i psihopatoloških obeležja ispitanika sa prosečno sedmogodišnjim izbegličkim statusom, koji su živeli u kampu kraj Beograda 2000. godine u odnosu na telesno povredene i ispitanike bez iskustva traume.

Generalni cilj istraživanja je registrovanje opšteg psihičkog integriteta ispitanika sa dužim izbegličkim stažom u kolektivnom smeštaju, i to u odnosu na neke druge rizične grupe odnosno neizbeglice uopšte. Drugačije rečeno, glavni cilj rada je da se utvrde posledice koje je provociralo izbegništvo na psihičkom planu uopšte, i u kakvoj zavisnosti su od nekih merljivih socijalnih i drugih relevantnih varijabli, koje smo mogli da kontrolišemo u našem istraživanju, a koje prema podacima iz literature, mogu na njih da utiču.

Uži ciljevi istraživanja bili su sledeći:

1. Utvrditi vezu između opšteg neuroticizma s jedne, i statusa izbeglica sa druge strane, kod kojih očekujemo više neurotičnosti u odnosu na drugu populaciju;

2. Ustanoviti unutar tri grupe ispitanika stepen opterećenosti PTSP simptomima, za koje pretpostavljamo, s obzirom na akutnost povrede, da ih je najviše u grupi somatski traumatizovanih;

3. Otkriti u kakvoj su vezi eventualne crte neurotičnosti i opterećenosti PTSP simptomima somatski traumatizovanih i izbeglica s jedne, i njihove spremnosti da se aktivno suočavaju sa negativnim posledicama trauma, sa druge strane;

It should be noted that refugee camps are situated outside towns, and function in conditions that could be best described as semi-ghetto, thus disabling contacts of refugees with immediate neighbours. The overall population, as emphasised by Ilić [5], takes them as rivals in their own poverty, without any noticeable ethical solidarity, which is expectable having in mind the homogenous nationality of refugees and the surrounding population. Accommodation conditions in camps (just to state it here - euphemism "camp" is more often used in literature, so as to avoid a much closer-to-reality term "concentration camp", as it arouses many negative feelings) are very poor - for example like in the refugee camp Krnjača, near Belgrade, on the way to Pančevo. The camp is comprised of workers' huts with primitive sanitary conditions, in which several-generation refugee families live in a single room. Many of them have so far experienced transfer from one camp to another several times. These people are mainly of urban origin, with secondary school qualifications, less than half of them have employment, while only 3% a permanent one. As much as one third of refugees lives on humanitarian aid only, while almost the same number of them solve their health-related problems, including, of course, mental ones, by self-medication [4].

General climate in any refugee camp, although not without solidarity, is characterised by animosity and quarrels, during which differences are emphasised rather than similarities. Briefly, the atmosphere prevailing in refugee camps is overburdened by proneness of their inhabitants to restore life balances, as well as with sub-depressive moods (low self-esteem, the experience of helplessness, dependence on other people, impression of isolation, rejection or experience of being neglected by relatives, community, society and even mankind).

Aims and hypotheses

The main focus of the study lies in determining certain mental, family and psychopathological features of subjects with a seven-year refugee status on average, living in a refugee camp near Belgrade in 2000, compared to somatically traumatised and subjects without trauma experience whatsoever.

The general aim of this research was to register general mental integrity of subjects with longer refugee status in refugee camps, in comparison to some other groups at risk, or non-refugees in general. In other words, the main aim of the study was to determine the effects of refugeeism on the mental state in general, as well as the inter-dependence between these effects and certain measurable social and other relevant variables which could be controlled during our research and which, according to other authors, could affect them.

The aims of the research in a narrower sense were as follows:

1. To determine the correlation between general neuroticism on one side and refugee status on the

4. Ustanoviti vezu između osnovnih obeležja ispitanika tj. tipa traume s jedne strane, i načina prevazilaženja posledica trauma, sa druge. Pretpostavljamo da je aktivan stil savladavanja negativnih posledica izbegličke situacije u pozitivnoj vezi sa više izraženom porodičnom kohezivnošću, sa manjim stepenom prisustva psihopatoloških promena, kao i sa mlađom dobi i višim obrazovanjem izbeglica;

5. Proveriti u kakvoj korelaciji stoje crte ekstroverzije i introverzije sa psihopatološkim statusom i drugim obeležjima ispitanika. Očekujemo da će ekstrovertne, pre nego introvertne ličnosti, imati manje izmenjen psihički integritet, budući da su spremne da govore o problemu i na taj način povećavaju šanse, u odnosu na introvertne ispitanike, da ga reše;

6. Utvrditi stepen porodične kohezivnosti ispitanika, pre svega izbeglica u odnosu na neizbeglice. Doživljaj porodične kohezivnosti je u negativnoj vezi sa ukupnim neuroticizmom izbeglica i drugih ispitanika, pošto je reč o opšte priznatom salutogenom faktoru;

7. Ustanoviti vezu između sociodemografskih obeležja ispitanika i njihovog psihičkog integriteta. Više psihopatologije očekuje se kod populacije starijih, onih van bračne zajednice, kod samaca kao i ispitanika sa manjim stepenom obrazovanja u odnosu na njihove sociodemografske oponente.

Metod istraživanja

a) Uzorak istraživanja

Uzorak je sačinjen od 284 ispitanika. Podeljen je u dve osnovne grupe - eksperimentalnu - 109 izbeglica iz kolektivnog smeštaja u Krnjači, i kontrolnu grupu, neizbeglica, koju čine dve podgrupe ispitanika iz Beograda. Prva podgrupa, 70 njih, su somatski traumatizovani-pacijenti Ortopedske klinike Kliničkog centra Srbije u Beogradu, a drugu podgrupu čini 105 ispitanika iz Beograda koji su negirali bilo kakvo traumatsko iskustvo.

Na Tabeli 1 prikazan je celokupan uzorak sa njegovim sociodemografskim obeležjima.

b) Instrumenti istraživanja

Pored upitnika o sociodemografskim obeležjima ispitanika, primenjena su četiri standardizovana instrumenta. Od toga dva ispituju eventualne psihopatološke promene izbeglica i drugih ispitanika, pre svega one neurotičnog karaktera. Treći testira procenu porodične homogenosti ispitanika, a četvrti instrument ispituje opšti stav pojedinca u savladavanju posledica traumatizacije.

1. PTSP10 skala ili Skala posttraumatskog stresnog poremećaja, instrument sa 10 pitanja, primenjen je još 1989. god. [14]. Ukupni skor ispitanika 0-20 poena služi za procenu stepena prisustva simptoma PTSP, a ne za dijagnozu PTSP kao takvog po kriterijumima ICD10.

2. Kratki Eysenkov inventar ličnosti sadrži 15 varijabli. Ispituje dve dimenzije ličnosti, najpre op-

other, as refugees are expected to be more neurotic in comparison to the rest of population;

2. To determine the degree of burden of posttraumatic stress disorder (PTSD) symptoms, as we supposed that, bearing in mind the acuteness of injury, they are most frequent in the group of somatically traumatised;

3. To study the correlation between possible neuroticism features and burden of PTSD symptoms in traumatised subjects and refugees on one side, and their willingness to actively face negative effects of their trauma on the other;

4. To determine the correlation between basic features of refugees, e.g. trauma type on one side, and ways of coping with trauma effects on the other. We suppose that active attitude in coping with negative effects of refugeeism is in positive relation with higher degree of family cohesiveness, with lower degree of psychopathological changes, as well as with younger age and higher qualifications of refugees;

5. To investigate the correlation between extraversion and introversion with psychopathological status and other features of our subjects. We expected that more extravert, rather than introvert personalities, would change their mental integrity less, since they are more willing, in comparison to introvert ones, to speak of their mental problem and thus increase the chances of solving it;

6. To determine the degree of family cohesiveness of our subjects, primarily refugees in relation to non-refugees. The experience of family cohesiveness is in negative correlation with the overall neuroticism of refugees and other subjects, since it is generally known salutary factor.

7. To determine correlation between socio-demographic features of our subjects and their mental integrity. Most psychopathological features were expected among the elderly, unmarried, those who live alone, and among subjects of lower education, than in their socio-demographic opponents.

Material and methods

a) Research sample

The research sample comprised 284 subjects divided into two main groups - experimental - 109 refugees living in refugee camp in Krnjača, and control group of non-refugees, divided into two subgroups of subjects living in Belgrade. The first subgroup (70) included somatically traumatised patients of the Orthopedic Hospital of the University Clinical Centre, Belgrade, while the second subgroup comprised 105 subjects from Belgrade denying any traumatic experience whatsoever. Table 1 shows the overall sample with its socio-demographic features.

b) Research instruments

Apart from a questionnaire on socio-demographic features, four standardised instruments were also applied, two of which investigated possible psychopathological changes in refugees and other sub-

Tabela 1. Sociodemografska obeležja uzorka izbeglica i neizbeglica
Table 1. Socio-demographic features of refugees and non-refugees

Sociodemografsko obeležje Socio-demographic feature		Grupe ispitanika/Investigated groups							
		Izbeglice Refugees		Neizbeglice/Non-refugees				Ukupno Total	
				Somatski traumatizovani Somatically traumatised		Netraumatizovani Non-traumatised			
				f	%	f	%		
Pol Sex and age distribution	Muški/Male	56	51,4	45	64,29	50	47,62	151	53,13
	Ženski/Female	53	48,6	25	35,71	55	52,38	133	46,83
	Do 20 g./20 years and less	11	10,1	10	14,29	16	15,24	37	13,03
	21-30 g./21-30 years	23	21,1	11	15,71	28	26,66	62	21,83
	31-50 g./31-50 years	34	31,2	27	38,57	49	46,67	110	38,73
	Iznad 50 g./50 years and over	41	37,6	22	31,43	12	11,43	75	26,41
Bračno stanje/Marital status	U braku/Married	73	67	32	45,71	58	55,24	163	57,39
	Van braka/Not married	36	33	38	54,29	47	44,76	121	42,61
Porodičnost/Family status	Samac/Living alone	12	11	22	31,43	38	36,19	72	25,35
	Član porodice/Living with partner/family member	97	89	48	68,57	67	63,81	212	74,65
Obrazovanje/Education	Osnovna škola/Elementary	21	19,3	16	22,86	5	4,76	42	14,79
	Srednja škola/Secondary	70	64,2	38	54,28	58	55,24	166	58,45
	Viša i visoka stručna sprema/College&university degree	18	16,5	16	22,86	42	40	76	26,76

šti neuroticizam, a potom i dimenziju ekstroverzije, odnosno introverzije. Odgovori na ovom instrumentu vrednovani su tako što se za odgovor *Ne* dobijalo 2, a za odgovor *Da* 1 poen.

3. Test porodične čvrstine (FHI) [15] sa svojih 19 varijabli korišten je tako, da je vrednost ukupnog skora služila kao mera procene doživljaja emocionalne povezanosti ispitanika sa svojom porodicom u celini.

4. Skala uticaja događaja (*Impact of Events Scale*) sa 15 pitanja, ispituje dva bazična načina savladavanja posledica nesreće: aktivan (sa 5 pitanja) i pasivan stav (čak sa 10), koji neki [16] nazivaju još *skalom nametanja* (aktivan) i *skalom izbegavanja* (pasivan stav).

c) Statistička obrada podataka

Primereno ciljevima istraživanja i prirodi uzorka, korišten je odgovarajući statistički postupak. Pošto je reč o utvrđivanju statističke značajnosti između dve ili više aritmetičkih sredina nekoliko obeležja uzorka, primenjivali smo postupak analize varijanse (ANOVA).

To smo uradili, kako za utvrđivanje statističke signifikantnosti razlika za poređenje uticaja određenih varijabli na psihopatološki status unutar eksperimentalne grupe izbeglica (pre svega utvrđivanje uticaja sociodemografskih varijabli na (psiho)patološko stanje, tako i za utvrđivanje značajnosti razlika između prisustva varijabli (uglavnom psihopatološkog karaktera) unutar sve tri podgrupe ispitanika (izbeglica, somatski traumatizovanih i netraumatizovanih ispitanika).

Rezultati istraživanja

a) Veze između sociodemografskih obeležja izbeglica i njihovog (psiho)patološkog statusa

Ispitivanje uticaja sociodemografskih varijabli (pol, dob, bračno stanje, obrazovanje i porodičnost) na stepen neurotičnog reagovanja ili ispoljavanja

jects, primarily those of neurotic nature. The third instrument tested family homogeneity of subjects, while the fourth investigated general attitude of subjects in coping with trauma.

1. PTSD-10 scale or Posttraumatic Stress Disorder Scale is an instrument consisting of 10 questions, was applied back in 1989 [14]. The total score ranging from 0 to 20, is here used to estimate the degree of PTSD symptoms' presence, rather than for diagnosing PTSD as such, according to ICD-10 criteria.

2. Brief Eysenck's Personality Inventory, consisting of 15 variables, enables insight into two dimensions of personality - firstly, the dimension of general neuroticism, and secondly, extraversion and introversion dimension. Values attained are read in such a way that "No" answers get 2, and "Yes" answers 1 point each.

3. Family Homogeneity Index (FHI) [15], with 19 variables, is used in such a way that the total score is the measure of emotional connection of our subjects with their families on the whole.

4. Impact of Events Scale with 15 variables investigated two basic ways of coping with disaster effects: active (with 5 questions) and passive attitude (with as much as 10 items). Some researchers [16] also name them the imposition scale (active attitude) and avoidance scale (passive attitude).

c) Statistical data processing

In accordance with the research aims and the sample itself an adequate statistical procedure was applied in our research. Since it is related to determining statistical significance in comparison of two or more arithmetic mean values of several sample features, the analysis of variance (ANOVA) was applied.

The procedure was applied for determining both statistical significance of differences for comparing the impact of certain variables on psychopathological status within the experimental group of refugees (primarily determining the impact of socio-demo-

dimenzije ekstrovertnosti-introvertnosti pomoću Eysenckovog inventara ličnosti samo u izbegličkoj populaciji prikazani su na Tabeli 2.

b) *Poređenje između određenih psiholoških i psihopatoloških obeležja izbegličke i neizbegličke populacije*

Pogledaćemo kako stoje poduzorci izbeglica i neizbeglica (somatski traumatizovanih i netraumatizovanih), kada se statistički provere značajnosti razlika u pogledu prisustva simptoma PTSP, neuroticizma, ekstroverzije i doživljaja porodične kohezivnosti unutar sve tri ispitivane podgrupe. Rezultati provere statističke značajnosti ovih razlika dati su na Tabeli 3.

Diskusija

Statistički značajnije je da su neurotičniji muškarci u odnosu na žene (na Eysenckovom inventaru ličnosti). Ovaj rezultat potvrđen je i na drugom instrumentu koji ispituje slične simptome, tj. na PTSP10 skali (Tabela 2). Razlog za ovaj rezultat leži u činjenici da su muškarci više nego žene izgubili izbeglištvom, bs obzirom da su izgubili spoljni socijalni okvir (posao, kuću, društveni ugled) kao značajnije egzistencijalne okvire psihičkog integriteta (u odnosu na žene koje su više bile i ostale upućene na porodični život i podršku u porodici, koja se, kako je pokazalo ovo istraživanje, održala isto kao i kod neizbeglica).

Iz Tabele 3 je vidljivo da su izbeglice u odnosu na druge ispitanike statistički značajno najopterećenije simptomima PTSP (na dugom mestu su somatski traumatizovani, a na poslednjem netraumatizovani). Reč je verovatno o simptomima hroničnog PTSP, čiji porast su u novije vreme u našoj popu-

graphic variables on psychopathological state), and statistical significance of differences between the presence of variables (mainly of psychopathological character) within all three subgroups of subjects (refugees, somatically traumatised and subjects with no trauma experience whatsoever).

Results

a) *Correlations between socio-demographic features of refugees and their (psycho)pathological status*

Investigation on the impact of socio-demographic variables (sex, marital status, education and family status) on the degree of neurotic reactions, or the degree of extravert-introvert dimension, by application of Brief Eysenck's Personality Inventory, in relation to refugee population only is presented in Table 2.

b) *Comparison of certain psychological and psychopathological features of refugee and non-refugee population*

We shall take a look at sub-samples of refugees and non-refugees (somatically traumatised and non-traumatised) regarding statistical significance of differences concerning PTSD - symptoms, neuroticism, extraversion and experience of family cohesiveness within all three investigated subgroups. Results of statistical significance of these differences are presented in Table 3.

Discussion

Statistically, males are significantly more neurotic in comparison to females (according to Eysenck Personality Inventory). These results have been confirmed also by another instrument

Tabela 2. Vrednosti statistički značajnih razlika u prisustvu određenih psihopatoloških (neuroticizam i PTSP simptomi) i psiholoških obeležja (porodična kohezivnost, ekstroverzija-introverzija i aktivan ili pasivan način savladavanja posledica nesreće) samo izbeglica u zavisnosti od njihovih sociodemografskih obeležja

Table 2. Values of statistically significant differences regarding certain psychopathological (neuroticism and PTSD symptoms) as well as psychological features (family cohesiveness, extraversion-introversion and active or passive attitude in coping with disaster effects) in refugee population only, in relation to their socio-demographic features

Sociodemografska varijabla <i>Socio-demographic variable</i>	Obeležje sociodemografske varijable koje značajno diferencira psihopatološko obeležje/ <i>Socio-demographic variable significantly differentiating psychopathological features</i>	Psihopatološko obeležje <i>Psychological features</i>	Instrument istraživanja <i>Research instrument</i>	Vrednost "F" vrednosti <i>"F" values</i>	Vrednost nivoa statističke značajnosti razlika <i>The level of statistical significance</i>
Pol/Sex	Muškarci <i>Male</i>	Neuroticizam <i>Neuroticism</i>	Eysenkov inventar ličnosti <i>Eysenck personality inventory</i>	$F_{1,100} = 4.44$	$p = 0.0374$
		PTSP - simptomi <i>PTSP Symptoms</i>	PTSP-10 skala <i>PTSP-10 scale</i>	$F_{1,107} = 7.67$	$p = 0.0066$
Bračno stanje/Marital status	U braku <i>Married</i>	PTSP simptomi <i>PTSP Symptoms</i>	PTSP-10 skala <i>PTSP-10 scale</i>	$F_{1,107} = 4.22$	$p = 0.0422$

laciji zapazili i drugi autori [17], a koji inače nastaje kod 50% pacijenata ranije obolelih od akutnog PTSP. Moguće je da je pored PTSP neki ispitanik imao i druge ozbiljnije psihičke probleme. Mi to, međutim, u ličnom kontaktu sa ispitanicima nismo zapazili, niti su na to upućivali rezultati na instrumentima koje smo ponudili. Simptome PTSP kao najučestalije potvrdili su na populaciji izbeglica iz

examining similar symptoms, i.e. on PTSD-10 scale (Table 2). The reason for such a result may be found in the fact that males lost more due to refugeeism than females, having in mind that they had lost their external social framework (job, home, social reputation), being more significant frameworks of mental integrity (compared to females who had been and still are more directed to family life and family support, which has been maintained also with non-refu-

Tabela 3. Vrednosti statistički značajnih razlika između psiholoških (ekstroverzije i porodične kohezivnosti) odnosno psihopatoloških (neuroticizam i simptomi PTSP) varijabli unutar tri grupe ispitanika (izbeglica, somatski traumatizovanih neizbeglica i netraumatizovanih neizbeglica)

Table 3. Values of statistically significant differences between psychological (extraversion and family cohesiveness) and psychopathological variables (neuroticism and PTSD symptoms) within three groups of subjects (refugees, somatically traumatised non-refugees and non-traumatised non-refugees)

Podgrupa ispitanika kojoj je obeležje najviše prisutno/Sub-group in which the feature is most present	Podgrupa ispitanika kojoj je obeležje najmanje prisutno/Sub-group in which the feature is least present	Psihičko odnosno psihopatološko obeležje/Mental (i.e. psychopathological) feature	Instrument istraživanja/Research instrument	Vrednost "F" i u analizi varijanse/"F" values in variance analysis	Vrednost nivoa statističke značajnosti razlika/The level of statistical significance
Izbeglice/Refugees	Netraumatizovani/Non-traumatised	PTSP - simptomi/PTSP Symptoms	PTSP-10 skala/PTSP-10 scale	F2,281 = 11,88	p = 0,0000
Netraumatizovani/Non-traumatised	Izbeglice/Refugees	Neuroticizam/Neuroticism	Eysenkov inventar ličnosti/Eysenck personality inventory	F2,271 = 5,27	p = 0,0057
Netraumatizovani/Non-traumatised	Izbeglice/Refugees	Ekstroverzija/Extraversion	Eysenkov inventar ličnosti/Eysenck personality inventory	F2,270 = 13,92	p = 0,0000

Srbije i drugi autori [18]. Ovaj rezultat govori u prilog zaključku da izbeglička situacija, tj. uslovi egzistencijalne bezizglednosti utiču da su izbeglice možda manje opterećene simptomima nametanja (košmarni snovi, nevoljna sećanja i sl.) i simptomima razdražljivosti (slabost koncentracije, povišena startna reakcija i sl.), a znatno više simptomima socijalne izolacije (emocionalna otupelost, pad interesovanja za uobičajene aktivnosti i sl.) unutar PTSP.

Zanimljivo je da je obeležje *opšti neuroticizam* sa Eysenckovog inventara ličnosti najviše prisutno u podgrupi netraumatizovanih, a najmanje u podgrupi izbegličke populacije. Objašnjenje za ovaj rezultat leži možda u tome što je naša celokupna populacija prilično neurotizovana, odnosno u činjenici što ovaj instrument ispitivanja ličnosti registruje tzv. klasične simptome neurotičnosti (anksioznost, depresivnost i sl.), koji su manje obuhvaćeni PTSP10 skalom. Upliv na ovaj rezultat ima verovatno i nalaz da se ekstrovertnost najviše izdvaja u podgrupi bez iskustva traume. A ona može da bude u pozitivnoj korelaciji, sa sposobnošću uočavanja i saopštavanja dubljih, manje dramatičnih od PTSP simptoma aspekata psihičkog života ispitanika.

Više na osnovu kliničkog utiska iz terapijskog rada sa izbeglicama, nego na bazi rezultata naše studije, zapazili smo mnoštvo skrivenih ili somatskih formi depresivnih simptoma, što se donekle slaže sa procenama drugih autora o psihičkom stanju izbeglica u kolektivnom smeštaju kod nas [4,12,18], odnosno u svetu [19].

Evidentno značajnije prisustvo simptoma PTSP, istina i agresivnog ponašanja, kod veterana 5 godina posle ranjavanja i učešća u ratu dobili su u svom istraživanju i Hume i Summerfield [20].

Takođe smo utvrdili (vidi Tabelu 2) da izbeglice koje žive u bračnoj zajednici za razliku od onih van braka (neoženjeni, neudati, razvedeni ili obudoveli) značajno češće imaju neke od PTSP simptoma, što je istini za volju, neočekivan rezultat. Naime, iz literature je poznato [21], da bračno stanje štiti, naročito muškarce, od neurotičnog reagovanja. To što smo mi našli da su više neurotični oni u braku,

gees, according to this research).

Table 3. shows that refugees, compared to other subjects, are also statistically significantly most overburdened with PTSD symptoms (the somatically traumatised are on the second place and non-traumatised subjects on the third). These are probably cases of chronic PTSD symptoms, the increase of which has also been noted in our population by other authors [17], and which occurs in 50% of patients previously suffering from acute PTSD. It is possible that beside PTSD, some subjects also suffered from other severe mental problems. However, in personal contact with subjects, we did not observe it, and our results did not imply such problems. PTSD symptoms as the most frequent, were also confirmed in the refugee population in Serbia by other authors [18]. These results speak in favour of the conclusion that refugee situation, i.e. the conditions of existential hopelessness affect refugees to be probably less handicapped by intrusion symptoms (nightmares, wretched memories) and irritability symptoms (inadequate concentration, increased reaction time), and significantly more by social isolation symptoms (emotional numbness, decreased interest in usual activities) within PTSD.

It is, however, interesting that "general neuroticism" from the Eysenck Personality Inventory was most frequent in the sub-group of non-traumatised, and least frequent in refugee population. An explanation for such a result may probably be found in the fact that our whole population is considerably neurotic, that is, in the fact that this instrument for personality research registers so called classical symptoms of neuroticism (anxiety, depression, and the like), less included by the PTSD-10 Scale. These results are probably influenced by findings that extraversion is mostly found in the sub-group reporting no trauma experience. And it may, no doubt, be in positive correlation with the ability of observing and reporting deeper, less dramatic aspects of mental life than PTSD symptoms.

More on the basis of clinical impressions originating from therapeutic work with refugees than on the basis of results of this study, many hidden or somatised forms of depressive symptoms, which to a certain extent correspond to estimations of other

verovatno je vezano za činjenicu da ovi ispitanici pripadaju relativno starijoj populaciji, koja je u stresnoj situaciji sklonija psihičkoj dekompenzaciji od ispitanika srednje i mlađe životne dobi.

Naš rezultat da izbeglice muškarci i oni u braku češće reaguju simptomima PTSP je u suprotnosti sa rezultatima nekih drugih istraživanja na sličnoj populaciji [16]. Naš rezultat objasnili smo činjenicom da su ispitanici bili prosečno starija populacija (blizu 40% izbeglica iznad 50 god.). Uz to oni su uglavnom u braku, dok su mlađi, verovatno pod uticajem ratnih zbivanja i izbegništva, bili ometeni u nameri da zasnuju porodicu, pa žive kao samci.

Nismo potvrdili nalaz nekih istraživača, koji je bio i naša hipoteza, da starije [22] i manje obrazovane [23] izbeglice, koriste češće pasivne odnosno regresivne psihičke mehanizme u savladavanju posledica nesreće, kao ni to da češće obolevaju od težih psihičkih poremećaja [24]. Razlog za to može da bude surova biološka selekcija, koja je učinila da su preživeli od starijih ispitanika izbeglica stvarno oni psihički i fizički zdraviji, budući da je stepen umiranja i stopa samoubistava kod izbeglica nekoliko puta veća u odnosu na stope domicilnog stanovništva [10,25]. Zapravo naš je rezultat donekle sličan onome koji je našao Drozdek [26] na sličnoj populaciji izbeglica iz Bosne i Hercegovine u Holandiji, u smislu da, socijalni činioci koji utiču na psihički život izbeglica, nemaju, ni zaštitnu ni rizičnu ulogu u razvoju PTSP simptoma. Drugačije rečeno, prisustvo ovih simptoma tokom dužeg boravka u izbegličkom kampu, nezavisno od socijalnih mera zaštite, ne menja ništa bitno u njihovom psihičkom stanju. To znači da se ključni stresni događaj desio ranije i proizveo kod određenog dela populacije na duži rok simptome PTSP, bez obzira na promene u okolini izbeglica.

Zanimljivo je i to da se doživljaj porodične kohezivnosti u izbegličkoj populaciji značajno ne razlikuje od doživljaja povezanosti neizbeglica. Objašnjenje za ovaj rezultat je možda to što i izbeglice u kolektivnom smeštaju, iako u teškim stambenim uslovima, žive sa članovima svoje porodice. Zapažanja drugih [24], koji pišu o nizu poremećaja u porodici izbeglih, vežu se za narušenu emocionalnu povezanost članova porodice izbeglica, koja je praćena znacima gubitka uzajamne podrške, preteranom zaštitom ili poremećenim komunikacijama uopšte.

Pojedina sociodemografska obeležja nisu uticala na diferencijaciju izbeglica u pogledu aktivnog odnosno pasivnog ponašanja u savladavanju posledica izbegništva, niti su uticala na razlikovanje izbeglica u pogledu njihovog doživljaja porodične kohezivnosti, izuzev kod onih izbeglica (što nije prikazano na Tabeli 2), koje su imale iskustvo ranjavanja

authors relating to the mental state of refugees in refugee camps in Serbia and Montenegro [4,12,18], and worldwide, were noticed [19].

In their research Hume and Summerfield [20] got evidently more significant PTSD symptoms, and also aggressive behaviour among war veterans five years after injuring.

We also found out (Table 2) that married refugees, unlike those who are not married (unmarried, divorced or widowers), suffer significantly more frequently from some of PTSD symptoms, which is, truly an unexpected result. Namely, literature recognises (Opalić, 1990), that marital status "protects" from neurotic reactions, especially when males are concerned. The fact that we found more neurotic subjects among those who are married may be attributed to the fact that these subjects belong to a relatively elderly population, more inclined to mental decompensation in stressful situations than middle aged and younger subjects.

Our results, showing that male refugees and married ones more frequently react with PTSD symptoms, differ from the results obtained by other researchers with similar population [16]. We explained our results by the fact that they belonged to elderly population on average (almost 40% of refugees were over 50). Besides, they were mainly married, while younger ones, probably under the influence of war events and refugeeism, had obstacles in establishing families and were single.

Our investigation did not confirm findings of some researchers, which was also one of our hypothesis, that older [22] and less educated [23] refugees more frequently use passive and/or regressive mental mechanisms in overcoming consequences of a disaster, as well as that they suffer more frequently from severe mental disorders [24]. The reason may be found in brutal biological selection responsible for survival of elderly refugees who were mentally and physically healthier, having in mind that mortality and suicidal rate with refugees are several times higher in comparison to domicile population [10, 25]. As a matter of fact, our results are, to a certain extent, similar to those obtained by Drozdek [26], with a similar refugee population from Bosnia and Herzegovina in Netherlands, claiming that social factors are neither protective nor risk factors in development of PTSD. In other words, in refugees living in refugee camps for a long period of time, no matter what social protective measures are available, these symptoms do not change their mental state essentially. That means that the key stress happened earlier and caused, in a certain part of population, long-term symptoms of PTSD, despite changes in the environment where refugees live.

It is interesting to mention that the experience of family cohesiveness in the refugee population does not significantly differ from family cohesiveness experience of non-refugees. An explanation for these results may be in the fact that refugees in refugee camps, although experiencing difficult conditions,

tokom progona. Naime, određeni broj izbeglica koje su telesno povređivane tokom progona značajnije češće koriste, i posle 6 god. izbegličkog staža, pasivni mehanizam u prilagođavanju izbeglištvu ($F_{1,107} = 4,303$; $p = 0,0404$). Ovde je očigledno reč o kumulativnom dejstvu stresa, tj. izbegličke situacije s jedne, i dejstva telesne traume s druge strane, koje svaka na svoj način inhibiraju inicijativu telesno povređenih izbeglica, da sebe dožive kao odlučujući faktor u savladavanju posledica izbegličke situacije.

Naše istraživanje je potvrdilo da izbeglištvo predstavlja egzistencijalnu i socijalnu krizu sa neminovnim psihičkim posledicama u smislu reagovanja PTSP simptomima. Imajući u vidu da posledice izbeglištva zavise od stepena ublažavanja neprijatnih doživljavanja izbeglih, očuvanosti interpersonalnih relacija i stepena očuvanosti samopoštovanja, kako pišu psiholozi [27], izbeglice koje smo mi ispitali i dalje pate verovatno zbog hroničnih simptoma PTSP (naročito muškarci i oni u braku). Nasuprot tome opšta neurotičnost (verovatno anksiozno-depresivnog karaktera) prisutna je čak značajnije u opštoj populaciji, tj. među ispitanicima koji negiraju značajnu životnu traumu, pri čemu treba imati u vidu tešku društvenu krizu u kojoj živimo već više od 10 godina.

Zaključak

U poređenju sa neizbeglicama, izbeglice su značajno češće reagovala simptomima PTSP, što smo pripisali hroničnom PTSP, što su zapazili i drugi autori.

Interesantno je da je više neurotičnosti (vrlo verovatno anksiozno-depresivnog tipa) registrovano kod ispitanika bez iskustva velike traume. Ovo smo objasnili mogućnošću opšte neurotizacije celokupne populacije u vremenu u kojem živimo, odnosno nalazom da je ista grupa ispitanika značajno češće ekstrovertna, dakle sklona iskazivanju dubokih i nijansiranih simptoma opšte neurotičnosti.

Nismo potvrdili da su starije i manje obrazovane izbeglice reagovala sa više psihopatoloških simptoma.

Među izbeglicama, muškarci su značajnije češće reagovali simptomima PTSP i opštim znacima neuroticizma (u odnosu na telesno povređene i ispitanike bez iskustva velike traume). Razlog za ovaj rezultat leži verovatno u činjenici što su oni više pogođeni u svojoj egzistencijalnoj krizi izbeglištvom kao takvim (poraz na spoljašnjem socijalnom planu u vidu gubitka radnog mesta, imanja, stana, društvenog ugleda i socijalne moći) koji njih, zbog društvene uloge, više pogađa nego žene usmerene na emocionalne investicije u porodici.

live with the members of their families. Observations of other authors [24], who described a series of disorders in refugee families, are linked with disrupted emotional correlation of the members of refugee families, followed by signs of mutual support loss, excessive protection or disturbed communication in general.

Certain socio-demographic features neither affected differentiation of refugees concerning active and passive behaviour in overcoming consequences of the refugeeism, nor differentiation of refugees in their experience of family cohesiveness, except for those refugees (not presented in Table 2), who were injured while being expelled. Namely, a certain number of refugees somatically traumatised while expelled, significantly more frequently use, even after six years of refugee status, a passive mechanism in adapting to exile ($F_{1,107} = 4,303$; $p = 0,0404$). Obviously, it is a cumulative action of stress, i.e. refugee situation on one side and physical trauma on the other, each inhibiting the initiative of somatically injured refugees to experience themselves as a decisive factor in overcoming consequences of their refugeeism.

Altogether, our research confirmed that refugeeism presents an existential and social crisis with unavoidable mental consequences in terms of PTSD symptoms. Having in mind that consequences of refugeeism depend on the degree of alleviating unpleasant experiences, maintenance of interpersonal relations and the degree of self-respect, according to psychologists [27], refugees involved in our study probably still suffer from chronic PTSD symptoms (especially males and married ones). Contrary to that, general neuroticism (probably anxiety depressive disorders) is even more frequent in general population, i.e. among subjects denying any significant life trauma, probably due to serious social crisis we have been facing for more than 10 years.

Conclusion

Refugees, in comparison with non-refugees, significantly more frequently presented with PTSD symptoms, which was attributed to chronic PTSD, noticed by other authors investigating the same population.

Interestingly, there is more neuroticism (probably of anxiety depressive type) registered among subjects denying severe trauma experience. This was explained by the possibility of general neuroticism of the overall population due to the time we are living in, that is, findings according to which the same group of subjects is significantly more frequently extravert, i.e. liable to show deep and subtly shaded symptoms of general neuroticism.

It has not been confirmed that elderly and less educated present with psychopathological symptoms more frequently.

As of refugee population, male ones more significantly and more frequently present with PTSD symptoms and general signs of neuroticism (in com-

Izbeglice koje su istovremeno doživele telesnu povredu sklonije su pasivnom reagovanju na izbegličku situaciju.

Zanimljivo je da su izbeglice u braku češće reagovala simptomima PTSP, što upućuje na zaključak da su gubici (materijalni i ljudski) destruktivniji po mentalno zdravlje ispitanika u braku u odnosu na izbeglice samce. Nije isključeno da je ovaj rezultat posledica činjenice da je mnogo mladih (relativno zdravijih) izbeglica, zbog egzodusa, ometeno u zasnivanju braka, dok su stariji, po prirodi stvari, doživeli više gubitaka u životu.

comparison to physically injured subjects). The reason for such a result lies probably in the fact that men are, in their existential crisis, much more affected by their refugee status (defeat at the external social plan: losing estate, house, social reputation and social power). Such a defeat affects males more than females, because of the social role they have - females, namely, are more directed at emotional investments in the family.

Refugees who also experienced somatic injuries are more inclined to passive reactions to their refugeeism.

It is interesting that married refugees presented more frequently with PTSD symptoms, which implies that losses (material and human) more destructively influence health of married in comparison to single refugees. It is not excluded that such findings are due to the fact that a lot of young refugees (relatively healthier) experienced impediment in getting married due to their exodus, while the elderly, naturally, experienced more losses in their lives.

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Rad je primljen 27. III 2003.

Prihvaćen za štampu 12. V 2003.

BIBLID.0025-8105;(2003);LVI:9-10:465-475.

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**EUROPEAN ATHEROSCLEROSIS SOCIETY, 74 th EAS Congress,
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