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Regulação das emoções na infância: Delimitação e definição

Ana Maria Rocha¹, Adelinda Araújo Candeias² e
Adelina Lopes da Silva³

Emotion regulation in childhood: Delimitation and definition

Abstract

This article makes a conceptual and theoretical review of emotion regulation, as well as empirical studies associated with correlates and psychosocial adjustment indicators. Within Developmental Psychology, this article aims to contribute to the definition and delimitation of emotion regulation in childhood. To do this, we begin by making a historical overview of its study; then we seek to delimitate the term over others that are contiguous (e.g., coping and emotional intelligence), to then provide a definition focusing in several issues that are relevant to the topic (e.g., emotion regulation and emotional regulation, self-regulation and external regulation of emotions).

Keywords: emotion regulation; childhood; social competence; psychopathology; psychosocial adjustment

1 Ana Maria Rocha – Faculdade de Psicologia, Universidade de Lisboa. Email: rocha.anamaria@gmail.com

2 Adelinda Araújo Candeias – Centro de Investigação em Psicologia e Educação, Universidade de Évora. Email: aac@uevora.pt

3 Adelina Lopes da Silva – Faculdade de Psicologia, Universidade de Lisboa. Email: adelvaz@sapo.pt

Resumo

Este artigo faz uma revisão conceptual e teórica da regulação das emoções, assim como de estudos empíricos associados a correlatos e indicadores de ajustamento psicossocial. No âmbito da Psicologia do Desenvolvimento, este artigo pretende contribuir para a clarificação da definição e delimitação da regulação das emoções na infância. Começamos por fazer uma resenha histórica do seu estudo; de seguida, procuramos delimitar o conceito de outros que lhe são contíguos (e.g., *coping* e inteligência emocional), para, depois, apresentar uma definição em função de várias problemáticas relevantes ao tema (e.g., regulação das emoções e regulação emocional; autorregulação e regulação externa das emoções).

Palavras-chave: regulação das emoções; infância; competência social; psicopatologia; ajustamento psicossocial

INTRODUÇÃO

A relevância de se estudar o constructo de regulação das emoções (RE) passa por, de acordo com Cole e colaboradores (Cole et al., 1994; Gross & Munoz, 1995, citado em Cole, Martin, & Dennis, 2004).

to understand how emotions organize attention and activity and facilitate strategic, persistent and powerful actions to overcome obstacles, solve problems and maintain well-being at the same time as they may impair reasoning and planning, complicate and compromise interpersonal interactions and relationships, and endanger health. (p. 318)

Diversos estudos têm demonstrado que o cumprimento das tarefas desenvolvimentais com sucesso na infância e na adolescência requer a capacidade de regular as emoções, que se traduz na sua adaptação e saúde mental (Macklem, 2008). Aliás, o próprio aprender a regular as emoções é, em si, uma das principais tarefas desenvolvimentais da infância (Cicchetti, Ackerman, & Izard, 1995; Cole et al., 2004; Eisenberg & Spinrad, 2004; Thompson, 1990, 1994, 2011).

A disparidade de definições do constructo de RE e a sua utilização em diversos fenómenos tem limitado a sua viabilidade enquanto constructo científico, assim como tem gerado limitações nas metodologias da sua avaliação (Cole et al., 2004). Muitos estudos na área são conduzidos sem que haja uma definição explícita e con-

sensual do constructo. Da mesma forma, alguns estudos consideram que a valência da emoção é determinante do ajustamento (por exemplo, considera-se que importa apenas a diminuição das emoções negativas). Por outro lado, em alguns estudos não se abordam os processos explicativos pelos quais a criança regula as suas emoções.

Nesta sequência, este artigo tem como objetivo contribuir para a clarificação da definição da RE na infância. Para tal, faremos uma revisão de literatura relativa à definição do constructo, apresentaremos a história do estudo do mesmo, delimitá-lo-emos de outros que lhe estão próximos e debateremos temas que auxiliam na sua definição. Por fim, procuraremos mostrar de que forma a RE traz contributos acrescidos para o ajustamento infantil.

HISTÓRIA DO ESTUDO DE REGULAÇÃO DAS EMOÇÕES

Embora o estudo da RE esteja em voga, até aos meados dos anos 80 do século XX eram praticamente inexistentes os estudos publicados sobre esse tema. Só no início dos anos 90 do século XX começaram a surgir capítulos de manuais na área do desenvolvimento social, emocional e da personalidade, mas sem inclusão do tema da RE, o que se verificou apenas no início dos anos 2000. Não obstante, já existiam estudos anteriores em áreas contíguas, como a dos mecanismos de defesa (Freud), da regulação mútua mãe-bebé na fase “confiança básica *versus* desconfiança básica” (cf. Teoria Desenvolvimento Psicossocial de Erikson) e do *coping* (Lazarus & Folkman, 1984).

De acordo com o apresentado por Eisenberg, Champion e Ma (2004), os estudos iniciais no âmbito da RE decorreram, por um lado, sobre o desenvolvimento das fases da autorregulação nos primeiros anos de vida, como sinónimo de obediência (Kopp, 1982, 1989) ou autocontrolo (Kendall & Wilcox, 1979); e, por outro lado, sobre a regulação da reatividade emocional como uma característica do temperamento (Rothbart & Derryberry, 1981, citado em Rothland, Posner, & Kieras, 2006). Neste período, a investigação baseou-se em métodos de observação das tentativas de *coping* dos bebés perante o *distress* gerado pela restrição dos seus movimentos (Fox, 1989), as reações em jogos com a mãe, a separação da mãe (Braungart-Rieker & Stifter, 1991) e procedimento “*still-face*” (Gianino & Tronick, 1988, citado em Eisenberg, Champion, & Ma, 2004).

Seguidamente, iniciaram-se os estudos com crianças mais velhas com os trabalhos de Mischel sobre o adiamento da gratificação (Mischel & Baker, 1975), que constataram que, até aos seis anos de idade as crianças têm significativa dificuldade em adiar a gratificação imediata por uma fonte de gratificação diferida no tempo (por exemplo, receber um doce maior, mas mais tarde).

No início dos anos 90 do século XX deu-se um novo impulso no estudo da RE que coincidiu com a reemergência das perspectivas funcionalistas da emoção (Campos, Campos, & Barrett, 1989). Estas encaram as emoções como decorrentes das transações entre a pessoa e características significativas do contexto, o que facilita a compreensão de que a RE está relacionada com as tentativas da pessoa em usar a emoção de forma mais eficaz nessas transações, tornando o comportamento mais adaptativo (Thompson, 2011). Nesta linha, considera-se que a emergência de psicopatologia e problemas na competência social surgem aquando da manifestação da desregulação da emoção.

Esta tentativa de se encontrar associações entre a RE e o ajustamento deu um novo impulso ao seu estudo. Este esforço foi inicialmente marcado por significativas limitações metodológicas, designadamente pelo uso exclusivo dos mesmos avaliadores: os pais; pela indiferenciação do constructo de emoção e RE, em que se consideravam medidas de raiva e outras emoções negativas e de labilidade como sinónimo de baixa regulação. Inicialmente, eram raros os estudos que procuravam apurar os processos explicativos, com a inclusão de variáveis mediadoras e moderadoras entre RE e indicadores de ajustamento (Eisenberg et al., 2004).

Num estudo de revisão de 35 anos (abrangendo o período compreendido entre 1975 e 2010), Adrian, Zeman e Veits (2011) identificaram que a maioria (82.8%) dos estudos realizada na área da RE em crianças decorreu nos últimos 10 anos. De todos os estudos analisados, 31.8% foram feitos junto de crianças entre seis e 12 anos, tendo a maioria (92%) deles sido feita no período compreendido entre 2000 e 2010. Destes dados depreendemos a atualidade e interesse do tema no geral.

REGULAÇÃO DA EMOÇÃO:

DELIMITAÇÃO FACE A CONSTRUTOS CONTÍGUOS

Estreitamente relacionados com a RE aparecem constructos como regulação do afeto, a regulação do humor, o *coping* e os mecanismos de defesa. Embora seja possível delimitá-los conceptualmente, as fronteiras empíricas entre estes são difusas (Gross, 1998; Gross & John, 2002; Gross, Richards, & John, 2006; Gross & Thompson, 2007; Koole, 2009).

A RE é um subtipo de regulação do afeto, onde estão também incluídos o *coping* e a regulação do humor (Gross et al., 2006). A regulação do humor refere-se às tentativas de alterar as respostas afetivas que, comparativamente com as emoções, são de duração mais longa, de menor intensidade e são menos prováveis de envolver respostas a acontecimentos específicos (Parkinson & Totterdell, 1999).

O *coping* e a RE são áreas de investigação relacionadas que, por vezes, se sobrepõem, mas, ainda assim, são independentes. O *coping* é definido como um conjunto de esforços cognitivos e comportamentais para lidar com situações stressantes; inclui ações não-emocionais para alcançar objetivos não-emocionais, enquanto a RE está focada na emoção, independentemente do contexto em que esta emerge.

O *coping* reporta-se às tentativas que as pessoas fazem para lidar com eventos da vida que sobrecarregam a capacidade de resposta do indivíduo, independentemente das emoções elicitadas. O conceito de *coping* é mais amplo do que o de RE, já que praticamente qualquer comportamento pode servir propósitos de *coping* face a uma mesma situação, e também porque não se define quais os processos sobre os quais assenta. Já a RE depende claramente da monitorização da informação relevante para a emoção.

Embora as estratégias de *coping focadas na emoção* (Lazarus & Folkman, 1984) tentem modificar as reações emocionais aversivas e funcionem, assim, como um processo de regulação das emoções, o seu objetivo final tem mais a ver com o lidar com a situação em si. Por outro lado, quando tentam regular as suas emoções, as crianças podem usar estratégias *focadas no problema* como uma tentativa de influenciar o que sentem. Assim, o que diferencia o *coping* da RE é o objetivo e os processos subjacentes: a RE procura regular (diminuir, manter ou aumentar, enfim, modular) a emoção em si com vista à concretização de objetivos pessoais, baseando-se em processos de antecipação, monitorização e avaliação das emoções associadas.

Os mecanismos de defesa podem sobrepor-se ao conceito de RE, mas os primeiros são características do funcionamento dos indivíduos, relativamente estáveis e desadaptativos, que operam fora da sua consciência, diminuindo a perceção subjetiva que a pessoa tem das emoções, especialmente da ansiedade (Gross et al., 2006).

Por fim, consideramos também que a RE é diferente do conceito de inteligência emocional. Para Salovey e Mayer (1990) a inteligência emocional é um tipo de inteligência social que envolve a capacidade de monitorizar as suas emoções e dos outros, de discriminá-las e de usar a informação para guiar o seu pensamento e ação, envolvendo cinco domínios, a saber: autoconsciência das emoções e reconhecimento das emoções dos outros, gestão das emoções, automotivação, empatia, e lidar com as relações.

Regulação da emoção: Definição

Emoção e regulação da emoção

Teoricamente importa, em primeiro lugar, diferenciar os constructos *emoção* e *regulação das emoções*. Definimos *emoção* como um sistema de respostas rápidas

inscritas no repertório comportamental herdado, que permite a atribuição de significado ao contínuo da experiência, preparando o indivíduo para a ação em consonância com essa avaliação (Cole et al., 2004). Assim, as emoções são reações subjetivas a um evento saliente do ambiente interno e externo ao organismo, caracterizadas por mudanças fisiológicas, experienciais e comportamentais. As emoções contribuem diretamente para o funcionamento dos sistemas perceptivo, cognitivo e de personalidade, assim como para o desenvolvimento de competência socioemocional (Izard, 2001).

Por seu turno, a regulação das emoções consiste no processo relacionado com as mudanças no funcionamento do indivíduo que se associam à ativação de uma emoção (Cole et al., 2004), que podem interferir com outros processos psicológicos (e.g., memória, interação social). Assim sendo, considera-se que, numa reação emocional, as emoções são o “tom emocional”, ou seja, a emoção específica que é ativada (e.g., medo, raiva, ou alegria); enquanto a RE diz respeito às modificações operadas sobre as emoções para que se garanta o funcionamento adaptativo do indivíduo (Cole et al., 2004; Gross, 1998). Em suma, a regulação das emoções envolve a gestão bem-sucedida da ativação emocional para o funcionamento cognitivo e social eficaz.

Posto isto, Cicchetti e colaboradores (Cicchetti, Acakerman, & Izard, 1995; Cicchetti, Ganiban, & Barnett 1991;) sublinham a importância da qualidade da regulação das emoções na organização comportamental. Consideram que tanto a emoção como a RE têm papéis de relevo para esse fim, defendendo que a emoção tem como função o acesso aos estados internos (pelo próprio e pelos outros), o dar significado à situação e mobilizar o indivíduo para a ação. Já a RE tem como função reorganizar o organismo no sentido de alterar o seu estado atual, de modo a que a ativação emocional (emoção) seja canalizada e/ou controlada, permitindo o funcionamento do indivíduo de forma adaptativa.

Alguns autores consideram que as emoções são inerentemente regulatórias e que tais conceitos não podem ser diferenciáveis (Campos, Frankel, & Camras, 2004; Stansbury & Gunnar, 1994, citado em Izard, 2001; Kagan, 1994, citado em Izard, Stark, Tentracosta, & Schultz, 2008).

Campos, Frankel e Camras (2004) consideram que emoção e RE são sinónimos, já que a emoção (atendendo à sua orientação funcional) é eminentemente regulatória, de onde a RE se constitui como um subsistema do sistema emocional, conforme se cita de seguida:

the processes underlying emotion and emotion regulation appear to be largely one and the same, rendering the value of the distinction largely for the benefit of analysis. There is an extensive discussion on how the same processes can generate emotions (i.e., are constitutive of emotion) and account for variability of manifestation of emotion in context (i.e., regulate them). (p. 377)

Analisando a perspectiva destes autores, estes parecem confundir a regulação *pelas* emoções com regulação *das* emoções. Por exemplo, consideram que o facto de o processo emocional facultar a possibilidade de monitorização do comportamento é tomado como sendo evidência do mecanismo regulatório, deixando de lado as situações em que a resposta emocional extravasa os recursos da pessoa, interferindo com a sua adaptação. É aí, no nosso entender, que entra a regulação *das* emoções. Além disso, mesmo reconhecendo a natureza regulatória da emoção, a emoção pode ter diferentes efeitos dependendo da forma como é sentida e regulada pela pessoa.

A nossa perspectiva é coincidente com aquela que defende que emoção e RE são diferenciáveis, não obstante considerarmos que a emoção tem, em si mesma, funções regulatórias, cremos que a RE tem características distintivas dessas funções.

Independentemente desta discussão, parece-nos claro que o processo de RE “gravita” em torno da emoção, quer aquando da existência de ativação emocional, quer antes da existência da mesma, no sentido de a pessoa evitar ou procurar situações e contextos que podem elicitar determinadas emoções (por exemplo com o uso da estratégia de seleção da situação de acordo com o modelo de Gross, 1998, ou pelo uso de *coping* proativo, Schwarzer & Taubert, 2002).

Emoções reguladas e reguladoras

Na linha da problemática anterior, Eisenberg e Spinard (2004) defendem que na tentativa de definir o constructo de RE é necessário destrinçar dois tipos de processos regulatórios: emoções como reguladoras e emoções reguladas. O comportamento que surge concomitante à emergência de uma emoção é diferente (embora nem sempre sendo fácil fazer essa diferenciação enquanto o fenómeno ocorre) das tentativas de modular a emoção e os comportamentos relacionados com a emoção (*emotion-related behaviours*) numa tentativa de alcançar os objetivos desejados.

O domínio *emoções como reguladoras* (ou regulação emocional, do inglês *emotional regulation*) refere-se à influência que os processos emocionais podem ter noutros sistemas cognitivos, sociais e comportamentais (Cole et al., 2004). Por exemplo, o facto de uma criança de um ano chorar por estar em *distress* pode gerar que uma outra pessoa cuide dela, situação esta que não implica que tenha havido uma tentativa por parte da criança de regular as suas emoções, mas antes que com a sua expressão emocional desencadeou um comportamento noutra pessoa.

Por seu turno, o domínio *emoções reguladas* (ou regulação das emoções, do inglês *emotion regulation*) respeita às transformações que a pessoa pode tentar fazer sobre a própria resposta emocional ao longo do tempo (Cole et al., 2004). Por exemplo, uma criança que chora e tenta abrir uma porta para procurar a mãe que saiu, deixando-a com um estranho, constitui uma forma de regular a sua emoção perante a situação.

Em ambos os casos, esses processos são passíveis de assumir um foco *intrapessoal* (e.g., criança que utiliza uma dada estratégia para elevar o seu nível emocional positivo) ou *interpessoal* (e.g., recorrendo a um par) (Eisenberg & Spinrad, 2004).

Para Cole et al. (2004), a regulação emocional e a regulação da emoção são ambos RE, enquanto que para Eisenberg e Spinard (2004) e Holodynski e Friedlmeier (2010), apenas o último (i.e., regulação da emoção) o é, defendendo que os efeitos das emoções sobre outros domínios (i.g., comportamental, cognitivo) não devem ser consideradas tentativas de regular a emoção, a não ser que sejam usados como *meios* para regular a emoção.

Independentemente desta discussão, neste artigo, consideraremos apenas o domínio “*emoções reguladas*”, já que os processos implicados neste nos permitem compreender melhor os processos de funcionamento subjacentes à modulação da emoção na tentativa de concretizar os objetivos pessoais.

Izard (2001) defende que existem evidências desenvolvimentais e clínicas, de que as capacidades de RE e sua influência sobre indicadores de ajustamento socioemocional derivam mais dos efeitos diretos da emoção (e seu uso adaptado), do que de uma forma específica de emoção. Ou seja, embora as emoções em si tenham uma função regulatória, emoção e RE são conceitos diferentes.

Holodynski e Friedlmeier (2010) apresentam um modelo integrativo de desenvolvimento da autorregulação que distingue 4 formas de regulação, diferenciadas em função do Modelo de Autorregulação de Carver e Scheier (1998), estando duas delas relacionadas com a emoção. Na *forma emocional de regulação da ação* as emoções são movimentadoras e corretoras da ação habitual e volitiva porque dão orientação ao comportamento dirigido por objetivos através das emoções, já que estas acionam formas de prontidão para a ação úteis para alterar a situação de forma a satisfazer os motivos em causa. Este tipo de regulação está relacionado com a regulação emocional (ou seja emoção como reguladora) e não com a regulação das emoções. Por fim, a *forma reflexiva da regulação da emoção* tem a ver com a regulação da emoção propriamente dita, e surge quando uma emoção precisa de ser modificada em termos de qualidade, intensidade ou curso por estar a interferir com o cumprimento de objetivos de ajustamento da pessoa.

Conforme se referiu acima, é difícil diferenciar emoção de RE, porque a regulação emocional da ação é regulatória em si mesma, mas as emoções são um meio para regular o comportamento, logo que a prontidão para a ação desencadeada pela emoção fizer com que a pessoa aja de acordo com o motivo subjacente a essa emoção, o comportamento da pessoa foi regulado pela emoção. Já a regulação da emoção está limitada à necessidade situacional de volitivamente inibir ou modificar a emoção elicitada, para que a prontidão para a ação associada a essa emoção não seja concretizada, sendo substituída por uma subdominante, já que concretizar

essa ação iria impedir a realização de um objetivo superordenado. Esta forma de regulação apela a funções executivas “quentes” (Kerr & Zelazo, cit. por Holodynski & Friedelmeier, 2010).

Regulação Externa versus Autorregulação

Inicialmente, a regulação das crianças é feita integralmente pelos seus cuidadores, atendendo à sua dependência. Seguidamente, os pais continuam a influenciar através do uso de estratégias diretas e indiretas (e.g., ensinando estratégias alternativas e modelando), com o objetivo de assegurar o bem-estar da criança mas também para promoverem a socialização do seu comportamento emocional de acordo com as expectativas culturais face às emoções e regras da sua expressão (Kopp, 1982, 1989; Saarni, 1999).

Com o desenvolvimento, há uma passagem progressiva da regulação interpessoal para intrapessoal (Holodynski & Friedlmeier, 2010; Holodynski, 2004, 2009; Von Salisch, 2008). Com a maturação neurológica, motora e cognitiva, a criança torna-se progressivamente mais capaz de modular autonomamente as suas emoções, mantendo, ao longo da sua vida, uma combinação de estratégias autoiniciadas com a busca de auxílio junto de outras pessoas para o efeito. Assim, tanto as crianças como os adultos continuam a recorrer a estratégias de RE extrínsecas em que as influências sociais podem ser proximais (e.g., procurar ajuda, amparo emocional, observação do uso de estratégias) ou distais (e.g., normas culturais para a expressão e sentimento das emoções) (Thompson, 1990, 1994, 2008, 2011).

Estão em causa processos diferentes, mas na linha da discussão no ponto anterior, ambas podem ser consideradas formas de RE, desde que usadas com a intenção de modular a emoção propriamente dita (Eisenberg & Spinard, 2004).

De acordo com o modelo de Holodynski e Friedelmeier (2010), a RE (entendida como a forma reflexiva de regulação da emoção) defende (à semelhança de anteriores estudos empíricos de outros autores) que esta começa por ser feita externamente pelos cuidadores e vai sendo interiorizada pela criança à medida que se desenvolve. As estratégias usadas começam, inicialmente, por ser de cunho mais comportamental, dependendo dos adultos para concretizarem essas estratégias. Posteriormente, a criança conseguirá fazê-lo mais autonomamente e começa a recorrer a estratégias mais cognitivas.

Para estes mesmos autores, a regulação interpessoal das emoções surge na primeira infância. Nesta fase, para regular a emoção, a criança, por exemplo, chora para que a mãe lhe pegue ao colo e a acalme. Por outro lado, começa a ser capaz de adiar a gratificação após os 3 anos de idade, assim como usar estratégias comportamentais como brincar para se distrair. Na infância média, a criança consegue modelar cons-

cientemente a expressão das emoções de forma a cumprir normas de expressão (embora já o faça previamente, mas sem consciência). A partir dos 6 anos de idade, verifica-se uma miniaturização da expressão das emoções, o que fundamenta a emergência da regulação intrapessoal. Entre o 6 e 8 anos de idade dá-se uma mudança fundamental, verificando-se uma transição de uma compreensão comportamental para uma compreensão mental das emoções (Meerum-Terwogt & Olthof, 1989; Selman, 1981, cit. por Holodyski & Friedelmeier, 2010). Assim, após esta transição, a criança começa a adotar estratégias de RE de cunho cognitivo (e.g., reavaliação, reestruturação cognitiva), e mais capaz de se regular autonomamente as suas emoções.

Regulação da emoção Intencional e Orientada por Objetivos versus regulação automática da emoção

A consideração de RE, orientada por objetivos, é delimitada pela existência de objetivos na concretização de uma determinada ação com o intuito de regular a emoção e, simultaneamente, alcançar um outro objetivo (por exemplo, continuar a interagir com outra pessoa ou realizar uma tarefa escolar). Para tal, é necessário que tenha havido activação emocional. Se, perante um determinado evento potencialmente elicitador de *distress* (por exemplo, saída da mãe e entrada de um estranho), a criança se mantiver calma, a mesma não se envolveu em processo de RE, já que a situação não desencadeou em si uma emoção (Eisenberg & Spinard, 2004). Daí a relevância de se destrinçar os conceitos de reatividade emocional e RE.

Neste âmbito, Eisenberg e Spinard (2004) consideram que a auto-regulação da emoção envolve uma ação voluntária e com esforço usada com a intenção de alterar a emoção e o comportamento associado. Clarificando, esta operação não é necessária e totalmente consciente; importa antes considerar que as cognições, atenção e comportamento envolvidos são alvo de controlo voluntário e não são meramente automáticos ou reflexivos (como o são no domínio da emoção pura). O comportamento pode ser inibido mediante processos conscientes e não conscientes.

Eisenberg, utilizando o conceito de *controlo do esforço* de Rothbart (Rothbart, 1994; Rothbart, Posner, & Kieras, 2006), reporta-se à capacidade de focar ou mudar voluntariamente a atenção (controlo da atenção) e inibir o comportamento (controlo inibitório) de acordo com o necessário. Por outro lado, o modelo abrange também dimensões menos voluntárias do temperamento (*controlo reativo*), que se relacionam com a impulsividade e o comportamento de aproximação-fuga (inibição). Ambas as vertentes têm sido apontadas como predictoras do ajustamento e competência social (Cumberland-Li, Eisenberg, Champion, Gerstroff, & Fabes, 2003; Eisenberg et al., 2005; Eisenberg et al., 2003; Eisenberg et al., 2009).

Numa outra perspectiva, Mauss e colegas (Mauss, Bunge, & Gross, 2007, 2008; Mauss, Evers, Wilhelm, & Gross, 2006) definem a RE automática como a procura automática e não consciente do objetivo de alterar a trajetória emocional. No seu entender, este tipo de regulação está bastante presente no nosso quotidiano, manifestando-se nos hábitos aprendidos, nas estratégias aprendidas na infância, nas normas socioculturais e objetivos implícitos hedónicos. Mauss, Bunge e Gross (2007) citam o exemplo das pessoas que são socializadas no sentido de diminuir as suas respostas emocionais desde pequenas, onde são veiculadas crenças como “a raiva é destrutiva” ou “rir alto é um comportamento vulgar” ou ainda “os homens não choram”, torna-se mais provável que automaticamente façam decrescer a expressividade das suas emoções em adultos mesmo sem consciência desse mecanismo. Assim sendo, estas crenças educativas relativas à emoção e à RE são interiorizadas e, ao transformarem-se em hábitos, são posteriormente usadas de uma forma automática.

Relativamente às estratégias usadas, elas poderão ser muito semelhantes às da RE explícita, sendo diferenciadas apenas pela (in)/consciência de cada uma por parte da pessoa. Por exemplo, mudar o foco da atenção, reavaliar a situação, ruminar ou negar cognitivamente a situação, etc. Estes autores creem que, mesmo sendo inconsciente, estes processos envolvem RE e não apenas *reatividade* emocional (Mauss, Bunge, & Gross, 2007, 2008; Mauss, Evers, Wilhelm, & Gross, 2006).

Este tipo de RE é de mais difícil avaliação do que a regulação intencional e consciente, atendendo a que a pessoa não tem consciência do controlo que exerce sobre a emoção (Gyurak, Gross, & Etkin, 2011; Mauss, Bunge, & Gross, 2007, 2008; Mauss, Evers, Wilhelm, & Gross, 2006). Situação esta que é amplificada quando nos reportamos a crianças, que por si já manifestam dificuldade em verbalizar as estratégias conscientes.

Para Thompson (2011), na RE estão envolvidos processos de monitorização e avaliação, tanto nas estratégias conscientes como nas inconscientes, que têm impacto relevante. Em termos desenvolvimentais, por exemplo, as crianças pequenas mostram-se emocionalmente pouco controladas já que, por um lado, não detêm as capacidades meta-emocionais que lhes permitem monitorizar as suas emoções tendo em vista os seus objetivos, e, por outro, as suas avaliações são limitadas à forma como se querem sentir em vez de considerarem as consequências a longo prazo dos seus comportamentos emocionais.

Thompson (2001) reforça, ainda, que estes processos podem ser mediados externamente através dos processos de socialização da emoção. Além disso, o temperamento e as suas experiências de vida podem ter o seu impacto sobre estes processos. Por exemplo, as crianças temperamentalmente inibidas ou que foram mal-tratadas partilham a hiper-sensibilidade antecipatória a pistas de ameaça ou perigo levando-as a ter dificuldades em gerir as emoções negativas associadas (Thompson & Calkins, 1996).

Diminuição e Modulação?

Embora para alguns autores a RE represente a diminuição de emoções negativas e incremento das positivas, consideramos mais relevante apontar como objetivo da RE a modulação da expressão e da experiência da emoção. Assim, Bridges e Grolnick (1995) e Halberstadt, Denham e Dunsmore (2001, ambos cit. por Bridges, Denham, & Ganiban, 2004) consideram que a “adaptative emotion regulation involves the ability to experience genuine emotions and to express these emotions in ways that allow individuals to meet their emotion-regulation goals as well as other important goals (e.g., safety, maintaining positive social interactions, perceived competence)” (p. 344).

Assim, pode ser adequado usar estratégias de manutenção ou elevação da ativação emocional em situações como as seguintes. Para as estratégias de manutenção vejamos dois exemplos: a manifestação de raiva quando uma criança sente medo perante a ameaça de um agressor ou *bully* (Miller & Sperry, 1987, cit. por Thompson, 1994) ou sentir pena de si mesma quando se sente tratada de forma injusta. Em ambas as situações a energia facultada pela ativação emocional pode servir propósitos de funcionamento adaptativo: enfrentar o *bully* não demonstrando medo, e restaurar a justiça, respetivamente. Já para as estratégias de elevação da expressão e da própria experiência emocional, podemos citar o exemplo em que a criança usa a elevação de emoções positivas para gerir o afeto negativo e se poder afirmar perante o ofensor (e.g., quando sente medo) (Thompson, 1994, 2011).

Emoções Negativas e Positivas

Não é a valência da emoção que é determinante, mas os processos pelos quais a emoção se relaciona com a cognição e comportamento e seus produtos em termos de ajustamento daí decorrentes (Cole et al., 2004). De facto, existem provas no sentido de afirmar o papel quer da regulação da emocionalidade negativa (e.g., Eisenberg, Fabes, Guthrie, & Reiser, 2000; Eisenberg et al., 2003; Eisenberg et al., 2005; Rydell, Berlin, & Bohlin, 2003; Rydell, Thorell, & Bohlin, 2007; Sallquist et al., 2009), quer da positiva (Giuliani, McRae, & Gross; 2008; Rydell et al., 2003, 2007; Sallquist et al., 2009), como determinantes do ajustamento das crianças.

Eisenberg e colaboradores (referenciados no parágrafo acima) afirmam que indivíduos que experienciam intensos níveis de emocionalidade negativa poderão manifestar problemas de comportamento internalizantes e externalizantes. Assim, na manifestação de problemas comportamentais internalizantes (e.g., depressão, ansiedade) e externalizantes (e.g., agressividade) manifestam emoções mais extremas e mais frequentemente, tendo uma significativa dificuldade em dissipar as emoções negativas (e.g., acalmar-se, conter a raiva, a tristeza e o medo).

A desregulação de emoções positivas (e.g., alegria, interesse, excitação) que se manifestam em intensidades elevadas está associada maioritariamente à emergência de problemas externalizantes (Rydell et al., 2003; Sallquist et al., 2009) e menor competência social, em que a impulsividade parece ser a principal variável mediadora.

Desta forma, neste artigo consideramos os contributos da regulação da emocionalidade negativa e positiva para o ajustamento das crianças.

Equilíbrio de Objetivos no Curto e Longo Prazo

Ao fazer-se uma análise funcionalista da RE, alimentada por um foco desenvolvimental, reconhece-se a relevância de se considerar o contexto em que a emoção da criança emergiu para determinar se a mesma está ou não a ser regulada de forma adaptativa. Assim, esforços regulatórios que conduzem a comportamentos socialmente inadequados não são, necessariamente, fruto de emoção desregulada, mas antes fruto dos objetivos da criança serem diferentes dos do observador (Thompson, 2011). Desta forma, o psicólogo necessita tomar a perspectiva da criança e ter a noção que os objetivos de RE junto dos pares e dos adultos são diferentes (Thompson, 2011; Zeman & Garber, 1996; Zeman & Shipman, 1996, 1997).

A questão do equilíbrio entre os objetivos da regulação no curso e longo prazo, e sua relação com as exigências situacionais é, por vezes, uma “faca de dois gumes”, como referem Thompson e Calkins (1996), especialmente junto das crianças em risco. As estratégias que são mais adaptativas para alcançar objetivos emocionais imediatos tendem a tornar estas crianças mais vulneráveis a problemas no longo prazo.

Em idade escolar, as crianças filhas de mães deprimidas tendem a ser menos eficazes a regular as suas emoções do que aquelas que são filhas de mães não deprimidas, assim como tendem a ter menos confiança nas suas capacidades de regulação (Garber, Braadfladt, & Zeman, 1991). Elas tendem a usar mais frequentemente estratégias de evitamento e comportamentos negativos (e.g., agressão) que lhes trazem consequências adversas no seu ajustamento social (Cole & Kaslow, 1988; Cummings & Cicchetti, 1990; Miller, Birnbaum, & Durbin, 1990, cit. por Thompson & Calkins, 1996).

Neste contexto, estas crianças tornam-se hipervigilantes perante as pistas emocionais dos pais o que, por um lado, é protetivo (já que permite às crianças antecipar e prepararem-se para lidar com as interações com os pais deprimidos em casa) mas, por outro, é prejudicial (porque as torna mais sensíveis às emoções negativas e mais reativas ao conflito e à crítica noutros contextos) (Zahn-Waxler, Cole, & Barret, 1991). As suas tentativas de regular a emoção tornam-se, assim, marcadas por objetivos inconsistentes: manter um sentimento estável de bem-estar, evitar reações críticas e rejeições dos pais, defender-se de expectativas não razoáveis

e tentar gerir o estado emocional dos pais para se proteger. Objetivos estes que, pela sua inconsistência, levam a criança a estratégias também inconsistentes e não adaptativas fora do ambiente familiar. Por vezes, a criança crê-se como responsável pelo estado deprimido do progenitor, desencadeando em si a culpa e tentativas para restaurar o humor do último. Padrões estes que deixam de ser adaptativos quando estendidos a outros contextos, como o escolar e de interação com os pares (Thompson & Calkins, 1996). Concluindo, esta hipervigilância é um factor protetor em casa (levando-a a evitar, lutar contra, etc.), mas deixa de o ser junto dos pares, já que pode levar a criança a ser mais agressiva e evasiva junto destes.

Posto isto, consideramos que as estratégias não são inerentemente boas ou más, são antes “mais ou menos adaptativas no contexto dos objetivos específicos em circunstâncias particulares” (Thompson, 2011, p. 58).

Regulação da expressão e da experiência

Na sua revisão da definição do construto, Eisenberg e Spinard (1994), consideram que no processo de RE está envolvida a modulação da experiência da emoção e estados fisiológicos associados, assim como da expressão, que se manifesta, por exemplo, na expressão facial, tom de voz e comportamento não verbal. Por outro lado, incluem ainda comportamentos relacionados com a emoção usados com a intenção de afectar o contexto social.

Conforme referem Dodge e Garber (1991), a RE pode atuar em domínios do funcionamento da própria emoção (intrapessoal e intradomínio), podendo ter impacto sobre, por exemplo, o sistema neurofisiológico (por exemplo, papel mediador do *vagal tone*, Porges, 1991) ou o sistema expressivo (e.g., regras de expressão das emoções: Saarni, 1999; Zeman & Garber, 1996; Zeman & Shipman, 1996, 1997; regulação da expressão: Izard, 1990); em domínios do funcionamento como o cognitivo e comportamental (intrapessoal e interdomínio, por exemplo, o processamento da informação, Garber, 1991); e, por fim, interpessoal, em que a criança recorre a outras pessoas para conseguir regular a sua emoção (por exemplo, no processo de referenciamento social, Walden, 1991; ou na correção diádica entre a mãe e o bebé, Martins 2007).

Nesta linha, consideramos relevante a RE focada quer na expressão quer na experiência emocional.

Construto Uni ou Multidimensional

A opção de se considerar a regulação num índice compósito surge associada à ideia de que “more regulation is in some sense better regulation” (Bridges et al.,

2004, p. 341), por exemplo a RE de emoção negativa passaria pela expressão de menores níveis de emoção, independentemente das estratégias usadas.

Esta permissa é facilmente posta em causa quando se considera que ela pode reportar-se a diferentes coisas, em função do seu contexto e das pessoas. Por exemplo, pode significar que a criança está a debater-se por regular a emoção, mas de forma ineficaz, ou que é demasiado ou muito pouco inibida (Adrian et al., 2009; Bowie, 2010; Eisenberg, Fabes, & Nyman, 1994).

Neste sentido, Bridges et al. (2004), preferem que se considere diferentes categorias de comportamentos que servem a função de regular a emoção, ou seja, uma perspectiva multidimensional. Aqui há um maior foco nas estratégias usadas e nos processos que podem ser mais ou menos eficazes, em função do contexto em causa (e.g. Carthy, Horesh, Apter, & Gross, 2010; Carthy, Horesh, Apter, Edge, & Gross, 2010; Davis, Levine, Lench, & Quas, 2010; Dias, Vikan, & Gravås, 2000; Endrerud & Vikan, 2007; Garnefski, Rieffe, Jallesma, Terwogt, & Kraaij, 2007; Reijntjes, Stegee, Terwogt, & Hurkens, 2007; Reijntjes, Stegee, Terwogt, Kamhuis, & Telch, 2006; Saarni, 1997; Von Salisch & Vogelgesang, 2005; Zeman & Shipman, 1996, 1997).

Neste artigo defendemos uma perspetiva mista, reconhecendo a relevância de um fator geral da capacidade de regulação, assim como de estudar a eficácia das diferentes estratégias usadas pelas crianças.

Regulação e desregulação da emoção

A RE adaptativa não diz respeito à supremacia das emoções positivas e supressão das emoções negativas, mas sim ao impacto que estas têm sobre o funcionamento global; a reorganização a partir da ativação emocional; o experienciar de emoções genuínas, positivas ou negativas; e o expressá-las de forma que as mesmas permitam à criança a flexibilidade necessária para atingir os seus objetivos regulatórios, bem como outros que podem ser concorrentes com os mesmos (e.g., segurança, exploração, interações sociais positivas), permitindo a manutenção da sua competência na interação com o meio (Dodge & Graber, 1991; Sallquist et al., 2009).

As crianças devem conseguir sentir as emoções de uma forma que não seja esmagadora e seja apropriada socialmente, por exemplo, nas seguintes situações: discordar de uma opinião de um colega, cometer um erro na realização de uma tarefa escolar ou num jogo desportivo, ser reprimido por uma figura de autoridade (pais, professores), ser acusado erradamente por determinado comportamento, ser ofendido, não ser escolhido para brincar, ficar desapontado com um presente ou uma nota.

A desregulação das emoções envolve o uso sistemático e inflexível de padrões e estratégias de RE que interferem significativamente com a adaptação presente e futura, a competência na realização de tarefas, em contextos espaciais e temporais

diferentes. Estes padrões têm impacto negativo noutros sistemas psicológicos, causando disrupção ou diminuição do funcionamento dos mesmos, impedindo, com diferente intensidade, a manutenção dos objetivos pessoais, da interação com o ambiente ou da sua integridade e bem-estar emocional. Ou seja, os mecanismos de RE vão direcionar os recursos da criança (por exemplo, a atenção ou o comportamento) para a função adaptativa da emoção ou para a sua regulação, modelando o comportamento que é relevante para essa função e desregulando o comportamento que lhe é irrelevante ou em oposição (Campos, Frankel, & Camras, 2004).

Por exemplo, uma criança que esteja a aprender uma nova tarefa escolar, tentando focar a sua atenção sobre a mesma, se sentir ansiedade, irá alterar o seu comportamento de forma a que o seu objetivo principal passa a ser a diminuição desse estado emocional, em detrimento do de aprendizagem.

Ainda como indicadores de desregulação, considera-se a utilização perseverante de mecanismos regulatórios, e a sua ausência, quando esperado pelo nível de desenvolvimento da criança ou pelas exigências da situação (Sroufe, 1996, cit. por Macklem, 2008). Assim sendo, o que distingue os processos regulatórios normativos, de um funcionamento desadaptativo regulatório global, é a utilização de forma transversal e pouco flexível de mecanismos regulatórios que de forma continuada impedem outros sistemas comportamentais de cumprir as suas funções (Dodge & Garber, 1991).

Integração

Assim, face ao aventado anteriormente, consideramos que a RE é um processo expurgável da emoção, na medida em que a primeira constitui uma forma de modelar, de forma intencional ou automática, a segunda tendo em vista uma determinada meta funcional e adaptativa que é superordenada à tendência de ação gerada pela emoção. Desta definição excluímos a regulação emocional (da ação), ou seja, o uso da emoção para obter determinados ganhos cognitivos ou comportamentais. Esta regulação da emoção pode debruçar-se sobre emoções negativas e positivas, sobre a expressão e a experiência emocional, usando meios e estratégias internos e/ou externos ao sujeito.

Atendendo ao que foi analisado acima, neste trabalho adotamos a definição de RE de Thompson (1994), por nos parecer ser a mais compreensiva e consensual: “emotion regulation consists of the extrinsic and intrinsic processes responsible for monitoring, evaluating, and modifying emotional reactions, especially their intensive and temporal features, to accomplish one’s goals” (pp. 27-28).

Este autor (Thompson, 1990, 1994, 2011) considera que a RE procura operar variações na intensidade, persistência, modulação, começo, *rise time*, escopo, labilidade e tempo de recuperação constituem domínios da “dinâmica da emoção”.

Aliás, Thompson destaca o papel das alterações nestas componentes na emergência da psicopatologia, além da presença de elevada emocionalidade (2011).

No processo de RE estão envolvidas as seguintes competências: (a) interpretação das expressões faciais e corporais da emoção; (b) clareza na expressão das emoções; (c) consciência das próprias emoções (conhecimento e compreensão das emoções); (d) compreensão dos activadores e consequências da expressão de determinada emoção no seu contexto cultural, e (e) capacidade de gerir a intensidade com que sente e expressa a emoção (Shipman, Schneider, & Brown, 2004; Zeidner, Matthews, & Roberts, 2006; cit. por Macklem, 2008).

CONCLUSÃO

O reconhecimento teórico e empírico de que a RE em muito contribui para o ajustamento psicossocial, consubstanciado na competência social, ausência de psicopatologia, sucesso escolar, bem como para o bem-estar subjetivo das crianças, enquadra a pertinência de se estudar a RE na infância.

Atendendo à centralidade da RE para o funcionamento das crianças, Eisenberg, Campion e Wa (2004) consideram que é fundamental estar consciente da necessidade de investigação neste domínio que possa servir de base a: um conhecimento mais aprofundado do processo e estratégias associadas; um desenvolvimento de ferramentas de avaliação aplicáveis a crianças em idade escolar; estudos de práticas baseadas em evidências empíricas eficazes que possam ser postas em prática na escola, o que poderá facilitar o desenvolvimento de programas de intervenção para ajudar crianças em diferentes idades com diferentes necessidades (por exemplo, crianças com maior vulnerabilidade emocional, crianças com problemas de comportamento e de aprendizagem).

Neste sentido, o estudo da RE na infância poderá ser útil aos psicólogos em contexto clínico e educacional, quer no âmbito da psicoterapia e aconselhamento, quer também no âmbito da prevenção, especificamente no desenho de programas de desenvolvimento de competências socioemocionais.

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Self-perception of PsyCap in Higher Education Program Coordinators

Andréia Bonato da Silva¹, Patrícia Martins Fagundes Cabral²,
Guilherme Luís Roehe Vaccaro³ e Débora Costa de Azevedo⁴

Summary

This study analyzes the self-perception of higher education program coordinators working on private and community higher education institutions in Southern Brazil about their Psychological Capital (PsyCap), and their perceived ability to generate PsyCap in faculty members with whom they work. The study is based on four dimensions to assess PsyCap: Optimism, Self-Efficacy, Hope and Resilience (Luthans, Youssef, & Avolio, 2007; Luthans, Youssef-Morgan, & Avolio, 2015), and some references on University Management, focusing on the role of program coordinators (Argenta, 2011; Colombo, 2011, 2013; Demo, 2005; Ferreira, 2009; Franco, 2013; Marcon, 2008). The research design is mixed, with data gathered by an electronic survey based on the Psychological Capital Questionnaire (PCQ24) instrument (N = 309), followed by semi-structured interviews with 10 program coordinators. Data analyses indicate a considerable amount of operational activities assigned to program coordinators, which interferes in their capacity of fully manage the programs they coordinate. Average level of Self-Efficacy was higher in men, and average level of Optimism was higher in women. The years of working experience at University was significant to self-perceived PsyCap levels, and coordinators who have between 5 and 10 years of working experience in higher education institutions presented the higher average of self-perceived PsyCap in the sample.

Keywords: psychological capital; PsyCap; program coordinator; university management

1 Universidade do Vale do Rio dos Sinos. E-mail: andreia Bonatopsi@gmail.com

2 Universidade do Vale do Rio dos Sinos. E-mail: patriciamf@unisinos.br

3 Universidade do Vale do Rio dos Sinos. E-mail: guilhermef@unisinos.br

4 Universidade do Vale do Rio dos Sinos. E-mail: deboraca@unisinos.br

O Coordenador de Curso Superior e a Autopercepção do PsyCap

Resumo

Este estudo objetivou analisar a autopercepção de coordenadores de curso superior de IES privadas e comunitárias do RS/Brasil sobre o seu Capital Psicológico (PsyCap) e a sua capacidade de gerá-lo nos professores com os quais trabalham. O estudo é baseado em quatro dimensões para analisar o PsyCap: Otimismo, Autoeficácia, Esperança e Resiliência (Luthans, Youssef, & Avolio, 2007; Luthans, Youssef-Morgan, & Avolio, 2015) e em referências sobre Gestão Universitária (Argenta, 2011; Colombo, 2011, 2013; Demo, 2005; Ferreira, 2009; Franco, 2013; Marcon, 2008). O estudo é quanti-qualitativo e os dados foram recolhidos por meio eletrônico com o instrumento Psychological Capital Questionnaire (PCQ24) (N=309), seguida de entrevistas semiestruturadas a 10 coordenadores. A análise dos dados indica que ao coordenador são atribuídas várias atividades operacionais, o que interfere na sua capacidade de gerir plenamente o curso que coordena. Observou-se uma média mais alta de Autoeficácia nos homens, e Otimismo nas mulheres. O tempo de atuação no meio universitário foi significativo para o nível de PsyCap percebido, apontando que os coordenadores com 5 a 10 anos de atuação em IES apresentam as maiores médias no PsyCap.

Palavras-chave: capital psicológico; PsyCap; coordenador de curso; gestão universitária

INTRODUCTION

The Brazilian National System of Higher Education (BNSHE) Assessment Program is based on three axes to evaluate quality in higher education: institutions, programs and student performance. It considers management as one of the aspects to be assessed, along with faculty qualifications, facilities, students' achievements, among others. Higher education program coordinators (HPCs) are members who act as managers of undergraduate programs, interacting with deans, other faculty members, administrators and students, to maintain or improve quality and operational conditions of the program, thus being directly related to the evaluation axes of the BNSHE Assessment Program. According to the Brazilian Ministry of Education, it is the role of HPCs to motivate and to retain the engagement of other faculty members. Making them key players in the academic scene (Cabeço & Requena, 2011; Ferreira, 2009; Marcon, 2008; Marquesin, Penteado, & Batista, 2008).

The position of HPC was created after changes proposed by the Brazilian Law 9.394 / 96, which abolished education departments in universities, allowing private or non-profitable Higher Education Institutions (HEIs) to reorganize and centralize both academic and administrative duties in one organizational role. On the one hand, this change rationalized costs, by merging roles and responsibilities of both head of the department and pedagogical coordinator. On the other hand, it increased relational complexity to program's management, due to the increased complexity of the main duties, responsibilities and challenges HPCs take as managers. Usually, in the context under analysis, these actors remain as faculty members while being HPCs, thus sustaining the same hierarchical level of those they manage in the academic structure. Besides that, they are expected to seek for better results while maintaining a motivational and positive reinforcement environment.

Considering this context, we analyzed the self-perception of HPCs of private and community HEIs in the Rio Grande do Sul state, Brazil, about their Psychological Capital (PsyCap), and their ability to generate it in faculty members with whom they work.

The concept of PsyCap was developed in the beginning of the XXI century and is understood as the application of positive psychological capacities that can be stimulated, developed, and managed to improve the work performance (Luthans et al., 2007, 2015). Only recently this topic of research has been developed in Brazil and empirical studies are still rare. Nevertheless, there is a significant amount of research addressing this subject, especially in the US, most of them linking PsyCap and leadership (Avey, Richmond, & Nixon, 2012; Clapp-Smith, Vogelgesang, & Avey, 2009; Luthans, Youssef, Sweetman, & Harms, 2013; Wang, Sui, Luthans, Wang, & Wu, 2014). Based on that, the motivation for this study is twofold: to enhance empirical research on PsyCap in Brazil and to understand how PsyCap is related to the performance of attributions of HPCs, relating this concept to university management.

HEIs MANAGEMENT: THE HPC ROLE

For a long time, the focus of academic management was restricted to bureaucratic issues related to legislation, especially the pedagogical training of faculty members and monitoring of the institution's routines (Ferreira, 2009; Sousa, 2011). This scenario has been changing, and university administrators are nowadays demanded to not only have a systemic view of the organization (Ferreira, 2009), but also, due to the highly competitive market in Brazilian higher education, to take on new challenges, such as: to do creative planning, to align programs to the needs of the labor market, to create programs that envisage both student learning

and university's retention rate, etc. According to Sousa (2011), this challenge is related to change paradigms and to promote changes in the HEIs administrative culture. Meanwhile, Colombo, Ivoglo, and Goldchleger (2013) indicate the complexity of HEI's organizational structures as one driver for resistance to change. Thus, a relevant issue for HEIs' strategy is defining the format and the scope of action for academic managers. According to Sousa (2011), academic managers must be able to inspire both faculty members and students, encouraging creativity and generating confidence.

Also, Colombo et al. (2013) point out that there is a contradiction in educational organizations – even if they spread the importance of knowledge in management, virtually nothing is put into practice in their own structure. The same authors consider people as essential for an organization to be competitive, and indicate that, when it comes to HEIs, there is a lack of strategy focused on people management, with little or no investment on the development of managers or employees. Nevertheless, since the Brazilian Law 9.394/96, the position of HPC embraces, among other duties, responsibility for both economic and educational success of higher education programs in HEIs (Franco, 2013; Silva, 2007). The program coordinator manages the entire program, getting involved with aspects that range from infrastructure to sustainability, no longer being an operating agent but a manager with the ultimate goal of maintaining the effectiveness of the program he or she manages (Ferreira, 2009; Kanan & Zanelli, 2011).

For Silva (2007), HPCs must be leaders with sufficient capacity to promote changes and encourage people in the organization, being facilitators to the program objectives as well as to faculty members and students. The same author divides the coordinator's assignments into three categories: academic management; program management; and political management. In addition, a proactive – as opposed to a reactive, bureaucratic – profile is considered fundamental to one assuming this position. Such profile consists of tangible and intangible assets and deliveries. Ferreira (2009) and Marquesin et al. (2008) understand HPCs as transforming agents of the academic reality.

Thus, the role of a coordinator goes beyond the development and implementation of the program's politic-pedagogical project. It embraces both a professional and a personal action on the current needs of the program, while meeting the requirements of the Brazilian Ministry of Education and the BNSHE Assessment Program. This leads to constant evaluation of infrastructure, faculty members' and students' conditions and engagement with the mission and values of the HEI he or she serves. So, the HPC becomes one of the main agents of change concerning improvement on education management (Cabeço & Requena, 2011; Ferreira, 2009). However, the development of this perspective of leadership in each HPC does not occur instantly, neither

devoid of complexity. To develop leadership, HPCs need to be, at first, individuals who have skills and knowledge relevant to this exercise (Cabeço & Requena, 2011).

Another key requirement is that the HEIs promote the development of leadership competencies in HPCs to adequately exploit these professional capacities in their daily routines. However, many previous studies shown that HEIs do not invest in this kind of development, perhaps due to their lack of perception of the exercise of leadership as part of the everyday life of these professionals (Burigo & Laureano, 2013; Cres, 2011; Gomes, Gomide, Gomes, Araujo, Martins, & Faroni, 2013; Justen, Tronco, & Copetti, 2014; Kanan & Zanelli, 2011; Santos & Bronnemann, 2013).

Even though having previous experience in leadership positions is ideal for a HPC, this is not always possible. So, many HPCs end up developing their capacities related to management and leadership through successes and errors (Cabeço & Requena, 2011; Camargos, Ferreira, & Camargos, 2010; Cres, 2011), a practice that goes against one of the main characteristics of the HEIs: to produce and to socialize knowledge and best practices, through change, innovation and discussion of ideas.

University management is a broad theme and one of its aspects is HPCs' roles and capacities. We propose that discussing PsyCap of HPCs can provide an adequate approach to better understand the role of HPCs in University's management.

PSYCHOLOGICAL CAPITAL (PSYCAP)

At the beginning of the XXI century, the first studies on PsyCap were published. It was a result of the Positive Psychology movement, of the Positive Organizational Behavior and of the Positive Organizational Studies, the latter two having been developed within the field of Organizational Behavior (Luthans et al., 2015). PsyCap is understood as the application of positive psychological capacities that can be stimulated, developed, and managed to improve the work performance (Luthans, 2002; Luthans et al., 2015; Toor & Ofori, 2010).

PsyCap is a positive psychological state of development which is characterized by four dimensions: a) Self-Efficacy: to have confidence to face challenges as far as employing effort to complete them; b) Optimism: to have a positive outlook about succeeding now and in the future; c) Hope: to persevere in the pursuit of goals and, when necessary, to redirect the ways of achieving them, seeking success; d) Resilience: facing adversities and problems, to resist and to have the ability to overcome them and to go beyond. (Luthans et al., 2007, 2015). The psychological dimensions of PsyCap, especially on efficacy, have appeared previously, to some degree, in the literature on organizational behavior studies.

PsyCap is also characterized as (Avey, 2014): a) not an isolated psychological dimension, but a multidimensional construct composed of four dimensions (Resilience, Hope, Optimism and Self-Efficacy); b) specific to an organizational domain: to accomplish positive PsyCap outcomes does not guarantee the same results in other contexts, e.g., in the home environment; c) more stable than emotions, but more open to change than personality traits: a 'state' that can be developed; d) an individual state of development weakly affected by the opinion of others; e) measurable, by scales such as the PQC24; f) a predictor of performance at work; and g) of individual domain, regarding its analysis.

The concept of PsyCap has been analyzed, theoretically and empirically, by measuring performance and satisfaction of workers in various companies (Avey, Luthans, & Youssef, 2010; Luthans & Avolio, 2009). A longitudinal study developed by Avey, Wernsing, and Mhatre (2011) emphasized the development of PsyCap, in theory and in practice, as feasible. Recent research also points to the positive relationship between PsyCap and prosperity at work, founding evidence that good organizational environment promoted by the leader and oriented by PsyCap, may result in development of the worker (Paterson, Luthans, & Jeung, 2014).

Studies on PsyCap have expanded beyond the organizational domain. Research shows positive correlation between high levels of PsyCap and individuals welfare in a personal and social perspective (Luthans et al., 2013).

METHOD

This is a cross-sectional and exploratory research, with a mix design. Data was collected between July and August 2014, resulting from the application of PCQ24 and the inventory of critical incidents.

Research objectives

The main objectives of this research were: a) to analyze the self-perception of HPCs of private and community HEIs of the State of Rio Grande do Sul, Brazil, about their PsyCap, as well as their ability to generate it in faculty members and students with whom they work; b) to identify the main professional duties of HPCs; c) to verify if the participants' PsyCap is influenced by gender, their experience as coordinator, or their overall experience in universities.

Sample and Subjects of Interest

For quantitative analysis, the sample was composed by 309 HPCs of private and community HEIs located in the Rio Grande do Sul state, southern Brazil. The sample size followed the guidance of 10 respondents per item, to sustain factor analysis at 5% significance level (Hair, Babin, Money, Samoel, 2005). Regarding the characteristics of the sample (Table 1), 162 (52.4%) respondents were women, and 147 (47.6%) were men, not being found significant differences in this proportion ($p = .393$); 71% of the participants were of age up to 50 years; professional years' experience presented higher concentrations in the ranges between 10 to 15 and 21+ years ($p < .001$); experience as HPCs in their current institutions presented higher concentration in the range between 1 to 5 years (53.7%), followed by 6+ years (29.7%) ($p < .001$).

Table 1
Socio-demographic data of respondents

Age	N	%
up to 40 years	110	36%
41 to 50 years	109	35%
51+ years	90	29%
Experience in Universities	N	%
up to 5 years	44	14%
5 to 10 years	59	19%
10 to 15 years	75	24%
15 to 20 years	60	19%
21+ years	71	23%
Experience as HPC	N	%
up to 1 year	51	16.50%
1 to 5 years	166	53.70%
6+ years	92	29.70%

Source: research data (2014)

For the qualitative analysis, 10 subjects currently in the role of HPC were randomly selected among the 309 respondents and interviewed. As descriptive indicators (Table 2): interviewees' ages range from 27 to 55 years old ($M=44.7$, $SD=8.5$); they were occupying the role of HPC in their current organizations from 2 to 17 years ($M=5.3$, $SD=4.8$); professional years' experience in universities ranged from 4 to 27 years ($M=13.8$, $SD=7.3$); four subjects were female, and six, male; and seven had previous experience in leadership positions.

Table 2
Socio-demographic data of interviewees

Identification	Gender	Age	Experience as HPC	Experience in Universities	Previous experience in leadership
Interviewee 1	F	42 years	2 years	14 years 6 months	YES
Interviewee 2	M	55 years	3 year 6 months	7 years	YES
Interviewee 3	F	27 years	1 year 2 months	4 years	NO
Interviewee 4	M	52 years	3 years	15 years	YES
Interviewee 5	F	43 years	3 years	10 years	YES
Interviewee 6	M	51 years	11 years	27 years	YES
Interviewee 7	F	52 years	2 years 6 months	17 years	YES
Interviewee 8	M	34 years	3 years	4 years	YES
Interviewee 9	M	42 years	7 years	16 years	NO
Interviewee 10	M	49 years	17 years	23 years	NO

Source: research data (2014)

Measurement Instruments

The PCQ24 questionnaire, developed by Luthans et al. (2007) was applied through electronic survey, using the Survey Monkey platform. The instrument was adapted to Brazilian Portuguese and terms were changed to adhere to the reality of the research subjects, and the authorization of use for the questionnaire was obtained from *mindgarden.com*. Regarding the scale PCQ24, each of the four PsyCap dimensions was measured by a set of six questions through a six-point Likert scale, ranging from *strongly disagree* (1) to *strongly agree* (6).

For qualitative data collection, semi-structured interviews divided into two parts were conducted. The categories used in the research emerged from the study objectives and the theoretical references adopted. Firstly, four open questions on the interviewees' perceptions about their role of HPC were presented: the main assignments of HPCs; duties which require more time and dedication; the interviewee's perception about being in a leadership position; and contributing and difficulty factors in the exercise of leadership by an HPC. Secondly, an inventory of critical incidents was solicited through narratives, aiming to analyze the interviewees' perception about their ability to generate the four dimensions of the PsyCap in faculty members, other coordinators and/or students. The critical incident technique is characterized as the description, by the research subject, of

his/her own behavior in certain situations (Kremer, 1980). During the incident recall, a brief explanation of each of the four PsyCap dimensions were presented to the interviewees to stimulate them to present illustrating situations where they understood they had generated such dimensions in faculty members or students.

Data analysis procedures

Quantitative analysis was performed in IBM SPSS 22 statistics software (Table 3). Initially, Cronbach's alpha was estimated for evaluating internal consistency ($\alpha = .752$), i.e., "that respondents answered to questions coherently". (Hair et al., 2005, p. 200). Then the Kaiser-Meyer-Olkin test ($KMO = .725$) and the Bartlett's sphericity test ($p < .001$) were performed, obtaining indication of suitability for Factor Analysis. Unique factor extraction per construct (Harmann, 1967) was performed to test minimum ability for scale validity. Two dimensions of PsyCap – Optimism and Resilience – had total extracted variance below the minimum of 50%, hence not being recommended to be validated. This finding lead to reviewing the scale, resulting in removal of items 13 and 15 from the dimension Resilience, and of items 19 and 24 from the dimension Optimism, due to excessive noise. After removing these items, the analysis resulted in acceptable values for scale validity, as presented ahead in Table 3.

Table 3
Results

Dimensions	Average	Cronbach's alpha	KMO	Sig. Teste Bartlett	Total variance explained	Gender M/F	Age (p)	Experience in Universities	Experience as HPC
Self-Efficacy (1 to 6)	5.1499	.851	.85	< .001	57.69%	167.48/143.68 (sig .019)	.762	.444	.768
Hope (7 to 12)	5.1343	.798	.811	< .001	50,16%	151.20/158.45 (sig .474)	.737	.154	.935
Resilience (13 to 18)	4.8258	.654	.743	< .001	37.72%	153.66/156.22 (sig .801)	.249	.045	.534
Resilience (without QUE13R, QUE15)	4.8641	.662	.700	< .001	49.95%	142.07/166.73 (sig 0.15)	.599	.009	.337

Optimism (19 to 24)	4.5976	.600	.662	< .001	35.61%	142.1/166.71 (sig .015)	.241	.007	.460
Optimism (without QUE19, QUE24)	4.8584	.658	.631	< .001	49.61%	153.30/156.54 (sig 0.748)	.017	.007	.481
General	-	.752	-	-	-	-	-	-	-

Source: research data (2014)

Given the results from this preliminary analysis, three courses of action emerged and were followed:

- a) even with low total extracted variance in dimensions Optimism and Resilience, to analyze the scale in its original form, allowing comparison with other studies on Psychological Capital in several countries (Luthans et al., 2015). Although most researches validating the instrument have been carried out in different contexts, they were typically held in the US. Additionally, Dawkins, Martin, Scott, and Sanderson (2013), analyzing 29 studies using the PCQ24, identified significant differences in the extracted variance loads of the PsyCap factors;
- b) to perform the analysis disregarding items 13, 15, 19 and 24, respecting the validity criteria, as indicated in Table 3, to produce a better understanding of quantitative evidence from PCQ24 keeping the four dimensions proposed, but slightly modifying two of them by excluding items (in this case, the changed dimensions are called Optimism modified and Resilience modified). This course of action is due to the need to validate an adequate scale to the Brazilian reality when speaking of Psychological Capital, more specifically in the context of academic management; and
- c) to conduct a new factor analysis in order to identify which dimensions would be generated from the interpretation of the sample, under an exploratory perspective. The Exploratory Factor Analysis was performed using *varimax* orthogonal rotation criterion, which does not consider an *a priori* correlation among the factors, consequently generating independent factors with concentrated loads on different factors (Damasio, 2012). For analysis purposes, considering the size of the sample, loads lower than .40 were disregarded (Hair et al., 2005).

To compare subgroups, regarding the PsyCap dimensions (both original and modified), Mann-Whitney and Kruskal-Wallis tests were used, since normality

was rejected for the data distributions (Hair et al., 2005). The characteristics that showed significant differences are discussed in the results section.

Finally, qualitative data was treated through Discursive Textual Analysis (Moraes & Galiuzzi, 2007). This analytic approach aims to understand, through textual reconstruction, the contextualized knowledge of the subjects on the matter under investigation. The results were then compiled to produce an integrated analysis of the collected evidences and perceptions.

RESULTS

According to the data collected (Table 1), the respondents present the profile of a mature group, with considerable experience in the university environment. They also referred witnessing the structural changes in HEIs over a period of 10 years, when departments were extinct after the promulgation of Brazilian Law 9.394/96. Seven interviewees said they had experience in leadership positions prior to their current coordination term.

Main professional responsibilities of HPCs

Regarding the main activities developed by HPCs in HEIs, several examples related to program management were referred in the interviews, not only in regard to the pedagogical development, but also in relation to monitoring performance indicators, processes management, and people management. Regarding the later, concerns about administrators, and the relationship among students and faculty members were frequently mentioned. Administrative and financial management activities, such as budgeting, duties organization, events, and definitions related to the number of students per class were also mentioned.

This perception is aligned with Ferreira (2009) and Kanan and Zanelli (2011), who point that the program coordinator gets involved with aspects that range from infrastructure to sustainability. Furthermore, there is not much emphasis on aspects such as the promotion of changes or the encouragement of people (both faculty members and students) as mentioned by Silva (2007), which can raise questions on to what extent HPCs are able to act as leaders.

The interviewees perceive their hierarchical position as complex and relevant, but being overshadowed by the amount of operational tasks that are demanded from them. According to them, such operational responsibilities should be trans-

ferred to administrative assistants trained to do so, and/or to information systems. Operational tasks negatively impact the time they have to devote to manage people and to perform strategic/tactical duties. They also understand that there is an urgent need to review the amount of tasks that are centralized at the program's coordination office.

The focus of the interviewees is not on the lack of adequate development provided by the HEIs to perform their roles, as could be expected based on Burigo and Laureano (2013), Kanan and Zanelli (2011), Santos and Bronnemann (2013), among others. Instead their main complaints were related to the excess of operational tasks, which allows to suppose that they expect to develop their capacities related to management and leadership through successes and errors (Cabeço & Requena, 2011; Cres, 2011).

Considering this general profile, the self-perception of PsyCap was analyzed and also critical incidents gathered in the interviews were examined.

PsyCap Self-perception

As long as HPCs must be able to inspire both faculty members and students, encouraging creativity and generating confidence (Sousa, 2011), we assume that a high score in the perceived PsyCap would be desirable. The self-perception of the HPCs concerning their PsyCap is shown in Table 3. Self-Efficacy and Hope have the higher averages, and Resilience and Optimism have the lower ones, forming two homogeneous subsets, as tested by Tukey test ($p < .01$). Lower results in Optimism and Resilience could have negative consequences on motivation for these professionals. Low motivation in leadership roles is a relevant subject which has been frequent and for a long time present in human resources management's agenda. It is considered one of the factors that most affect engagement and also the job performance.

Considering gender effects, there was a significant result in the original dimensions where Self-Efficacy was higher in men, while Optimism was higher in women. In modified dimensions, Resilience had a higher result for women. As regard to age, the results for the modified Optimism dimension presented differences ($p = .017$), indicating that coordinators in the range between 41 and 50 years old are more optimistic, followed by those who are over 51 years old and finally, the ones who are up to 40 years old.

Referring to experience in Universities, a significant difference in Optimism and Resilience was noted both in original and modified forms. Coordinators with up to 5 years of experience in Universities had lower scores for Resilience in the original dimension in comparison with the other groups ($p = .045$) and, in the modified dimension, coordinators with 5 to 10 years of experience and those with

15 or more years of experience had higher scores ($p = .009$). More specifically, Resilience (modified) presented two subgroups (Mann-Whitney Test), one with the lower levels of Resilience, represented by HPCs that have up to 5 years or 10 to 15 years in HEIs; the other subgroup has the higher levels of Resilience and is formed by HPCs with 5 to 10 years or 15+ years in HEIs. In both dimensions, Optimism is higher for those with 5 to 10 years of experience ($p = .007$). Optimism (modified) also presents two subgroups (Mann-Whitney Test), one with the higher levels of Optimism formed by HPCs with 5 to 10 years of experience in HEIs and the other with the lower levels formed by all the other categories. These results imply that Resilience and Optimism peak when someone is working from 5 to 10 years in HEIs.

It is worth to notice that Self-Efficacy and Hope are primarily self-based, while Optimism and Resiliency are more dependent on others and on external environment (Luthans et al., 2007), which could point to influences from culture and, more specifically, organizational culture in these results (both the lower results in these dimensions and the differences among groups regarding experience in HEIs) to the extent to which the development of these PsyCap capacities is encouraged or not by HEIs.

The length of professional experience as HPCs did not show significant differences between groups in any of the dimensions.

PsyCap Promotion

It is supposed that, with higher levels of PsyCap, HPCs would be capable of and motivated to develop other faculty members and students, encouraging an organizational culture in which an ongoing PsyCap development could become the norm, in a contagion effect (Luthans et al., 2007). To analyse PsyCap promotion in faculty members and students, we present in this subsection data from the exploratory factor analysis, as well as from the interviews, focusing on the critical incidents.

Finally, considering all the 24 original items, an exploratory factor analysis was performed. It generated five dimensions:

- a) Self-Efficacy was confirmed as in the original dimension (items 1 to 6);
- b) Hope (items 7 to 12) was confirmed, except for the item 9 that fell into a fifth dimension;
- c) Resilience (items 13 to 18) was confirmed, except for item 15 that fell into a fifth dimension;
- d) Optimism (items 19 to 24) was divided in two dimensions, one including items 20, 22 and 23 (Positive Prospects), and other including items 9, 15, 19, 21, 24 (Positive Attitude).

So, three out of the four original dimensions were confirmed. The fourth dimension, Optimism, was split in two: the first representing positive prospects for the future, and the second representing positive attitudes toward external factors. It is worth notice that when analysing the original dimensions, three of the five items that compose the new factor were excluded (items 15, 19 and 24), reinforcing the idea that the dimension Optimism can be reviewed (Table 4).

Table 4
Factor Analysis

PCQ items	Dimensions				
	1 (Efficacy)	2 (Hope)	3 (Resilience)	4 (Optimism)	5 (?)
QUE 01 (Efficacy)	.725				
QUE 02 (Efficacy)	.681				
QUE 03 (Efficacy)	.784				
QUE 04 (Efficacy)	.775				
QUE 05 (Efficacy)	.713				
QUE 06 (Efficacy)	.499	.440			
QUE 07 (Hope)	.439				
QUE 08 (Hope)		.657			
QUE 09 (Hope)					.400
QUE 10 (Hope)		.768			
QUE 11 (Hope)		.631			
QUE 12 (Hope)		.709			
QUE13R (Hope)			.493	.433	
QUE14 (Resilience)					
QUE15 (Resilience)					.417
QUE16 (Resilience)			.696		
QUE17 (Resilience)			.774		
QUE18 (Resilience)			.581		
QUE 19 (Optimism)					.573
QUE 20R (Optimism)				.776	
QUE 21 (Optimism)				.490	.562
QUE 22 (Optimism)		.403		.497	
QUE 23R (Optimism)				.679	
QUE 24 (Optimism)					.699
Explained variance	15.259%	12.986%	8.973%	8.659%	8.238%

*Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Standardization. The. Converted rotation in 10 iterations

Source: research data (2014)

PsyCap Optimism

Factor analysis indicated two types of Optimism: one concerning the individual construction of positive prospects for the future, by using positive skills for this purpose; and the other, related to the individual attitude toward external factors influencing life, positively or negatively, and their consequences. Qualitative data presented examples of situations in which interviewees had a positive perspective of the future or when they encouraged students to have a more positive perspective, as shown in interviewee I6 statement: *“In relation to students, what I see is that many times our role as leaders, as managers, influences them. It is the idea that they can have a better life. [...] from the point of view of planning their lives this way ... you show a good perspective”*. Such account complies with the conception of PsyCap Optimism as having positive expectations about the future (Luthans et al., 2007). It is also aligned with the idea that Optimism is developed through leniency for the past, appreciation for the present, and opportunity seeking for the future (Luthans et al., 2015). Examples of PsyCap Optimism promotion were also illustrated by situations such as: giving positive feedback to faculty members and helping them to envisage a positive future in the HEI, reassuring students of their strengths, helping them to rethink their choices regarding life and career, and encouraging them to life planning. These basically sum up as situations in which the HPC help subjects to internalized positive aspects of their personality, promoting the belief that more positive events could happen in the future (Luthans et al., 2007).

PsyCap Hope

Fostering PsyCap Hope in faculty members, according to the interviewees, happens when HPCs: stimulate engagement and sense of belonging of faculty members, frequently communicate HEIs' decisions and actions to them, give positive feedbacks, filter information/pressure from superiors, and establish a partnership through trust and transparency. Regarding students, promotion of PsyCap Hope was presented by HPCs as reinforcement of Self-Efficacy. Considering that Hope is developed through goal setting, participation, and contingency planning for alternative pathways to attain goals (Luthans et al., 2015), HPCs present a good understanding about how to generate hope in faculty members.

Interviewees realize that, although it is up to the HEI to set goals and strategic priorities that guide practices, faculty members must be the first to know what is being pursued and why, in order to believe in the goals set. Results indicate that HPCs realize that, to be willing to act and follow the path chosen, even if having to make a few detours due to external factors, it is necessary to be optimistic and self-motivated (Luthans et al., 2007, 2015).

Working with transparency and being a faculty members' partner, makes it easier for a HPC to change the course of action if there is a change in goals, a key condition for the PsyCap Hope (Luthans et al., 2007, 2015). In addition, giving positive feedback to faculty members, according to the interviewees, is a way to generate more Psychological Capital.

Also, Hope, seen as a positive emotional state, is intrinsically linked to the feeling of success (Snyder, 2002), as mentioned in the following interviewee's perception: *"To give feedback of their work, how it is, right? [...] I always communicate because the person has to receive [information about their performance] and it can not be hold back in the coordination. These are things that generate hope [...]"* (I1). This is essential to redirect paths if the original, for some reason, have been blocked (Luthans et al., 2007).

PsyCap Self-Efficacy

PsyCap Self-Efficacy refers to feel capable and confident to overcome challenges (Luthans et al., 2007, 2015). Interviewees claimed to be able to promote it through positive reinforcement, repeated incentives, and feedbacks, as interviewee's I10 points out: *"[...] I seek to encourage quite a lot. To encourage faculty members to act, it's kind of an individual approach, but ... I end up passing that [message] to the group [...] I end up passing it "*. This example is aligned with the idea that efficacy is a byproduct of how much one believes in their skills to mobilize their cognitive resources and attitudes to successfully execute a task (Bandura, 1997 cited in Luthans et al., 2007; Pajares & Olaz, 2008). In addition, a third-party stimulus about the ability to accomplish something reinforces the individual belief that he/she can perform better and better, and this is one key characteristic of PsyCap Self-Efficacy.

In general, HPCs foster students' and faculty members' PsyCap Self-Efficacy by stimulus to autonomy and self-confidence, by reinforcement of the individual strengths, by constant feedback, and also by leading by example. Considering that Self-Efficacy is developed through mastery experiences, modeling and vicarious learning, social persuasion, and physiological and psychological arousal (Luthans et al., 2015), HPCs promote it mainly by social persuasion and feedback.

PsyCap Resilience

Resilience is the ability to tolerate frustration, to persist in achieving goals and overcoming obstacles (Luthans et al., 2007, 2015). As for the promotion of PsyCap Resilience in faculty members and students, interviewees cited situations in which

they played a role of a supportive, attentive and empathic listener, aiming to assist the other to go through a difficult time.

Interviewees also stressed their resilience and the great importance of this dimension of Psychological Capital in a HPC's everyday life: "[...] I think so, because (...) somehow I make people believe in it or develop their ability of ... of ... of resilience" (I7). Besides that, they consider the other dimensions of PsyCap (Optimism, Hope and Self-Efficacy) as included in Resilience: "[...] Then everything got together. He gathered optimism, gathered hope, gathered mainly resilience, because he was a boy who had been totally apathetic and he finally reacted" (I5 referring to the case of a student). Resilience is developed through asset-focused strategies, risk-focused strategies, and process-focused strategies to influence the interpretation and utilization of assets and risks (Luthans et al., 2015). The interviews pointed out that, in order to promote PsyCap Resilience, HPCs mainly help individuals to reinterpret their situations, in order to better use their assets.

DISCUSSION

The results on the self-perception of the dimensions of PsyCap (Optimism, Hope, Self-Efficacy and Resilience) and its promotion in faculty members and/or students by HPCs are presented in an integrated manner in Table 5. HPCs responded to the survey with consistency, as confirmed by the overall Cronbach's alpha ($\alpha = .752$).

Table 5
Main findings of research

PsyCap Dimensions	Key findings on interviews	Gender	Age	Experience in Universities
Self-efficacy	Self-confidence as a basis for self-efficacy.	Higher	-	-
(1 to 6)	Other people's beliefs about one's effectiveness makes the person believe even more in their potential.	in men ($p=.019$)		

	To act on the engagement of faculty members.	-	
Hope (7 to 12)	To share info about actions of HEIs. To filter info/pressure coming from top management. To be transparent and a partner for faculty members. To give positives feedbacks.	-	
Resilience (13 to 18)	To share the difficulties faced by faculty members.	-	Higher for those 21+ years Lower for those up to 5 years ($p = .045$)
Resilience (without QUE13R, QUE15)			Higher for those between 5 to 10 years or 15+ years ($p = .009$).
	To have empathy.	Higher in women ($p = .015$)	
Optimism (19 to 24)	To give feedback helps to improve prospects for faculty members. Helping students to think about their career choices promotes optimism.	Higher in women ($p = .015$)	
Optimism (without QUE19, QUE24)		Higher for those between 41 and 50 years old ($p = .017$)	Higher for those between 5 to 10 years ($p = .007$)

Source: research data (2014)

It was found that, on average, HPCs have a high level of perceived PsyCap. They are confident that: they can be successful in task accomplishment (Self-Efficacy); harness goal-directed energy and proactively plan for alternative pathways for task accomplishment (Hope); persevere when facing obstacles (Resilience); and tend to attribute positive outcomes to self, and negative outcomes to circumstances

(Optimism, either if considered as one or two dimensions) (Paterson et al., 2014). The higher results in Self-Efficacy and Hope could be advantageous for HPCs and the HEIs where they work, since a high sense of efficacy promotes cooperativeness, helpfulness, sharing, and an interest in other's welfare (Bandura, 2001, cited in Paterson et al., 2014). The identification of a dual perception of Optimism, one of them absorbing variables originally attributed to Hope and Resilience, opens a potential discussion about the inner and outer aspects related to this dimension, thus requiring further analysis to be better addressed.

In general, the interviewees could identify situations of PsyCap promotion and how this impacts positively on the work of faculty members. Mainly, to foster PsyCap HPCs rely on giving feedback, reassuring individuals' strengths, helping individuals to reinterpret their situations, leading by example, working with transparency and becoming a partner for faculty members. Regarding the promoting of PsyCap in students, results indicate a perception of being able to help them making better choices about their careers.

Regarding the limitations of this work, could be mentioned that: a) not all HEIs of Rio Grande do Sul State are represented; b) considering that PsyCap is variable (Luthans et al., 2015), it could be beneficial to analyze how HPCs perceive their PsyCap in different moments; as a cross-sectional study, this research does not give a time perspective about the perception of PsyCap the HPCs; c) supervisors of HPCs were not participants on this study, as such it does not regard their perception on promoting PsyCap in HPCs; d) it was not analyzed how faculty members perceive the ability of their HPCs in promoting their PsyCap.

CONCLUSION

This paper analyzed the self-perception of HPCs regarding their Psychological Capital. The quantitative and qualitative results from both survey and interviews allowed to present the coordinator's perception about their Psychological Capital and their ability to foster it in faculty members and students. Also, we identified the main tasks and responsibilities of HPCs according to the perception of the coordinators interviewed. Data collected allowed inferring a profile of overwhelmed professionals with a range of operational tasks (which demand a great deal of time on daily bases) nevertheless most of these tasks could be shared with assistants. As a result, HPCs are typically unable to exercise effective leadership, having troubles to think creatively about the programs they coordinate. Research also allowed to find variables that significantly affect HPC's PsyCap: gender, age and time of experience in HEIs.

Even though no evidence of HEIs investing in, developing, and managing overall PsyCap, HPCs seem to have a general profile that encompasses a high PsyCap. This is beneficial for them and for the HEIs since, as stated by Luthans et al. (2007), performance and attitudinal outcomes from a high PsyCap are expected to be larger than the ones from the individual positive psychological capacities that comprise it.

Future research may address: a) expanding the analysis of self-perception of PsyCap in HPCs, seeking to compare coordinators from private and public HEIs; b) expanding the application of the PCQ24 instrument to other domains in Brazil, seeking for a validation of this scale for Brazilian contexts; it would allow to explore the variations found in Optimism and Resilience dimensions, and also to understand better the fifth dimension of PsyCap that emerged in this study; c) analyze the perception of faculty members on to what amount HPCs are able to promote PsyCap on them, and also the perception of HPCs' supervisors on their own ability to promote PsyCap in HPCs.

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Ensuring content validity in instrument development: The case of the Scenes for Social Information Processing in Adolescence.

Paula Vagos¹, Daniel Rijo² e Isabel M. Santos³

Abstract

The Scenes for Social Information Processing in Adolescence (SSIPA) proposes to evaluate several cognitive steps suggested by the social information processing model, in addition to considering emotional states that may interfere with such rational processing of information. Psychometric evaluation of this instrument points to its construct validity but very little information was given on its construction process so as to guarantee that, as claimed, it accurately reflects the adolescents' unique social experiences. The current work presents detailed information on the three steps undertaken to develop the SSIPA: 1) three focus groups with a total of 23 adolescents and use of their verbalizations for item generation; 2) examination of the face validity of the items by 7 experts, who rated each item according to the content it was intended to evaluate, and 3) evaluation of test usability, understandability, and overall pertinence by a new sample of 23 adolescents. Focus groups and item evaluation procedures were considered optimal tools in helping to formulate items that surpass the initial acceptability threshold and accurately grasp

1 Research Unit of the Cognitive and Behavioral Research and Intervention Center, Faculty of Psychology and Education Sciences, University of Coimbra. E-mail: paulavagos@fpce.uc.pt

2 Research Unit of the Cognitive and Behavioral Research and Intervention Center, Faculty of Psychology and Education Sciences, University of Coimbra. E-mail: drijo@fpce.uc.pt

3 Center For Health Technology and Services Research (CINTESIS) and Department of Education, University of Aveiro. E-mail: isabel.santos@ua.pt

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the social information processing of adolescents, resulting in an innovative and psychometrically robust assessment instrument, potentially useful in clinical assessment and research.

Keywords: content validity; Scenes for Social Information Processing in Adolescence; social information processing; instrument development; adolescence; participatory approach

Garantir a validade de conteúdo na construção de instrumentos: O caso do Cenas para Processamento de Informação Social na Adolescência

Resumo

O Cenas para Processamento de Informação Social na Adolescência (SSIPA) propõe avaliar diversos passos cognitivos sugeridos pelo modelo de processamento de informação social, além de considerar estados emocionais que podem interferir com este processamento racional. A avaliação psicométrica deste instrumento aponta para a sua validade de constructo, mas muito pouca informação foi avançada acerca do seu processo de construção, de forma a garantir que reflete adequadamente, como se propõe, as experiências sociais únicas de adolescentes. Este trabalho apresenta informação detalhada acerca dos três processos que foram considerados para desenvolver o SSIPA: 1) três grupos focais com um total de 23 adolescentes e utilização das suas verbalizações para construção de itens; 2) análise da validade facial dos itens por 7 peritos, que avaliaram cada item de acordo com o conteúdo pretendido para cada item, e 3) avaliação da usabilidade, compreensibilidade e pertinência geral do instrumento numa nova amostra de 23 adolescentes. Os grupos focais e a avaliação dos itens constituíram ferramentas apropriadas para construir itens que cumprissem o princípio de aceitabilidade inicial e captassem com precisão o processamento de informação social de adolescentes, resultando num instrumento inovador e psicometricamente robusto, passível de utilização em contextos clínicos e de investigação.

Palavras-chave: validade de conteúdo; Cenas para Processamento de Informação Social na Adolescência; processamento de informação social; desenvolvimento de instrumento; adolescência; abordagem participativa

INTRODUCTION

The Scenes for Social Information Processing in Adolescence (SSIPA; Vagos, Rijo, & Santos, 2016) is a self-report instrument specifically designed to assess how adolescents

process social information when faced with customary, hypothetical, and ambiguous social situations. Its development was based on the social information processing (SIP) model (Crick & Dodge, 1994) and also took into consideration more recent assumptions. The SIP model specifically proposes that several cognitive steps take place between a social event and the behavioral response that is enacted in such event, including the assignment of meaning / interpretation of internal and external social cues, the definition of personal and/or social goals to be achieved within the situation, and the search, comparison and choice of the most advantageous behavior option (Crick & Dodge, 1994). Additionally, and according to Fontaine and Dodge (2006), the comparison between various behavior options is based on several criteria, namely the acceptability of the responses, their social and moral value, their expected outcomes, and ones' self-efficacy in performing them. Still, this seemingly rational processing of social information might be influenced by emotional states at every step (de Castro, 2004).

In line with these contributions to the rational and emotional processing of social information, the SSIPA resorts to six hypothetical, ambiguous, and provocative social scenes, which the respondent is asked to ponder as if s/he was facing it. Specifically, the respondent is asked to rate 1) the likelihood of attributing a neutral and a hostile intent to others; 2) the intensity of experiencing anger, sadness and shame in that situation; 3) the evaluation of assertive, passive, overtly aggressive, and relationally aggressive behavior options according to self-efficacy, personal and social goals, and moral/ social value, and 4) the likelihood of choosing such behavior options. Previous studies have provided psychometric appraisal for these measures namely evidence on their internal structure and internal consistency, proving them to be adequate for adolescent boys and girls (Vagos, et al., 2016).

This is not the only instrument designed to assess social information processing in general, nor its expression specifically in adolescents (for a good example, see the *likert* type version of the *Cuestionario del procesamiento de la información social*; Calvete & Orue, 2009). It is, however, to our knowledge, the only one that was designed taking directly the adolescents input on their own social experiences as the starting point. It is well established that adolescence represents a specific developmental stage between being a child and becoming an adult, where social experiences in particular become more salient because of the impact they seem to have on psychosocial development and on preparing to adopt adult roles and tasks (Kroger, 2004). Hence, the adolescents' experimentation of social behaviors as derived from their cognitive and emotional understanding of cues taken from social events should be uniquely considered. Valid findings on the SIP of adolescents require sound and specific assessment instruments (Fontaine, Yang, Dodge, Bates, & Pettit, 2008), which, in turn, depend upon rigorous test construction and psychometric evaluation (Murphy & Davidshofer, 2001).

Though the psychometric evaluation of the SSIPA has been previously published (Vagos, et al., 2016) and may (indirectly) validate its construction process, very little was said about such process, other than that a participatory approach was used for developing its items. Developing items is part of the procedure necessary to construct a test, in addition to creating administration and scoring procedures, and submitting this information to qualitative analysis (Urbina, 2004). The current work aimed to provide qualitative evidence on the SSIPA addressing its intended constructs, as they are considered by its intended target population, adolescents. Developing the SSIPA included a sequential process, involving the following three steps, which will be detailed below: 1) focus group discussions with adolescents, from which we gathered hypotheses for phrasing items that would address attribution styles, emotional states, and social behavior options, when facing provocative ambiguous social scenes; 2) evaluation of the face validity of the preliminary items using a sample of professional psychologists working with adolescents; and 3) evaluation of test usability by a new sample of adolescents. The sampling, methodology, results, and conclusions regarding each step within this research will be presented separately, followed by a general discussion.

STEP 1 – FOCUS GROUP FOR ITEM GENERATION

Participants and procedure

A purposive sampling procedure was used for focus group constitution, by selecting participants belonging to homogenous and pre-existing groups, *i.e.*, school classes. So, we choose to work with participants that shared particular characteristics (*i.e.*, age and social experiences), given that the literature suggests that this may make them more open to a comfortable, sincere, lively and fluid group discussion, from which relevant and diverse data on the topic at hand may arise (Ivanoff & Hultberg, 2006). On the other hand, they presented divergent social behavior patterns (*i.e.*, aggressive and indisciplined behavior *versus* normative social behavior; see below), which was intended as a way to obtain more diversified perspectives on adolescents' potential attributions, emotions and social behaviors.

Three focus groups were conducted, all with less than 12 participants, as to maximize individual participation and minimize group inhibition (Onwuegbuzie, Dickinson, Leech, & Zora, 2009). Authorization was sought from the ethics com-

mittee of the participating schools, the students' parents, and students' themselves. Schools are invested in protecting the safety and privacy of their students (Horowitz, Vessey, & Carlson, 2003), and so the schools did not allow audio or video recordings of the group discussions. Concomitantly, only general themes, but not individual participation, were disclosed at the schools' request.

The first focus group included seven 9th grade students (three girls; 14 to 17 years old) in risk of school drop-out. The second and third groups resulted from randomly dividing a class of sixteen 10th graders (seven girls; 16 to 17 years old) into two groups of eight students each; one group included four girls and four boys the other included three girls and five boys. All participants were Caucasian; participants from the first group primarily belonged to a low socioeconomic level, whereas participants from the second and third groups came primarily from medium socioeconomic level families. The participating students were selected by the schools based on behavioral criteria determined by the research team (*i.e.*, aggression for the first group as manifested in history of disciplinary processes due to aggressive behavior practiced in school contexts, and normative social behaviors for the second and third groups as demonstrated by the non-existence of such disciplinary processes) and on students and teachers' availability for participating in the study. The study was always introduced as intending to better understand how and why adolescents react to diverse social events.

Focus groups took place in the school and lasted about 60 minutes each. The same member of the research team moderated all focus groups and debriefings, thus contributing to more complete and internally consistent data gathering and more accurate data analysis (Ivanoff & Hultberg, 2006). The school psychologist was the second moderator, resorting to the experience of school personnel on what works better in their institutions (Horowitz et al., 2003), particularly regarding the promotion of fruitful, respectful and non-judgmental interactions among participants. A voluntary graduate student unrelated to this study was also present in all focus groups, acting as note-taker.

The focus groups agenda included: a) welcome and presentation of the moderators; b) informing on the general objectives of the task, namely to get a first-person perspective on how adolescents usually think, feel, and act in various social events; c) motivating for participation, by making it clear that participants themselves were considered experts on the topic and so their participation was highly valued, and that there were no right or wrong answers; d) task instructions, specifically to comment and express habitual thoughts, emotions and behaviors on six hypothetical situations; and e) confidentiality and participation agreement, where students were asked to voluntarily participate (none of the adolescents refused to participate) after being guaranteed confidentiality and informed that no losses (*e.g.*, receiving

a punishment and/or doing extra school work to compensate for missing classes in order to attend the focus group) or gains (e.g., receiving extra school credit for participating in the focus group) were to be obtained from participating in the group.

The hypothetical situations (henceforth referred to as scenes) were selected to exemplify three relationally and three overtly provocative scenes; both types of provocation were considered because they have been found to be associated with different forms of aggression (Crick, Grotpeter, & Bigbee, 2002). Following the definitions of overt and relational aggression (see Archer & Coyne, 2005), scenes were considered relationally provocative if they referred to the endangerment of the victims' social status or relations, namely not being selected (*i.e.*, scene 1), being ignored (*i.e.*, scene 3) and being refused (*i.e.*, scene 5). In contrast, scenes were considered overtly provocative if they represented a direct and overt injury to the victim him/herself, namely physical (*i.e.*, scene 4) or verbal (*i.e.*, scene 6) aggression to the self and aggression to personal objects (*i.e.*, scene 2). By selecting scenes addressing various forms of each type of provocation, we intended to grasp the general forms that relational and overt aggression may take. It should be noted, however, that the scenes themselves were also open to discussion, in trying to have them to more accurately represent the daily experiences of adolescents.

Each scene (see notes in Tables 1 and 2 for a full description of each scene) was presented independently, as were the corresponding prompting questions: *Does this commonly happen to you? What would you think if this happened to you? How would you feel if that happened to you? What would you do if this happened to you?* Additional probe-questions were made, whenever the moderators felt that a topic had not been saturated yet. Transitions between scenes were made by summarizing what had been said and then suggesting that another scene might be put to the same scrutiny. Immediately after each focus group, moderators and note-taker joined in a post session debriefing meeting where notes were reviewed and completed, including aspects referring to nonverbal communication that might aid in understanding the verbal messages.

A scissor and sort technique was used for data analyses (Onwuegbuzie et al., 2009; Stewart, Shamdasani, & Rook, 2006) based on open coding of the detailed note transcripts into theoretically *a priori* derived categories (*i.e.*, attributions, emotions and behaviors). Transcripts were marked according to one of the three *a priori* categories. Marked material for each category was then grouped up and sorted through again to find meaningful thematic units, represented by a keyword; quotation samples within each thematic unit were then analyzed to find common themes that represented the group discussion on that theme, and that could be arranged into items for an assessment instrument. All coding procedures were completed by the researcher/ group moderator and the note-taker; although it was

established a priori that if they were not in agreement, one additional member of the research team would be involved as rater, there were no cases of disagreement.

Results and discussion

The focus groups discussion about scenes 1 and 4 suggested slight changes to the wording of the scene itself. The first one was changed to a more general situation (*i.e.*, *Imagine that teams are getting formed for some game you want to participate in. People start getting together, but no one chooses you, and so you end up with no team*), based on insights that it was originally too gender-specific, as it referred to a football game being prepared for which the respondent would not be chosen. Regarding the fourth scene (*i.e.*, *Imagine that you are in class break talking to your friends. Someone goes by and pushes you*), groups suggested including an apology on the part of the aggressor. This apology was not included in the scene's description as such would prompt a more benign and less ambiguous perception of the event, thus precluding idiosyncratic SIP. So, scene 4 was kept unchanged, as were scenes 2, 3, 5 and 6, which were considered by the adolescents as customary events (see note of Tables 1 and 2).

For the first *a priori* category concerning attribution of intent, two thematic units were retrieved for all scenes, in line with the types of attribution usually referred to in the literature (De Castro, Veerman, Kooops, Bosch, & Monshouwer, 2002; Fontaine et al., 2010; Nelson & Crick, 1999): neutral and hostile attribution of intent. Table 1 shows the quotation samples that were taken as representative of each thematic unit, as well as the items that were selected/ adapted from these quotations to potentially evaluate each thematic unit, in each scene.

Table 1
Thematic units, quotation samples and items derived from these quotations, for the category of attribution

Thematic units	Quotation samples	Item
Scene 1		
Neutral	Maybe there were just enough people to make two teams, excluding myself.	There had to be even teams so someone had to be left out.
Hostile	They don't like me. I don't get along with the people that are playing.	People don't like me and don't want me on their team.
Scene 2		
Neutral	It was an accident.	He/she was running and didn't stop in time.

	Hostile	He/she id it on purpose.	He/she did it on purpose because he is mad at me.
Scene 3			
	Neutral	They were distracted and did not recognize me. They didn't hear me.	They were distracted and didn't see me.
	Hostile	They were ashamed of me. They were mad at me	They don't like me and don't want to talk to me.
Scene 4			
	Neutral	It was an accident (he was off balance or was looking the other way). He/she was running from someone or in a rush.	He/she was distracted and lost his balance.
	Hostile	He/she doesn't like me. He/she was trying to tease or provoke me.	He/she did it on purpose to push me.
Scene 5			
	Neutral	They had prior engagements. They had valid motives (e.g. no money, no transportation or having seen the movie before).	They have no interest in that particular movie.
	Hostile	They don't like me. They don't like my company.	They don't like my company.
Scene 6			
	Neutral	He/she is upset with something else and is taking it out on me. He/she doesn't agree with me.	He/she is upset with something else and is taking it out on me.
	Hostile	He/she is too proud and thinks he is always right. He/she is provoking me.	He/she thinks he is always right.

Note: Scene 1: Imagine that teams are getting formed for some game you want to participate in. People start getting together, but no one chooses you, and so you end up with no team. Scene 2: Imagine that you are seating at your table before class starts. A colleague from your class comes running in and smashes into your table, so that all your things fall down on the floor. Scene 3: Imagine that you are walking on the street and pass by a group of people you know from your school who are talking amongst themselves. You tell them "Hi, what's up?" They keep on talking and don't reply. Scene 4: Imagine that you are in class break talking to your friends. Someone goes by and pushes you. Scene 5: Imagine that you are trying to arrange a movie night with some of your colleagues. When you ask them, all of them say no. Scene 6: Imagine that you are giving your opinion on something to your colleagues, and one of them, who doesn't agree with you, talks badly to you.

Thematic units for emotional states were straightforwardly taken from the quotations of participants, who referred to anger, by stating that they would feel *nervous*, *upset*, *angry*, *aggressive*, *outraged*, or *furious*; sadness, by affirming that they would feel *sad*, *isolated*, *lonely* or *disappointed*; and shame, by reporting that they would feel *ashamed*, *inferior*, or *excluded*. In these cases, the resulting items simply state

the name of the emotional state (i.e., anger, sadness and shame). For scenes 2 (i.e., *Imagine that you are seating at your table before class starts. A colleague from your class comes running in and smashes into your table, so that all your things fall down on the floor*), 3 (i.e., *Imagine that you are walking on the street and pass by a group of people you know from your school who are talking amongst themselves. You tell them "Hi, what's up?" They keep on talking and don't reply*), and 4 (i.e., *Imagine that you are in class break talking to your friends. Someone goes by and pushes you*), indifference (i.e., *I wouldn't feel anything; I wouldn't care*) was also noted by the participants, but was not classified into a thematic unit because it refers to an absence of emotional state, similar to the state of meaningless (Lazarus, 2000).

On the contrary, anger, sadness and shame are emotional states that result from appraising (i.e., attributing meaning to) contextual cues (Roseman & Smith, 2001), which, in this case, were taken from the scenes being presented. All scenes implied that the achievement of personal or social goals had been hindered (Lazarus, 2000), and thus logically elicited predominantly negative emotions. Anger, sadness and shame in particular seem reasonable emotional states to be elicited by the scenes' content, because they are associated to the perception of personal injury, devaluation and loss (Lazarus, 2006). Anger and sadness were the most commonly named, referring to the personal humiliation and experience of loss (Roseman & Smith, 2001) that the scenes intended to portray. Shame was reported less often, representing personal goals being frustrated by others (Lazarus, 2006). Bearing consistency in item options, the three emotional states were included as options for the six scenes.

Four thematic units resulted from the analyses of quotations referring to possible social behavior responses: assertiveness, passiveness, overt aggression and relational aggression. Table 2 shows the quotation samples that were taken as representative of each thematic unit, as well as the items that were selected/ adapted from these quotations to potentially evaluate each thematic unit, in each scene.

Table 2
Thematic units, quotation samples and items derived from these quotations, for the category of behavior options

Thematic units	Quotation samples	Item
Scene 1		
Assertiveness	Ask why I hadn't been picked. Find something else to do.	Ask why I hadn't been picked, because I really wanted to play.
Passiveness	Go home or any other place away from there.	Walk away quietly, so that no one would notice I hadn't been picked.
Overt aggression	Start a fight. Disturb the game.	Tell them: You'd better pick me next time or else...

Relational aggression	Complain to someone in authority (a teacher).	When no one was watching, would complain to my teacher or coach.
Scene 2		
Assertiveness	Ask the colleague why he/she had hit my table. Say "Be more careful next time".	Ask the colleague why he/she had hit my table and tell him/her to be more careful next time.
Passiveness	Pick my things up from the floor.	Pick the things from the floor and say nothing to the colleague.
Overt aggression	Threaten the colleague saying "Pick it up or I'll hit you". Damage the colleague's things.	Demand that he/she would pick up my things, and if he/she didn't I would do the same to his/her things.
Relational aggression	Complain to the teacher about it.	When no one was watching I would badmouth that colleague so no one would relate to him.
Scene 3		
Assertiveness	Ask them why they didn't answer me back, either by phone or text message.	When I found them again, I would ask why they hadn't answered me back.
Passiveness	Pretend it had never happened.	Do nothing and act as if it had never happened.
Overt aggression	Never talk to them again. Say "hey, what's your problem...?"	Tell them "hey, what's your problem...?"
Relational aggression	When they went by me and say hi to me, I wouldn't give them any answer.	When I was with my friends, I would tell them not to greet those people either.
Scene 4		
Assertiveness	Tell him to watch out.	Call the colleague and tell him/her to be careful next time so it wouldn't happen again.
Passiveness	Do nothing.	Do nothing and act as if nothing had happened.
Overt aggression	Start a physical fight. Push the colleague back.	Push him/her back.
Relational aggression	Comment with my friends what a stupid thing he/she did.	Talk about what happened with my friends, so they would not be friends with that person.
Scene 5		
Assertiveness	Change the day, time or movie, so they could go with me.	I would try to understand why they said no and schedule another day or movie so we could go together.
Passiveness	Go alone to the movies.	Do nothing and go to the movies alone.
Overt aggression	Say no to them when they invite me to do something in the future.	Next time they wanted my company, I would say no to them.
Relational aggression	Invite other people and make sure they wouldn't go.	I would gather other people to do something and not invite them.

Scene 6		
Assertiveness	Tell the colleague to stay calm.	Calmly tell him/her that we both were entitled to our opinions and there was no need to be rude.
Passiveness	Say nothing and ignore out of fear.	Shut up and don't give my opinions any more.
Overt aggression	Be rude to him too. Start a physical fight.	Talk badly to him/her also
Relational aggression	Humiliate him/her by proving him/her is wrong.	When he/she wasn't present I would tell my friends that he/she didn't know what he/she was talking about.

Note: Scene 1: Imagine that teams are getting formed for some game you want to participate in. People start getting together, but no one chooses you, and so you end up with no team. Scene 2: Imagine that you are seating at your table before class starts. A colleague from your class comes running in and smashes into your table, so that all your things fall down on the floor. Scene 3: Imagine that you are walking on the street and pass by a group of people you know from your school who are talking amongst themselves. You tell them “Hi, what’s up?” They keep on talking and don’t reply. Scene 4: Imagine that you are in class break talking to your friends. Someone goes by and pushes you. Scene 5: Imagine that you are trying to arrange a movie night with some of your colleagues. When you ask them, all of them say no. Scene 6: Imagine that you are giving your opinion on something to your colleagues, and one of them, who doesn’t agree with you, talks badly to you.

Overtly aggressive and assertive responses were widely reported for all scenes; passive and relationally aggressive responses were less often and less clearly stated. These, nevertheless, represent important behavioral patterns (Archer & Coyne, 2005; McManus, Sacadura, & Clark, 2008), which have only recently begun to be investigated in relation to social information processing (e.g., Godleski & Ostrov, 2010). To allow this investigation to continue, such behavioral options were included in all scenes, and were built considering the participants’ quotations and the theoretical definitions of the constructs (such as given by, for example, Archer & Coyne, 2005).

STEP 2 – EVALUATION OF THE FACE VALIDITY OF THE ITEMS

Participants and procedure

Five master students and two doctors in psychology that were at the moment researching and intervening with adolescents under the custody of the Portuguese Juvenile Justice Services were conveniently selected and invited to evaluate the face validity of the items

derived from the focus groups, given their experience with diverse adolescent behavior patterns. They were asked to code each item as representing one of the thematic units derived from the focus groups. Their participation was confidential, voluntary, and individual. Overall inter-rater agreement was taken as indicative of face validity for each item.

Results and discussion

We found very high inter-rater agreement, with all raters correctly coding six out of six items evaluating hostile attribution of intent, assertiveness and passiveness, and five out of six items evaluating neutral attribution of intent, relational aggression and overt aggression. Disagreement was solely found for one expert rating of the item intended for neutral attribution in scene 6, of the item aiming at relational aggression in scene 1, and of the item targeting overt aggression in scene 4. Considering that this still represented about 85% of overall agreement, and the items seemed to be in line with theoretical definitions of the constructs they intended to evaluate (see below), these three items were kept unchanged.

The item intended for neutral attribution in scene 6, reading *He/She is upset with something else and is taking it out on me*, implies negative emotions on the part of others, but not that they have the intention of harming the respondent, thus representing an accidental, random or contextual attribution of intent (de Castro et al., 2002). The item aiming at relational aggression in scene 1, reading *When no one was watching, I would complain to my teacher or coach*, refers to a concealed behavior aiming to harm the social status of others (Archer & Coyne, 2005), in this case of the peers who, hypothetically, did not choose the participant for their team. So, it is addressing relational aggression. The item intended for overt aggression in scene 4, reading *Push him back*, refers to physical behavior that directly causes harm to another person, in a face-to-face experience, which is the goal of overt aggression (Archer & Coyne, 2005).

STEP 3 – EVALUATION OF TEST USABILITY

Participants and procedure

Following the face validity analysis, items were associated to response scales in line with the constructs they intended to evaluate. The attribution of intent items

were rated on a likelihood scale (*i.e.*, *Why do you think this happened?* ranging from 1: not at all likely to 5: very likely). The emotional state items were associated to an intensity scale (*i.e.*, *How would you feel about...?*, ranging from 1: very little to 5: completely). The behavior options were associated to four response scales adapted from Fontaine and colleagues (2010), each considering one criterion for response evaluation proposed by Fontaine and Dodge (2006)⁴: self-efficacy (*i.e.*, *How capable are you of acting like this?*, ranging from 1: not at all to 5: completely); social and moral valuation (*i.e.*, *How good or bad do you think this is as a way of acting?*, ranging from 1: very bad to 5: very good); personal outcome expectancy (*i.e.*, *How would you feel about yourself if you acted like that?*, ranging from 1: very bad to 5: very good), and social outcome expectancy (*i.e.*, *How much would other people like you if you acted like that?*, ranging from 1: not at all to 5: completely). Lastly, a measure of probability was also included for each of the behavior options (*i.e.*, *What would you do in that situation?*, ranging from 1: not at all likely to 5: very likely).

The final organization of the instrument thus created included all six provocative scenes and corresponding items and response scales⁵ and was presented in this form to a randomly selected class of twenty-three 11th graders (seventeen girls; 16 to 18 years old). They were asked to evaluate the usability and functionality of the test, by commenting on the understandability and clarity of the items, instructions, and response scales. A speech communication approach was used (Boren & Ramey, 2000), in which participants are considered the experts who communicate out loud the mental processes they were employing when filling in the questionnaire, and in doing so inform the researcher on the major difficulties they encounter. The researcher may afterwards ask the participants' suggestions on how to improve the usability and understandability of the instrument.

Results and discussion

Adolescents rated the items and their specific instructions as relevant and applicable to their routine social lives, thus providing support for conclusions on the content quality, clarity, and lack of ambiguity of the final item list, instructions, and response scales (APA, 1999). Slight changes were suggested and introduced, particularly in the instructions for the self-efficacy measure and in randomizing the order by which different behavior options were presented across scenes. Students additionally pointed

⁴ Fontaine and colleagues (2006, 2010) also refer to an initial acceptability and applicability criterion. We did not include a scale for this criterion because our methodology for item development ensured that items *a priori* reflect options that were considered by the participating adolescents as generally acceptable and applicable.

⁵ The complete instrument (after psychometric quantitative evaluation) can be found in Vagos, et al., 2016, Appendix A.

out that, for some scenes, particularly overtly provocative ones, responses would most likely be dependent on context circumstances. Such circumstances had, accordingly, been previously found to impact on how female children evaluate relational provocation (Sumrall, Ray, & Tidwell, 2000). To account for this, the provocateur in every scene was referred to as “colleague” or “someone”, thus inducing more general responses that may characterize a social information processing profile. No further details on contextual cues were given, in trying to maintain the ambiguity of the scenes.

GENERAL DISCUSSION AND CONCLUSIONS

This work presents the process of development and evaluation of items intended to assess three steps of SIP (*i.e.*, attribution of intent, response evaluation, and response decision; Crick & Dodge, 1994; Fontaine & Dodge, 2006), in addition to emotional states (Lemerise & Arsenio, 2000). A participatory and ecologically valid approach was used for item development and evaluation (APA, 1999; Murphy & Davidshofer, 2001; Vogt King, & King, 2004), according to which adolescents themselves were considered experts on their SIP and freely discussed their habitual social experiences, and their thoughts, feelings, and behaviors when facing them. A minimal number of focus groups were conducted (Nassar-McMillan, Wyer, Oliver-Hoyo, & Ryder-Burge, 2010). Though analyses of full transcripts were not possible, detailed notes nevertheless indicated that data saturation was achieved. Items were hence operationalized following quotations representing thematic units derived from these group discussions. These thematic units, in turn, corresponded to *a priori* defined categories (*i.e.*, attribution of intent, emotional states, behavioral response options). The face validity, understandability, and pertinence of the items and their allocated response scales were then analyzed. Simultaneous evaluation of neutral and hostile attributions, of emotions other than anger, and of behavior options other than aggression provided by the SSIPA represents a novelty over existing measures, and is in line with the proposal of the SIP model being associated with diverse types of social behaviors (Crick & Dodge, 1994, 1996).

The SSIPA is an innovative assessment instrument developed using a participatory (APA, 1999) and rational perspective (Murphy & Davidshofer, 2001). It considers the social information processing (namely its cognitive and emotional intrapersonal processes and subsequent interpersonal behavior outputs) as it unfolds in the adolescents' mind. Evidence presented in the current paper reinforces the content validity of the instrument in relation to its targeted population in particular, which is mostly important if we consider that adolescents have been (biasedly) evaluated using items

built from the perspective of adults or children (Horowitz et al., 2003). Accordingly, the thematic units rendered from the current work were, for the most part, directly translated into the subscales of the SSIPA that have been established via exploratory factor analysis (i.e., neutral and hostile attribution of intent; experiencing anger, sadness, and shame; and choosing to act assertively, passively, overtly aggressively, and relationally aggressively). The diverse evaluation criteria that were put forward as distinct response scales converted, however, into a single measure of evaluation of each type of social behavior (Vagos et al., 2016). The history of the SSIPA so far seems to sustain the relevance of further studies using it, namely considering validity in relation to other variables and sensitivity to diverse populations.

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Expressive and creative writing in the therapeutic context: From the different concepts to the development of writing therapy programs

Ana Catarina Costa¹ e Manuel Viegas Abreu²

Abstract

One of the main aims of this scoping selective review is to clarify the differences between expressive and creative writing in the mental health context, not only at a conceptual level but also regarding its therapeutic effects. The other one is to identify the more efficient ways to develop therapeutic creative writing programs for a clinical population. Considering these specific aims, we employed a selective review on the writing therapeutic literature. We found that, although expressive writing is clearly defined and its benefits on mental health empirically well established, creative writing lacks a consistent conceptualization in clinical settings. Similarly, we reported several studies focusing in the therapeutic benefits of poetry, but other writings genres receive much less attention and are even more insufficiently defined. Since some studies support the idea that giving a significant content to a text is more beneficial, and considering that writing creatively offers new perspectives and meanings to the information, we propose that the development of creative writing programs should be tried. Aiming to develop such programs in the future, we give some suggestions based on already studied expressive writing methods.

Keywords: expressive writing; creative writing; self-expression; therapeutic writing; poetry therapy

1 Faculdade de Psicologia e Ciências da Educação da Universidade de Coimbra. E-mail: catarinacosta3@gmail.com

2 Faculdade de Psicologia e Ciências da Educação da Universidade de Coimbra. E-mail: abreu@fpce.uc.pt

A escrita expressiva e criativa no contexto terapêutico: Dos diferentes conceitos ao desenvolvimento de programas de escrita terapêutica

Resumo

Um dos principais objectivos desta revisão selectiva da literatura no campo da escrita terapêutica consiste em clarificar as diferenças entre escrita expressiva e escrita criativa no contexto da saúde mental. Um outro objectivo visa identificar os procedimentos mais eficazes para desenvolver programas de escrita criativa para uma população clínica. Considerando estes objectivos específicos, utilizámos uma revisão selectiva focada no campo específico do estudo sobre escrita terapêutica. Verificámos que apesar de a escrita expressiva se encontrar claramente definida e os seus benefícios na saúde mental terem recebido um extenso suporte empírico, a escrita criativa apresenta lacunas de uma conceptualização consistente no contexto clínico. De forma similar, encontrámos vários estudos focados nos benefícios terapêuticos da poesia; todavia, outros géneros literários recebem muito menos atenção e encontram-se ainda mais insuficientemente definidos. Uma vez que alguns estudos apoiam a ideia de que dar um conteúdo com significado a um texto é mais benéfico, e dado que escrever criativamente implica oferecer novas perspectivas e significados à informação, propomos que o desenvolvimento de programas de escrita criativa deve ser experimentado. Com o objectivo de desenvolver estes programas no futuro, damos algumas sugestões baseadas em métodos de escrita expressiva já estudados.

Palavras-chave: escrita expressiva; escrita criativa; auto-expressão; escrita terapêutica; terapia pela poesia

INTRODUCTION

The problem and the study's aims

Expressive writing was a term coined by James W. Pennebaker in the 1980s and refers to the written expression of thoughts and feelings surrounding upsetting or traumatic events. In the past decades, there has been several empirical experiences that confirmed the benefits of the disclosure of negative emotions through writing (e.g., Baum & Rude, 2013; Pennebaker, 1997; Spera, Buhrfeind, & Pennebaker, 1994). Differently, creative writing, implying an artistic and literary proposal in the writ-

ten expression of emotions, is still not defined as a particular therapy or practice in the context of psychosocial rehabilitation. Its conceptualization is found more commonly in educational and academic settings. Expressive and creative writing are two rather different concepts that appear often side by side in systematic reviews about therapeutic writing (e.g., Nyssen et al., 2016). In this review the aim was to study the differential features of these two therapeutic writing processes and to compare its different benefits in the therapeutic setting in order to establish some developments in the field of writing therapy programs. More specifically we aim to:

- To define, describe and distinguish creative and expressive writing used as therapies in the mental health context;
- To define and distinguish the narrative writing in the context of the Basic Writing Paradigm from creative writing;
- To analyze the best ways to develop therapeutic writing programs for a clinical population.

THE METHODOLOGY

Following the typology used by Grant and Booth (2009), we conducted a scoping selective review which consisted of a comprehensive and qualitative synthesis of the literature regarding writing as a therapy in the mental health context. The searches were made between June 2014 and October 2016, using the Psych Info and Scopus databases as primary sources and Google as a secondary source. We revised 42 articles with a different temporal framing. The oldest article is from 1978 and the most recent from 2016. The searches were conducted using different combinations of the following keywords which must be presented in the article's title and/or the abstract: *expressive writing, creative writing, writing, therapeutic, poetry, therapy, mental health, mental disorders*. Some of the articles were found in hand searches through the bibliographic references of the articles found in the databases. Although the selection of information was subjective and lacked explicit criteria for inclusion, we exhaustively looked for articles in academic journals that could help us to answer three broad research questions:

- What are the differences between using expressive and creative writing as a therapy in the mental health context?
- What are the main differences between narrative expressive writing and creative writing in a therapeutic context?
- How can we develop therapeutic writing programs for a clinical population?

1. *Differences between creative writing and expressive writing*

1.1 *Creative writing: the literature of self-expression*

Creative therapies have been used in addition to medical and pharmacological treatment with people with mental illness to whom psychotherapy is more difficult. According to King, Neilsen, and White (2013), creative activity may serve as a window into the unconscious or as a means for promoting communication among clients, such as children for whom verbal communication alone might be difficult.

Not all the art and creative writing produced by people in psychological treatment are created in a controlled therapeutic environment. The spontaneous production of arts and writing in informal contexts without the presence of a therapist can have also therapeutic benefits but it is much more difficult to assess them. People with mental illness generally benefit from creative approaches that exploit their own idiosyncratic visions of reality and life, instead of rejecting them as incongruent or frantic imagery. For instance, according to Resende (2008), vulnerability to schizophrenia presents certain creative benefits derived from their perceptual, cognitive and personality characteristics. Individuals in the positive spectrum of schizophrenia are more oriented to eccentric behavior, intuitive and magic thought and more openness to experiences with a low level of inhibition. We suggest that creative therapies can potentiate in a positive way these characteristics, giving an esthetical and artistic configuration to the perceptions, thoughts and visions of these people and validate them in a contained way.

Nyssen et al. (2016) conducted a systematic review in order to analyze the effectiveness of emotional disclosure of therapeutic writing interventions in patients with long term conditions. These interventions comprised several writing forms, including creative writing and poetry, but the concluding results were not differentiated for each intervention. The authors found that for individual therapeutic writing, the main mechanisms and contexts were difficult to clarify and it was unclear as to why participants would have wanted to do that or what they would gain from it. For the therapeutic writing done in group, there was not found a standard intervention, on the contrary, the participants engaged in different ways and at different times with the group and the writing activity.

We did not find studies that define and conceptualize creative writing as a particular therapy or creative writing programs in clinical settings. And although we found several studies declaring the benefits of poetry therapy (e.g., Fallahi Koshknab, Asayesh, Qorbani, Fadaei, & Rahmani Anaraki, 2016; Houlding & Holland, 1988; Tamura, 2001), this therapy still lacks an explanatory model which

would be able to regulate the clinical practices and methods and to constitute a basis for improvement.

In educational settings, creative writing usually refers to the production of original compositions focusing self-expression and, hence, it comes close to literary writing. Being more than just plainly reporting feelings, it implies ideally the transcription of those feelings through an original style. Writing creatively would give thus a symbolic or aesthetical meaning of feelings or ideas instead of just a description of them. King et al. (2013) developed a workshop of creative writing but it had similar instructions as expressive writing experiments: participants were asked to engage in telling a story from their lives and commenting on it at the same time. What differed here were the didactic and interactive techniques used by trainers to help the participants to develop their writing skills. The authors concluded that the therapeutic value of creative writing might be most effectively achieved when there was a focus on the processes and techniques of writing, and not just on self-expression. Anyway, regardless of the instructions, writing a life narrative as participants were encouraged to in expressive writing tasks or in these kind of workshops, entails already an implicit transformation of information towards a meaningful structuring. So, there is already a start of the creative process even if it is not orientated to an original composition.

Hence, the concept of creative writing is still not well defined in the therapeutic settings and sometimes different writing activities (storytelling, prose, poetry) are included in the same creative writing approach and not differentiated. For instance, Fair, Connor, Albright, Wise, and Jones (2012) described and evaluated “Teens Out Loud,” a creative writing group for adolescents with HIV which included activities like responding to poetry, free writing and story writing. The results suggested that creative writing groups can promote personal growth and decreased isolation of youth living with HIV. But the different methods, characteristics and benefits of each writing activity were not described or assessed.

There is also a lack of studies that assess the benefits of creative literary writing besides poetry. As for poetry therapy, it has been used mainly with people with severe mental illness and its rehabilitation benefits are well documented (Houlding & Holland, 1988; Mazza & Hayton, 2013; Tamura, 2001), but it has been also used with non clinical populations (Croom, 2015). In both situations, individuals are stimulated to translate into symbolic texts their own feelings and experiences that are more difficult to express in current verbal language.

In an overview of the state of poetry therapy conducted by Heimes (2011), it was demonstrated that this type of therapy is well established and documented in the United States. Also, Mazza and Hayton (2013) found that poetry therapy is widespread in clinical practice, although little exists in terms of empirical support for

its use. They also found that, examining the research and practice base of poetry therapy, the terminology has remained a problem and that the literature lacked a systematic investigation of the use of poetry therapy methods with respect to professional discipline, theoretical orientation, client characteristics, problem/disorder, treatment modality and stage of treatment.

Ruddy and Milnes (2005) suggested that art therapy allows the exploration of the patient's inner world in a non-threatening way and the art work offers a buffer to reduce the intensity in the relationship between the therapist and patient. Poetry is an artistic form among others that can be especially helpful in the therapeutic relationship in disturbed patients given their difficulty in intense interactions. According to Miller (1978), during poetry therapy sessions patients often use metaphors in describing their problems, and understanding and using patient symbolism can enhance the therapeutic relationship. In his study, it was concluded that discussing poems helps the patients to identify themselves with the artistic and creative aspects of their personalities, thus enhancing their ego functioning. Besides, poetry cuts through the psychotic person's defenses. Houlding and Holland (1988) also analyzed a poetry writing group in psychiatric inpatients and concluded that it is useful in containing, organizing, and expressing otherwise overwhelming material. The dissemination of written poems allows a form of contact with fellow patients and indicates to clinicians possibilities for treatment. The effectiveness of poetry group therapy on communicational skills of schizophrenic patients was tested recently in Iran by Fallahi Koshknab et al. (2016) in an empirical study, and it was shown that the patients that participated in a poetry group therapy that was held twice a week for 6 weeks showed a significant improvement in those skills in comparison to the patients of the control group.

Moreover, a particular Japanese form of collaborative poetry writing, *renku*, which consists in writing stanzas that should be linked to previous stanzas, written by other participants, is considered especially helpful when used with people with schizophrenia (Tamura, 2001), who have more difficulties in understanding the meaning of the words in a context and in communicating it. Through the art of *renku*, however, they learn more easily the ordinary meanings of words and their associations (Tamura, 2001). As *renku* therapy proceeds, the manner of the patient's linking is likely to change from simple word associations to contextual developments and to metaphorical extensions (Tamura & Asano, 1997 *as cited in* Tamura, 2001). The benefits of poetry therapy in crisis intervention have been reported by Schwietert (2004), who verified that poetry helps to create a literal container where the various pieces of emotion can be held and, eventually, put back together again. Recently, Croom (2015) provided support for the claim that practicing poetry can positively contribute to one flourishing with greater psychological *well-being* by

positively influencing their emotions, engagement or “flow” experiences, social relationships, sense of meaning or purpose in life, and personal accomplishments. However, besides poetry, we did not find any studies focusing solely on the benefits of other forms of creative literary writing, like fictional stories.

1.2 Expressive writing: a non-literary method of writing

Several empirical studies have demonstrated that writing about emotional experiences have significant mental health improvements (Pennebaker, 1997). These studies follow the Basic Writing Paradigm, which was first used by Pennebaker and Beal (1986) and it consists of a laboratorial trial that asks two or more experimental groups to write about assigned topics for 3 to 5 consecutive days, 15 to 30 min each day. The results demonstrate that writing about upsetting experiences, although painful in the days of writing, produces long-term improvements in mood and indicators of well-being compared with writing about control topics. The Paradigm has been replicated in numerous different experiments with and without clinical samples and with similar results. For instance, expressive writing has been used with positive effects in breast cancer survivors (Craft, Davis, & Paulson, 2013), individuals with low initial depression (Baum & Rude, 2013) and people with mood disorders (Baikie, Geerligs, & Wilhelm, 2012). In a recent meta-analysis that evaluated the effects of expressive writing among adolescents in twenty-one independent studies, Travagin, Margola, and Revenson (2015) found that expressive writing tends to produce small yet significant improvements on adolescents’ well-being.

It is demonstrated that most individuals are ready to disclose personal aspects of their lives when they are given the opportunity to do it (Pennebaker, 1997). For instance, in the study of Merrell, Hannah, Van Arsdale, Buman and Rice (2011) maladaptive perfectionist participants opted to share emotionally charged material when asked to write about their deepest feelings in spite of their personality traits and the impersonal nature of the study.

The effectiveness of expressive writing has been, anyway, challenged. In the experiment of Spera et al. (1994) with unemployed professionals, it was concluded that those who were assigned to write about thoughts and feelings about their job loss were reemployed more quickly although anger and hostility were prevalent in the writing sessions. Also, writing did not influence their motivation to seek employment, just influenced their attitudes to old jobs. In a study of Donnelly and Murray (1991) with clinical samples, a group of subjects told to write their traumatic experiences improved in the emotion resolution of trauma but, in spite of this, they showed an increased negative mood after each session. Another group was told to talk, rather than write, about a traumatic event with a psychotherapist and the

increased negative mood after the sessions did not occur, suggesting a key role of the therapist. Also, in the empirical study of Bell-Pringle, Jurkovic and Pate (2004) college students were told to write about upsetting family events during four days, and in spite of an increase in negative mood and physical symptoms immediately after writing, they reported to feel better at posttest. These authors state that for individuals focusing on personally relevant and unprocessed events, even seemingly innocuous writing interventions may flood them with anxiety.

Therefore, just writing about negative events or emotions seems to result in an immediate increase in negative mood, and it may be especially arousing when these aspects had not been yet consciously processed.

One characteristic of the laboratorial empirical studies (e.g., Lestideau & Lavallee, 2007; Pennebaker, 1997; Pennebaker, Francis & Mayne, 1997) is their impersonal nature, nevertheless, they allow entering in the inner world of participants. Participants enter the studies without a previous knowledge of what they are going to do and they express emotions obeying the instructions given unexpectedly. It is a process that instructs individuals to make a description of personal contents and it proves that most of them are eager to disclose information. But still, there is a focus more on a descriptive writing mode rather than on an inventive mode that may transform the content and give it new meanings. We may assert that creativity can be somewhat impaired in this laboratory context. Also, the expressiveness (or the ability to put in words deep emotions) is not explored and stimulated as when this is made in the scope of a therapy or a workshop, when individual attention is given.

Writing about trauma or emotions is indeed being used in therapeutic settings for many years (e.g., Krantz & Pennebaker, 1996; Pennebaker, 1997; Pennebaker & Seagal, 1999), especially in the form of homework assignments or journaling but it is difficult to test the effectiveness of this task, since it is made as a complementary therapeutic activity. Clients are told to write at home about specific issues that are addressed in the counseling or psychotherapy sessions and can be then explored again in the following sessions. However, journaling is done under uncontrolled factors and can present some negative results. Wiitala and Dansereau (2004) stated that there is a lack of external ideas and insights in expressing writing, such as the ideas that would be available in a counseling situation, and individuals may remain stuck in their current patterns. Also, Baker and Mazza (2004) affirmed that encouraging clients to externalize cause more harm than benefit and Lestideau and Lavallee (2007) warned that health professionals must be cautious in recommending the use of introspective journals without the combination of expressive writing and planful problem solving. On the other hand, according to Riordan (1996), most counselors cite greater client involvement and increased therapeutic efficiency as advantages of prescribed. Moreover, Murphy and Mitchell (1998) considered the

benefits of the e-mail as a therapy, stating that as the clients type a therapy e-mail, the written representation of their issues appears before them on the computer screen and this process that can enhance the externalization of problems. Besides, since writing is a recursive act, we typically read what we are writing and this in turn has the potential to impact on ourselves as we write, and impact on what we write next. From this viewpoint, the simple act of writing is therapeutic in itself.

1.3 The need of a significant content: narrative writing in the context of the Basic Writing Paradigm and its differences from creative writing

The theory in which the writing paradigm is based states that individuals that conceal important psychological experiences are more inhibited, which contributes to health problems (Pennebaker, 1997). Krantz and Pennebaker (1996) underlined that, in order to have significant improvements, the traumatic experiences must be translated into language and not solely by another artistic non-verbal expression. Nevertheless, there is some evidence of the importance of turning the emotional written information into a significant content instead of just disclosing it verbally. According to data analysis of Pennebaker (1997), an increase in both causal and insight words over the course of writing is strongly associated with improved health, suggesting the importance of cognitive processing. Moreover, Pennebaker, Francis and Mayne (1997) verified that the linguistic expression of high rates of negative emotions, low rates of positive affect, or both, may not be conducive to physical or psychological health. They proposed that, in order to have health improvements, individuals participating in expressive writing must change the way they talk about a trauma across the days of writing and must alter their thinking patterns through cognitive processing. Also, in the experiment of Lestideau and Lavalée (2007), the participants were assigned either to an expressive writing task (exploring one's thoughts and feelings about a stressor) or to a planful writing task (developing plans to deal with the stressor) and it was verified that only planful writing had health benefits.

On the other hand, in an experiment by Baum and Rude (2013), individuals with relatively high levels of depression symptomatology failed to benefit from expressive writing in comparison with individuals with low to mild initial depressive symptoms. The authors suggested that individuals with high levels of depressive symptoms would have difficulty attaining a balanced perspective that may be required to emotional processing, which corroborates the importance of a more reflexive disclosure. Furthermore, Boals (2012) showed that meaning making during an expressive writing intervention can be beneficial if the participant writes about a highly distressing event. We found a single study that contradicts

the importance of a significant content. Niles, Byrne, Haltom, Lieberman, Hur, and Stanton (2015) verified that more negative affect words and more discovery of meaning in expressive writing essays regarding stressful events predicted higher anxiety symptoms three months after writing. Hence, the authors highlighted the importance of self-affirmation and exposure as predictors of benefit from expressive writing.

According to Pennebaker (2004), individuals are often forced to label, structure, and organize the information in expressive writing tasks in ways they had never had to do and they must present the it in a linguistic structure to an ambiguous audience and to themselves. We may assert that creative writing takes this ability of linguistic structuring even further, since individuals organize the information not only to make it comprehensible and coherent but to have a meaning that transcends a literal description of facts.

Given the importance of structuring information into a coherent format and giving it a meaning in order to achieve therapeutic benefits, extensive research has proved that writing stressful events in a narrative structure predicts better health outputs than standard expressive writing (Smyth, True, & Souto, 2001).

From a very long time narrative was understood as a way to make meaning of facts and experiences and hence it was used in folk traditions to transmit relevant information to the members of a group that can be easily assimilated. Actually, we remember the past more easily in the form of a narrative with the experiences being linked by causality.

We construct from an early age our own life story but it can be biased. Some people in therapy benefit from being helped in constructing a more adaptive life story or other alternative narratives of their lives in which they perceive themselves in a more positive way.

According to Pennebaker and Seagal (1999), a constructed story is a type of knowledge that helps to organize the emotional effects of an experience as well as the experience itself. In the same story we can talk both about the cause of the event and its many implications. Much as in any story there can be overarching themes, plots, and subplots—many of them arranged logically and/or hierarchically. Through this process, the many facets of the presumed single event are organized into a more coherent whole.

In fact, narrative therapists help individuals reframe their life experiences as stories, empowering the narrator to manipulate personal meanings, responses and reactions as a means of changing long-term consequences (Baker & Mazza, 2004).

Also, narrative therapists can have an important role in helping old people in constructing a life review that reconsiders the past in a holistic way and gives new meanings to what they have experienced. In a recent study, Chippendale and Bear-

Lehman (2012) found that life review writing was effective in decreasing depressive symptoms in older adults residing in senior residences.

Still regarding the potential benefits of narrative writing in the context of the Basic Writing Paradigm, Smyth et al. (2001) found in an empirical study that individuals asked to write in a narrative format about their thoughts and feelings related to the most traumatic event of their life reported less restriction of activity due to illness than individuals asked to write the same but in a fragmented format. The authors suggested that the mere expression of thoughts and feelings surrounding a traumatic experience may not be sufficient for health improvement and that narrative formation is necessary.

The ineffective therapeutic results showed in this study of the fragmented format can cast a doubt about the therapeutic virtues of typically fragmented forms of writing like poems, which in most cases have not a narrative support, have reduced causality links and a non linear grammatical or conceptual construction. Poems can be fragmented ideas or perceptions subtly linked by an esthetical sensibility and not necessarily organized to create an explicit meaning that make individuals have an insight over factual experiences. Meanings in the poems are often implicit through metaphors and images while in narratives there is a development of facts and feelings conducive to personal insights. Actually, poems may not expose descriptive experiences like in narratives and this concealing can make insights about such experiences more difficult. A recent study in Israel conducted by Barak and Leichtentritt (2016) found that the exercise of writing poems and editing them to reshape their meanings facilitated meaning-reconstruction for bereaved parents who were coping with a sudden traumatic loss of a child. This suggests that a subsequent editing intervention in the written poems may be beneficial in order to give them a new, more explicit meaning. Anyway, we did not find any empirical studies testing the therapeutic efficacy of writing fragmented poems versus narrative poems or stories.

On the other hand, instruction in narrative writing may be not positive. According to a study of Danoff-Burg, Mosher, Seawell and Agee (2010), in which the individuals in a standard expressive writing group rated their own essays as more personally meaningful and emotional than did the narrative writing group. The authors suggest that the narrative writing instructions may have resulted in greater focus on factual details relative to emotions. It is our opinion that giving specific writing instructions to express deep emotions may be felt as a constraint. Focusing in the causal logics of a story, trying to give a linear sequence to traumatic events that can even appear in the form of fragments or trying to give rational motives to overwhelming emotions may force individuals to a more intense cognitive processing and emotional detachment.

We consider that expressive writing with narrative structure or life review has very different features from writing fictional creative stories. In expressive writing, individuals may give a new organization and meaning to past experiences, but this new meaning and the alternative interpretations to the past must be realistic, in accordance to what were the true experiences, so that the individuals can trust the new visions and identify themselves with what they are writing. A different situation occurs in creative writing, in which individuals can be encouraged to create stories that can be not related to them and they can invent the whole plot.

Also, although we did not find empirical studies that analyze the immediate emotional arousal after writing of poems or fiction, we can suggest that creative literary writing implies a transformation process of the information in order to make it significant and hence, it can offer a protective approach facing overwhelming issues and, in consequence, a protection against negative mood. Besides, creative writing is more like a longer and gradual process that may require more reflexive attention and deeper rational processing.

2. Towards a creative writing program

2.1 Using expressive writing techniques in creative writing sessions with clinical populations

We did not find any studies evaluating the benefits of the therapeutic writing of emotions or events versus literary writing in which the writers have more freedom to transform their emotions and decide if they are to be openly expressed or hired through metaphors or other stylistic figures. Actually, we did not find studies assessing the effectiveness of fictional writing, but only poetry.

Clinical effectiveness of the therapeutic uses of literature involves determining which mental health clients derive most benefit and which interventions are most effective for the achievement of specific goals (Cohen, 1994, *as cited in* McArdle & Byrt, 2001). Actually, we think that if we want to use creative literary writing with a clinical population, we can learn from expressive writing studies since they test which writing characteristics predict better health outcomes or what are the moderator factors that influence better performances or outcomes. Therapeutic goals can be better achieved in creative writing if we analyze the controlled and randomized studies and adapt the writing methods that proved to be more beneficial. We can actually stimulate the creation of poems or fictional narratives using certain techniques of text construction or guide the participants

to express themselves according to perspective takings that were shown as more therapeutic. We give some examples.

Pennebaker (1997) analyzed data from six writing studies and concluded that an increase in both causal (*because, reason*) and insight words (*understand, realize*) over the course of writing was strongly associated with improved health. Maybe we can stimulate the participants to construct stories based in strong causality links and with insightful moments in which there is a cognitive transformation.

Other text features in relation with health benefits were studied by Pennebaker, Mayne, and Francis (1997) that can help us to improve better creative writing programs. These authors indicate the existence of four linguistic categories in expressive writing associated with distress: high use of words suggestive of death, low use of past tense verbs, an increasing use of the number of positive emotion words from the first to the last day of writing, and a decreasing use of unique words. We recommend that when guiding creative writing sessions, professionals must pay attention if these characteristics are present in the texts that are being written and how can they be altered.

Regarding perspective taking and perspective switching in expressive writing, Seih, Chung, and Pennebaker (2011) concluded that individuals in a first-person perspective use more cognitive mechanism words as compared to the third-person perspective. This suggests that the first-person perspective also encourages the greatest degree of cognitive processing when narrating a negative emotional experience, which alerts us for the importance of the first-person perspective when aiming to make individuals productively reflect about their experiences, even through fictional writings.

In another study, East, Startup, Clifford and Schmidt (2010), studying the impact of writing tasks on eating disorders symptoms, verified that when individuals shift away from a first-person perspective and towards a “big picture” view-point, they become less emotionally engaged with the subject matter. The authors suggest that such “decentering” may be a useful therapeutic process but not for individuals with Anorexia Nervosa, who must be stimulated instead to engage with emotional experiences. From this perspective, we can affirm that creative writing workshops with this specific clinical group may focus on fictional narratives with a first-person perspective, enhancing at the same time inventiveness and emotional attachment with the character. Emotional personal experiences can be intertwined in a fictitious story, allowing the individuals to empathize with themselves at the same time they are able to imagine and create new pathways to deal with such experiences. Besides, Seigh et al. (2011) also verified that writing in the same perspective multiple times can evoke more emotions for a given writing topic, a technique that can be used to boost emotional engagement with individuals who detach from emotional

experience like those with Anorexia Nervosa. Indeed, we can learn from empirical studies about the writing techniques that are the most appropriate to the necessities of specific clinical groups.

To know the moderator factors in expressive writing can be useful since we can boost certain features that mediate writing and better results. Poon and Danoff-Burg (2011) verified that individuals with higher mindfulness scores responded better to expressive writing. The authors consider that an individual who is mindful is more capable of paying attention to the writing process in the present moment and perhaps was more capable of paying attention to the experience of the actual event and to the internal and external events that followed. We suggest that this ability can be boosted at creative writing sessions, encouraging the participants to be attentive through specific mindful exercises that can be done in group before starting to write.

There are also documented ways of transforming therapeutic writing in a more enjoyable process. Wiitala and Dansereau (2004) verified that popular quotations can be used with therapeutic writing to make the process more interesting and enjoyable. Having the clients reflecting on inspirational quotations from successful individuals as they write about their personal difficulties proved to facilitate their engagement to the writing. We suggest that in creative writing sessions, the participants can also be provided with popular quotations and develop the ideas stated in the quotations through their original reflection or create stories or poems based on powerful and significant quotations. By this way, they are developing their creativity around content that proved to be helpful to many individuals. Quotations can be especially a powerful starting point for individuals that are more hesitating about the best manner to start writing.

LIMITATIONS AND CONCLUSIONS

The main limitation of this study is the fact that it is based in an unsystematic review that has a subjective nature and does not cover all the literature concerning the thematic. We opted to offer a broad perspective on the theme of writing as a therapy, selecting a number of references that could give an approximate answer to our research questions. However, our conclusions are preliminary and must be evaluated with caution. But at the same time, as far as we are concerned, our study is the first to appoint the problem concerning the lack of formal or theoretical distinctions between expressive and creative writing in the vast literature of therapeutic writing. We also point some valuable suggestions for future studies.

Expressive and creative writing appear mixed in reviews as if both were subdivisions of the same concept of writing in the context of therapy. In fact, creative writing is a much more undefined concept and therapeutic practice, borrowed from an academic terminology in the Literature field. Concerning self-expression and imagination development, its benefits are not easy to assess as in expressive writing, which has a simple definition (to write about negative emotions and upsetting events). We suggest that in the future, researches and psychologists pay attention to these definitions before using writing as a therapeutic tool, and define their therapeutic goals based on the theoretical framing of the writing genre or type that will be used.

To create a meaning is an indispensable feature of creative literary writing. When people write a poem, for instance, they are organizing the information in certain ways so that a meaning can be achieved, even if only aesthetically. We assume that creative writing has the goal to transcend the mere expression of emotions, although the individuals who are instructed to write creatively may not be able or motivated to write more than a plain description of personal events. It is not easy to establish a boundary between emotion expression and giving a personal meaning to self-expression. Some studies tend to confirm the idea that giving a significant content or a narrative form to expressive writing texts will be more beneficial. This makes us think that writing fictional narratives may be an appealing practice to be tried in the therapeutic context. There are plenty of self-expressing literary genres (fictional stories and narratives, poetry) and each person may tend spontaneously to a specific genre or can be conducted to a certain genre by a therapist. We also did not find any studies that make comparative evaluations between the benefits of the different creative genres. We can assume that any creative task is therapeutic on its own but we lack an evaluation and a comparison of the benefits of the different creative writing tasks done under different instructions. Also, there are no established ways of assessing qualitatively or quantitatively the therapeutic benefits of creative writing. We found several studies of poetry therapy done with clinical samples and its assessment has a much more significant qualitative nature.

Our study has practical implications regarding the elaboration of creative writing programs. We proposed some examples of already tested expressive writing techniques and methods that can be useful to adapt in such programs in the future.

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Errors' analysis in a Portuguese version of the Token Test

Sara Leite Braga Coutada¹ e Cristina Petrucci Albuquerque²

Abstract

This study concerns a Portuguese version of the Token Test (TT), named Instructions Comprehension Test (ICT) that is part of the BANC (*Coimbra Battery of Neuropsychological Assessment*), and assesses receptive language. It carries out a quantitative and qualitative analysis of the errors made by children in this test, looking for the predominant errors, as well as specific difficulties in the comprehension of certain linguistic concepts. The ICT was applied to a sample of 295 children, of three age groups (7, 8 and 9 year-old), in which 149 are male and 146 are female. The errors made were categorized, quantified and object of a psycholinguistic analysis. The main errors found are related to some locatives, ordinal numbers and concepts of exclusion and temporal inversion, as well as to conjunctions. In this regard, there were difficulties in the interpretation of the coordinative conjunction *and*, when it connects two clauses with the same referent, and of the adversative conjunction *but*, when it introduces equality. The psycholinguistic analysis also drew attention to the role that working memory can have in this test. In sum, errors' analysis evidenced comprehension difficulties inaccessible through the simple scoring of children's answers as correct or incorrect.

Keywords: Instructions Comprehension Test; Errors' Analysis; Token Test

1 Faculdade de Psicologia e de Ciências da Educação da Universidade de Coimbra. E-mail: saracoutada@gmail.com

2 Faculdade de Psicologia e de Ciências da Educação da Universidade de Coimbra. E-mail: calbuquerque@fpce.uc.pt

Análise dos erros numa versão portuguesa do Token Test

Resumo

Este estudo reporta-se a uma versão portuguesa do *Token Test* (TT), o Teste de Compreensão de Instruções (TCI) da BANC (Bateria de Avaliação Neuropsicológica de Coimbra), que avalia a linguagem receptiva. Centra-se na análise quantitativa e qualitativa dos erros cometidos por crianças neste teste, a fim de identificar erros predominantes, bem como dificuldades específicas na compreensão de determinados conceitos linguísticos. A amostra é constituída por um total de 295 crianças, de três níveis etários (7, 8 e 9 anos), das quais 149 são do sexo masculino e 146 do sexo feminino. Os erros cometidos foram classificados, quantificados e objeto de uma análise psicolinguística. Os principais erros reportam-se a locativos, números ordinais e conceitos de exclusão e inversão temporal, bem como a conjunções. A este respeito, registaram-se dificuldades na interpretação da conjunção coordenativa *e*, quando liga duas orações com o mesmo referente, e da conjunção adversativa *mas*, quando introduz igualdade. A análise psicolinguística também chamou a atenção para o papel que a memória de trabalho pode desempenhar neste teste. Em conclusão, a análise dos erros evidenciou dificuldades de compreensão inacessíveis através da simples cotação das respostas infantis como corretas ou incorretas.

Palavras-chave: Teste de Compreensão de Instruções; análise dos erros; Token Test

ERRORS' ANALYSIS IN A PORTUGUESE VERSION OF THE TOKEN TEST

The Token Test (TT) is a receptive language assessment instrument, at the semantic and syntactical levels, that has been widely used in clinical practice and in research. Indeed, there are currently multiple versions of the TT, both for adults and children. Among the various TT versions created specifically for children, we may mention, as an example, the following: the Token Test for Children (DiSimoni, 1978); the Concepts and Directions Test of the Clinical Evaluation of Language Fundamentals-3 (CELF-3; Semel, Wiig, & Secord, 1995); and the Comprehension of Instructions Test of the *NEPSY-II* (Korkman, Kirk, & Kemp, 2007).

In Portugal, there is also a children's version of the TT, namely the Instructions Comprehension Test (ICT), which is part of the *Bateria de Avaliação Neuropsicológica de Coimbra* (BANC; Simões et al., 2016b). The ICT assesses, first of all, receptive language, both syntactically and semantically, and the processing of aural/verbal information. Similarly to other TT versions, the ICT assesses the understanding

of figurative attributes (colours, sizes, shapes) and basic relational concepts of identity, coordination, localization, exclusion and time/sequence. These basic relational concepts are an important aspect of linguistic and cognitive development. Additionally, the ICT also appeals to a variety of cognitive processes, including verbal and sequential reasoning, attention, working memory and the ability to create a visual image out of verbal information.

Regarding the reasons more likely to explain the wide diffusion of the TT and, particularly, the respective children's versions, it can be pointed out that their psychometric properties have shown to be satisfactory, especially concerning discriminant validity, illustrating their potential relevance in several clinical groups. In fact, in the studies carried out with children, the TT or other similar instruments have demonstrated the ability to differentiate children belonging to control groups from children belonging to various clinical groups, such as children with: High Functioning Autism (Minshew, Goldstein, & Siegel, 1995) or Autistic Disorder (Korkman et al., 2007); Dyslexia (Shiota, Koeda, & Takeshita, 2000; Whitehouse, 1983) and reading disabilities (Korkman et al., 2007); mathematical disabilities (Korkman et al., 2007); Attention Deficit and Hyperactivity Disorder (Korkman, Kirk, & Kemp, 1998; Pineda, Puerta, Aguirre, Garcia-Barrera, & Kamphaus, 2007); emotional disorders (Korkman et al., 2007); prematurity (Yhilerva, Olsén, & Järvelin, 2001); Traumatic Brain Injury (Korkman et al., 1998; Zetterqvist & Jennische, 2010); Fetal Alcohol Syndrome as well as both Expressive and Mixed Receptive/Expressive Language Disorders (Korkman et al., 1998, 2007).

In regard to the ICT, arguments similar to the previous ones justify its relevance. Thus, it has demonstrated a high internal consistency (Cronbach alpha of .89), as well as favourable evidence regarding concurrent validity (cf. Simões et al., 2016b). Nevertheless, evidence regarding discriminant validity stands out, since the ICT has differentiated control groups from groups with learning problems, intellectual disabilities, epilepsy, Traumatic Brain Injury and Oppositional Defiant Disorder (cf. Simões et al., 2016b).

Psycholinguistic analyses of the errors made in the TT have also been carried out, illustrating the relevance of this type of analysis, both in a clinical and in a developmental perspective. In this regard, we start by mentioning studies that examined the errors of groups of aphasic adults (Lezak, Howieson, & Loring, 2004; Noll & Randolph, 1978). As far as children are concerned, there are studies analyzing the errors of groups with and without dysphasia (Tallal, 1975), left hemisphere brain damage (Aram & Ekelman, 1987) and dyslexia (Whitehouse, 1983).

In a study carried out by Pinto (1988), a psycholinguistic analysis of the errors made by Portuguese children in the TT was also performed. In this study, it was shown that children had considerably higher percentages of errors in the lexical

units related to the shape, than with the size or with the colour, since the percentage of errors in the last two attributes was quite lower than in the first one. Moreover, the author concluded that the conjunction *and* is, in general, easily decoded, while the disjunction *or* was more difficult for the children.

Besides these studies concerning specifically the examination of errors made in different versions of the TT, it can be pointed out that, no matter what the adopted method of oral language assessment might be, the errors' analysis is an essential instrument to portray the trajectories of language development and of access to children's linguistic comprehension level (Boehm, 2004; Paul, 2001; Tallal, Stark, & Mellitz, 1985).

For these reasons, the present study carries out a quantitative and qualitative analysis of the errors made by Portuguese children in the ICT. It identifies the predominant errors and as the ICT assesses several important linguistic concepts (locatives, temporal terms, sequential terms, connectives, etc.), it recognizes the linguistic concepts of greater difficulty for the Portuguese children. The ICT administration (Simões et al., 2016a) indicates that the examiners should register the children's answers in a designated space of the record form, thus enabling errors analysis. The ICT is also normed in a large sample of Portuguese children. Notwithstanding, there is no information available concerning the errors committed by children or their qualitative analysis. These data will be essential for psychologists, as they will allow them to complement and enrich the test interpretation process.

It is also worth mentioning that the linguistic development of Portuguese children has rarely been studied and consequently it is unknown whether it is similar to the one of any other languages.

METHOD

Participants

The sample was taken from the BANC normative sample, comprising a total of 295 children, with ages from 7 to 9 years old ($M = 7.98$; $SD = 0.82$), distributed in terms of age and gender in the following way: 101 of them are 7 years old, 99 are 8 years old and 95 are 9 years old; 149 individuals are male and 146 are female. Concerning schooling, the children attended, mainly, the 2nd ($n = 102$), 3rd ($n = 104$), and 4th grade ($n = 87$), being the number regarding the attendance of the 1st grade very low ($n = 2$).

Regarding the geographic region and area of residence distribution, the majority of the participants (84.1%) lived on the coast and in a predominantly urban residence area (70.5%).

The ages selected correspond to the ones where the ICT has more adequate difficulty levels and is not too difficult or too easy (Simões et al., 2016b). Indeed, an item analysis revealed that the items are difficult for younger children and easy from age 10 onwards (Simões et al., 2016b). In addition, the analysis of ICT total scores as function of age indicated that they tended to remain stable after age 10 (Simões et al., 2016b). In addition, since errors' analysis is a detailed and time demanding process it could not be extended to the entire normative sample (1104 children from 5 to 15 years old).

The data collection process of the BANC is described elsewhere (Simões et al., 2016b). Approval was obtained from the Ministry of Education, the National Data Protection Commission and the schools' board of directors. Informed consent was also obtained from the parents of the children that participated in the study.

Instrument

The ICT is part of the BANC which is a comprehensive instrument that comprises 15 different tests in order to assess neurocognitive development in six theoretically derived domains: Memory, Language, Attention/Executive Functions, Motor Function, Laterality, and Orientation. The ICT is included in the language domain, together with rapid naming and phonological awareness tests.

The ICT is made up of 27 instructions or items, asked orally to children and youngsters (from 5 to 15 years old), and answered through pointing at figures. The 27 instructions are evenly distributed in three sections, which involve degrees of rising complexity, as well as different materials.

Thus, Section I has a total of 9 items and it is made up of a card which portrays a group of 8 small dogs, diverging in the following figurative attributes: colour (yellow and red); size (big and small) and expression (happy or sad). In this section, the instructions imply the comprehension of concepts of location, identity and coordination. Sections II and III are more complex than Section I and are made up of a group of 9 items each, requesting the identification of one or more geometric shapes – replacing the small dogs – from a total of 9. The 9 shapes concerning each section are represented in rows in distinct cards. On its whole, the two sections require the comprehension (individual or simultaneous) of several concepts: sequence, temporality, temporal inversion, coordination, location, identity and also exclusion.

The test has age-appropriate start points and thus children aged 5-6 start with Section I, while children aged 7-15 start with Section II. However, if a child aged

7-15 fails in either of the three two items of Section II, the reversal rule is applied (Section I is administered until the child obtains three correct answers).

The present study only analyses the results of the items in Sections II and III, as the children from the sample didn't make any errors in Section I. However, the reversal rule was applied in 21 children (7.11% of the sample): 11 aged 7, 8 aged 8 and 2 aged 9.

Table 1
Specific contents of the items in Sections II and III

	Number of Shapes	Number of Instructions	Attributes	
Section II			Number	Type
Item 10	3	1	2	Gs ^a -C ^b
Item 11	1	1	2	Gs-Gs-C
Item 12	3	2	2	C-Gs-C
Item 13	1	1	1	Gs-N ^d
Item 14	2	2	2	Gs-C-Gs-Gs-C
Item 15	2	2	2	Gs-C-Gs-C
Item 16	2	2	2	Gs-Gs-C-C
Item 17	2	2	2	N-N-Gs-C
Item 18	1	1	2	Gs-C
Section III				
Item 19	2	2	3	S ^c -Gs-C
Item 20	1	1	3	Gs-C-S
Item 21	1	1	1	Gs-Gs-Gs
Item 22	2	2	2	Gs-S-Gs-S
Item 23	2	2	3	C-S-Gs
Item 24	2	2	2	Gs-Gs-C-Gs-Gs-C
Item 25	2	2	2	Gs-Gs-S-Gs-Gs-S
Item 26	2	2	2	Gs-Gs-Gs-Gs-C
Item 27	1	1	3	N-S-Gs

^aGs – geometric shape; ^bC – colour; ^cS– size; ^dN – number.

Table 1 shows the contents of the instructions that correspond to each of the items of Sections II and III. This way, we intend to clarify the various characteristics that compose the ICT items, namely: the number of shapes to be identified in each item; the number of the instructions, that is, one instruction or two simultaneous or successive instructions; and also the attributes present in each item: S corresponding to size, C to colour, N to number and Gs to the geometric shape. For instance, in item 19 (Section III) “point at a large shape, but first point at a black triangle”, we find the following characteristics: two shapes and three attributes (size, shape and colour), and it implies following two instructions which are, in this case, successive.

Table 2
Concepts distribution by the ICT items

Concepts	Items	Concepts	Items
Identity		Temporality	
Different	27	Then	16; 17
The same	27	At the same time	22
Conjunctions		Temporal Inversion	
And	14; 16; 17; 18; 22; 24; 25; 26	Before you have	12
But	27	After you have	15; 23
Location		But first	19
Above	14; 24; 25	Sequence	
Below	11; 18; 23; 25; 27	Last	13
In the middle	26	First	17
Next to	24; 26	Second	17
On the left	16	Third	13
On the right	21	Exclusion	
Between	18	All... but	10
		Not... nor...nor	20
		Instead of	21

Concerning the linguistic concepts demanded specifically by each item in Sections II and III, we may observe their distribution in Table 2. For instance, item 18 (“point at the shape that is between two squares and below a red shape”) implies concepts of coordination (*and*) and location (*between; below*).

Adopted Procedures

Psychologists individually administered the ICT. The children's answers were registered in the record form, in a space specifically created for this purpose, where both the shapes pointed at by the children and the order in which this was done were registered. In relation to the errors' analysis, a number was attributed to each shape. Afterwards, the children's errors were distributed by 4 categories, along with an exceptional one on a specific item. The first category is the incorrect identification of one or more shapes, according to the correct number of requested shapes, i.e., this category contemplates the cases in which children made errors in the identification of one, two or three of the requested shapes, but in which the total number of pointed shapes corresponded to the request. The other three categories imply the identification of an incorrect number of shapes: for instance, the second category included the cases in which children pointed at two shapes when only one or three shapes were requested.

For item 22 (“point at a small circle and, at the same time, point at a big triangle”) an additional category was created, for the situation in which the child,

instead of pointing at two shapes simultaneously, as requested in the instruction, pointed at one, first, and then at the other, i.e., this category was specifically created to register the error in the comprehension of *at the same time*.

Inter-rater agreement for the various errors' categories was calculated by dividing the number of agreements by the number of agreements plus disagreements. The average agreement was 90%.

RESULTS AND DISCUSSION

Quantitative Analysis

Table 3
Frequency (N) and percentage (%) of errors in the items of Groups 1 and 2 [N = 295]

Group 1		Sample	
Item	N	%	
11	21	7.1	
13	20	6.8	
18	158	53.6	
20	68	23.1	
21	66	22.4	
27	220	74.8	
Group 2			
10	3	1	
12	16	5.3	
14	65	22	
15	77	26.1	
16	125	42.4	
17	114	38.6	
19	39	13.2	
22	111	37.6	
23	142	48.1	
24	141	47.8	
25	147	49.8	
26	156	52.9	

Firstly, the frequency of all types of errors made by the children in the ICT was analysed. This analysis took into account the characteristics of the items

themselves, since the items were divided into two groups, independently of the section they were part of, depending on if they requested an answer consisting of one (group 1) or two/three shapes (group 2). The errors in the two groups of items showed a moderate correlation ($r = .43$). Group 1 items presented a mean number of errors ($M = 1.87$; $SD = 1.10$) lower than group 2 items ($M = 3.84$; $SD = 2.42$) and the difference is statistically significant according to a paired samples t test ($t(294) = -15.379$; $p < .001$).

Concerning the first group of items – i.e., the items' group that requires only one shape as an answer – one may find in Table 3 the errors' frequency and respective percentages of the global sample, where it is possible to observe a considerable increase of the errors from the two first items (11 and 13) to the following ones, with items 18 (53.6%) and 27 (74.8%) presenting the highest number of errors. These two items differ from the others due to the complexity of the respective instructions: item 18 requires the comprehension of three concepts (coordination: *and*; location: *below* and *between*) and item 27 calls for the comprehension of four concepts (identity: *different* and *the same*; adversative conjunction: *but*; and location: *below*), while the other items in this group imply the comprehension of just one (items 11 and 20) or two (items 13 and 21) concepts. Joined together, items 18 and 27 have a higher mean of errors ($M = 1.28$; $SD = 0.709$) than items 11, 13, 20 and 21 ($M = 0.59$; $SD = 0.046$) and a paired samples t test indicated that the difference is statistically significant ($t(294) = 11.636$; $p < .001$).

With respect to group 2 (group of the items that requires two or three shapes as an answer), relatively high errors frequencies may be seen in Table 3. Actually, in this group only items 10, 12, 14, 15 and 19 have a percentage of errors inferior to 30%. The percentage of errors in item 10 is so small, that it won't be further analysed.

In this group of items it is also possible to notice that the items that have the highest percentages of errors feature a wider conceptual diversity. Thus, items 10, 12, 15 and 19 require the comprehension of only one concept and are among the ones with fewer errors. On the other hand, items 16, 24, 25, 26 and 17 imply, respectively, the comprehension of three and four concepts, being the ones with the highest number of errors. Therefore, items were joined together in two subgroups, according to whether they require the comprehension of one/two concepts (items 10, 12, 14, 15, 19, 22 and 23) or three/four concepts (items 16, 17, 24, 25 and 26). A paired samples t test indicated a statistically significant difference ($t(294) = -7.68$; $p < .001$) in the mean number of errors which is higher in the more conceptually demanding items ($M = 2.32$; $SD = 1.5$) than in the lesser ones ($M = 1.53$; $SD = 1.5$).

Table 4
Distribution of errors by the distractor stimuli (items of Group 1) [n=295]

Item	Errors (%)								
	Shapes (distractor stimuli)								
	1	2	3	4	5	6	7	8	9
11	3.4	0	0.7	0	1.7	0.7	—	0.3	0.3
13	0	0	0	0	0	5.1	0	1.7	—
18	1	15.3	1.4	—	2.7	7.5	0	0.7	3.4
20	—	1.7	—	2	2.7	4.4	0.7	6.8	3.1
21	0	5.1	9.5	1.7	0.7	2.7	1.4	—	0
27	2	2.7	0.7	4.7	15.3	3.7	—	14.9	7.5

Note. Dashes indicate the correct shape for each item. The values represent the errors' percentage. Bold values represent the most common error.

Table 5
Distribution of errors by the distractor stimuli (%) (Items of Group 2) [n=295]

Item	Type of Error (%)																	
	First Instruction									Second Instruction								
	Shapes (distractor stimuli)									Shapes (distractor stimuli)								
12 ^a	0	0	0	0	0.3	0	0	—	0	0	0	0	0	—	0.3	0	0	—
14 ^b	0	0	0	—	3.4	0	0.3	0	—	0	7.8	0.3	—	2.4	0.7	1.4	0	—
15	0.3	0	0	0.7	—	0.3	0	0	15.6	0	0	0	0.7	16.6	0.7	0.3	0	—
16	—	3.7	15.9	2	5.1	0.3	3.7	1.4	0.3	0	1	0	0	0.7	0.7	1.4	—	0.3
17	4.4	—	1	10.2	8.5	1.7	0	1.7	0	1.7	0.7	0	0.3	1	—	0.7	0	2
19 ^a	1	0	0	0	—	0.7	—	0	4.7	—	0	—	0.3	—	0	1	0.3	—
22 ^a	1	—	1.4	0.3	—	0.7	0	—	0.3	0.3	—	1	0	—	1.4	0.7	—	3.7
23 ^a	3.4	0	7.5	1.7	2	1.4	0	8.8	—	—	0.7	—	—	3.1	—	0.7	—	7.5
24 ^b	0.3	4.7	—	0.7	3.1	2.4	1	—	1.7	1.4	7.1	—	1.7	2.7	2.4	0.3	—	7.5
25 ^b	—	1	1.4	10.2	0.3	2.7	0.7	—	1	—	3.4	3.1	4.1	5.4	3.7	2.4	—	2
26 ^b	—	1	0.3	1	—	0.7	0.7	1.4	1.4	—	2.4	3.4	5.4	—	2.7	0.3	4.4	17.6

Note. Dashes indicate the correct shapes for each item. The values represent the errors' percentage. Bold values represent the most common error.

^a In this item, there are several possible correct answers.

^b In the errors' analysis, the order in which the figures were identified was not taken into consideration.

In order to analyse, in a more detailed way, the types of errors found, the percentages of errors in each item and in each distractor shape, in the items of group 1 and in the items of group 2, are presented in Tables 4 and 5. The distractor numbers correspond to the children's view of the cards. However, these tables only contain the errors that show the incorrect identification of one or more shapes, but that respect the number of requested shapes. In some specific items (14, 24, 25 and 26),

the authors did not considered as errors when the figures were correctly identified, but did not respected the order in which they were mentioned by the examiner.

Next, it will be performed a qualitative analysis of the most frequent errors, relating them with the assessed concepts.

Qualitative Analysis

Regarding the errors related to location concepts, it was curious to observe that these concepts influenced the children's answers in some of the items, namely in the items that implied the comprehension of *below*, *on the left*, *on the right* and *next to*.

Actually, in item 11 ("point at the square below the black circle") the most frequent error (shape 1, square *above* the black circle) demonstrates that children respected the attributes, switching the location to *above*. In the same way, difficulties with the locative *below* seem to arise in items 18 and 25, as in both of them the errors related to that instruction do not respect the location. In fact, in the second instruction of item 25, the errors that show difficulties in the locative under consideration stand out, since the most frequent error represents the shape that acts as the location reference (the instruction requests *the circle below the big triangle*, while the children identified the triangle itself - shape 5). In this item, two other errors must also be mentioned, in which the individuals either switched the locative to *above* (shape 2) or they ignored the location, only pointing at a circle (shape 3). Also in item 18 ("point at the shape that is between two squares and below a red shape"), the most frequent error was shape 2 (shape *between* two squares, that is *next to* a red shape and not *below* it).

Given these data, we point out that, although the locatives are concepts acquired in an early stage, the understanding research demonstrates that they are mastered initially with fronted objects, such as a doll, and only later on, with nonfronted objects such as the shapes of the ICT (Conner & Chapman, 1985; Corrigan, Halpern, Aviezer, & Goldblatt, 1981; Owens, 2012). These require a truly projective understanding of the locative, which is harder to achieve (Conner & Chapman, 1985).

In addition, Durkin, Crowther and Shire (1986) state that from the age of 5 onwards, the child initiates the process of learning more subtle meanings and relations of those concepts, in more complex structures. Therefore, as displayed in this study, when there is an increase of complexity, in terms of the concepts in the same instruction and/or in the sentence length (items 18 and 25), the difficulties in comprehension naturally increase.

Concerning the concepts of *on the left* and *on the right*, they are assessed, respectively, in items 16 and 21. In item 16 ("point at the square that is on the left

of the yellow circle and then point at the white shape”) there is a high number of errors (42.4%), clearly due to difficulties with the concept of *left*, since the great majority of the registered errors are gathered in the first instruction (32.1%). As a matter of fact, the most frequent error represents a square *on the right* (and not *on the left* - shape 3 - 15.9%) of the yellow circle, which demonstrates that the children had trouble with the locative.

In item 21 (“instead of pointing at a square, point at a circle on the right of a triangle”) there was also a considerable incidence of errors (22.4%), most of them being relative to the locative term *on the right*, as there was a notorious difficulty in understanding that the right side of a specific shape (triangle) was meant, and not the shapes that were on the right of the child. The most frequent error (shape 3, circle) demonstrates this difficulty, since it illustrates comprehension of the concept of exclusion *instead of a square*, attention to the requested attribute (circle), but disregard of the right side of the triangle, as the circle placed on the right of the child was pointed at.

This previous difficulty is explained given the fact that children acquire the right and left references firstly in relation to themselves – around the age of 7/8 – and only then do they transpose them to the position of the objects in relation to each other (Baron, 2004; Strauss et al., 2006; Vilar, 2007). Therefore, it is consensual that, at the age of 10, children can still make errors when this concept is assessed with relation to an external element (Baron, 2004; Strauss et al., 2006; Vilar, 2007).

Still in this set of difficulties regarding the concepts of location, the difficulty in the comprehension of the concept *next to* must also be pointed out. Actually, in item 24, for example, the majority of the errors are gathered in the second instruction, in which “point at the circle next to the black square” was requested. On the one hand, these results head towards the developmental progression in the acquisition of the locatives, since it has been observed a primacy of the front-back dimension over the side-to-side dimension (Boehm, 2004; Conner & Chapman, 1985).

On the other hand, it may be added that, concerning the acquisition of the term *next to*, Slobin (1982) refers specifically to this expression emphasising that the difficulties in its acquisition derive from lexical diversity, i.e., comparatively to the terms *above* and *below*, to express proximity, English has several equivalent expressions (*near*, *close to*, *next to*) (Slobin, 1982). The same happens in Portuguese and, therefore, lexical diversity might delay the acquisition of *next to* (*ao lado*, *a seguir*, *próximo*).

Also in item 26 (“point at the triangle in the middle of the circles and to the square next to the black circle”) we can find errors related to locative terms that, as refers to *next to* (36.2% of errors), and by comparison with the second instruction of item 24 (23.1% of errors), seems more difficult to understand in the present

item. As a matter of fact, the comprehension of a locative depends on the phrasal context in which it is inserted (Baron, 2004) and even on the very disposal of the stimuli. In item 26, there are two shapes *next to* the black circle, while in item 24 there is only one next to the black square.

There were also errors in items that involve the comprehension of numeric concepts, namely in the first instruction of item 17 – “point at the second shape of the first row and then point at the red circle”. In this item, the great majority of the errors were concentrated in the first instruction and the most frequent error demonstrates an inversion of the ordinals (10.2%), as the children pointed at the first shape of the second row (shape 4), or the retention of one of the ordinals (shape 5 = 8.5%; shape 1 = 4.4%; total = 12.9%). These errors might be explained by the two consecutive ordinal terms and by the sentence complexity and length. In this regard, it can be mentioned that although one might appeal to the same counting capacities to deal with cardinal and ordinal numbers, children demonstrate a considerable developmental difference concerning the use of such capacities, as ordinality is acquired after cardinality (Bruce & Threlfall, 2004).

Nevertheless, it is necessary to point out that working memory (WM) seems to have had influence on the individuals' answers to item 17, and also to several other items, among which we draw attention to the ones related to items 14, 16, and 22. In fact the limited capacity of the memory span (Baron, 2004; Gathercole, 2007) seems to have some effect on the items that, for different reasons, raise difficulties to children.

For instance, some of the errors found in item 16 (“point at the square that is on the left of the yellow circle and then point at the white shape”) demonstrate a clear influence of the retention capacity, as, for example, two of the errors connected to the first instruction (shapes 5 and 7) are squares on the left of a circle, something which partly respects the instruction, but omits the attribute *colour*, relative to the circle. Another error found when dealing with this instruction was shape 2, which can also be related to memory, since it represents the yellow circle itself, meaning that the previous elements constitutive of the instruction have been forgotten.

The case of item 22 it is also worth mentioning (“point at a small circle and at the same time at a big triangle”), because it demonstrated that the children that pointed at two shapes simultaneously and made errors, did so because they omitted one of the attributes concerning the first (*circle* or *small*) and/or the second shape (*triangle* or *big*). It should be noticed that the examples referring to items 16 and 22, which we have just highlighted, do not intend to be exhaustive, since the restrictions concerning memory may have also influenced the errors made in other items.

As a matter of fact, one of the criticisms made to the TT and similar instruments, corroborated by some errors' analysis studies (Aram & Ekelman, 1987;

Noll & Randolph, 1978; Tallal, 1975), lies in the role that working memory plays in this test, which is once again evident in this study. The correlations of the ICT with memory tests of the BANC (e.g., Word List, Corsi Blocks, Narrative Memory), observed in the normative sample were also moderate or high (from .35 to .64), thus confirming the importance of working memory. As shown by Weighall and Altmann (2011), the development of verbal memory span is a crucial predictor of sentence processing skills in children between 6 and 8 years old.

One other aspect to be considered in the present qualitative analysis of the errors found in the ICT has to do with the connective *and*, as well as with the connective *but*, since both of them are present in some of the items in the test (*and* can be found in items 14; 16; 17; 18; 22; 24; 25; 26; *but* is present in item 27). Although these two connectives arise early in the spontaneous language of the child (Clark, 1995; Evers-Vermeul & Sanders, 2009; Owens, 2012), Peterson (1986) and Kail and Weissenborn (1980) verified that only older children used *but* to encode complex contrasts. This shows that children started using this conjunction long before they understood its semantic functions (Clark, 1985).

Based on the evidence presented in the literature, this study confirms also that most of the children decoded the additive semantic relationship of the connective *and* rather easily, as the errors found in items 14, 16, 17, 22, 24, 25 and 26 do not seem to arise from difficulties in this aspect. Regarding this conjunction, the analysis of the frequencies of errors shows that there are few children who make the error of pointing at only one shape, in those items in which the coordinative conjunction implied the identification of two shapes. Nevertheless, in item 18 (“point at the shape that is between two squares and below a red shape”) in which the conjunction *and* connects two clauses with the same referent, the error of interpreting the clauses in a compartmented way stands out (18.9%). That is, in this item children interpreted the instructions similarly to the previous ones, assuming that *and* connected two instructions, each one involving its shape. This clearly demonstrates that when there is a higher syntactic complexity, children may not master completely the functions that the conjunction *and* can perform, neither the relations that it establishes between the two clauses (Evers-Vermeul & Sanders, 2009).

As for the connective *but*, included in item 27 (“point at the shape below two shapes with different sizes but with the same shape”), it seems to cause difficulty, as it, instead of introducing a difference or a contrast relation, which it usually does (Peterson, 1986), introduces an equality. Such difficulties are noticeable in the answers in which children only assume the equality (shape 5, shape between two circles [same shape] with the same size, 15.3%) or only assume the difference (shape 8 = 14.9% and shape 9 = 7.5%, different size and shape). In fact, this item presents more difficulties to children, as it introduces, simultaneously, concepts of equality

and of difference coordinated by a connective that qualifies or limits the content of the first clause, something that may explain the amount of errors found (74.8%).

As for temporal conjunctions, there is evidence that the term *before* is more easily acquired than *after* (Boehm, 2004; Clark, 1985). However, in comprehension tasks the child acts initially as if the order-of-mention, and not the conjunctions *before* or *after*, determined the interpretation. Therefore, the event, action or object mentioned first is understood and treated by the child as representing the first one in the sequence.

The temporal concepts *before* and *after* are present, respectively, in item 12 and in items 15 and 23. In item 12 ("before you point at the green shapes, point at the white circle") there was a low percentage of errors (5.3%), which right away demonstrates that children with ages between 7 and 9 already have some grasp of the concept *before*. The same did not happen in items 15 and 23, though, which might show greater ease and precociousness in the comprehension of the term *before* in relation to the expression *after*, confirming what was previously stated.

In items 15 ("point at the green circle, after you have pointed at the green square"), and 23 ("point at a white shape, after you have pointed at the big shape below a triangle"), the most frequent error was the inversion of the order requested in the instruction (14.9% and 5.4% for both instructions of items 15 and 23, respectively). For instance, the figure most chosen in the first instruction of item 15 was shape 9 (green circle = 15.6%), while in the second instruction of the same item it was shape 5 (green square = 16.6%). By carrying out the analysis of the errors made in these items, another type of error also became clear, consisting in the identification of only one shape, usually the green circle in item 15 (6.1%) and the white circle in item 23 (8.5%). Consequently, the children only performed the instruction that was given first. In that sense, the error patterns detected in items 15 and 23 demonstrate that the adoption of the strategy of comprehension based on order-of-mention is still used in instructions containing the concept *after*. In addition to this, in this process of decoding, the instruction's memory load (Stevenson & Pollitt, 1987) or the child's impulsiveness to answer may interfere, therefore limiting his/her capacity to interpret. As noticed by Trosborg (1982), when the child has to act according to a verbal instruction, it is a great advantage to get the signal for inversion of order at the beginning of the sentence (as in item 12). Otherwise, the child may not be capable of stopping an intended act from being carried out.

In addition to items 12, 15 and 23, item 19 ("point at a large shape, but first point at a black triangle") also assesses a concept of temporal inversion: *but first*. It was shown through the frequencies analysis that in this item, similarly to what happened in item 12, there was a low incidence of errors (13.2%), in comparison with the rest of the items that required the identification of two shapes. So, the

data obtained in item 19 converge with the ones obtained in item 12, as they demonstrate the relative easiness in the comprehension of *but first* and *before you have*.

The ICT also assesses concepts of exclusion, such as: “point at the shape that is *not* a triangle and that is *nor* black, *nor* small” (item 20); “*instead of* pointing at a square, point at a circle on the right of a triangle” (item 21). Regarding these items, both of them present a considerable percentage of errors (23.2% and 22.4%, respectively). This is justifiable due to the complexity and extent of these items, since they require not only operations of denial, but also the retention of a group of attributes. Indeed, the sentences that imply the concept of negation require considerably more time to be understood, and the children’s mastery of them takes time, given the complexity of the respective syntactic structures (Carroll, 1999; Dimroth, 2010), thus increasing the probability of incorrect interpretations. It also seems plausible that discordant connectives, which express antithetical meanings and introduce exceptions to events, take longer to master (Nippold, Schwarz, & Undlin, 1992). These difficulties with negative sentences and discordant connectives are also due to the fact that it is easier to deal, cognitively, with positive information than with negative information, since denial implies the exclusion of characteristics (or attributes) present in the sentence (Lahey, 1988). Denial or truth-functional negation require that children can simultaneously represent two mental models, one representing a true state and other representing its false counterpart (Dimroth, 2010). Consequently, when, in a sentence, more than one denial appears – such as in item 20 –, the difficulties of processing increase evenly (Sim-Sim, 1998), thus justifying the amount of errors found.

CONCLUSIONS

This study carried out the quantitative and qualitative analysis of the errors made by Portuguese children in the ICT, of the BANC, aiming to scrutinise difficulties in the comprehension of a group of linguistic concepts.

The qualitative analysis, along with the quantitative one, made it possible to verify that the items in which more errors were found correspond, to a point, to the concepts that are acquired at a later stage. Even so, the errors’ analysis enabled us to put into evidence a broad group of elements, inaccessible through the mere analysis of the correctness or incorrectness of the answers. Thus, and firstly, it confirmed available research in what concerns the developmental progression in the acquisition of the locatives, the relative ease in the decoding of the coordinative conjunction *and*, the greater ease in the comprehension of the term *before* in relation to the term *after*

and the difficulties in the processing of denial. Secondly, it drew attention to the role that working memory can have in this test. Thirdly, it revealed several comprehension difficulties, such as those concerning: some locatives (*below*, *left* and *right*, and particularly *left*); the coordinative conjunction *and*, when it connects two clauses with the same referent; the connective *but*, when it introduces equality; the adoption of the order-of-mention strategy, in instructions containing after.

Nonetheless, we consider that it would have been useful to include other age groups in the errors' analysis, namely the age group of the 6-year-olds, as well as to compare different age levels. Although this last option has been carried out for 7, 8 and 9 years old, it was not possible to include it in the present work.

In another perspective, it should be mentioned that, in the qualitative analysis it was difficult, in some cases, to identify the most important reasons that could explain the errors, among the various available ones. In other words, it became clear that – given the complexity and diversity of the concepts and attributes present in the items – it is not always clear or unequivocal which factors interfere in the comprehension process and that, therefore, condition the children's answer, leading them to make the type of errors found. In sum, errors' analysis deepens, but it does not deplete the possibilities of detailed examination of the concepts assessed in the ICT.

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Was it worth it? Infertile couples' experience of assisted reproductive treatment and psychosocial adjustment one year after treatment

Mariana Moura-Ramos¹ e Maria Cristina Canavarro²

Abstract

Undergoing Assisted Reproductive Technology (ART) can be a demanding experience. We aimed to describe changes in psychosocial adjustment from ART treatment to one year after and couples' evaluation of the treatment's experience. The study used a longitudinal design, with 33 infertile couples who were assessed during their ART treatment and one year after treatment regarding their emotional reactivity, emotional distress and quality of life; additionally, participants were asked to evaluate their treatment experience. Results indicated that from the ART cycle to one year after, couples who have achieved pregnancy showed an increase in positive emotions and a decrease in negative emotions. However, all couples evaluated the experience of ART in a positive way, regardless of treatment outcome, although more positive ratings were found in couples who have achieved pregnancy. It can be concluded that the emotional reactivity and the evaluation of the experience one year after treatment is affected by the treatment outcome.

Keywords: Infertility; Psychosocial adjustment; *In Vitro* Fertilization

1 Centro de Investigação do Núcleo de Estudos e Intervenção Cognitivo-Comportamental, Faculdade de Psicologia e de Ciências da Educação da Universidade de Coimbra, Portugal. Apoiada por uma bolsa de Pós-doutoramento da FCT (SFRH/BPD/87514/2012). Email: marianamr@fpce.uc.pt

2 Centro de Investigação do Núcleo de Estudos e Intervenção Cognitivo-Comportamental, Faculdade de Psicologia e de Ciências da Educação da Universidade de Coimbra, Portugal. Email: mccanavarro@fpce.uc.pt

Será que valeu a pena? A avaliação da experiência do tratamento de procriação medicamente assistida pelos casais inférteis e ajustamento psicossocial um ano após o tratamento

Resumo

O recurso a técnicas de procriação medicamente assistida (PMA) tem sido descrito como um acontecimento exigente física e psicologicamente. No presente estudo, e utilizando um desenho longitudinal, pretendemos descrever as mudanças no ajustamento psicossocial desde o momento do tratamento até um ano após o tratamento, em 33 casais inférteis portugueses, bem como avaliar, de forma retrospectiva, a experiência do tratamento. Os resultados mostraram que, quando comparado o momento tratamento com um ano mais tarde, os casais cujos tratamentos tinham sido bem-sucedidos tiveram um aumento das emoções positivas e diminuição das negativas. No entanto, de um modo geral, todos os casais avaliaram de forma positiva o tratamento de PMA, independentemente do seu resultado, apesar de os casais que alcançaram uma gravidez terem avaliado a experiência de forma mais positiva. Pode concluir-se que a reatividade emocional e a avaliação da experiência são em parte influenciadas pelo resultado do tratamento.

Palavras-chave: Infertilidade; Ajustamento psicossocial; Fertilização *in Vitro*

INTRODUCTION

Assisted reproductive technologies (ART) are cutting edge technologies that help infertile couples to achieve their desired pregnancy. Although recent statistics suggest a steady increase in the use of ART treatments, with more than 400.000 cycles being conducted every year (Andersen et al., 2009), it has been described as an emotionally demanding experience for couples: undergoing ART is expensive (Mazure & Greenfeld, 1989), time consuming, interferes with professional life (Bouwman et al., 2008) and is emotionally and physically demanding (Boivin et al., 1998; Boivin & Takefman, 1996; Eugster & Vingerhoets, 1999) for couples. Beyond the demands of treatment, its positive or negative outcome represents success or failure in achieving the much desired parenthood. Thus, treatment outcome is expected to directly determine couples' adjustment after each cycle is completed (Verhaak, Smeenk, Nahujs, Kremer, & Braat, 2007), although in both cases the experience of treatment is

positively evaluated (Hammarberg, Astbury, & Baker, 2001). The goal of this study is to document changes in the emotional reactivity of infertile couples that underwent successfully and unsuccessfully IVF procedures, from the hormonal stimulation of a treatment cycle to 12 months after that cycle. Understanding changes in long-term adjustment to an ART cycle can help health care professionals to tailor interventions to the specificities of the different periods of ART treatment, helping couples to cope with their experience of infertility and ART, not only during but also after treatment.

Undergoing ART has been described as a demanding experience, with couples stating that the emotional aspects of treatment are more stressful than physical ones (Hammarberg et al., 2001). Overall, the treatment period is a stressful experience, but also a period of elevated optimism (Boivin & Takefman, 1996) and hopefulness (Slade, Emery, & Lieberman, 1997).

Albeit some negative reactions, research has in general documented good levels of adjustment during ART procedures (Eugster & Vingerhoets, 1999; Verhaak, Smeenk, Evers, et al., 2007). Reports highlight high levels of negative emotionality (Slade et al., 1997), but scarcely over the normative range. When examining the impact of ART just after treatment, results point out that adjustment largely depends on the treatment outcome: couples with unsuccessful treatments clearly showed more adjustment difficulties and evaluated the overall experience as less positive, when compared to couples that achieved pregnancy (Holter, Anderheim, Bergh, & Moller, 2006; Verhaak, Smeenk, Evers, et al., 2007).

Several studies have documented differences in long term couples' emotional recovery, indicating that the initial difficulties experienced after a failed cycle may endure with time. For instance, Slade et al. (1997), who compared infertile couples who achieved and did not achieve pregnancy with IVF at intake for IVF and six months after treatment outcome, did not find group differences at intake. However, six months after non pregnant women reported higher anxiety and depression, poorer marital adjustment, higher sexual dissatisfaction and also higher negative emotional reactivity than pregnant women. Results in men were similar, although less consistent (Slade et al., 2007).

Taking into account three different time moments (before the start of medication prior to IVF, 4-6 weeks after pregnancy test and six months after last treatment cycle), Verhaak and colleagues (Verhaak, Smeenk, van Minnen, Kremer, & Kraaijmaat, 2005) found that, in the nonpregnant group, there was an increase in anxiety and depression from the first to the second assessment that did not decrease until the third assessment, six months after treatment, suggesting no immediate recovery from the intense negative emotional reac-

tions experienced after treatment failure. However, in a later study the authors investigated the emotional adjustment of these couples three to five years after treatment (Verhaak, Smeenk, Nahuis, et al., 2007), and found that depression and anxiety scores had returned to baseline levels. Albeit this recovery, women that got pregnant after IVF showed better overall well being (lower anxiety and depression) when compared to women who did not get pregnant. Additionally, among the unsuccessful group, women still pursuing pregnancy (medically or passively) reported higher depression and anxiety than women who had abandoned their intents to achieve pregnancy, through defining new life goals or pursuing adoption (Verhaak, Smeenk, Nahuis, et al., 2007). Similar results were also found by Leiblum et al. (1998), who reported that in long-term adaptation (2 to 13 years) after treatment cessation, infertile women who achieved pregnancy reported higher life satisfaction, lower anxiety and lower negative impact of infertility on marriage than infertile women who remained childlessness.

Regarding gender differences, studies examining the reaction during and after ART treatment suggest that women tend to react in a more negative and intense way than men (Moura-Ramos, Gameiro, Soares, Santos, & Canavarro, 2010; Slade et al., 1997). However, results on the pattern of these reactions suggest that although differences were found in the degree of intensity, similarities are found in the patterns of reaction. For instance, in a study that followed infertile couples during a full IVF procedure, although women reported in general higher distress and fatigue, the type and pattern of the reactions were 'remarkable similar' (Boivin et al., 1998, p. 3265) among couple partners. Similarly, when studying short-term adjustment to the first IVF treatment with a prospective design, from before treatment procedures to two weeks after pregnancy, Holter, Anderheim, Berg and Möller (2006) found that women presented stronger emotional reactions in all measurement occasions, but the progression along the three measurement occasions was similar for both partners (namely, for both, after knowing treatment outcome it largely depended on the achievement of pregnancy). That is, although differences in the degree in reaction to treatment can be due to the treatment procedures (as they are, in general, focused on women), they can also be a consequence of normative gender differences (Edelmann & Connolly, 2000), therefore explaining the similarity in the response patterns.

The main purpose of this study was to describe the experience of ART treatment one year after treatment, namely 1) to compare the course of psychosocial adjustment of couples who successfully or unsuccessfully undergone ART treatments; 2) to assess the participants evaluation of their experience one year after the IVF treatment, namely differences between unsuccessful and successful

infertile couples; and 3) to examine differences in the psychosocial adjustment of participants who failed to achieve parenthood regarding their current situation on ART.

METHOD

Procedures and Participants

This study was approved by Ethics Committee of the Coimbra University Hospital. When recruiting participants, a full explanation of the research objectives, the participants' role and the researchers' obligations were given. Participants who agreed to collaborate filled out an informed consent form. In the present study only those couples in which both partners completed the questionnaires at both assessment points were considered.

This was a prospective study. Couples were recruited by the researcher at the Reproductive Medicine Service in Coimbra University Hospitals in the beginning of the ART treatment, during hormonal stimulation phase (T1). One year after this treatment (T2), questionnaires were sent by mail with a prepaid and preaddressed envelope. Sixty-six participants (33 couples) participated in both assessment times.

Participants were couples undergoing an IVF cycle. Women were 32.45 ($SD = 4.04$) years old and men were 34.94 ($SD = 5.66$) years old. Most couples belonged to the medium socioeconomic level (63.6%). Couples were trying to get pregnant for almost six years ($M = 5.55$, $SD = 2.83$), had undergone on average one previous ART treatment ($M = 1.03$, $SD = 0.85$) and infertility was mostly due to female factors (48.5%).

Instruments

The psychosocial adjustment of infertile couples was assessed using the following self-report instruments:

The Emotional Assessment Scale (EAS, Carlson et al., 1989; Portuguese version by Moura-Ramos, 2006) is a 24-item (emotion) scale where subjects are asked to mark how much they feel at the moment on a 10 cm analogical scale. The

Portuguese version of the scale revealed seven factors: anxiety, happiness, fear, guilt, anger, surprise and sadness, with good internal consistency reliability and good construct validity (cf. Moura-Ramos, 2006). In the present sample, Cronbach alpha coefficients ranged from .78 to .90.

The Brief Symptom Inventory (BSI, Derogatis, 1983; Portuguese version by Canavarro, 1999). In this 53-item scale, participants were asked to assess the frequency of specific symptoms during the past week on a 5-point scale (0- *Never* to 5-*Very often*). In the present sample, subscales Cronbach alpha coefficients were of .89 and .85 for, on Depression and anxiety, respectively.

Quality of life (QoL) was assessed with the World Health Organization Quality of Life Bref instrument - WHOQoL-bref (WHOQoLGROUP, 1995; Portuguese version by Vaz Serra et al., 2006). This is a 5-point scale with 26-item that assess QoL in relation to four specific domains (physical, psychological, social relationships and environment). In the present sample, Cronbach alpha coefficients for subscales ranged from .76 to .82.

The experience of treatment was retrospectively assessed with two questionnaires adapted from the questionnaire developed by Hammarberg et al. (2001), which were translated to Portuguese. The first scale, "Rating of stressful events in an IVF cycle" assessed women's evaluation of several events related to the IVF treatment (eg. "Starting a cycle", "having oocyte retrieval", having to find out how many eggs had fertilized"), using a scale from 1 (not stressful) to 5 (extremely stressful) (Hammarberg et al., 2001). The second questionnaire, which assessed men's and women's "overall experience of IVF", is composed by 16 items (e. g. "I lost job opportunities due to ART", "My life was on hold while I had ART", "Infertility is no longer an issue in my life"), with a response format from 1 (Totally disagree) to 5 (Totally agree). In the present sample, Cronbach alpha coefficient for this questionnaire was .80.

Data analyses

Data was analyzed using IBM SPSS, version 20.0 (IBM Corporation, Armonk, NY, USA). To examine participants' treatment evaluation, means and standard deviations were calculated compared among successful and unsuccessful groups.

To examine changes in the psychosocial adjustment from the start of an IVF cycle to one year after that cycle, we performed Analysis of variance using the General Linear Model (GLM) for Repeated Measures. Data analyses were performed using the couple as a unit. The database was restructured in order to consider each couple as the subject of the analysis and each partner score was a

different variable, so that within couple differences could be explored. In these analyses, main effects were examined with Group (1 – unsuccessful and 2 – successful) as the between-subjects factor and with Gender (0 – Men; 1 – Women) and Time (1 – M1, 2 – M2) as within-subjects factors. Interactions effects Time X Group were also examined.

Effect sizes are presented in all analysis using partial eta squares (η_p^2), which can be interpreted as the proportion of total variation attributable to the factor, partialling out (excluding) other factors from the total nonerror variation. Effect size was interpreted as follows: $\eta_p^2 = .01$ a small effect size, $.06$ a medium effect size and $.14$ large effect size. *Post hoc* power calculations demonstrated that the achieved sample size was sufficient to detect only large effects [$f = 0.46$, $p < .05$, power = .80, G*Power 3] (Faul, Erdfelder, Lang, & Buchner, 2007). Significance level used was .05. However, because small to medium effects would not be detected, marginally significant differences ($p < .1$) will also be reported and discussed.

RESULTS

Changes in the psychosocial adjustment of infertile couples from ART treatment to one year after

At T1, there were no differences in any of the outcomes assessed between successful and unsuccessful couples (all p values are above .05). Table 1 presents the descriptive statistics of participants' emotional reactivity in T1 and T2.

Table 1. Descriptive statistics

	T1 (6 th day hormonal stimulation prior to IVF)				T2 (12 months after IVF)			
	Unsuccessful (Mean $\pm$ SE)		Success (Mean $\pm$ SE)		Unsuccessful (Mean $\pm$ SE)		Success (Mean $\pm$ SE)	
	Women	Men	Women	Men	Women	Men	Women	Men
Emotional reactivity								
Anxiety	42.48 $\pm$ 26.40	40.07 $\pm$ 19.17	53.15 $\pm$ 26.45	46.10 $\pm$ 26.18	41.29 $\pm$ 27.96	38.04 $\pm$ 26.74	24.65 $\pm$ 17.97	29.69 $\pm$ 19.87
Happiness	51.31 $\pm$ 28.81	51.45 $\pm$ 27.48	55.08 $\pm$ 28.60	53.67 $\pm$ 28.51	42.83 $\pm$ 24.20	43.19 $\pm$ 27.57	82.07 $\pm$ 16.42	82.51 $\pm$ 15.46
Fear	23.20 $\pm$ 26.06	12.48 $\pm$ 10.85	30.19 $\pm$ 22.89	19.42 $\pm$ 11.82	18.91 $\pm$ 19.84	19.20 $\pm$ 16.78	12.58 $\pm$ 11.18	17.96 $\pm$ 11.51
Guilt	19.94 $\pm$ 21.45	21.06 $\pm$ 17.08	24.17 $\pm$ 16.58	19.05 $\pm$ 10.47	20.42 $\pm$ 16.89	21.81 $\pm$ 16.43	12.47 $\pm$ 10.88	15.26 $\pm$ 12.10
Anger	18.40 $\pm$ 30.12	16.02 $\pm$ 19.94	21 $\pm$ 26.71	14.36 $\pm$ 16.14	20.21 $\pm$ 25.27	23.93 $\pm$ 23.50	7.64 $\pm$ 10.02	8.50 $\pm$ 8.56
Sadness	26.36 $\pm$ 31.96	30.04 $\pm$ 25.94	34.54 $\pm$ 27.70	32.29 $\pm$ 30.72	38.39 $\pm$ 35.72	44.61 $\pm$ 29.42	8.29 $\pm$ 11.29	9.29 $\pm$ 14.85
Emotional distress								
Depression	0.98 $\pm$ 0.97	0.57 $\pm$ 0.62	1.00 $\pm$ 0.66	0.54 $\pm$ 0.55	0.93 $\pm$ 1.10	0.57 $\pm$ 0.48	0.61 $\pm$ 0.65	0.40 $\pm$ 0.35
Anxiety	0.97 $\pm$ 0.83	0.62 $\pm$ 0.58	1.08 $\pm$ 0.77	0.69 $\pm$ 0.39	0.92 $\pm$ 0.90	0.65 $\pm$ 0.50	0.70 $\pm$ 0.78	0.56 $\pm$ 0.38
Quality of life								
Physical	76.13 $\pm$ 14.19	82.63 $\pm$ 10.65	73.72 $\pm$ 13.63	79.96 $\pm$ 12.34	74.06 $\pm$ 14.67	79.91 $\pm$ 7.61	74.75 $\pm$ 11.42	80.65 $\pm$ 12.89
Psychological	72.37 $\pm$ 13.76	74.97 $\pm$ 15.39	72.02 $\pm$ 12.06	79.76 $\pm$ 10.95	69.30 $\pm$ 20.91	76.29 $\pm$ 10.06	76.49 $\pm$ 11.16	83.08 $\pm$ 9.74
Social Relation	77.19 $\pm$ 11.73	77.88 $\pm$ 13.33	70.83 $\pm$ 14.89	70.54 $\pm$ 15.20	74.12 $\pm$ 13.58	72.59 $\pm$ 8.68	73.81 $\pm$ 11.72	72.59 $\pm$ 12.40
Environmental	64.64 $\pm$ 11.97	64.18 $\pm$ 11.57	69.20 $\pm$ 9.08	68.94 $\pm$ 13.79	64.47 $\pm$ 12.68	62.68 $\pm$ 6.12	70.54 $\pm$ 9.55	71.91 $\pm$ 11.82

The Multivariate MANOVA for repeated measures revealed a Time X Group significant interaction effect, $F(7,25) = 2.56, p = .039, h_p^2 = .42$ regarding emotional reactivity. Anxiety and Guilt also qualified for a Time X Gender X Group significant interaction effect, $F(1,31) = 5.43, p = .026, h_p^2 = .15$ and $F(1,31) = 4.77, p = .037, h_p^2 = .13$, respectively, showing that the pathway from T1 to T2 between the successful group and unsuccessful group has some differences between men and women. Detailed analysis for men and women revealed that differences from T1 to T2 occurred in the successful group, while no changes occurred in the unsuccessful group. For the women of the successful group, anxiety, $F(1,13) = 22.98, p < .001, h_p^2 = .64$, fear, $F(1,13) = 5.74, p = .032, h_p^2 = .31$, anger, $F(1,13) = 11.18, p = .005, h_p^2 = .64$, guilt, $F(1,13) = 5.22, p = .04, h_p^2 = .29$, and sadness $F(1,13) = 14.707, p = .002, h_p^2 = .53$ sharply decreased, while happiness increased, $F(1,13) = 10.71, p = 0.006, h_p^2 = .45$. As can be seen, all effects size were large, suggesting sharp changes for this group from T1 to T2. Figure 1 depicts men's and women's significant changes from baseline to 12 months after for unsuccessful and successful groups.

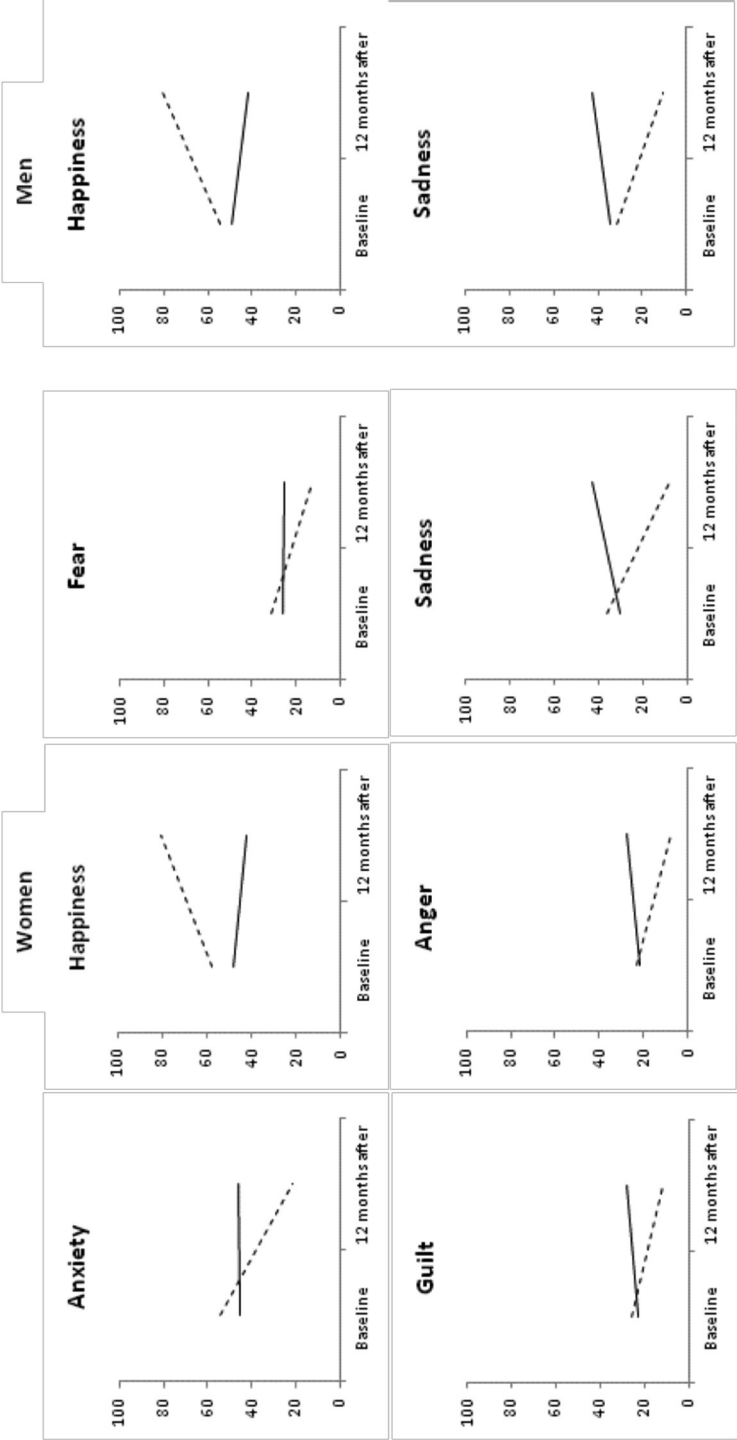


Figure 1. Changes in women's and men's emotional reactivity from baseline to 12 months after IVF cycle in unsuccessful (straight line) and successful (dotted line) groups.

Emotional distress

Emotional distress had a multivariate significant effect only for gender [$F_{2,30} = 3.445, p = .045, h_p^2 = .19$], and not for time, suggesting that significant differences were found in men and women in both times assessed. Univariate analysis showed that women reported higher values in depression $F(1,13) = 7.02, p = .013, h_p^2 = .19$, and anxiety, $F(1,13) = 5.79, p = .022, h_p^2 = .16$, than men in both times assessed in both groups. No group differences were found in anxiety and depression.

Quality of life (QoL)

Quality of life qualified for Group, Time and Gender effects, although distinctly for the different measures of QoL. In the Psychological domain of QoL there was a marginal significant Time X Group interaction effect. Couples from unsuccessful group decreased QoL scores from T1 to T2, while successful couples increased their QoL in psychological domain $F(1,31) = 2.82, p = .1, h_p^2 = .08$. A gender effect was also present, indicating that men had higher QoL in the Psychological domain than women in both times assessed and both groups $F(1,31) = 4.34, p = .046, h_p^2 = .12$. A similar gender effect was found regarding QoL in the physical domain: men reported higher values of QoL in the physical domain than women $F(1,31) = 7.76, p = .009, h_p^2 = .20$. Quality of life in social relations domain qualified for a marginally significant Time X Group X Gender effect $F(1,31) = 4.34, p = .094, h_p^2 = .09$. There was an increase of QoL scores in the social relations domain for couples from the successful group and a decrease in the scores of couples from the unsuccessful group from T1 to T2, but just for men $F(1,31) = 13.54, p = .001, h_p^2 = .30$ and not for women $F(1,31) = 2.76, p = .11, h_p^2 = .08$.

Examining the experience of Assisted Reproductive Technology

Rating of stressful events in an IVF cycle

Figure 2 depicts participants' rating of events regarding the IVF cycle. Events that were rated as highly stressful or extremely stressful were "waiting to find how many eggs had fertilized" ($M = 3.9, SD = 1.06$), "waiting to find out if pregnant after embryo transfer" ($M = 4.2, SD = 0.87$), "having pregnancy test" ($M = 4.0, SD = 1.15$), and "finding out that the cycle had been unsuccessful" ($M = 3.95, SD = 1.10$).

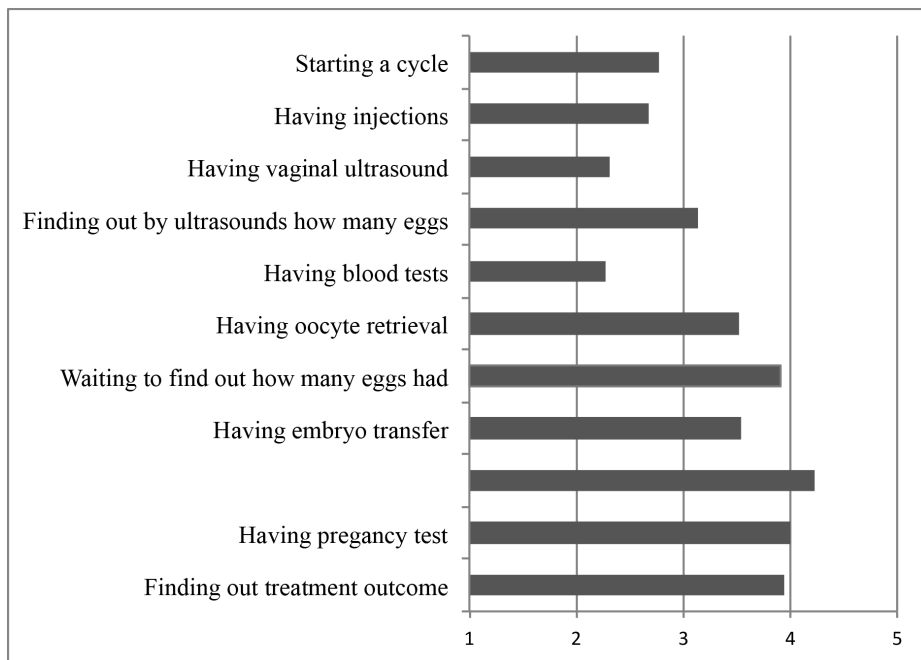


Figure 2. Participants' ratings of stressful events of an IVF cycle.

The questionnaire was adapted from the questionnaire by Hammarberg et al. (2001)

Overall Experience of ART treatment one year after

Results clearly indicated that undergoing ART was a positive experience for both successful and unsuccessful couples (see Table 2), although participants who had a successful IVF tended to evaluate it more positively than participants who had a failed IVF cycle ($t = -3.75, p < .001$). Women who failed to get pregnant tended to rate the overall experience of IVF as more positive than their partners ($M = 4.18, SD = 0.60$ vs. $M = 3.27, SD = 1.19, p = .043$). No other differences were found between couple partners. When comparing participants from successful and unsuccessful couples, significant differences were found and they mainly relied on overcoming the experience. Indeed, patients from the unsuccessful group tended to evaluate more negatively (e.g. "Looking back I regret that I had IVF") and disagree to a larger extent, when compared with participants from the successful group, that the infertility experience is in the past ($M = 5.45$ vs. $M = 3.42, p < .001$). That is, the evaluation of the infertility experience and its effect in participants' life is affected by current treatment outcome.

Table 2. Participants' overall experience of IVF

Items	Successful IVF		Unsuccessful IVF		t test	p value
	M	SD	M	DP		
1 Looking back I regret that I had IVF	1.14	0.35	1.45	0.68	2.212	.032
2 I delayed career moves due to IVF	1.23	0.88	1.58	0.92	1.218	.229
3 I'm glad I tried IVF	4.64	0.49	4.16	0.90	-2.469	.017
4 I lost job opportunities due to IVF	1.23	0.53	1.68	1.08	2.011	.050
5 My life was on hold while I tried IVF	2.18	1.10	2.35	1.45	0.472	.639
6 My relationship to my partner suffered due to IVF	1.59	0.96	1.74	0.10	0.551	.584
7 My experience of IVF is in the past and does not cross my mind anymore	4.23	0.81	3.32	1.22	-3.027	.002
8 I wish IVF did not exist	2.00	1.20	1.84	1.19	0.677	.629
9 Overall, the experience of IVF was positive	4.45	0.74	3.42	1.18	-3.928	<.001
10 My life as a whole was negatively affected by having IVF	1.45	0.67	2.19	1.11	2.782	.008
11 I still hope to become pregnant	3.59	1.05	4.42	1.09	2.766	.008
12 Infertility is no longer an issue in my life	3.23	1.03	1.90	1.16	-4.418	<.001
13 I will always be sad that I did not have children	2.50	1.23	3.65	1.08	3.542	.001
14 I am a happier person now that I am no longer involved in IVF	2.41	1.33	2.29	1.21	-.337	.738
15 To have IVF was an ordeal	1.82	.80	2.19	1.11	1.538	.180
16 I had IVF so that would not regret that I had not tried everything	2.09	1.41	2.26	1.26	0.452	.653
Total score	1.92	0.40	2.43	0.54	3.751	<.001

Notes: Items 3, 7, 9, and 12 were reverse coded for calculating total score. Statistical significant effects are in bold type. This questionnaire was adapted from the questionnaire developed by Hammarberg et al. (2001)

Differences in emotional reactivity regarding current situation on ART

Finally, we specifically tested for differences in for Emotional reactivity regarding current situation on ART of participants from the unsuccessful group, i.e., 1) couples that were still trying to get pregnant through ART, and 2) couples who had stopped ART treatments after the failed IVF cycle.

Results showed that only the main effect of group, and not the interaction effect (Group X Gender), was significant. Men and women who were still undergoing ART reported higher anxiety, $F(1,31) = 8.201$, $p = .007$, $h_p^2 = 0.20$ and fear, $F(1,33) = 5.297$, $p = .028$, $h_p^2 = 0.14$). Marginally significant results found are suggestive of the same pattern, indicating that men and women who are still undergoing ART report higher guilt, $F(1,31) = 3.708$, $p = 0.063$, $h_p^2 = 0.10$, surprise, $F(1,31) = 3.957$, $p = .055$, $h_p^2 = 0.11$, and sadness $F(1,31) = 3.617$, $p = .026$, $h_p^2 = 0.10$.

DISCUSSION

The main aim of the present study were to describe changes on emotional reactivity of infertile couples from ART treatment to one year later and to describe their evaluation of the experience of an ART cycle. For this purpose, we used a couple based analytic approach in a longitudinal design, with both prospective and retrospective assessment. The main finding of the study was that emotional adjustment after an ART cycle was largely influenced by the treatment outcome, that is, successful couples clearly presented better psychosocial adjustment than unsuccessful couples. Nevertheless, in both cases men and women evaluated the ART experience as positive.

The assessment of changes from the ART cycle to one year after indicated that achieving pregnancy did have an impact on emotional reactivity but not on other measures of individual and couple adjustment. Indeed, couples who have achieved pregnancy reported an increase in positive emotionality (e. g. happiness) and a decrease in negative emotionality (sadness and anger), while the nonpregnant group remained stable (although below the presumed fertile group). No group differences were found in emotional distress.

These results are in line with previous research that suggest that emotional reactivity, but not emotional distress, is affect by undergoing ART, during the treatment itself (Moura-Ramos et al., 2010) or six months after treatment (Slade et al., 1997), although contradicting Verhaak, Smeenk, van Minnen et al. (2005) results, which revealed that after 6 months after the last ART cycle, men and women still reported higher anxiety and depression when compared to the pretreatment assess-

ment. Methodological issues, namely the period assessed, may explain some of these differences: While Verhaak, Smeenk, van Minnen et al.'s study assessed pretreatment 4-6 before treatment start, the present day and Slade et al. study assessment occurred during the hormonal stimulation period (8th day and 1st day, respectively).

Regarding quality of life, as in emotional reactivity, couples who had achieved pregnancy reported an increase in the psychological domain scores, while the nonpregnant group reported a decrease. Interesting to note is that men reported the same pattern on the social domain of QoL, but women did not. Although it has been suggested that more men than women keep the infertility a secret (Van Balen & Trimbos-Kemper, 1994), which could have a detrimental effect in their social relations during treatment and after a failed ART cycle, this association remains unclear, needing further investigations in future research.

This study results suggest that failure to achieve pregnancy does not aggravate negative emotional reactivity but they also highlight that there was no recovery from the treatment period, which has been described as a phase of intense negative emotional reactivity (Moura-Ramos et al., 2010). Our results also highlight some differences between couple partners pathway along time, clarifying that changes in emotional reactivity along time are less marked in men, when compared to their partners. Nevertheless, we may also conclude that the patterns of response between couple's partners tend to be similar, as Boivin et al. (1998) has shown.

The retrospective analysis of the experience of ART indicated that in general, for all participants, undergoing an ART cycle was a positive experience and no one regretted it, regardless of its outcome. However, differences were found in both men and women among the couples who achieved and who did not achieved pregnancy regarding overcoming the infertility experience: participants who did not achieve pregnancy more strongly felt that infertility was still an issue in their lives, which is consistent with the results reported by Hammarberg et al. (2001). The evaluation of the stressfulness of the ART cycle events also suggested that the events that were rated as more stressful were not the more intrusive procedures but the ones related with the uncertainty of the outcome. Therefore, it may be that is not the treatment procedures themselves, but the expectations that are associated with it, that affect treatment adjustment, as suggested by Boivin et al. (1998) and found by Hammarberg et al. (2001).

A major strength of the present study was its prospective nature, because it allowed following the same couples along a 12 months period. Another important strength was the consideration of both couple members, allowing for comparison of each partner's scores. The use of different psychosocial wellbeing indicators also allowed for the distinction of pathological and non pathological reactions, which, in our consideration, lead some light in understanding the emotional reaction of infertile couples to an ART cycle. In particular, the assessment of emotional reactivity and

quality of life allowed for the detection of group differences not detected by measures of psychological distress. Despite the aforementioned strengths, important limitations should be considered. The study sample was small, which limits the generalizability of our findings. As power analyses showed that small to medium effects may have been ignored, the results should be interpreted with caution. In addition, the study did not take into account clinical variables that may have affected couples' experience, such as previous failed assisted reproduction treatments.

The results of our study have several implications for research and for clinical practice with infertile couples. Events associated with treatment outcome were rated as more stressful, suggesting that those couples' expectations about the success of treatment can interfere with their emotional adjustment. Health care professionals should therefore develop interventions in order to help patients deal with the anxiety associated with these events. Additionally, negative emotionality during and after treatment should be addressed, to promote a better adjustment to a failed ART cycle and consequently to reduce dropout rates.

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Primeiros Socorros Psicológicos: Intervenção psicológica na catástrofe

Maria João Beja¹, Alda Portugal², Joana Câmara³, Cláudia Berenguer⁴,
Ana Rebolo⁵, Carlota Crawford⁶ e Dinis Gonçalves⁷

Psychological First Aid: Psychological intervention in disaster

Abstract

Catastrophes can be defined as traumatic incidents conducting to major life, health and or material losses, affecting many individuals. The increasing occurrence and magnitude of these incidents led to the consciousness of its impact on psychological functioning and mental health have promoted the development of structured and organized interventions. Psychological First Aid joints several principles and guidelines in an early catastrophe intervention intending the promotion of emotional and psychological stability in individuals affected by critical incidents. This article intends to contribute to the theoretical systematization in an emerging study field in Portugal.

Keywords: Disaster; Psychosocial intervention; Psychological first aid; RAPID-PFA model.

1 Universidade da Madeira. Email: mjoao@uma.pt

2 Universidade da Madeira. Email: alda.portugal@staff.uma.pt

3 Mestrado em Neuropsicologia da Universidade Católica Portuguesa. Email: joana.fcâmara@gmail.com

4 Mestrado Integrado em Psicologia Clínica do ISPA. Email: claudia.berenguer@hotmail.com

5 Mestrado Integrado em Psicologia Clínica do ISPA. Email: catarinarebolo@hotmail.com

6 Mestrado da Educação da Universidade da Madeira. Email: carlota_mana_7@hotmail.com

7 Licenciatura em Psicologia da Universidade da Madeira. Email: dinis97live@gmail.com

Resumo

As catástrofes são acontecimentos traumáticos que provocam grandes perdas de vida, com implicações na saúde e/ou materiais que podem afetar muitas pessoas. O incremento da ocorrência e magnitude destes incidentes conduziu a uma consciencialização crescente sobre o impacto das mesmas ao nível do funcionamento psicológico e da saúde mental, assim como da importância do desenvolvimento de uma intervenção precoce cuidadosamente estruturada e organizada. Os Primeiros Socorros Psicológicos foram desenvolvidos como uma forma de intervenção de apoio psicossocial precoce e englobam um conjunto de princípios e diretrizes orientadas para a promoção da estabilização emocional em indivíduos afetados por incidentes críticos. Este artigo pretende contribuir para a sistematização dos conhecimentos nesta área de estudos que se encontra numa fase emergente em Portugal.

Palavras-chave: catástrofe; intervenção psicossocial; primeiros socorros psicológicos; modelo RAPID-PFA

INTRODUÇÃO

As catástrofes podem ser naturais ou provocadas pelo Homem, climáticas ou tecnológicas, expetáveis ou imprevisíveis, e afetam necessariamente um vasto leque de sujeitos a nível material, físico e psicológico (Franco, 2015). Os eventos críticos, provavelmente mais frequentes nas atuais circunstâncias ambientais e climáticas, por um lado, e sociopolíticas, por outro, apresentam-se como períodos pautados pela instabilidade e desequilíbrio físico e psíquico. Acontecimentos como catástrofes naturais, conflitos armados, terrorismo, epidemias suscitam uma miríade de reações desadaptativas que podem vir a comprometer a integridade biopsicossocial do ser humano, pelo que urge fazer face a esses fenómenos de cariz multivariável e auxiliar os seres humanos que os vivenciam (Inter-Agency Standing Committee, 2007).

A intervenção na catástrofe contempla uma vasta panóplia de metodologias e técnicas que operam no sentido de potenciar na vítima a resiliência através do desenvolvimento de mecanismos protetores e de perceções de autoeficácia, que lhe permitam: (a) lidar com o evento traumático, (b) promover a recuperação e a reorganização do seu funcionamento nos diferentes contextos e (c) diminuir a probabilidade de evolução para quadros psicopatológicos severos (Ohio Mental Health & Addiction Services, 2013).

Os Primeiros Socorros Psicológicos constituem uma abordagem de intervenção na catástrofe que visa ajudar os indivíduos na minoração do *stress* emocional, no desenvolvimento e na adoção de estratégias de *coping* adaptativas que concedam ao indivíduo a possibilidade de recuperar, ainda que parcialmente, o seu funcionamento físico, cognitivo, emocional e social prévio ao acontecimento catastrófico (National Child Traumatic Stress Network, 2006; Ohio Mental Health & Addiction Services, 2013).

O presente trabalho tem como principais objetivos fazer um breve enquadramento histórico sobre os Primeiros Socorros Psicológicos, identificar os seus aspetos instrumentais e multidisciplinares, bem como os seus elementos nucleares de operacionalização. Pretende-se, ainda, explorar os modelos de intervenção e as suas vantagens, assim como aludir a algumas exigências de índole comportamental, ética e deontológica que se colocam ao nível da prestação dos Primeiros Socorros Psicológicos. Por fim, serão consideradas algumas questões associadas à validação da eficácia dos Primeiros Socorros Psicológicos junto dos indivíduos que experienciaram situações-limite.

Enquadramento Histórico

Não é possível identificar com exatidão o momento em que se iniciou a intervenção psicológica nas catástrofes, contudo, estima-se que tenha sido em meados do século XX (Franco, 2015). Em 1909, Stierlin publicou um estudo intitulado *Psycho-neuropathology as a Result of a Mining Disaster*, no qual apresentou a teoria de intervenção em catástrofes aplicada numa ocorrência concreta: a explosão de uma mina de carvão, em França, que havia ocorrido três anos antes (Mitchell & Everly, 1995 citado por Franco, 2015). Em 1944, a partir do trabalho levado a cabo com sobreviventes de um incêndio em Boston em 1943, fatal para 500 pessoas, Lindemann foi o primeiro a explorar a intervenção psicológica nos momentos que se sucedem a uma catástrofe. Intitulou a sua pesquisa *The Symptomatology of Management of Acute Grief*, na qual abordou elementos caracterizadores do luto e possíveis reações típicas de um sobrevivente a uma catástrofe (Franco, 2015). Porém, é apenas no final da 2ª Guerra Mundial que emerge pela primeira vez a designação de Primeiros Socorros Psicológicos, não como a conhecemos hoje, mas como técnica de *debriefing* psicológico, estratégia que se foca na expressão de sentimentos e no relato da situação traumática (Fox et al., 2012). Mais tarde, Thorne (1952, citado por Everly, Perrin & Everly, 2008) assinalou que a capacidade para reconhecer rápida e prontamente os indícios reveladores de sequelas psicológicas disruptivas era um alicerce para uma intervenção psicológica eficaz. Este autor

propôs que as intervenções, no contexto de incidentes críticos, devessem abarcar técnicas como a estabilização, a catarse e o aconselhamento. Posteriormente, em 1954, os Primeiros Socorros Psicológicos foram referenciados numa monografia publicada pela Associação Americana de Psiquiatria (Everly, Barnett & Links, 2012). A partir de então seguiu-se um período em que foram praticamente inexistentes as pesquisas no âmbito dos Primeiros Socorros Psicológicos. Nas décadas de 70 e 80 foi desenvolvido, em contexto militar, um modelo amplamente adotado por profissionais de saúde, bombeiros e polícias para fazer face a situações de catástrofe e emergência, o *Critical Incident Stress Management* (CISM), que albergava uma componente designada *Critical Incident Stress Debriefing* (CISD) (Uhernik & Husson, 2009; Van Emmerik, Kamphuis, Hulsboch & Emmelkamp, 2002). A partir da década de 80, assistiu-se a uma forte tendência para explorar novas formas e estratégias de intervenção psicológica no quadro das catástrofes. Foi em meados da década de 90 que começaram a surgir investigações que aludiam à diminuta eficácia do CISD e às repercussões negativas associadas à sua implementação. Considerava-se que esta ferramenta de intervenção não só não reduzia a sintomatologia característica da Perturbação de Stress Pós-Traumático e da Perturbação Depressiva Major, como poderia potenciar a “retraumatização” dos sobreviventes e prestadores de apoio dado a sua exposição à “ventilação catártica” de sentimentos e emoções (Raphael, Meldrum & McFarlane, 1995; Rose, Bisson, Churchill & Wessely, 2005; Van Emmerik et al., 2002).

Em 1991 foi desenvolvido pela Cruz Vermelha o Centro de Apoio Psicológico de Copenhaga, constituindo-se como um centro de referência ao nível do trabalho desenvolvido na área das catástrofes. Um dos seus principais objetivos consistia no fornecimento de orientações à Federação Internacional e às Sociedades Nacionais da Cruz Vermelha (Cherpitel, 2001 citado por Franco, 2015). Em 1991 a *Inter-Agency Standing Committee* (IASC) foi fundada com o propósito basilar de dar resposta a situações de catástrofe e emergência (Fox et al., 2012; Everly et al., 2012). Em 1992, a IASC foi aprovada pela Assembleia Geral das Nações Unidas com a finalidade de estabelecer a coordenação entre as agências de ajuda humanitária, promovendo a eficácia da ajuda humanitária, nomeadamente através da partilha de recursos e conhecimentos na área do apoio psicossocial em situações de emergência (Fox et al., 2012; Everly et al., 2012; IASC, 2007). Mais tarde, a comunidade internacional dedicou-se à construção e implementação de diretrizes respeitantes aos Primeiros Socorros Psicológicos, gradualmente consagrados como dimensão central de intervenção junto de vítimas de incidentes críticos. Com os atentados de 11 de Setembro de 2001 em Nova Iorque, verificou-se um novo e mais intenso impulso a nível das investigações, desenvolvimento de diretrizes e operacionalização dos Primeiros Socorros Psicológicos no quadro da intervenção psicológica na crise (Shultz & Forbes, 2014).

Atualmente, os Primeiros Socorros Psicológicos têm vindo a ser alvo de um amplo escrutínio, sendo amplamente recomendados por múltiplas organizações e entidades internacionais de renome, como a Organização Mundial de Saúde (OMS), a Federação Internacional da Cruz Vermelha, o *National Center for Post Traumatic Stress Disorder* (NCPTS), o *Disaster Mental Health Institute of the University of South Dakota*, as *Red Crescent Societies*, entre outras (Fox et al., 2012; McCabe et al., 2014). Além disto, as crescentes ameaças e ataques terroristas (e.g., Nova Iorque, Londres, Madrid), veiculados ou difundidos pelos serviços de comunicação social, vieram reforçar a necessidade de aprofundar esta temática (Fischer & Ali, 2008).

Aspetos instrumentais e multidisciplinaridade dos Primeiros Socorros Psicológicos

Os Primeiros Socorros Psicológicos representam uma abordagem de apoio psicossocial dirigida a grupos de indivíduos e/ou comunidades afetadas por situações de catástrofe, de origem natural ou humana (National Child Traumatic Stress Network, 2006). Pretende-se que a atuação, ao nível dos Primeiros Socorros Psicológicos junto das vítimas, seja o mais precoce possível, no sentido de reduzir o *stress* causado pelos eventos traumáticos e, assim, promover um funcionamento adaptativo a curto e a longo prazo (National Child Traumatic Stress Network, 2006). Os Primeiros Socorros Psicológicos incluem a recolha de informação básica, que permita a realização de avaliações rápidas sobre as necessidades e preocupações imediatas dos sobreviventes; compreendem o conjunto de estratégias de sinalização precoce de indícios reveladores de disfunção despoletados pelo episódio crítico, tendo por objetivo a inviabilização ou, pelo menos, a mitigação da progressão de tais indícios para condições crónicas; consistem, ainda, numa resposta de cariz humanitário, marcada pela compaixão e solidariedade, cujo enfoque reside na prestação de auxílio e suporte psicossocial não intrusivo e consentido (Australian Psychological Society, 2013; Bradel & Bell, 2014; National Child Traumatic Stress Network, 2006; The Sphere Project, 2011; World Health Organization, 2013). De facto, os Primeiros Socorros Psicológicos mobilizam aspetos básicos e fundamentais da experiência humana, podendo ser concetualizados como uma forma de operacionalização do “bom senso comum” (Shultz & Forbes, 2014).

Os Primeiros Socorros Psicológicos não constituem um método de diagnóstico, uma intervenção psicoterapêutica, uma forma de tratamento, nem tão pouco um modo de *debriefing* psicológico ou alguma espécie de interrogatório de carácter mais invasivo; em suma, não almejam substituir a intervenção terapêutica. Por isso mesmo, não se colocam exigências rígidas quanto à seleção dos agentes que procedem à aplicação dos Primeiros Socorros Psicológicos, pelo que esta pode ser

realizada tanto por equipas de profissionais que intervêm em situações de crise, como por indivíduos com formações de base variadas, desde que devidamente treinados (Ohio Mental Health & Addiction Services, 2013; World Health Organization, World Vision International & The United Nations Children's Fund, 2014).

Um aspeto fulcral a ter em consideração é o local e as características das infraestruturas onde os Primeiros Socorros Psicológicos são providenciados. Idealmente, estas devem ser seguras, minimamente confortáveis, espaçosas e resguardadas, i.e., distantes de quaisquer estímulos visuais ou sonoros provenientes do episódio crítico (Australian Psychological Society, 2013). Se nem sempre for possível reunir as condições enunciadas, devem ser ressaltados pelo menos os atributos da segurança e da distância mínima em relação ao local afetado. Alguns dos locais mais recorrentes para a prestação dos Primeiros Socorros Psicológicos são os centros comunitários, centros de saúde, escolas e outras instituições (World Health Organization, War Trauma Foundation & World Vision International, 2011). Um dos pressupostos subjacentes aos Primeiros Socorros Psicológicos é o de que todos os seres humanos são detentores de aptidões intrínsecas de *coping* que lhes permitem fazer face às adversidades, bem como superar os desafios impostos pelos eventos iminentemente traumáticos. Assim, a existência de um contexto favorável que reúna as condições requeridas para a satisfação das necessidades elementares do indivíduo, consonante com as suas especificidades, acaba por revelar-se como condição indispensável para o fomento e o desenvolvimento de tais capacidades (Snider, Chehil, & Walker, 2012; World Health Organization, 2013).

No contexto específico da intervenção psicológica em circunstâncias de catástrofe, Erra e Mouro (2014) reforçam a importância de um compromisso entre as diferentes entidades públicas e privadas, assim como a necessidade de elaboração de um plano nacional de atuação especificamente concebido para fazer face a situações desta natureza. As autoras consideram fulcral que haja uma intervenção sistémica e articulada entre os diferentes organismos, nomeadamente a proteção civil, os bombeiros, as forças policiais e de segurança, as equipas médicas e psicossociais e a segurança social (Autoridade Nacional de Proteção Civil, 2013; Erra & Mouro, 2014). A intervenção multidisciplinar, pautada pela interdependência e complementaridade, conduz à edificação de uma resposta consolidada e eficaz no domínio das situações-limite. Suplementarmente, a definição e planeamento de uma resposta de emergência que compreenda estas particularidades requer um conhecimento prévio dos recursos locais preexistentes, aliado à aferição da sua acessibilidade por parte dos elementos integrantes da comunidade envolvente (Erra & Mouro, 2014).

Deste modo, na sequência de uma catástrofe é necessário adotar como ponto de referência um conjunto de procedimentos operacionais padronizados que conste de um plano nacional de emergência que, por sua vez, contemple seis estádios de

intervenção indispensáveis, designadamente: a mobilização de equipas médicas e de apoio psicossocial para os locais afetados; a prestação de suporte socio emocional individualizado a par da administração de Primeiros Socorros Psicológicos (às vítimas primárias, secundárias e terciárias); a evacuação da população de risco e de especial vulnerabilidade, mais concretamente crianças, adolescentes, grávidas, idosos, pessoas com necessidades especiais e doentes; a disponibilização de apoio logístico à população-alvo por via da distribuição de bens de primeira necessidade (mantimentos, agasalhos, abrigo) e do suprimento das suas necessidades elementares (fisiológicas e de segurança) e, se necessário, da prestação de cuidados médicos imediatos; a realização de operações de busca e/ou de reencaminhamento de pessoas desaparecidas para os seus familiares; e, por fim, o reconhecimento de vítimas mortais e subsequente prestação de suporte psicológico particularizado aos familiares das vítimas (Autoridade Nacional de Proteção Civil, 2013; Erra & Mouro, 2014; IASC, 2007; World Health Organization, War Trauma Foundation & World Vision International, 2011).

Em suma, podemos constatar que os Primeiros Socorros Psicológicos se traduzem num processo complexo, multifacetado e transdisciplinar de resposta em situações de catástrofe em que se torna fundamental a articulação da intervenção estritamente psicológica com as demais vertentes disciplinares e operacionais, quer no cenário pós-catástrofe, quer no domínio da prevenção (Autoridade Nacional de Proteção Civil, 2013).

Operacionalização da Intervenção

Elementos nucleares dos Primeiros Socorros Psicológicos

Segundo Uhernik e Huson (2009) e Allen et al. (2010), os princípios e técnicas que subjazem aos diversos modelos de Primeiros Socorros Psicológicos atendem a quatro pré-requisitos centrais: (a) serem consistentes com as evidências empíricas em matéria de risco e resiliência no seguimento de experiências traumáticas; (b) serem passíveis de implementação em contextos distintos; (c) adequarem-se a diversas faixas etárias; (d) e, finalmente, incorporarem na sua intervenção as especificidades culturais por forma a serem administrados de modo flexível.

Foram identificados por Hobfoll et al. (2007) cinco elementos nucleares dos Primeiros Socorros Psicológicos: segurança, estabilização emocional, união, autoeficácia e esperança. No que concerne à segurança, é fulcral minimizar ou evitar a exposição a ameaças de natureza diversa daquela que deu azo à situação crítica,

intervindo aqui as componentes da assistência logística, médica e psicológica, referidas anteriormente. Relativamente à estabilização emocional, esta poderá ser atingida através da disponibilidade para ouvir a história singular de cada indivíduo afetado e para compreender as emoções que o episódio crítico desencadeou, sendo importante que a partilha seja voluntária e não forçada. Quanto à união, é necessário ajudar as vítimas a entrarem em contacto com o seu núcleo familiar e amigos próximos, fornecer informações precisas e pertinentes, além de direccionar as vítimas para os serviços de apoio disponíveis. O técnico de Primeiros Socorros Psicológicos deve, também, promover as competências de autoeficácia do sobrevivente, envolvendo-o ativamente na tomada de decisão e na definição de prioridades ao nível da resolução imediata dos problemas. Por fim, os prestadores de Primeiros Socorros Psicológicos devem transmitir uma perspetiva positiva, otimista e realista sobre a recuperação pós-evento traumático (Hobfoll et al., 2007).

A administração dos Primeiros Socorros Psicológicos deve reger-se por oito princípios centrais aos quais subjazem três componentes basilares da atuação, nomeadamente, a observação, a escuta e a aproximação (Uhernik & Husson, 2009; *World Health Organization, War Trauma Foundation & World Vision International*, 2011). Assim, o prestador de Primeiros Socorros Psicológicos deve, em primeira instância, identificar os indivíduos que experienciaram o evento traumático e iniciar o contacto de forma compassiva e não invasiva, considerando que alguns indivíduos poderão não procurar ou consentir este tipo de ajuda. Neste primeiro contacto, o provedor de Primeiros Socorros Psicológicos deve fazer uma nota introdutória sucinta acerca do seu papel e funções de que está incumbido. Em seguida, afigura-se crucial prover segurança e conforto físico e estabilizar as emoções do sobrevivente, por via da sinalização das necessidades que requerem satisfação prioritária e da normalização do seu sofrimento (explicitação da inevitabilidade das reações e comportamentos despoletados pelo episódio crítico), algo que contribui para o decréscimo dos níveis de *stress* e preocupação e pode auxiliar em termos da adoção de algumas estratégias de *coping*. A recolha de informação permite que seja possível priorizar, ou seja, triar e hierarquizar a população que se encontra mais vulnerável, por forma a ser possível intervir com prontidão. A assistência prática consiste na delineação de um plano de ação que faculte ferramentas ao indivíduo para lidar com o acontecimento potencialmente traumático. Através da conexão com a rede social de suporte, é possível auxiliar o indivíduo a estabelecer contacto com os seus familiares e grupo de pares. Em virtude das situações de crise terem um carácter confuso e desorientador passível de obstaculizar as competências que permitem que o indivíduo enfrente as dificuldades, os técnicos que aplicam os Primeiros Socorros Psicológicos devem facultar informação verbal e escrita acerca das estratégias de *coping*, por forma a munir o indivíduo de ferramentas que lhe

permitam lidar com o problema, fomentar um processo resiliente e predispor para um funcionamento adaptativo e integrativo. Se eventualmente as informações partilhadas pelo técnico de Primeiros Socorros Psicológicos forem insuficientes, urge reencaminhar o indivíduo para serviços que lhe facultem um suporte mais especializado (Bradel & Bell, 2014; Uhernik & Husson, 2009).

Modelos de Intervenção: o modelo *RAPID-PFA*

Uma miríade de modelos de Primeiros Socorros Psicológicos, desenhados e estruturados com base numa variedade de critérios e pontos de referência, encontra-se disponível, sendo que, em boa medida, a diferenciação de tais modelos resulta da diferente valorização dos elementos nucleares apresentados anteriormente (Hobfoll et al., 2007; Shultz & Forbes, 2014). Para além disso, cada modelo é detentor de um conjunto de linhas orientadoras e de ações principais que norteiam a intervenção propriamente dita (Shultz & Forbes, 2014).

Everly et al. (2012) contribuíram para o desenvolvimento de um dos modelos mais relevantes de Primeiros Socorros Psicológicos intitulado *RAPID-PFA* (isto é, *Reflective Listening, Assessment, Prioritization, Intervention and Disposition – Psychological First Aid*). Este modelo contempla cinco estádios primordiais de atuação: o estabelecimento da relação, a avaliação, a priorização, a intervenção e, por fim, a monitorização do progresso ou acompanhamento. Segundo Everly e Flynn (2005), o *RAPID-PFA* apresenta oito objetivos fundamentais: (1) ampliar a capacidade de compreensão de uma situação problemática e ouvir ativamente; (2) avaliar e priorizar as necessidades básicas das pessoas; (3) reconhecer reações comportamentais e psicológicas benignas em circunstâncias de crise; (4) reconhecer reações comportamentais e psicológicas severas, potencialmente desestabilizadoras e incapacitantes; (5) mitigar o *stress* agudo com recurso a determinados tipos de intervenções; (6) reconhecer quando é necessário facultar e/ou facilitar o acesso a apoio suplementar ao nível da saúde mental; (7) reduzir potenciais riscos adversos advindos da intervenção e (8) promover a auto-preservação.

O estabelecimento de uma relação empática e harmoniosa entre o técnico de Primeiros Socorros Psicológicos e o sobrevivente, por via da escuta reflexiva e ativa da narrativa do indivíduo afetado, é fundamental na medida em que permitirá a identificação dos aspetos mais relevantes da experiência traumática do indivíduo (McCabe et al., 2014). Assim, o prestador de Primeiros Socorros Psicológicos deve, num primeiro momento, procurar colocar questões abertas e exploratórias que conduzam à compreensão do sucedido e do estado atual do indivíduo (reações associadas) e parafrasear o que é verbalizado pela vítima, de modo a validar e normalizar as suas reações, sentimentos e emoções mais imediatas após o episó-

dio (Everly, McCabe, Semon, Thompson & Links, 2014). A avaliação, por sua vez, consiste na identificação das necessidades idiossincráticas do indivíduo, na análise das reações pós-traumáticas expressas, na averiguação da sua natureza funcional ou disfuncional e no apaziguamento do sofrimento e dor agudas. É nesta fase que o prestador de Primeiros Socorros Psicológicos reúne informações pertinentes a respeito dos fatores que podem facilitar ou obstaculizar a recuperação e restabelecimento de um funcionamento adaptativo, como por exemplo as capacidades do indivíduo para compreender e seguir orientações, expressar emoções de um modo saudável e construtivo, adaptar-se ao contexto e aceder a recursos interpessoais (Everly et al., 2014). Importa referir que, para que tal seja possível, o prestador de Primeiros Socorros Psicológicos deverá colocar questões diretivas e específicas por forma a clarificar potenciais ambiguidades e, deste modo, moldar a sua atuação em virtude das particularidades do indivíduo (McCabe et al., 2014). A priorização afigura-se como uma extensão da avaliação, reportando-se à triagem e hierarquização dos indivíduos mais vulneráveis e que devem ser intervencionados com maior prontidão. De um modo geral, trata-se de uma forma de identificar e distinguir as reações benignas e naturais de eventuais reações disfuncionais e mal-adaptativas. Esta priorização é realizada com base numa multiplicidade de indícios, expressos pela vítima, ao nível da sua capacidade cognitiva (dificuldade em recordar os eventos e resolver problemas), comportamental (incapacidade de discernir as consequências dos seus atos e agir impulsivamente, isto é, autoflagelando-se ou causando dano a outrem), expressão emocional e afetiva, adaptabilidade social, recursos interpessoais (competência para funcionar no quotidiano e realizar tarefas elementares, como tratar da higiene e alimentar-se, cuidar de si e daqueles que dependem de si, trabalhar) e a sua disponibilidade e consentimento para ser intervencionada (Everly et al., 2012; McCabe et al., 2014). No que concerne à intervenção, o prestador de Primeiros Socorros Psicológicos deve mitigar o *stress* agudo, tentar restabelecer as capacidades funcionais do indivíduo por via da adoção de estratégias de *coping* adaptativas (e.g., técnicas de relaxamento, de respiração, de controlo da raiva e de outras emoções negativas) e da promoção da resiliência, do suporte da sua rede de apoio social e do esclarecimento e antecipação das emoções e sentimentos que o indivíduo irá experienciar nos dias subsequentes ao evento limite. Afirmam-se igualmente crucial infundir esperança e uma perspetiva temporal de futuro nos indivíduos afetados, uma vez que em circunstâncias de catástrofe existe uma tendência para agir impulsivamente e tomar decisões precipitadas. De acordo com Everly e Lating (2002, citados por Everly et al., 2012), as metodologias de intervenção cognitivo-comportamentais parecem ter um impacto positivo na diminuição do *stress* agudo e no restabelecimento da calma. Os autores adiantam que modelos educacionais e exploratórios, como por exemplo o modelo de Cannon designado '*Fight – Flight*',

contribuem para diminuir o impacto nefasto das catástrofes. McCabe et al. (2014) acrescentam que o prestador de Primeiros Socorros Psicológicos pode recorrer a técnicas simples para reduzir o *stress* agudo, tais como aconselhar, distrair e orientar o indivíduo, e que em função do nível de disfuncionalidade podem ser adotadas abordagens de autorregulação psicofisiológica (isto é, respiração diafragmática) e de reenquadramento cognitivo. Tal permite ao indivíduo estar mais apto a reaver o controlo sobre a sua vida e retomar os seus hábitos quotidianos (Everly et al., 2008; Everly et al., 2014). Finalmente, para estes autores, a monitorização ou acompanhamento afigura-se central para elucidar o técnico de Primeiros Socorros Psicológicos a respeito do quão bem sucedida foi a sua atuação. Uma das formas de avaliar algum do progresso do indivíduo intervencionado consiste no estabelecimento de um contacto posterior e análise do seu funcionamento básico, direcionado para a avaliação da sua capacidade e disponibilidade para levar a cabo as tarefas diárias mais elementares, prosseguir a sua atividade laboral e estabelecer contacto assíduo com os seus amigos e familiares. Se o indivíduo retomar a sua vida de forma bem sucedida, a intervenção do técnico termina (Everly et al. 2012; McCabe et al., 2014). Porém, se o funcionamento do indivíduo continuar a manifestar-se inadaptativo, poder-se-á seguir um segundo *follow-up*, sendo que a partir do terceiro deverá ser disponibilizado outro tipo de cuidados mais particularizados e que redefinam a abordagem à vítima (Everly et al., 2014).

Benefícios da prestação de Primeiros Socorros Psicológicos

Inúmeras investigações científicas têm vindo a sublinhar o relevo e os benefícios dos Primeiros Socorros Psicológicos nas etapas iniciais da resposta psicossocial a episódios de catástrofe (McCabe et al., 2014). De facto, segundo Bradel e Bell (2014), os indivíduos expostos a catástrofes naturais (e.g., terremotos, furacões, inundações, deslizamentos de terra) e humanas (e.g., atentados terroristas) estão mais suscetíveis de desenvolver determinados quadros psicopatológicos, sendo os mais recorrentes a Perturbação Depressiva Major e as Perturbações de Ansiedade. Além disso, existem outros fatores que precipitam a manifestação destes e outros quadros psicopatológicos, nomeadamente o grau de exposição e magnitude (severidade) do evento traumático, a necessidade de evacuação e deslocação para um local desconhecido, a perda de um ente querido ou de indivíduos conhecidos (luto que se pode tornar complicado), a ausência de uma rede social de apoio, a presença de problemas de saúde pré-existentes, algumas variáveis sociodemográficas específicas (e.g., género e nível socioeconómico), determinados traços de personalidade (e.g., neuroticismo) e mecanismos de atribuição de significado ao acontecimento traumático menos adaptativos (Bradel & Bell, 2014; Franco, 2012; Slaikeu, 1990).

Paralelamente, Bradel e Bell (2014) realçam que os incidentes críticos de carácter ansiógeno e *stressante* desencadeiam frequentemente alterações bioquímicas singulares, por exemplo, o aceleração do ritmo cardíaco e a libertação de adrenalina após a estimulação do sistema nervoso simpático, que predispõem o ser humano para a reação profícua (*fight*), ou para a fuga (*flight*). As circunstâncias propiciadoras de *stress* agudo podem induzir reações de índole fisiológica (e.g., espasmos e dores musculares, comprometimento do sistema imunitário), comportamental (e.g., perturbações alimentares e do sono, fobias) cognitiva (e.g., declínio da atenção seletiva, estados de confusão, incapacidade de resolução de problemas), emocional (e.g., tristeza, raiva, medo), e espiritual (e.g., emergência de questões existenciais multitemáticas: o significado da vida, a intervenção de entidades superiores, o destino) que, por vezes, obstaculizam o desempenho do indivíduo na sua vida quotidiana (Bradel & Bell, 2014; National Child Traumatic Stress Network, 2006).

Neste sentido, e para colmatar toda esta diversidade de impactos potenciais do episódio crítico, os Primeiros Socorros Psicológicos têm como finalidade munir o indivíduo de competências úteis que lhe permitam aprender e desenvolver padrões de resposta adaptativos perante circunstâncias *stressantes*, por forma a fomentar a resiliência e a perseverança (Autoridade Nacional de Proteção Civil, 2013; Chan, Chan, & Kee, 2012). Neste sentido, o constructo de autoeficácia, proposto por Bandura, desempenha um papel central no que diz respeito à eficácia das intervenções. Trata-se de um constructo microanalítico referente às crenças e perceções que um indivíduo tem a respeito das suas competências para desempenhar eficientemente uma tarefa e, por conseguinte, atingir o resultado ambicionado independentemente dos obstáculos que possam surgir. As crenças de autoeficácia revelam-se cruciais para a manutenção da continuidade do esforço e da perseverança em circunstâncias funestas e, como tal, são determinantes na gestão pessoal das consequências da situação traumática (Graham & Weiner, 1996). Com efeito, segundo a *Australian Psychological Society* (2013), as crenças de autoeficácia predizem desfechos mais favoráveis, sendo que os indivíduos mais otimistas, detentores de pensamentos mais positivos, que creem ser capazes de ultrapassar as contrariedades que se interpõem na sua jornada, estão aptos a recuperar mais facilmente das repercussões nefastas advindas da situação traumática. A promoção da autoeficácia de cada indivíduo afigura-se, então, como uma tarefa central para a potenciação da intervenção (Hobfoll et al., 2007).

Considerações deontológicas e perfil do prestador de Primeiros Socorros Psicológicos

A prestação de auxílio em momentos críticos deve ser baseada num conjunto de diretrizes e princípios orientadores de natureza ética e deontológica. No qua-

dro da necessária salvaguarda da dignidade e dos direitos individuais das pessoas afetadas, urge que o técnico de Primeiros Socorros Psicológicos se despoje de todo o tipo de preconceitos e se iniba de qualquer espécie de condenação ou censura relativamente a sentimentos, emoções e atitudes experienciados aquando da situação-limite (Australian Psychological Society, 2013; National Child Traumatic Stress Network, 2006). Outro aspeto a considerar é a confidencialidade e o sigilo das informações partilhadas. Sublinhe-se ainda que a prestação dos Primeiros Socorros Psicológicos deve estar alinhada com as matrizes socioculturais específicas da população afetada, devendo adaptar-se ao contexto sociocultural e étnico em que a intervenção decorre, por exemplo, na adequação da indumentária, no domínio da língua predominante nas populações intervencionadas, na sensibilidade em relação a hábitos e costumes locais e a rituais comportamentais (e.g., perceber se existe alguma objeção no que toca a determinadas formas de contacto corporal, como segurar a mão) e no conhecimento das crenças culturais e religiosas de cada grupo étnico. Estas considerações poderão facilitar ao técnico uma intervenção válida e não invasiva (World Health Organization, War Trauma Foundation & World Vision International, 2011; Ohio Mental Health & Addiction Services, 2013; The Sphere Project, 2011).

Os prestadores de Primeiros Socorros Psicológicos devem deter alguns atributos individuais singulares e obedecer a certos requisitos em termos de perfil pessoal. Em primeiro lugar, devem estar preparados para se submeterem a circunstâncias físicas, emocionais e psicologicamente desafiantes e para intervir em cenários caóticos, pautados pela desolação, destruição, ferimentos alheios e/ou perdas humanas (McCabe et al., 2014; World Health Organization, World Vision International & The United Nations Children's Fund, 2014). Consequentemente, este tipo de ambiente hostil pode revelar-se potencialmente desestabilizador e pernicioso, afetando de modo direto ou indireto tanto o técnico quanto o seu sistema familiar. Como tal, é fundamental que o prestador de Primeiros Socorros Psicológicos goze de boa saúde física e mental e não tenha sido alvo de tratamentos, cirurgias ou restrições dietéticas que comprometam o seu desempenho, nem tenha estado sujeito a experiências de vida emocionalmente exigentes e impactantes (McCabe et al., 2014; World Health Organization, War Trauma Foundation & World Vision International, 2011). O técnico de Primeiros Socorros Psicológicos deve reagir proficua e adaptativamente aos acontecimentos *stressantes* e desgastantes com os quais se depara, contrariando estados como a fadiga, a frustração, a resignação, a desmoralização, a alienação e o alheamento, entre outros. Para que isso seja possível, é fundamental autopreservar-se, algo que se torna particularmente exequível através de atributos como a tolerância, a flexibilidade, a paciência e a sensatez, e de hábitos quotidianos promotores da saúde e bem-estar, designadamente ter uma alimentação equilibrada, hábitos de sono

saudáveis, praticar exercício físico, investir nas relações familiares e interpessoais de modo a desenvolver vínculos sólidos e inquebrantáveis, procurar ter experiências pessoais enriquecedoras e gratificantes, reservar algum tempo para a reflexão, entre outros (Ohio Mental Health & Addiction Services, 2013; World Health Organization, 2013). Saliente-se, por fim, que a organização que enquadra a intervenção do técnico de Primeiros Socorros Psicológicos tem um papel ativo e determinante na sua satisfação, equilíbrio e bem-estar, pelo que esta deve providenciar formação profissional ao nível da gestão do *stress*, facultar informações de vária ordem a respeito dos benefícios da função que está a ser desempenhada, encorajar as pausas e promover a rotatividade (World Health Organization, War Trauma Foundation & World Vision International, 2011; National Child Traumatic Stress Network, 2006).

Evidência Científica da Eficácia

Ramirez et al. (2013) levaram a cabo uma investigação que consistiu na conceção de uma modalidade de intervenção alternativa radicada nos Primeiros Socorros Psicológicos, denominada *Listen Protect Connect* (LPC). Esta abordagem foi implementada em contexto escolar, sob administração dos professores, com o objetivo de sinalizar crianças (vítimas de ou alvo de um evento catastrófico) que manifestassem sintomas depressivos e indicativos de Perturbação de Stress Pós-traumático e de Perturbação Depressiva Major, no sentido de atuar ulteriormente para fomentar o desenvolvimento de estratégias de *coping* adaptativas e mobilizar recursos de saúde mais especializados suscetíveis de inibir a progressão do trauma. Os resultados obtidos demonstraram que a LPC foi uma intervenção eficaz na redução do sofrimento psicológico e incrementou a união e suporte interpessoal no contexto escolar. Porém, é de assinalar que a LPC requer sustentação empírica que estabeleça a sua eficácia e validade, tanto a curto quanto a longo prazo, nos diversos contextos de atuação.

Dieltjens, Moonens, Van Praet, De Buck e Vandekerckhove (2014) efetuaram uma revisão sistemática da literatura com o propósito de identificar o quão válidas e profícuas eram as diretrizes, orientações e modalidades de intervenção realizadas com recurso aos Primeiros Socorros Psicológicos no domínio das catástrofes, situações de emergência e outros eventos de caráter traumático. Os resultados reportaram a insuficiência de evidências científicas fidedignas passíveis de comprovar os benefícios e eficácia dos Primeiros Socorros Psicológicos a longo prazo. Saliente-se que a recolha da evidência empírica relativa à eficácia dos Primeiros Socorros Psicológicos se revela problemática em função da própria natureza das situações de crise, que dificilmente configuram um campo de observação controlado e propício a operações de recolha sistemática de elementos empíricos.

A escassez de evidências científicas passíveis de ilustrar a eficácia dos Primeiros Socorros Psicológicos não inibe inúmeros especialistas e entidades internacionais de relevo, para além de diversas revisões da literatura, de enfatizar as suas vantagens e benefícios e defender a sua aplicação. Ainda assim, parecem inequívocas as fragilidades dos Primeiros Socorros Psicológicos do ponto de vista da sua validade e sustentabilidade empírica, sendo sobretudo nesse campo que se manifestam atualmente maiores lacunas a nível da pesquisa e investigação adicional (Fox et al., 2012). Um dos poucos exemplos deste tipo de pesquisa é o estudo de Allen et al. (2010), em que foram avaliadas as percepções da eficácia dos Primeiros Socorros Psicológicos por parte dos próprios prestadores de Primeiros Socorros Psicológicos, nos casos em que sucederam os furacões Katrina, Gustav e Ike, e baseados no manual *National Child Traumatic Stress Network/National Center for Post Traumatic Stress Disorder Psychological First Aid*. Os resultados indicaram que as suas percepções eram predominantemente positivas e que, para além do mais, os técnicos de Primeiros Socorros Psicológicos se sentiram mais confiantes na prestação de cuidados a adultos do que a crianças, o que sugere a necessidade de se diferenciarem modelos de intervenção para as crianças.

Shultz e Forbes (2014) abordam o problema da mensuração da eficácia dos Primeiros Socorros Psicológicos e propõem uma análise comparativa diacrónica dos percursos de indivíduos intervencionados e não intervencionados, por forma a estabelecer um paralelo entre si e identificar as principais divergências. No âmbito da sua tentativa de fixação de procedimentos suscetíveis de consagrar a validação empírica da eficácia dos Primeiros Socorros Psicológicos, os autores realçam a necessidade de assegurar a comparabilidade dos dados (os estudos comparativos devem incidir em indivíduos submetidos aos mesmos estímulos e expostos às mesmas catástrofes), bem como de diversificar os instrumentos de avaliação/mensuração.

CONSIDERAÇÕES FINAIS

Os Primeiros Socorros Psicológicos inscrevem-se num complexo interdisciplinar, sistémico e complementar de resposta orientado para intervir em cenários de crise, catástrofe e emergência. A singularidade destes contextos de intervenção faz com que seja crucial cultivar competências que habilitem os prestadores de Primeiros Socorros Psicológicos a maximizar a eficácia da sua resposta. Neste quadro, os Primeiros Socorros Psicológicos adquirem configurações sempre distintas em função da especificidade da situação em concreto e das necessidades da população-alvo o que, por sua vez, apela a uma capacidade basilar de modulação e adaptação da

intervenção, de resto igualmente imposta pelo imperativo deontológico que apela ao seu enquadramento no ambiente cultural prevalecente nos locais intervencionados.

Apesar de os Primeiros Socorros Psicológicos serem amplamente defendidos por toda uma diversidade de agentes e instituições especializadas, subsistem limitações ao nível da mensuração e aferição da sua eficácia e repercussões benéficas a longo prazo, pelo que investigações científicas adicionais afirmam-se determinantes para a sustentação empírica e validação desta ferramenta humanitária. No contexto português, salienta-se o importante papel que a Ordem dos Psicólogos Portugueses (OPP) desempenhou ao criar e disponibilizar uma formação sobre Intervenção Psicológica em Situações de Catástrofe, iniciada no ano de 2014. O objetivo da OPP é colocar à disposição das entidades de proteção civil, uma bolsa de psicólogos, a nível nacional, formados na intervenção em situação de catástrofe, disponíveis para dar um contributo cívico e que são chamados a atuar quando necessário. No entanto, para além deste esforço assinalável, continua a ser central que a comunidade científica se dedique a este tópico, no sentido de identificar modelos de intervenção eficazes para atuar na população portuguesa. Urge alertar para o aumento da magnitude e da frequência das catástrofes, bem como consciencializar para a necessidade de um auxílio estruturado e premeditado às comunidades afetadas, a um nível quer psicossocial, quer psicopatológico.

Podemos retratar o provedor de Primeiros Socorros Psicológicos como uma espécie de espelho, que reflete e prolonga o universo cultural e intrapsíquico do ser humano em sofrimento, mas que também de algum modo o transforma e molda. Este exercício de reverberação e reenquadramento de uma realidade estilhaçada cumpre um fim último: a integração e regeneração do próprio eu. Neste sentido, os Primeiros Socorros Psicológicos configuram-se como veículos promotores da catarse, do autoconhecimento e da metamorfose da narrativa do indivíduo, concedendo-lhe a possibilidade de retomar – mesmo que de forma periclitante, hesitante e árdua – a vida quotidiana de outrora.

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Norbert Elias e a psicanálise: envolvimento e alienações.

André Oliveira Costa¹

Norbert Elias and psychoanalysis: involvements and detachments

Abstract

This article presents the influence of Sigmund Freud's psychoanalysis on Norbert Elias's thought, recognized by the sociologist himself, demonstrating that the body acts as an articulating element on the relationship between individual and society. However, N. Elias was also a critic of Freudian work, intending to go beyond it. We identify, however, that certain elements of civilizing process theory were already present in Freud's understanding of social processes.

Keywords: civilizing process; individual; society; drive

Resumo

Este artigo apresenta a influência da psicanálise de Sigmund Freud no pensamento de Norbert Elias, reconhecida pelo próprio sociólogo, demonstrando que o corpo atua como elemento articulador da relação entre indivíduo e sociedade. N. Elias também foi um crítico da obra freudiana, pretendendo ir mais além dela. Identificamos, contudo, que certos elementos da teoria sobre o processo civilizatório já estavam presentes na compreensão de Freud sobre os processos sociais.

Palavras-chave: processo civilizatório; indivíduo; sociedade; pulsão

1 Faculdade de Filosofia, Letras e Ciências Humanas da Universidade de São Paulo, Brasil. Email: androlicos@gmail.com

INTRODUÇÃO

A influência da psicanálise de Sigmund Freud na obra de Norbert Elias é notória e reconhecida pelo próprio sociólogo, conforme vemos numa entrevista de 1985 ao jornal francês *Libération*: “Sem Freud, eu não teria podido escrever o que eu escrevi. Sua teoria foi essencial para meu trabalho e todos seus conceitos (eu, supereu, libido, etc.) são para mim muito familiares” (Elias, 1985/2000, p. 93). Contudo, essa é uma relação marcada por traços de ambiguidade. Se, por um lado, o sociólogo se voltou para os principais conceitos freudianos para sustentar sua tese sobre o processo civilizador, por outro lado ele não se furtou a tecer críticas à psicanálise enquanto um pensamento derivado do paradigma da ciência moderna. Elias, porém, está bem mais próximo de Freud do que ele por vezes chega a reconhecer.

Valemo-nos dos termos “envolvimento” e “alienação” (Elias, 1983/1998) como operadores metodológicos que possibilitam compreender os movimentos de aproximação e afastamento de Elias ao pensamento de Freud. Por “envolvimento”, consideramos o compromisso e a implicação do pesquisador com seu objeto de estudo e análise. Sua direção lança os interesses do indivíduo à apropriação de um determinado objeto, sustentando o enredamento do desejo de Elias sobre o pensamento de Freud. Por “alienação”, entendemos o afastamento de concepções padronizadas e das emoções implicadas nos fatos, para melhor conhecê-los, sem deixar-se afetar por promessas utópicas e conclusões idealizadas. A alienação é o movimento que permite N. Elias ir além da obra de S. Freud, revendo seus conceitos fundamentais e produzindo conhecimentos inéditos e inovadores.

Algumas críticas que Elias (1990/2010) estabelece à psicanálise freudiana, afirmando que a teoria do inconsciente se baseia na antinomia entre indivíduo e sociedade e que pensa as estruturas psíquicas de forma universal e a-histórica, parecem não se sustentar quando entramos com mais profundidade no texto freudiano. As investigações freudianas, no objetivo de ultrapassar o dualismo entre indivíduo e sociedade, pensam o indivíduo em relação com a sociedade e as estruturas sociais também como formações do inconsciente. As instituições sociais, dessa forma, carregam consigo as ambivalências de amor e ódio, transmitindo os restos pulsionais que não se inscrevem nos laços sociais. Assim, vamos ver como, tanto para Elias quanto para Freud, indivíduo e sociedade são duas faces de uma mesma moeda, formando uma estrutura onde o corpo se coloca como o elemento articulador da relação.

Durante seus anos de formação, no início da década de 1930, N. Elias (2016; 1990/2001) sofreu influência de duas importantes instituições alemãs que incentivaram a ambição de suas pesquisas sociais. Trabalhando no departamento de Sociologia da Universidade de Frankfurt, viu-se diante de um contexto que fomentava a reflexão intelectual, o debate teórico, a revisão crítica dos pensamen-

tos canônicos da sociologia (Joly, 2012). Sua pesquisa estava próxima do Instituto Psicanalítico de Frankfurt e do Instituto de Pesquisas Sociais, dirigido por Max Horkheimer, que deu origem à conhecida Escola de Frankfurt. Nesse período, Elias teve liberdade para trabalhar de forma inovadora e criativa, e avançou uma proposta sociológica que incluía tanto as dinâmicas sociais, quanto os processos psíquicos inconscientes (Heinich, 2001). Assim, ele se colocava diante do projeto de pensar a psicanálise de Freud à luz dos processos sociais, ao mesmo tempo que abordava criticamente a tradição teórica da sociologia, incluindo os processos subjetivos em seus pressupostos.

Como podemos pensar a relação entre indivíduo e sociedade? O indivíduo é influenciado pelas mudanças da sociedade ou, pelo contrário, a sociedade é produzida pelos atos singulares de cada pessoa? São termos independentes e autônomos ou influenciam-se mutuamente? O pensamento de Norbert Elias permite lançar respostas para essas perguntas ao buscar resolver a dicotomia entre indivíduo e sociedade. Para o sociólogo, mais do que termos separados, o que adquire relevância é a articulação que se estabelece entre eles. Para ultrapassar o abismo que o pensamento moderno construiu entre indivíduo e sociedade (Joly, 2016), sem cair em uma estrutura totalizada, devemos considerar ao menos um elemento em comum entre eles: o corpo. A hipótese que desenvolvemos neste trabalho é que o corpo é o elemento que articula a relação entre indivíduo e sociedade, produzindo um espaço no *entre* eles. E, nesse meio termo, desde o ponto de vista da psicanálise freudiana e da sociologia eliasiana, a pulsão surge como uma energia em constante movimento, impedindo que essa estrutura se torne uma relação totalizada.

O CORPO COMO ARTICULADOR DA RELAÇÃO INDIVÍDUO E SOCIEDADE

Em carta enviada a Walter Benjamin, no dia 17 de abril de 1938, em que solicitava ao filósofo alemão uma resenha da obra *O processo civilizador*, Elias resume sua perspectiva sobre qual o papel que a sociologia deveria assumir como ciência que produz investigações não apenas sobre as estruturas das sociedades, mas também sobre as estruturas da personalidade dos indivíduos: “Frente a nós”, afirma Elias, “encontra-se a tarefa mais positiva de tornar acessível ao nosso entendimento a ordem da transformação histórica do psíquico” (Elias, *apud* Waizbord, 1998, p. 178). Nessa perspectiva, de acordo com Bernard Lahire, N. Elias pode ser considerado “o mais freudiano dos sociólogos” (2012, p. 188). A psicanálise aparece como um dos pilares de sua teoria, a ponto de que foi para Freud que o sociólogo enviou o primeiro exemplar de *O processo civilizador*, livro onde também deixa clara a importância da obra

do pai da psicanálise para suas pesquisas: “Neste particular, dificilmente precisa ser dito, mas talvez valha a pena enfatizar explicitamente, o quanto este estudo deve às descobertas de Freud e da escola psicanalítica” (Elias, 1939/1990, p. 263).

As pesquisas de Norbert Elias sobre o processo civilizador aderem a uma metodologia próxima ao método clínico da psicanálise de investigação dos sintomas psíquicos. Elas se voltam para temas que não se mostram de forma evidente aos olhos de qualquer pesquisador, já que, em princípio, não seriam dignos de interesse científico. Não se preocupam com grandes revoluções históricas e sociais, mas com pequenas mudanças ordinárias. Não dão destaques para novas teorias sociológicas e filosóficas, mas para manuais de etiqueta, livros de literatura e de poesia. Não se resumem à discussão de conceitos e ideias, mas se lançam para os hábitos da vida cotidiana dos indivíduos.

Em *O processo civilizador*, por exemplo, N. Elias investiga a função psíquica e social do uso de talheres, como garfos e facas, pelos membros da sociedade de corte para se poderem diferenciar de outras classes sociais. Hábitos e comportamentos, que buscavam o controle das pulsões, das expressões afetivas e corporais, serviam para estabelecer diferenciações sociais, a aristocracia e a burguesia. Os primeiros detinham o poder e os privilégios econômicos, enquanto os segundos deveriam fornecer, pela força de seu trabalho, os privilégios econômicos da nobreza, sem nunca ascender às classes mais elevadas. As portas de cima deveriam sempre estar abertas, enquanto as de baixo, deveriam sempre estar fechadas.

O envolvimento de Elias com a teoria freudiana, contudo, não é fácil de delimitar. De acordo com Delzescaux (2016), onde Freud buscava compreender os mistérios da formação das estruturas psíquicas dos indivíduos investigando os destinos das pulsões, Elias pretendia compreender os mistérios das regulações sociais dos afetos e das pulsões no processo de formação das diferentes sociedades ao longo dos séculos. Afirma a autora:

Em outros termos, lá onde o psiquiatra Freud, se apoiando sobre a clínica, buscava compreender em sua unicidade e singularidade o processo de estruturação psíquica da criança que se torna adulta, o papel nodal conferido pelo Complexo de Édipo, encontrando aí um de seus encoramentos, o sociólogo Elias, se apoiando sobre a análise sociogenética e psicogenética das normas sociais de comportamento, procura compreender em sua dimensão propriamente social e historicizada o processo de autorregulação pelo qual passa o indivíduo socializado (p. 85).

As investigações de S. Freud em relação à psique humana colocaram em evidência a natureza processual do desenvolvimento da criança, interiorizando regras de comportamento através da formação das instâncias psíquicas como supereu,

ideal de eu e eu. A teorização de Elias, baseando-se nas proposições da psicanálise, buscou compreender por que e como, de acordo com as diferentes épocas e sociedades, os indivíduos se constituem em grupos, formando as diferentes imagens de “eu” e de “nós”.

Nesse sentido, é possível remeter-se ao clássico artigo de N. Elias, *Mudanças na balança Nós-Eu*, onde afirma: “Não há identidade-eu sem identidade-nós. Tudo o que varia é a ponderação dos termos na balança eu-nós, o padrão da relação eu-nós” (1987a/1994, p. 152). Nesse artigo, Elias desenvolve, em uma análise histórica e social de longo prazo, como foram se modificando as configurações entre indivíduo e sociedade. Em certos estágios de desenvolvimento social, como na Antiguidade, o indivíduo era muito mais próximo ao grupo em que nascia. O sentimento de pertença à família, à tribo ou ao Estado e o peso que as configurações sociais tinham na formação de sua identidade eram muito maior do que na Modernidade. O indivíduo era, antes de tudo, um membro de uma coletividade e a identidade social era fundamental para a formação de sua identidade individual. A tendência do longo processo civilizador é aumentar o grau de individualização, afastando o indivíduo da tradição dos laços sociais e instituindo-o como um ser autônomo, responsável pela construção de seu próprio caminho.

As pesquisas de Norbert Elias o fizeram ir mais além de S. Freud, mas também mais além das ciências sociais. “É bem possível que sempre tenha havido neuroses”, afirma o sociólogo. “Mas as ‘neuroses’ que vemos hoje por toda a parte são uma forma histórica específica de conflito que precisa de uma elucidação psicogenética e sociogenética” (1939/1993, p. 153). Elas foram tentativas de pensar os efeitos das mudanças das estruturas sociais nas estruturas da personalidade, assim como os efeitos nas estruturas sociais das transformações das estruturas psíquicas. Entre outras, seu projeto pode ser visto como uma genealogia social do supereu, do eu e do isso, pois não é possível determinar, conforme aponta Elias (1939/1993), a existência de um supereu feudal ou um supereu da sociedade de corte. Tal como afirmou na entrevista ao jornal francês citado anteriormente, o que ele pretendia era “compreender como e porque emergiu progressivamente a estrutura da personalidade que é descrita por Freud” (Elias, 1985/2000, p. 94).

O projeto inicial de N. Elias se apresenta na forma de pergunta logo nas primeiras páginas de seu artigo *A Sociedade dos Indivíduos*: “Mas e se uma compreensão melhor da relação entre indivíduo e sociedade só pudesse ser atingida pelo rompimento dessa alternativa ou isto/ou aquilo, desarticulando a antítese cristalizada?” (Elias, 1987b/1994, p. 18). Assumir uma posição na dicotomia entre indivíduo e sociedade torna difícil evitar o apagamento do termo oposto. Por um lado, teríamos uma concepção elementar do indivíduo como uma unidade isolada de qualquer relação que possa estabelecer com outros; por outro, uma posição holística da sociedade,

que pensa as estruturas sociais como entidades supra-individuais, dizendo respeito apenas ao que é de todos e para todos. Para Elias, portanto, é impossível pensar os indivíduos como dissociados da relação com os outros, assim como não podemos conceber a sociedade como resultante de um agrupamento de seus membros. Não há dissociação entre indivíduo e sociedade.

Em sua obra mais conhecida, *O processo civilizador*, Elias começa pesquisando situações banais do dia-a-dia, tal como os modos de se comportar à mesa, a maneira de usar garfo, colher, guardanapos, prato. Comportamentos que aparentemente são considerados naturais foram construídos pouco a pouco por coação das pessoas que estão ao redor. Também estão em suas investigações os hábitos de fungar, cuspir e assoar-se; os cerimoniais para dormir e a exposição do corpo aos olhos dos outros; e o nível de agressividade entre as diferentes sociedades. O corpo é o elemento de imbricação da relação entre o indivíduo e a sociedade, como uma dobradiça que articula duas estruturas.

Através da análise da transição das sociedades feudais para a formação dos Estados modernos, N. Elias (1939/1990, 1939/1993) demonstra os efeitos das mudanças das estruturas sociais nas estruturas da personalidade. Quer dizer, como as pessoas começaram a regular seus comportamentos e afetos, moldados pelo olhar dos outros, pelas regras de etiqueta e pela pressão social. Associando-se ao que S. Freud, em *O recalçamento* (1915/2003), elaborou sobre o conceito de recalçamento, o processo civilizador de Elias marca a internalização psíquica, de forma inconsciente, por cada indivíduo, das regras e normas sociais que anteriormente agiam desde o mundo exterior. Isto é, uma coerção que existia externamente passa a funcionar como coerção psíquica. Os comportamentos que antes eram regulados por regras sociais se repetem na forma de hábitos e costumes. E os conflitos que antes se manifestavam com o mundo externo foram deslocados para os bastidores da vida psíquica e passaram a agir contra o indivíduo na forma de conflitos internos, com os outros e com seu próprio corpo.

O processo civilizador tem como efeito a regulação da economia psíquica através da formação de mecanismos de autocontrole dos comportamentos, das pulsões e das emoções. O compartilhamento coletivo da intimidade vai sendo pouco a pouco deslocado para detrás da cortina da consciência, quando o indivíduo se encontra em presença dos outros. Uma parede invisível vai sendo criada entre os indivíduos e os corpos. Tudo o que tem a ver com o corpo e suas funções, que em determinada época sofria pouco controle e isolamento social, vai sendo transferido para o âmbito da vida privada, escondido do alcance dos olhos, do nariz e da boca. Em estruturas sociais nas quais os laços são menos complexos e mais indiferenciados, os indivíduos agem de maneira mais espontânea e, por isso, não precisam criar uma resposta neurótica para os conflitos com a sociedade.

Assim, para Elias, não podemos falar do supereu como uma instância imutável que pode ser encontrada em todos os indivíduos ao longo dos diferentes tempos históricos. Ao contrário, devemos considerar que o processo de formação das instâncias psíquicas acompanha o processo de civilização das sociedades (Delzescaux, 2007). O supereu é social, o eu é social e as pulsões são sociais. Isso não significa, porém, que elas possam ter suas origens determinadas em algum momento específico da história. Há uma transformação no uso que as sociedades fazem desses elementos psíquicos, pois elas não funcionam da mesma maneira em relação ao autocontrole e ao supereu, e dão diferentes destinos para as pulsões, por exemplo.

O que muda ao longo do processo civilizador não é a presença ou ausência de disciplina, mas a balança da relação entre as coerções externas e as coerções internas, assim como o tipo de autodisciplina e seu modo de integração. Os critérios de Elias para compreender o processo civilizador, como aponta Stephen Mennell (1998), se sustentam na direção de um padrão social de comportamentos e sentimentos que possibilitem um autocontrole mais estável e diferenciado, assim como o aumento da identificação mútua entre as pessoas. Isso se efetiva através de uma série de fatores, como a intensificação dos mecanismos psíquicos de controle das pulsões, a ampliação da previsibilidade dos comportamentos, a elevação do limiar dos sentimentos de vergonha e repugnância e a diminuição do contraste das emoções.

A partir da análise da sociogênese do Estado moderno, N. Elias (1939/1993) apresenta o conceito de processo civilizador analisando a passagem histórica entre os padrões de hábitos cavalheirescos nas cortes feudais e os comportamentos dos cortesãos das monarquias absolutistas. De acordo com Tatiana Landini (2006):

O que está em jogo quando falamos na motivação da mudança (ou seja, por que há mudança) é que, em relação aos costumes, a transformação ocorre a partir da dinâmica das classes sociais. A fim de distanciar-se das outras classes sociais, a classe superior cria novos padrões de comportamentos, padrões esses que, com o passar do tempo, são adotados pelas outras classes (p. 94).

As transformações dos padrões de comportamento vão formando hábitos próprios de cada grupo social. Elas são pouco a pouco estabelecidas como maneiras e costumes repetidos de forma inconsciente, formando o que N. Elias (1939/1990, 1939/1993) chama de *habitus*, isto é, uma “segunda natureza” ou um “saber social incorporado”. Trata-se de uma transformação das estruturas da sociedade que produzem mudanças na estrutura da personalidade e na economia psíquica dos indivíduos. Delzescaux (2001) mostra, de acordo com as influências de Elias, quais as principais condições que possibilitaram a formação das estruturas sociais e das estruturas psíquicas do homem moderno: de um lado, conforme o pensamento de

Karl Marx (1867/2013), a centralização econômica, que permitiu a um único poder assumir o controle de tributos e impostos; por outro, seguindo a posição de Max Weber (1905/2004), o monopólio da violência, que atribuiu a supremacia militar à decisão de um ou de poucos homens. O pensamento de S. Freud surge como uma referência fundamental para Elias ao possibilitar compreender que as transformações sociais se preservam de forma inconsciente na estrutura psíquica dos indivíduos.

A civilização da conduta, bem como a transformação da consciência humana e da composição da libido que lhe correspondem, não podem ser compreendidas sem um estudo do processo de transformação do Estado e, no seu interior, do processo de centralização da sociedade (Elias, 1939/1993, p. 19)

O controle sobre a violência passou das mãos de todos para o monopólio de um, nas figuras dos príncipes ou dos reis. Essa reorganização social foi acompanhada de transformações na dinâmica econômica da personalidade, formando uma racionalidade própria da sociedade de corte, como já apontava Elias em sua obra *A sociedade de corte* (1969/1996). O aumento da diferenciação entre os indivíduos, a complexificação de suas funções sociais, a crescente interdependência que se estabelecia entre eles, o maior grau de individuação, todas essas mudanças fizeram com que cada pessoa fosse compelida a controlar seu comportamento e suas reações afetivas para agir de uma forma mais estável e previsível. Foram se formando mecanismos de controle de si e dos outros que buscavam prevenir qualquer tipo de transgressão do comportamento. O controle da violência pelo Estado possibilitou a formação de laços sociais mais pacíficos, livres de ameaças inesperadas contra a vida e contra a integridade dos indivíduos.

O mecanismo de controle da sociedade corresponde ao controle da economia psíquica dos indivíduos. O monopólio da violência durante a formação dos Estados modernos acarretou no aumento do controle social e na interdependência entre os indivíduos, produziu um maior “civilizar” da economia das pulsões e dos comportamentos, uma maior contenção e regulação dos anseios elementares. As configurações das sociedades de corte foram atenuadoras das mudanças repentinas de humor e pacificadoras dos laços sociais. O Estado moderno teve um papel centralizador e controlador das irrupções explosivas das pulsões e dos sentimentos.

A PSICANÁLISE E O PROCESSO CIVILIZADOR

Norbert Elias foi um leitor da obra de Sigmund Freud, especialmente do que se conhece como a segunda tópica freudiana, apresentada no texto *O eu e o isso*

(1923/2003), segundo a qual o aparelho psíquico é organizado nas instâncias do eu, do supereu e do isso. Foi fundamental para o desenvolvimento da tese sobre o processo civilizador a apropriação desta nova proposição do aparelho psíquico, no que se refere principalmente ao supereu como instância decorrente das primeiras identificações familiares e da internalização das regras sociais, e do eu como unidade de representações que escoa e transforma as pulsões para diferentes destinos. Elias também se apropria dos mecanismos de defesa, como recalçamento e sublimação, que, nessa reviravolta teórica, passam a ser funções exercidas pelo eu. Suas pesquisas sobre a prática de esportes (Elias & Dunning, 1985), por exemplo, falam desses diferentes destinos das pulsões resultados do processo civilizador.

Norbert Elias se baseou na reformulação metapsicológica de 1923, quando S. Freud reviu a antiga divisão psíquica entre consciente, inconsciente e pré-consciente. Essa transformação da teoria psicanalítica resultou do reconhecimento de que era preciso atribuir duas qualidades opostas, consciente e inconsciente, a uma mesma instância psíquica. Quer dizer, o eu e o supereu também possuem elementos inconscientes. Além disso, a reformulação que a tópica freudiana sofreu foi efeito das mudanças da teoria das pulsões. A partir de 1920, um novo dualismo pulsional, entre pulsão de vida e pulsão de morte, passou a determinar os princípios do aparelho psíquico e a re-situar as relações de dependência entre suas instâncias. O eu, para Freud, não é uma instância psíquica que representa a consciência autônoma e independente, mas se caracteriza por sua submissão diante das exigências de três diferentes senhores: os desejos do isso, a violência do supereu e as restrições do mundo externo.

Nesse sentido, o modo como N. Elias se apropria da teoria freudiana parece justificar as críticas que ele tece a certas escolhas metodológicas adotadas por S. Freud. Quando o sociólogo busca historicizar o pensamento de Freud, ele o faz pensando que as instâncias psíquicas fossem fechadas em si mesmas, estáticas e acabadas. Para Elias, a transformação do modelo freudiano de adjetivo para substantivo – quando os termos inconsciente e consciente deixam de ser entidades para serem qualidades, ou seja, na transição da primeira para a segunda tópica – levou-o a pensar que “deve ser possível apresentar os resultados de Freud sem necessariamente recorrer à expressão ‘o’ inconsciente” (1990/2010, p. 171). Contudo, pensamos que a metapsicologia freudiana também transita pelo mesmo objetivo do sociólogo em não se comprometer com um tipo de pensamento marcado pela ruptura entre indivíduo e sociedade. A existência de uma imbricação entre indivíduo e sociedade, porém, não exclui a dimensão conflituosa dessa relação, efeito da separação entre esses termos construída pelo processo civilizador na formação das sociedades modernas.

Já nos primeiros tratamentos das histéricas, por exemplo, S. Freud mostrou que a produção dos sintomas neuróticos apontava para um conflito psíquico entre os desejos inconscientes e as exigências da sociedade. Tomamos três citações de

diferentes momentos de sua obra. Em 1906, no texto *Minhas teses sobre o papel da sexualidade na etiologia das neuroses*, Freud afirma: “buscar a etiologia das neuroses exclusivamente na hereditariedade ou na constituição seria tão unilateral quanto pretender atribuir essa etiologia unicamente às influências acidentais que atuam sobre a sexualidade durante a vida” (1906/2003, p. 1241). Em 1912, em *Tipos de desencadeamento da neurose*, ele sustenta: “a psicanálise alertou-nos de que devemos abandonar o contraste infrutífero entre fatores externos e internos, entre destino e constituição” (1912/2003, p. 1722). E, em 1921, no texto *Psicologia das massas e análise do eu*, encontramos uma das passagens mais conhecidas sobre esse debate:

O contraste entre psicologia individual e psicologia social ou de massa perde grande parte de sua nitidez quando examinado mais de perto. (...) apenas raramente e sob certas condições excepcionais, a psicologia individual se acha em posição de desprezar as relações desse indivíduo com os outros. Algo mais está invariavelmente envolvido na vida mental do indivíduo, como um modelo, um objeto, um auxiliar, um oponente, de maneira que, desde o começo, a psicologia individual é, ao mesmo tempo, também psicologia social (1921/2003, p. 2563).

As críticas de Elias sobre a teoria de Freud recaem sobre o psicanalista ter atribuído um “valor universal a um tipo dado e datado de estrutura da personalidade” (Elias, 1985/2000, p. 94). Freud teria formulado, para Elias, um conceito de indivíduo fechado que não considera as transformações e as mudanças pelas quais passaram as diferentes formações sociais ao longo das diferentes épocas. A partir desse reconhecimento de limitações da teoria psicanalítica, N. Elias projetava “ir para além de Freud” (1985/2000, p. 93). Isso não significa, contudo, que o projeto eliasiano deve ser compreendido como um aprimoramento do pensamento de Freud, mas que, como vimos, a psicanálise deve ser situada dentro de uma perspectiva histórica e social.

O primeiro texto de S. Freud no qual a sociedade é objeto específico de análise é *A moral sexual ‘civilizada’ e a doença nervosa moderna*, de 1908. Mas a primeira vez que o debate entre indivíduo e sociedade aparece em sua obra é no *Rascunho N*, anexado a uma carta que enviou a seu amigo Wilhelm Fliess, no dia 31 de maio de 1897. No momento em que se preocupava com a interpretação dos sonhos, com a descoberta do Complexo de Édipo e com os mecanismos de defesa, a discussão sobre a tensão entre a esfera da sexualidade e a esfera social se apresenta na discussão sobre o sacrifício que os indivíduos devem fazer de uma parcela de suas liberdades individuais. O incesto enquanto significante de uma relação total e impossível já mostra aqui, muito tempo antes de *Totem e Tabu*, que a sustentação dos laços sociais se faz através de proibições. Essa primeira hipótese permanece no pensamento freudiano como uma direção: “o incesto é antissocial, e a cultura

consiste na progressiva renúncia ao mesmo”. Freud já aponta para um lugar de conflito com o laço social: “o contrário é o super-homem” (1897/2003, p. 3575).

Freud estabelece, já em 1897, que a civilização está fundamentada na repetição do sacrifício que o indivíduo e a sociedade devem fazer. A civilização não é um estado, não está pronta nem acabada, mas um processo em constante trabalho de recalçamento da tendência ao rompimento dos laços sociais. O incesto ao qual Freud se refere não é apenas a causa das neuroses, mas de todo ato que ultrapassa a esfera das proibições sociais. Qualquer que seja o fenômeno, se nele encontramos uma tendência a reeditar essa interdição, isso posiciona o indivíduo como “antissocial”.

O que está em questão, portanto, nesse primeiro debate freudiano sobre a relação do indivíduo com a civilização, é a insistência da inscrição de uma proibição que estrutura e organiza os laços sociais. Freud começa o texto *A moral sexual ‘civilizada’ e a doença nervosa moderna* apresentando possíveis fatores da vida civilizada que podem produzir o aumento das doenças nervosas: as grandes descobertas; o aumento das necessidades individuais; a busca pela realização imediata do prazer; o luxo que pode ser acedido por uma quantidade maior de pessoas; o desenvolvimento das telecomunicações; tudo é pressa e agitação; as pessoas participam mais das atividades políticas; a vida urbana cada vez mais insegura; a desvalorização dos princípios éticos. O teatro, as artes plásticas e a música, que se tornaram mais agitadas e mais barulhentas, são mudanças da modernidade que levaram ao aumento das doenças neuróticas. Tudo isso, porém, não pode ser considerado causa das neuroses se não estiver em relação ao fator da economia das pulsões. Todos esses acontecimentos exigem dos homens maior gasto de energia, são feitos “à custa do sistema nervoso” e pelo esforço psíquico para responder à crescente exigência que a sociedade realiza sobre os indivíduos.

Na sequência desta discussão, S. Freud identifica certas figuras que encarnam o incestuoso. São personagens que se reiteram em sua obra como “não-inscritos”, alijados dos laços sociais. Mas em função da dependência do contexto, podem ser reposicionados sob diferentes denominações: como louco, super-homem ou forada-lei. Vale lembrar que Elias, em *O processo civilizador*, afirma que “a criança que não atinge um nível de controle das emoções exigido pela sociedade é considerada como ‘doente’, ‘anormal’, ‘criminosa’ ou simplesmente ‘insuportável’, do ponto de vista de uma determinada casta ou classe” (1939/1990, p. 146), o que significa que o modo como esses traços de personalidade são significados varia de acordo com a transformação dos modelos históricos da formação afetiva.

A conclusão do texto de S. Freud de 1908, fundamental para sustentar o desenvolvimento de uma teoria sobre a relação entre as estruturas psicopatológicas e a sociedade, aponta para um profundo impossível de conviver. Assim, Freud conclui com a seguinte afirmação: “as neuroses (...) sempre conseguem frustrar os objetivos

da civilização” (1908/2003, p. 1261). Indivíduo e sociedade, neurose e civilização, para a psicanálise freudiana não são termos separados um do outro, mas em constante relação conflituosa. A neurose não é apenas uma doença psíquica, mas o sintoma do processo civilizador.

Toda a psicologia individual é também uma psicologia social, afirmava Freud (1921/2003). Mas essa ideia, que se reitera ao longo de seu pensamento, só pode ser verdadeira na medida em que ambas compartilham um elemento em comum. Já em *O interesse científico da psicanálise*, de 1913, encontramos uma primeira formulação sobre os fundamentos que sustentam um primeiro esboço da teoria psicanalítica da sociedade. “A psicanálise”, nos diz Freud, “estabelece uma íntima relação entre essas realizações do indivíduo e da sociedade ao postular para ambos a mesma fonte dinâmica” (1913a/2003, p. 1864). Trata-se de uma ideia que vai fundamentar a teoria freudiana da imbricação entre indivíduo e sociedade, segundo a qual os laços sociais são formados por identificações, traços das primeiras ligações entre as pessoas.

Assim, assumindo que o corpo, enquanto sede das pulsões e origem das identificações, é o elemento articulador entre as estruturas psíquicas e as estruturas sociais, a psicanálise se coloca na direção de pensá-las em uma relação em constante batalha. Nos laços sociais também são encontrados elementos eróticos, que, ao sofrerem a força do recalçamento, manifestam-se nos sintomas das instituições sociais. As estruturas sociais formam-se como um resto da impossibilidade de o indivíduo se estar em harmonia nos laços sociais. Nesse sentido, na formação dos sintomas psíquicos e na formação das instituições sociais, encontram-se processos inconscientes que não conseguiram fazer-se representar.

Como podemos ler no texto *Porque a guerra?* (1932/2003), carta de Sigmund Freud endereçada a Albert Einstein, através da formação das instituições sociais, como a família, a sociedade e o Estado, os indivíduos se sentem protegidos da violência das relações humanas e de sua própria violência interiorizada na forma de conflitos psíquicos. Nessa carta a Einstein, Freud fala da guerra e do modo de gerir os conflitos e a violência psíquica que os indivíduos exercem uns contra os outros. Trata-se de uma teoria que se aproxima fortemente da tese sobre o processo civilizador de Norbert Elias. A violência psíquica é neutralizada pela apropriação de armas que servem para a intimidação e para a coerção, depois, ela é substituída pelo direito e pela justiça, o poder de uma comunidade segundo Freud. A violência sobre os indivíduos se transforma simbolicamente em lei à medida que ela se torna um modo de os Estados protegerem e impedirem os indivíduos de terem recurso eles mesmos à violência.

Cada indivíduo deveria renunciar o seu poder e transferi-lo para o Estado. Da mesma forma, também cada Estado, por sua vez, deveria renunciar seu poder para a Liga das Nações, conforme Freud reitera a Einstein. Assim, o psicanalista vê a

civilização como um processo que tende a reduzir ou, ao menos, a controlar os efeitos da pulsão de morte. “Já vimos que uma comunidade se mantém unida por duas coisas: a força coercitiva da violência e os vínculos emocionais (identificações é o nome técnico) entre seus membros” (Freud, 1932/2003, p. 1754). Da mesma forma que o processo civilizador de N. Elias, S. Freud oferece um prolongamento das teses weberianas relativas à monopolização da violência pelo Estado e à pacificação da sociedade.

Tanto as instituições sociais quanto os sintomas psíquicos são formações do inconsciente, análogos um ao outro, na medida em que se constituíram através do processo de recalçamento. “As neuroses”, nos diz Freud, “mostraram ser tentativas de resolver individualmente os problemas da compreensão dos desejos insatisfeitos, que deveriam ser resolvidos socialmente pelas instituições” (Freud, 1913a/2003, p. 1864). A analogia entre um sintoma neurótico e uma instituição social – como a cultura, a religião e a moralidade – se justifica pelas neuroses serem estruturas da personalidade que tentam realizar através de meios singulares o que não pode ser realizado coletivamente. No efeito do processo civilizador de separação entre indivíduo e sociedade, a neurose é uma resposta ao conflito social que foi psiquicamente internalizado.

CONCLUSÃO

Mesmo que Freud aponte textos como *Totem e tabu* e *Psicologia das massas e análise do eu* como suas tentativas de enlaçar mais estreitamente a psicologia social e a psicologia individual, compreendemos que a obra freudiana como um todo não está afastada dos processos sociais. Nesse sentido, é impossível preservar a separação entre os textos freudianos clínicos dos sociais. Em *Totem e tabu*, por exemplo, ele afirma a existência de uma “mente coletiva, em que ocorrem processos mentais exatamente como acontece na mente de um indivíduo” (Freud, 1913b/2003, p. 1848). Uma continuidade descontínua entre o que é mundo interno e mundo externo, entre o que é indivíduo e sociedade, entre o que é próprio e alheio. Em *Psicologia das massas e análise do eu*, sua hipótese fundamental é que “as relações de amor (ou, expresso de modo mais neutro, os laços de sentimento) constituem também a essência da alma coletiva” (1921/2003, p. 2099). Nesse sentido, S. Freud recupera a ideia segundo a qual as pulsões recalçadas são direcionadas para a edificação da civilização, uma coletividade formada a partir dos processos inconscientes. As instituições sociais, portanto, carregam consigo impulsos de ligação e de destruição, amores e ódios, os obscuros não-ditos, causas do mal-estar da civilização.

Sigmund Freud encerra o texto *Psicologia das massas e análise do eu* reafirmando que a neurose expõe que, em nossa época, a balança entre o indivíduo e a sociedade, tal como Elias reiterou fortemente (1987a/1994), pendeu para o lado do primeiro: “Abandonado a si mesmo, o neurótico se vê obrigado a substituir as grandes formações coletivas de que se achava excluído. Ele cria seu próprio mundo de imaginação, sua religião e seu delírio” (1921/2003, p. 2609). E, na compreensão da possibilidade de apaziguamento dos conflitos entre indivíduo e sociedade, ele conclui: “sempre que se manifestam tendências à formação coletiva se atenuam ou mesmo desaparecem os sintomas neuróticos” (1921/2003, p. 2608).

Com S. Freud e N. Elias, pensamos que a relação entre indivíduo e sociedade não está fundada em uma lógica da exclusão. As estruturas psíquicas e as estruturas sociais são formações sintomáticas análogas entre si. E o corpo se mostra como o elemento articulador entre as duas estruturas, na medida em que é ele que sofre os efeitos do recalçamento. O processo civilizador, segundo o pensamento de Elias, conduz as estruturas sociais à maior diferenciação dos indivíduos, ao aumento da rede de relações e à maior interdependência entre seus membros. Em sociedades cujas relações sociais são mais regulares, mais estáveis e mais indiferenciadas, o indivíduo parece ser menos comprometido com seus sintomas psíquicos. O processo civilizador, porém, não se realiza sem a produção de restos, de formação de sintomas. Lembrando o que Elias afirma, em sua obra tardia, *Os alemães*: “a civilização a que me refiro nunca está completa, e está sempre ameaçada” (1989/1997, p. 161).

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Contacto para informações: psychologica@fpce.uc.pt

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