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A diabetes não dói, não se sente, mas está cá dentro! **Metáforas de adultos idosos diabéticos tipo 2 portugueses¹**

Carmen Elisa Travieso², Álvaro Mendes³ e Liliana Sousa⁴

Resumo

Em Portugal mais de um quarto da população entre os 60 e os 79 anos tem diabetes *mellitus* tipo 2. As recomendações terapêuticas exigem autogestão pelos pacientes, pois envolvem mudanças de estilo de vida. Contudo, apenas cerca de 20% dos pacientes são ótimos autogestores. A autogestão está associada a crenças, sendo as metáforas mecanismos que refletem as crenças usadas pelos indivíduos para compreender e agir. O objetivo deste estudo é analisar as metáforas de adultos idosos (≥ 65 anos) diabéticos tipo 2, sobre “o que é a diabetes” (identidade; causa; evolução e consequências), relevante pelas implicações para a prática clínica, pois revela metáforas que poderão influenciar a autogestão. Este estudo qualitativo e exploratório recorre à teoria cognitiva da metáfora, explorando metáforas dos participantes através de entrevistas semiestruturadas. Compreende 17 participantes que relataram 84 metáforas. As entrevistas foram submetidas a análise de conteúdo. Os principais resultados indicam: identidade descrita por “doença que não dói, não se sente, mas está cá dentro”; causas envolvem “não sei como se apanha” e “herdei esta doença”; evolução e consequências associam-se a “lentamente vai dando cabo da pessoa”. Estas metáforas sugerem que os adultos idosos diabéticos tipo 2 vivem a doença como algo “misterioso”, o que poderá dificultar o seu envolvimento na autogestão.

Palavras-chave: diabetes tipo 2; adulto idoso; metáfora

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The diabetes does not hurt, it is not felt, but it is here! Metaphors from old people with type 2 diabetes in Portugal

Abstract

In Portugal more than a quarter of the population aged between 60 and 79 years old has type 2 diabetes mellitus. Therapeutic recommendations request patients' self-management, since changes in lifestyles are involved. However, just around 20% of the patients are outstanding self-managers. Self-management is associated to beliefs, and metaphors are mechanisms that reflect the beliefs used by individuals to understand and take action. This study aims to analyse metaphors of type 2 older (≥ 65 years) diabetics, about "what is diabetes" (identity; causes; timeline and consequences), which is relevant for clinical practice. This qualitative and exploratory study uses the cognitive metaphor theory to uncover participants' metaphors through semi-structured interviews. It comprises 17 participants that reported 84 metaphors. The interviews were submitted to content analysis. Main findings show that: identity is described by "illness that does not hurt, it is not felt, but it is here"; causes involve "I don't know" and "I inherited it"; timeline and consequences portrayed as "slowly it destroys us". These metaphors suggest that the old-aged type 2 diabetics experience the illness as something "mysterious", which will most probably difficult their self-management.

Keywords: Type 2 Diabetes; Senior; Metaphor

INTRODUÇÃO

A diabetes *mellittus* (DM) é uma doença crónica cuja prevalência e incidência tem vindo a aumentar a nível global, principalmente na população idosa (SPD, Sociedade Portuguesa de Diabetologia, 2014; WHO, 2009). Compreende doenças metabólicas crónicas caracterizadas por hiperglicemia; ocorre porque não é produzida insulina (tipo 1: DMT1) ou porque não se produz insulina suficiente ou a insulina produzida não é devidamente usada pelo organismo (tipo 2: DMT2) (Camp, Fox, Skrajner, Antenucci, & Haberman, 2015).

A DMT2 representa cerca de 85% da população diabética, afetando 5% a 7% da população ocidental (SPD, 2014; WHO, 2009). Em Portugal, em 2013, 13% da população entre os 20 e os 79 anos era diabética, sendo que cerca de 27% da população com 60 a 79 anos tinha DMT2 (SPD, 2014). A DM é a quarta causa de morte na Europa e na maioria dos países desenvolvidos, apresentando diversas doenças

associadas (cardiovascular, renal, cegueira e amputação de membros) e mortalidade relacionada (50% devido a doenças cardiovasculares; 10% a 20% por falência renal) (SPD, 2014; WHO, 2009). Em Portugal, 8% a 15% das mortes na população adulta estão associadas a má autogestão da diabetes (WHO, 2009). A DM exige significativos recursos económicos, para tratamento da doença e de complicações associadas. Em Portugal, em 2013, os gastos com a DM representavam 0.9% do PIB (Produto Interno Bruto) e 9% dos gastos totais em saúde (SPD, 2014).

O tratamento (não curativo) da DMT2 está definido e é eficaz, otimizando o controlo metabólico, prevenindo complicações e promovendo a qualidade de vida (Norris, Lau, Smith, Schmid, & Engelgau, 2002). Mas depende da autogestão dos pacientes, pois envolve mudanças no estilo de vida (incluindo: manter peso adequado; dieta; exercício; controlo da glicemia; medicação ou administração de insulina) (Camp et al., 2015). Os dados existentes apontam para a precária autogestão: o controlo da glicemia ($HbA_{1c} < 7.0\%$) é alcançado em menos de metade das pessoas com DMT2 (Norris et al., 2002); e apenas cerca de 20% dos pacientes são ótimos e consistentes autogestores (Alberti, 2002; Bazata, Robinson, & Grandy, 2008; Gardete-Correia et al., 2010).

A ótima autogestão da DMT2 é complexa, pois envolve tarefas práticas, cognitivas e socio-emocionais, exigindo tempo, dedicação e esforço físico, cognitivo, emocional e social (Funnell & Weiss, 2008; Hinder & Greenhalgh, 2012). Os baixos níveis de adequada autogestão da DMT2 resultam da combinação de diversas características da doença e do tratamento (Alberti, 2002; Funnell, & Weiss, 2008; Norris et al., 2002): a doença não causa desconforto imediato, nem risco evidente; mas o tratamento implica mudanças no estilo de vida que são complexas, intrusivas e inconvenientes, e mesmo assim não permitem a cura; as escolhas e decisões diárias em termos de estilo de vida são da pessoa com diabetes (planos alimentares, atividade física, gestão de stress); e as consequências dessas escolhas são em primeiro lugar vividas pela pessoa (exemplo: doenças associadas). Nos adultos idosos há complexidade e desafios acrescidos à autogestão da DMT2, designadamente: dependência de cuidadores in/formais; gestão de co-morbididades e síndromes geriátricas (como depressão, comprometimento cognitivo, quedas e fraturas, fragilidade, dependência funcional) (Abdelhafiz & Sinclair, 2013; Camp et al., 2015; Kim, Kim, Sung, Cho, & Park, 2012).

A literatura tem vindo a sublinhar que a experiência quotidiana e as crenças dos pacientes sobre a DMT2 influenciam fortemente a sua autogestão (Antón & Goering, 2015; Hinder & Greenhalgh, 2012; Jiménez & Dávila, 2007). As metáforas são mecanismos que refletem as crenças usadas pelos indivíduos para compreender e agir; constituem estruturas mentais, que permitem às pessoas simplificar aspetos complexos e abstratos do seu mundo, relacionando-os com algo mais concreto e previamente

experenciado (Eren & Tekinarslan, 2013; Lakoff & Johnson, 1980; Saban, 2010; Simsek, 2014). A essência da metáfora é compreender e experienciar uma coisa como sendo outra, por exemplo: “tempo é dinheiro” (Lakoff & Johnson, 1980). A teoria cognitiva da metáfora (Johnson & Lakoff, 2002; Lakoff, 1993; Lakoff & Johnson, 1980) integra a psicologia cognitiva, sendo um paradigma experiencialista, em que a metáfora emerge como mecanismo de criação de novos sentidos e realidades nas nossas vidas. Esta teoria entende que o processamento cognitivo humano opera através de metáforas. Assim, na vida diária pensamos e agimos de modo automático, com base nas nossas metáforas. A forma principal de nos apercebermos é através da linguagem que usamos, pois revela e inclui o nosso sistema metafórico. Ou seja, a comunicação é baseada no sistema conceptual que usamos para pensar e agir, assim a linguagem mostra como o sistema conceptual funciona. As metáforas são mapeamentos conceptuais e não apenas expressões linguísticas; por isso tendemos a assumir as metáforas como definições da realidade e vivemos e agimos de acordo com elas. Na linguagem diária encontramos as metáforas a serem usadas para: ajudar a expressar ideias e conceitos dificilmente representados em linguagem literal; compactar a complexidade da experiência; comunicar ideias de forma mais vivida (Michael & Katerina, 2009). As símiles/analogias são formas de metáforas em que a semelhança (comparação) é explicitada através do uso do “como” (Michael & Katerina, 2009).

As metáforas têm vindo a ser usadas em investigação, inicialmente na educação, sobretudo para compreender o que é ensinar e aprender, e cada vez mais em psicologia da saúde (Eren & Tekinarslan, 2013; Saban, 2010; Simsek, 2014). Diversos estudos têm explorado metáforas sobre DMT2. Huttlinger et al. (1992) analisou metáforas usadas por diabéticos do povo Navajo (Colorado, EUA) (encontraram duas metáforas: “batalha/luta, pois é uma vivência diária desafiante; “armas” associada ao uso pelos profissionais de saúde da expressão “lutar contra a doença”). Hagey (1984) explorou metáforas de DMT2 em índios/nativos canadianos urbanos. Antón e Goering (2015) encontraram cinco metáforas concetuais que descrevem o que é a DMT2 na perspectiva dos pacientes: confrontação (o corpo não consegue atacar o açúcar); domínio (a doença consome-nos); erro (do pâncreas); processo orgânico; desequilíbrio (do açúcar no sangue). Mais recentemente, as metáforas têm sido utilizadas em intervenções. Solberg, Nysether e Steinsbekk (2014) descrevem o programa centrado na metáfora “capitão de navio”, baseado nos modelos focados na solução e desenhado para promover competências de autogestão em pessoas com DMT2. Os participantes consideraram a metáfora capacitadora em termos de autogestão, pois é uma ferramenta que podem usar nas situações diárias, tornando-os mais conscientes da sua responsabilidade.

O objetivo deste estudo é aprofundar o conhecimento sobre as metáforas de adultos idosos (≥ 65 anos) diabéticos tipo 2 (com diagnóstico ≥ 5 anos) acerca de o que é a diabetes (identidade, causa/s, evolução e consequências). Este estudo foi

realizado em Portugal, o país europeu com maior incidência da doença. Os resultados têm implicações para a prática clínica, revelando as metáforas de adultos idosos diabéticos tipo 2 que poderão estar a influenciar a sua autogestão.

MÉTODO

Este é um estudo qualitativo e exploratório que recorre à teoria cognitiva da metáfora (Lakoff, 1993; Lakoff & Johnson, 1980).

Participantes

Os 17 participantes, com idade entre 68 e 96 anos (média = 78.41 anos), estão organizados nos seguintes grupos etários: 68-77 anos (n=9); 78-87 anos (n=5); 88-97 anos (n=3). Em termos de sexo, 11 são mulheres. Quanto à escolaridade: sem escolaridade formal (n=5); até 4 anos de escolaridade (n=2); 5 a 12 anos de escolaridade (n=10). Sobre comorbilidades, 3 participantes indicam não existir; os restantes 14 apresentam combinações de diabetes tipo 2 com hipertensão, artroses, doença cardiovascular e/ou pancreatite. Nove participantes relatam história familiar de diabetes.

Instrumento

Foi elaborado um guião semiestruturado, administrado através de entrevista, para facilitar a expressão de metáforas sobre o tópico em estudo. O guião da entrevista iniciava-se com a introdução do tema e algumas questões sobre a experiência de ser adulto idoso diabético tipo 2: “Para si, como se define diabetes?”, “Com base na sua experiência, quais as características principais da diabetes?”, “No seu caso, o que pensa que causou a diabetes?”, “Como pensa que a doença vai evoluir?” Ao longo da entrevista, introduzia-se a noção de metáfora de forma simples e com exemplos (por exemplo, “estar triste como a noite”, “ser lindo como o sol”). Como a literatura indica que, na linguagem quotidiana, as pessoas usam com frequência metáforas, optou-se por aprofundar a entrevista, explorando sentimentos e vivências da doença, e deixando as metáforas emergir (Cameron & Stelma, 2004; Lakoff, 1993). Para participantes que expressassem alguma dificuldade em formular metáforas, indicava-se que considerassem a formulação: “a diabetes é como ... porque ...”; ou “que imagem

representa a diabetes para si”. No final da entrevista, foram recolhidos dados socio-demográficos (sexo, idade, estado civil e escolaridade), tempo do diagnóstico da DMT2, existência de comorbilidades e presença de história de diabetes na família.

Procedimento de recolha de dados

O método de amostragem foi intencional e não-probabilístico. Optou-se por contactar IPSS (Instituições Privadas de Solidariedade Social), com valência de ERPI (Estrutura Residencial para Pessoas Idosas) e Centro de Dia/Convívio. O primeiro contacto ocorreu com duas IPSSs do município de Aveiro, foi realizado presencialmente pela primeira autora junto da direção, para apresentar o projeto e solicitar autorização, que foi concedida. As direções indicaram um enfermeiro da instituição para mediar a identificação e contacto com potenciais participantes. Em seguida, o projeto foi explicado ao enfermeiro, assim como os critérios de inclusão (idade ≥ 65 anos; diagnóstico de diabetes tipo 2 há ≥ 5 anos, para garantir uma experiência vivida com a doença; orientados no tempo e no espaço); e exclusão (dificuldades de expressão e compreensão). O enfermeiro com base nos processos clínicos efetuava a seleção dos potenciais participantes e contactava os que cumpriam os critérios; aqueles que aceitavam colaborar eram indicados à primeira autora, que se dirigia à instituição para uma reunião com o potencial participante, onde explicava o projeto e colaboração solicitada. Todos os potenciais participantes aceitaram colaborar, e foi marcada a data, hora e local para a entrevista e assinado o consentimento livre e informado. As entrevistas decorreram em instalações das instituições em locais privados. A recolha de dados terminou com a saturação (situação em que os dados já foram referidos durante a recolha de dados) (Mason, 2010). Foi utilizada a avaliação inter-juízes para determinar a saturação: a primeira autora (realizou as entrevistas) anunciou quando considerou atingida a saturação; os outros dois autores leram de forma independente as entrevistas e indicaram a sua concordância. A saturação foi atingida com 17 entrevistas, com duração média de 16 minutos (mínimo = nove minutos; máximo = 78 minutos).

ANÁLISE DE DADOS

As entrevistas foram gravadas, ouvidas na totalidade e transcritas *verbatim*. A análise das metáforas seguiu o procedimento de análise sistemática de metáforas (Lakoff & Johnson, 1980; Schmitt, 2005), que é essencialmente um processo de

análise de conteúdo (Moser, 2000), que foi operacionalizado num processo de *clustering* em três fases (Antón & Goering, 2015).

A primeira fase envolve identificar e preparar as metáforas para codificação, e implicou ler as transcrições e identificar todas as metáforas elaboradas pelos participantes, considerando a frase (contexto). Uma metáfora para ser considerada deveria envolver os seguintes elementos: i) o tópico (ou tema da metáfora) estar incluído nos objetivos do estudo; ii) ser explícito o veículo (elemento a que é comparado o tópico); iii) ser clara a relação entre tópico e veículo (Moser, 2000). Nesta fase também se prepararam as metáforas, escolhendo a frase que melhor representava cada uma; neste processo foi respeitada a formulação dos participantes, embora em frases muito longas tenham sido escolhidas as partes mais representativas. Este processo foi realizado pela primeira autora e revisto pela terceira autora. Foram identificadas, no total, 84 metáforas; um participante elaborou nove metáforas (máximo) e um participante elaborou duas (mínimo).

A segunda fase compreende o processo de organização das metáforas de acordo com os três subtemas em estudo (identidade, causa, evolução e consequências). Tratou-se de um processo de sucessivo refinamento em que a primeira autora organizou as metáforas, e depois essa organização foi discutida com os outros autores; este processo decorreu até se alcançar total concordância.

A terceira etapa inclui o processo de categorização dentro de cada subtema em estudo. Cada autor leu as metáforas em cada subtema e desenvolveu uma listagem de categorias que indicassem representações distintas, escolhendo uma metáfora que melhor representasse a ideia. Depois reuniram para comparar e discutir as propostas. Esse processo repetiu-se até chegarem a acordo. Em seguida, dois juízes (primeira e terceira autoras) categorizaram de forma independente cada metáfora, para garantir a adequação do sistema.

Posteriormente, reuniram para analisar as (dis)concordâncias; a concordância entre juízes (valor calculado pela divisão de número de concordâncias pelo total de concordâncias e discordâncias) foi de 97.6%, o que indica excelente fiabilidade (Miles & Huberman, 1984). Por fim, discutiram as discordâncias e esse processo conduziu à total concordância; a discordância ocorreu em duas metáforas que abordam a doença em termos sociais, e discutiu-se se seria identidade ou causa; após releitura das entrevistas e do contexto em que as metáforas foram elaboradas, concordou-se em classifica-las no âmbito da identidade.

RESULTADOS

Foram formuladas um total de 84 metáforas (Tabela 1).

Tabela 1. Metáforas: O que é a diabetes?

Tema: O que é a diabetes	
Subtema	N (metáforas)
Categorias: Metáfora representativa	
Identidade	42
“Doença que não dói , não se sente, mas está cá dentro! ”	11
“Diabetes é um mal : já não sai! ”	9
“Há diabetes de muita maneira: há uns melhores (tipo 2), há outros piores (tipo 1)!”	9
“Diabetes é sangue mau que afeta todos os órgãos!”	8
“Doença que ataca a sociedade! ”	5
Causas	27
“Não sei como é que a gente apanha os diabetes, sei que apareceram-me! ”	9
“ Herdei esta doença!”	7
“ Abusava de certas coisas [alimentação] que fazem mal ao nosso corpo!”	6
“Eu sou muito nervosa e os nervos afeta tudo!”	3
“Isto foi tudo a idade! ”	2
Evolução e consequências	15
“Lentamente vai dando cabo da pessoa!”	10
“Sinto tanto medo... ”	5
Total	84

Identidade

Neste subtema (Tabela 1) foram formuladas 42 metáforas, categorizadas em cinco metáforas representativas.

A metáfora “Doença que não dói, não sente, mas está cá dentro” foi referida por 11 participantes. Exemplos das metáforas incluídas são: “Doença que está dentro de ti, mas não a sentes!”, “Doença que vai andando até que mata mesmo!”, “Não dói, não se sente, mas está lá; e é má!”, “Doença que nos enfraquece, mas nem nos apercebemos!”, “Doença que não mata, mas vai deixando marcas!”, “É uma doença surda”. Nesta metáfora representativa a identidade da diabetes é comparada (veículo) a aspetos sensoriais (“não dói”, é “silenciosa” e “surda”), sendo que a relação entre o veículo e o subtema indica a ausência das sensações (é uma doença “má”, porque apesar de “não se sentir”, “mata”).

A metáfora “Diabetes é um mal: já não sai!” foi indicada por nove participantes. Alguns exemplos são: “Doença sem cura!”, “Doença para toda a vida!”, “Mal com

o qual vamos morrer!”, “Doença que entrou no corpo e não sai!” Nesta metáfora representativa a diabetes é considerada (veículo) como algo indefinido (mal) mas real, sendo que a interação com o subtema se faz considerando a cronicidade e ausência de cura (é uma doença/mal “para toda a vida”, “sem cura”, por isso “perigosa”).

A metáfora “Há diabetes de muita maneira: há uns melhores [tipo 2], há outros piores [tipo 1]!” é referida por nove participantes. Exemplos de metáforas incluídas são: “Tipo 1 as pessoas têm diabetes mais alta!”, “Tipo 1 as pessoas têm mais açúcar no sangue!” Nesta categoria de metáforas compara-se a gravidade dos dois tipos de diabetes (1 e 2), considerando a tipo 1 mais grave; a relação é organizada considerando que os diabéticos tipo 1 têm diabetes mais alta (mais açúcar no sangue) e têm de administrar insulina; o tipo 2 é menos grave porque não exige insulina, apenas comprimidos.

A metáfora “diabetes é sangue mau que afeta todos os órgãos!” foi elaborada por oito respondentes. Algumas das metáforas incluídas nesta categoria são: “O sangue dos diabetes não presta!”, “Diabetes é gordura!”, “É muito açúcar no sangue!” Neste caso, diabetes é comparada a sangue mau (com muito açúcar ou gordura), o que acarreta que todos os órgãos do corpo sejam afetados.

A metáfora “Doença que ataca a sociedade!” é formulada por cinco participantes. Nesta categoria estão metáforas como: “Doença comum!”, “Como eu há muitos!”, “Esta sociedade que esta cada vez mais a ser atacada por esta doença!” O veículo usado para comparação é o atacar, relacionado com aspetos que atribuem a características da sociedade atual (estilo de vida mais sedentário e alimentação menos saudável).

Causas

No subtema “causas” (Tabela 1) emergiram 27 metáforas, categorizadas em cinco metáforas representativas.

A metáfora “Não sei como é que a gente apanha os diabetes, sei que me apareceram!” foi elaborada por nove participantes. Algumas metáforas incluídas nesta categoria são: “Não sei se são hereditários ou se eu os apanhei mesmo!”, “Não sei como é que vieram!”, “Não sei como é que ela [diabetes] surgiu!” Neste caso, a causa da diabetes tipo 2 é atribuída ou comparada a algo desconhecido e/ou estranho (apanhar, vir, aparecer), que se relaciona com o subtema demonstrando surpresa por terem a doença.

A metáfora “Herdei esta doença!” foi formulada por sete participantes. Algumas metáforas formuladas nesta categoria são: “Isto está nos genes sanguíneos de cada família e passa para outras pessoas!”, “Apareceu por o meu pai e a minha mãe terem!”, “Já tinha diabetes de minha casa!” A causa é aqui atribuída a herança genética, que passa entre familiares.

A metáfora “Abusava de certas coisas [alimentação] que fazem mal ao nosso corpo!” é indicada por seis participantes; outras metáforas elaboradas nesta categoria são: “As pessoas ficam quietas, e a doença ataca!”, “Comecei a apanhar os diabete porque eu gostava muito de doces!” A diabetes é atribuída a “má alimentação” (sobretudo gorduras e açúcares), “sedentarismo” (quieto e a ver televisão), o que permite que a doença ataque e cause a doença (mal).

A metáfora “Eu sou muito nervosa e os nervos afeta tudo!” é formulada por três participantes (também indicaram: “o stress que faz muito problema”). A causa é atribuída a ansiedade e *stress* (nervos), que podem decorrer de acontecimentos stressantes na vida pessoal (como: “ter falecido a mulher”) ou a características pessoais (“ser muito nervosa”).

A metáfora “Isto foi tudo a idade” é formulada por dois respondentes. A causa está naquilo que o “sistema” (corpo) vai “perdendo”; assim, consideram que “quem chegou a esta idade” já pode esperar esta e outras doenças.

Evolução e consequências

Neste subtema formularam-se 15 metáforas, que foram categorizadas em duas metáforas representativas.

A metáfora “lentamente vai dando cabo da pessoa!” (Tabela 1) é referida por 12 participantes. Outra metáfora aqui incluída é: “E nestas coisas, quando vem uma coisa vem mais outra!” A comparação é estabelecida através da ideia de movimento e tempo (lento) que vai afetando e enfraquecendo a pessoa; os participantes relatam que vão sentindo “fraqueza”, e alguns órgãos são mais afetados (tais como: visão, rins, pernas, articulações), pois começam a funcionar menos bem.

A metáfora “Sinto tanto medo...!” é referida por cinco participantes; outras metáforas aqui inseridas são: “Tenho medo (...) de ter mesmo que cortar um pé!”, “Tenho muito medo que me ataque a vista!” A comparação é com o medo (tristeza e desgosto por terem a doença) que se vai acentuando quando há alguma exacerbação (por exemplo, alguma amputação), ou quando ficam a saber da situação de outros diabéticos.

DISCUSSÃO

As metáforas são poderosos modelos mentais, através dos quais as pessoas entendem o seu mundo, relacionando fenómenos complexos com algo concreto e vivido. A metáfora funciona como uma lente, para pensar sobre algo à luz de outra

coisa (Saban, Kocbeker, & Saban, 2007). As metáforas são mais que um mecanismo figurativo (teoria da substituição) ou uma símile (teoria da comparação), porque estruturam as percepções, pensamentos e ações (Lakoff & Johnson, 1980).

Em termos de identidade da DMT2, as metáforas neste estudo sugerem que os adultos idosos com DMT2 consideram a doença um mal, ou seja algo indefinido mas real (sabem que têm, mas não se apercebem), sem cura (para toda a vida) e que pode ser fatal (perigosa). Além disso, as metáforas formuladas indicam que os participantes conhecem, ainda que de forma simplificada, o que é a doença; a DMT2 é comparada a sangue mau (com muito açúcar ou gordura), que afeta todos os órgãos do corpo (Antón & Goering, 2015; Kim et al., 2012). Contudo, a vivência da DMT2 é algo sem sinais ou sintomas (não dói; não se sente; silenciosa), mas existe (está cá dentro, no organismo) e é má (vai enfraquecendo a pessoa sem que se aperceba). Assim, os adultos idosos com DMT2 parecem viver numa ambiguidade em relação à identidade da doença, e sobretudo em relação à sua identidade enquanto pessoas com DMT2 (Antón & Goering, 2015; Kim et al., 2012): sabem que a DMT2 é uma doença grave, mas não experienciam sinais ou sintomas; a tradição biomédica e a sua experiência com doenças indica que uma pessoa doente sente ou experiencia de alguma forma sinais e sintomas evidentes.

As metáforas elaboradas sobre as causas da DMT2 sugerem duas orientações: alguns participantes apontam para uma etiologia hereditária, perante a história familiar da doença; e outros indicam “não sei”, usando expressões como “apanhei, apareceram, vieram, surgiu”, por vezes associando à alimentação (principalmente “comer muitos doces”), sedentarismo, *stress* e idade. Estas metáforas relativas às causas da doença sugerem a “desculpabilização” do doente, colocando a etiologia sobretudo em algo que o doente não controla ou está fora da sua esfera de poder. Nestas circunstâncias, o doente provavelmente terá dificuldade em perceber que pode e tem de fazer a autogestão da sua doença (Camp et al., 2015; Funnell & Weiss, 2008).

Ao nível de evolução e consequências salienta-se a metáfora “lentamente vai dando cabo da pessoa”, que demonstra que os participantes sabem que se trata de uma doença de evolução progressiva, que acaba por afetar e enfraquecer todo o organismo. Os participantes sabem que a doença está associada à deterioração progressiva da sua qualidade de vida e progressivo aumento de complicações associadas (Antón & Goering, 2015; Kim et al., 2012). A sensação de medo acompanha o conhecimento das consequências, por isso os pacientes com DMT2 revelam com frequência sentimentos como frustração, cansaço, irritação ou medo (Alberti, 2002).

A combinação da identidade (não dói, não se sente), com a etiologia (fora do controlo do doente) e a evolução (afeta progressivamente todo o organismo), sugere que os adultos idosos com DMT2 sabem que têm uma doença grave, mas não a sentem e não se sentem responsáveis pela sua etiologia. A DMT2 parece ser

vivida como algo misterioso, pois os pacientes não entendem bem como funciona uma doença que não se enquadra na perspectiva biomédica que constitui as suas crenças e conhecimentos. Há que reconhecer que a DMT2 apresenta especificidades que a afastam do paradigma mais comum da doença: não é aguda; não tem um tratamento estruturado; exige adaptações constantes. Parece tratar-se de um novo paradigma de doença, ainda difícil de compreender para quem é desafiado por esta doença. Os participantes sabem que a doença evolui e enfraquece todo o corpo, e sentem medo, mas não sabem o que fazer; metaforicamente, parece que estes pacientes sentem estar como que a lidar com um “fantasma”: nunca sentem a DMT2, apenas vão sentindo doenças associadas. Por isso, sentem medo e temem a evolução, mas em simultâneo afastam-se de investir na autogestão da doença, pois: como sempre fizeram perante doenças, esperam que cumprindo a “receita/prescrição” dos profissionais de saúde resolvam a situação; e porque como não sentem sinais ou sintomas, chegam a pensar que não têm a doença.

A vantagem das metáforas é revelarem a experiência vivida dos pacientes, permitindo aos profissionais de saúde aceder a esse mundo e intervir de forma mais eficaz. As metáforas elaboradas pelos participantes sugerem que não compreendem a doença, que lhes parece misteriosa e agindo como “um fantasma”, o que provavelmente dificulta a adequada autogestão. Será importante que os profissionais de saúde envolvidos nas consultas a adultos idosos com DMT2, para além de fazerem as recomendações terapêuticas, foquem as metáforas (que emergem na conversa durante a consulta), para ajudar os pacientes a compreender a doença e potenciar a boa autogestão (Funnell & Weiss, 2008). Tal pode ser efetuado incentivando o paciente a transmitir a sua informação sobre a doença, dúvidas e sentimentos, sem medo de ser julgado ou criticado. A literatura sugere que focar as metáforas durante a intervenção acarreta benefícios a longo prazo na autogestão (Grillo et al., 2016; Hinder & Greenhalgh, 2012; Solberg et al., 2014). Além disso, os profissionais de saúde deverão estar atentos às suas metáforas, que transmitem durante as consultas, pois poderão estar a influenciar a autogestão dos pacientes.

Este estudo é qualitativo e exploratório, permitindo compreender melhor as metáforas dos adultos idosos com DMT2. Em termos de limites e perspectivas de pesquisa, sugere-se a importância de aprofundar as metáforas e a sua influência na autogestão da doença pelos pacientes, provavelmente através de observação participante, em que o investigador acompanhe o paciente durante uma consulta e/ou a rotina diária da gestão da doença. Além disso, estudos futuros poderiam considerar uma amostra por quotas que permitisse comparar dados sociodemográficos (como sexo, grupo etário e escolaridade) com as metáforas elaboradas. Será também relevante explorar as metáforas dos profissionais de saúde e dos familiares para compreender a interação e possíveis influências na autogestão da doença.

CONCLUSÕES

As metáforas dos adultos idosos com DMT2 acerca do que é a doença sugerem que não a entendem, emergindo como algo misterioso, que funciona como um fantasma. Os resultados deste estudo permitem compreender melhor o sentido que os pacientes constroem para a doença, elencando as principais metáforas que na sua vida diária usam para pensar e agir no que respeita à DMT2 e sua autogestão. As metáforas emergentes indicam que será difícil os pacientes serem bons autogestores, pois não percebem ter controlo sobre a doença. Na prática de educação em saúde é essencial conhecer as metáforas dos pacientes e, considerando os resultados deste estudo, os profissionais de saúde podem identificar as metáforas mais comuns dos adultos idosos com DMT2, ajudar a desconstruir o seu efeito negativo e, assim, ir promovendo a cada vez melhor autogestão da doença.

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Questionário de competências culturais para profissionais de ajuda (QCC-PA): Tradução transcultural e validação fatorial

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Resumo

Objetivo: adaptar e validar o *Cultural Competence Assessment Instrument* para avaliar as competências culturais dos profissionais de ajuda. O questionário foi selecionado tendo em conta três critérios, nomeadamente: i) o processo de construção do mesmo, na sua versão original, com base numa revisão aprofundada da literatura e dos instrumentos existentes para avaliar o constructo; ii) os indicadores de ajustamento do modelo da validação do instrumento; iii) a adequabilidade e a possibilidade de adaptação aos contextos que se pretendiam avaliar, particularmente junto de profissionais de ajuda a vítimas.

Método: a tradução e adaptação do questionário obedeceram às *guidelines* internacionais neste domínio e a validação foi conduzida com 313 profissionais de ajuda agrupados em três domínios profissionais: área social, área da saúde e área criminal.

Resultados: as análises fatoriais exploratória e confirmatória permitiram identificar, para esta amostra e com bom ajustamento psicométrico (e.g., alfa .88), a competência cultural aferida através de quatro fatores: consciência cultural, conhecimento cultural, aptidões técnicas e apoio organizacional.

Conclusão: o Questionário de Competências Culturais para Profissionais de Ajuda é uma versão mais pequena da versão original do instrumento, que pode ser utilizada em contextos diferenciados. Este instrumento revela-se, assim, útil na monitorização e supervisão das práticas institucionais no atendimento em contextos de ajuda, ao nível da competência cultural.

Palavras-chave: competência cultural; tradução; adaptação; validação; profissionais de ajuda

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Cultural competence questionnaire for help professionals (CCQ-HP): Transcultural translation and factorial validation

Abstract

Objective: to adapt and validate the Cultural Competence Assessment Instrument designed to measure the cultural competence of help professionals. The questionnaire was selected according three criteria: i) the construction process of the same in its original version, based on a thorough review of the existing literature and available instruments to evaluate the construct; ii) adjustment indicators of validation of the model; iii) the adequacy and the ability to adapt to the pretended contexts, particularly among help professionals.

Method: the translation and adaptation of the questionnaire obey to international guidelines in this area and validation was conducted with 313 help professionals from three professional areas: social, health and criminal.

Results: Exploratory and confirmatory factor analysis allowed to identify for this sample, with good psychometric adjustment (e.g., alpha .88), the cultural competence measured by four factors: cultural awareness, cultural knowledge, technical skills and organizational support.

Conclusions: The Portuguese version of the assessment instrument of cultural competence is a smaller version of the original instrument, which can be used in different areas. This instrument is therefore useful in monitoring and supervising institutional practices in care in help contexts, at the level of cultural competence.

Keywords: cultural competence; translation, adaptation; validation, help professional

INTRODUÇÃO

O constructo de competência cultural está presente na literatura desde os anos 70 e tem sido alvo de preocupação por parte de diversos grupos de profissionais. A diversidade cultural, cada vez mais evidente nos países desenvolvidos, sobretudo na sequência dos movimentos migratórios, incentivou psicólogos/terapeutas (Sue, Arredondo, & McDavis, 1992), profissionais de reabilitação (Balcazar, Suarez-Balcazar, & Taylor-Ritzler, 2009; Banks, 2008; Darawsheh, Chard, & Eklund, 2015) e profissionais de saúde (Campinha-Bacote, 2002) a direcionar a sua atenção para esse constructo. Reconhece-se atualmente que a prática culturalmente competente é uma obrigação profissional (Lindsay, Tétrault, Desmaris, King, & Piérart, 2014) e ética (APA, 2008).

Uma das primeiras e mais citadas definições de competência cultural foi desenvolvida por Cross como “um conjunto de comportamentos, atitudes e políticas

congruentes que atuam interactivamente num sistema, instituição ou grupo de profissionais, e permite que esse sistema, instituição ou grupo de profissionais trabalhem efetivamente em situações multiculturais” (1989, p. 28).

No entanto, a definição de competência cultural não é ainda consensual (Muñoz, 2007; Suarez-Balcazar et al., 2011), por se tratar de um processo complexo e dinâmico, que envolve várias dimensões relacionadas com características pessoais (componente atitudinal e cognitivo; Capell, Veenstra, & Dean, 2007; Muñoz, 2007; Suarez-Balcazar et al., 2011), aptidões (componente comportamental; Capell et al., 2007; Muñoz, 2007; Suarez-Balcazar et al., 2011) e contextos (componente organizacional; Betancourt, Green, Carrillo, & Ananeh-Firempong, 2003; Suarez-Balcazar et al., 2011). Persiste, portanto, a dificuldade de medir este constructo pela divergência existente na sua definição, pela complexidade envolvida na operacionalização e identificação das competências culturais e pela dificuldade no desenvolvimento de instrumentos de medida isentos de viés culturais (Bogo, Regehr, Hughes, Power, & Globerman, 2014).

Não obstante estarem disponíveis instrumentos na literatura internacional com o objetivo de avaliar a competência cultural em contextos diferenciados, como a reabilitação (e.g., *Cultural Competence Assessment Instrument*; Suarez-Balcazar et al., 2011), a psicoterapia (e.g., *Multicultural Counselling Inventory*; Sadowsky, Taffe, Gutkin, & Wise, 1994) e os contextos de saúde, sobretudo direcionados para enfermeiros (e.g., *Inventory for Assessing the process of Cultural Competence among Healthcare Professionals – Revised*; Campinha-Bacote, 2002), a maior parte deles apresenta problemas ao nível das propriedades psicométricas e do rigor conceptual (Dunn, Smith, & Montoya, 2006).

Apesar das dificuldades na sua definição e mensuração, a literatura reúne algum consenso em relação ao carácter multidimensional do constructo e na identificação de componentes distintos, mas relacionados entre si (Bernhard et al., 2015). Uma revisão sistemática da literatura sobre os modelos e componentes da competência cultural (Alizadeh & Chavan, 2016) permitiu concluir que a consciência/atitude, o conhecimento e as aptidões culturais para trabalhar com populações culturalmente diversificadas são as mais utilizadas. Existem, no entanto, outras componentes que, embora menos comuns, têm sido utilizadas, nomeadamente a sensibilidade cultural (Doorenbos & Schim, 2004; Papadopoulos, Tilki, & Lees, 2004), sentimentos/expressão empática, tomada de perspetiva empática e consciência empática (Wang et al., 2003), comunicação intercultural (Arasaratnam, 2006) e o apoio organizacional (Suarez-Balcazar et al., 2011; Suh, 2004).

A literatura destaca a necessidade de reflexão sobre as dificuldades associadas à diversidade de instrumentos, construídos com base em definições de competência cultural diferenciadas, com componentes distintos, o que inviabiliza a análise comparativa dos resultados alcançados por diversos autores e o recurso ao mesmo

instrumento em contextos diferenciados (Lin, Lee, & Huang, 2017). Por outro lado, a maior parte dos instrumentos responde às necessidades multiculturais dos Estados Unidos da América (EUA), não estando adequados ao contexto Europeu (Bernhard et al., 2015). Mais recentemente, alguns autores têm revelado preocupação em desenvolver instrumentos que permitam colmatar algumas das limitações identificadas. A título de exemplo, Almutairi e Dahinten (2017) desenvolveram um instrumento crítico sobre competências culturais, com recurso a outros instrumentos existentes, de forma a aferir a sua validade convergente. Os autores encontraram correlações fortes entre os diferentes componentes conceptuais mais comumente identificados na literatura (consciência, conhecimento e aptidões culturais).

Em Portugal, muito recentemente, foi validada a versão portuguesa da *Multicultural Mental Health Awareness Scale* (Monteiro & Fernandes, 2016), com uma amostra de enfermeiros, cuja análise fatorial exploratória permitiu confirmar uma estrutura de três fatores (consciência, conhecimento e competências) com uma elevada consistência interna (alfa .958).

Contudo, os instrumentos mais utilizados não se focam no papel institucional e na sua influência no desenvolvimento do constructo de competência cultural. Balcazar et al. (2009) desenvolveram um modelo compreensivo de competências culturais baseado numa revisão sistemática da literatura, que integra quatro dimensões: *consciência cultural* (apreciação e compreensão da cultura de outras pessoas, reconhecimento dos próprios preconceitos em relação a outras culturas e exame crítico em relação a posições privilegiadas na sociedade); *conhecimento cultural* (familiaridade com as características, história, valores, crenças e comportamentos de outras culturas); *competência ou aptidão prática* (aptidões necessárias para ajustar a prática profissional de forma a atender às necessidades das populações multiculturais) e, finalmente, o *apoio organizacional* (implementação de práticas individuais e organizacionais que promovam a capacidade dos profissionais para intervir de forma culturalmente adequada). Segundo os autores, o desenvolvimento da competência cultural é um processo contínuo e interativo que pressupõe que, enquanto prestadores de cuidados, os profissionais estejam familiarizados e atuem confortavelmente tendo em conta as especificidades dos grupos culturais com os quais lidam (Gonçalves & Matos, 2016).

Com base neste modelo, Suarez-Balcazar et al. (2011) desenvolveram um instrumento com o objetivo de avaliar os níveis percebidos de competência cultural em profissionais de reabilitação, baseados numa extensa revisão da literatura sobre os instrumentos de medida existentes neste domínio, obtendo um produto final (*Cultural Competence Assessment Instrument*) capaz de integrar as dimensões teóricas do conceito de competência cultural antes identificados, com bons níveis de ajustamento e propriedades psicométricas. Não são conhecidos estudos posteriores

com o instrumento que tenham permitido avaliar a sua validade (convergente, divergente) e estabilidade temporal das suas pontuações.

O objetivo do presente trabalho foi validar o *Cultural Competence Assessment Instrument* (CCAI), de forma a aferir se este instrumento mede as competências culturais num grupo denominado de profissionais de ajuda (da área social, da saúde e pertencentes a órgãos de polícia criminal), considerando que estes podem, no decurso das suas funções, atender populações culturalmente diferenciadas, nomeadamente vítimas de crime.

METODOLOGIA

Seleção e Tradução do Questionário

A seleção do CCAI (Suarez-Balcazar, 2011) baseou-se em 3 critérios essenciais: a) o processo de construção do mesmo, com base numa revisão aprofundada da literatura e dos instrumentos existentes para avaliar o constructo; b) os indicadores de ajustamento do modelo de validação do instrumento; c) a adequabilidade e a possibilidade de adaptação aos contextos que se pretendiam avaliar, nomeadamente junto de profissionais de ajuda.

Depois de selecionado o CCAI, foi solicitada autorização aos autores do instrumento para o traduzir, adaptar e validar para os profissionais de ajuda a trabalhar em Portugal. A autorização dos autores foi concedida em maio de 2013.

A tradução e adaptação transcultural do questionário obedeceu ao *International Test Commission Guidelines for Translating and Adapting Tests* (International Test Commission, 2005). A tradução foi realizada por dois investigadores independentes, seguida da retroversão por um nativo de língua inglesa e comparação com a versão original. A versão final foi submetida a um teste piloto, junto de dez profissionais de ajuda, permitindo adequar e otimizar a versão final do questionário.

Construção Online e Disseminação do Questionário

O questionário foi construído *online* no programa *Survey Creator* e disseminado por várias instituições em Portugal: a) órgãos de polícia criminal (OPC's) de proximidade (Guarda Nacional Republicana e Polícia de Segurança Pública); b) centros

locais de atendimento ao imigrante (CLAII); c) instituições de apoio à vítima (instituições particulares de solidariedade social (IPSS), organizações não governamentais (ONGs), casas abrigo para vítimas de violência doméstica); d) centros de saúde e hospitais. A recolha *online* foi realizada segundo as *Ethics Guidelines for Internet Mediated Research* (British Psychological Society, 2013). O *link* para o questionário era acompanhado por uma nota prévia com o enquadramento e os objetivos do estudo, esclarecendo ainda as questões éticas no preenchimento do questionário (e.g., anonimato, liberdade para terminar o questionário a qualquer momento), que só era possível após validação e concordância por parte dos profissionais (consentimento informado). A recolha decorreu entre outubro e dezembro de 2014.

Participantes

Para a validação do questionário foram considerados 313 participantes, com média de idades de 39.31 ($DP = 9.35$), variável entre 22 e 67 anos; 51% dos participantes era do sexo masculino e 49% do sexo feminino, maioritariamente portugueses (98%); 46% possuía licenciatura, 32% ensino secundário e 22% mestrado. Quanto às áreas dos profissionais, 35% pertencia à área social (e.g., psicólogos, assistentes sociais, técnicos superiores de educação), 33% pertencia a OPC's e 32% trabalhava na área da saúde (médicos e enfermeiros). Exerciam a mesma função, em média, há 14.3 anos ($DP = 9.1$).

Estratégia de Análise de Dados

O tratamento estatístico de dados foi realizado com recurso ao SPSS (v.22, IBM Corporation, 2013) e AMOS (v. 22, IBM Corporation, 2013). O tamanho da amostra de 313 participantes foi considerado válido para aplicação da metodologia de equações estruturais (Rodrigues, 2008).

Com a análise de dados pretendeu-se validar o *Questionário de Competências Culturais para Profissionais de Ajuda* (QCC-PA), construindo um modelo confirmatório com propriedades psicométricas adequadas. Para isso, as análises foram divididas em três partes distintas:

1. *Criação de um modelo teórico explicativo*: O CCAI é composto por 24 itens, divididos equitativamente por três fatores: oito itens compõem o fator consciência/conhecimento cultural; oito itens compõem o fator competência/aptidões culturais; oito itens compõem o fator apoio organizacional. As opções de resposta traduziam-

-se numa escala de *Likert* de 6 pontos, variáveis entre 1 (discordo totalmente) e 6 (concordo totalmente). O modelo teórico proposto por Suarez-Balcazar et al. (2011) foi testado na sua estrutura original, recorrendo à análise fatorial confirmatória, tendo sido encontrados valores de ajustamento muito pobres para esta amostra. Dessa forma procedeu-se à criação de uma estrutura ajustada à mesma.

2. *Análises de fiabilidade e validade*: Obter uma estrutura fatorial passível de ser confirmada teoricamente e proceder, caso necessário, a um reajustamento das expectativas do modelo teórico. Com frequência, estas análises dão contributos valiosos na adaptação do modelo teórico elencado inicialmente e fazem a ponte com o modelo confirmatório final (Field, 2005; Marôco, 2003).

A fiabilidade corresponde a uma medida da consistência interna, determinada pelo cálculo do alfa de Cronbach em conjunto com a correlação do item-total. Em conjunto estas duas medidas analisam a robustez do instrumento, no sentido que este mede efetivamente aquilo para o qual foi criado (Hill & Hill, 2009). Neste estudo considerou-se como valor mínimo do alfa de Cronbach .70 (Marôco, 2003; Nunnally, 1978) e correlação item-total acima de .30 (Tabachnick & Fidell, 2007). Para analisar a validade foi utilizada uma Análise de Componentes Principais (ACP). Esta análise foi realizada com recurso a uma técnica de rotação ortogonal *Varimax*, cujo objetivo é atribuir a cada item uma carga fatorial “exclusiva” a um só fator (Field, 2005).

A carga fatorial (*loading*) refere-se à covariância existente entre o fator e o item. Pode variar entre -1 e 1, em que o 0 representa ausência de covariância ou inexistência de relação entre o item e o fator considerado. Neste estudo foi considerado como critério para saturação (inclusão) de um item no fator uma carga fatorial acima de .35 (Schmitt, 2011).

Para além da carga fatorial, foi avaliada a variância explicada, que não deverá ser inferior a 50% (Field, 2005; Marôco, 2003, 2010). Foi ainda avaliada a contribuição do *screeplot*, diagrama que projeta a variância explicada/valores próprios por cada fator (eixo yy), pelo número de fatores extraídos (eixo xx).

A determinação do número ideal de fatores a extrair teve em conta os seguintes critérios: a) Valor próprio superior a 1; b) Variância explicada combinada superior a 50%.

Os dois pressupostos fundamentais para a ACP foram verificados com:

a) Valor do teste Kaiser-Meyer-Olkin (KMO) acima de .60 (Field, 2005; Marôco, 2003, 2010).

b) O teste de esfericidade de Bartlett (BTS) que testa se a matriz de correlação é uma matriz identidade (H_0), o que indica se há ou não correlação entre os dados. Este teste rejeita a hipótese nula se $p < .05$, indicando assim evidências da existência de correlações aceitáveis entre as variáveis/itens (Diamantopoulos & Siguaw, 2000; Field, 2005).

3. *Estimação de um modelo confirmatório*: foi realizada uma AFC, com utilização do programa estatístico AMOS (v.22, IBM Corporation, 2013). Com a AFC pretendeu-se determinar se as relações teóricas especificadas eram suportadas pelos dados. Para que o modelo confirmatório possa ser analisado (i.e., que os seus coeficientes estimados possam ser interpretados), é necessário que o ajustamento do modelo aos dados seja considerado adequado (Jackson & Gillaspay, 2009).

Neste estudo, tal como sugerido por Brown e Moore (2012) foram consideradas as seguintes medidas de identificação:

3.1. Medidas de ajustamento absoluto que determinam o grau de ajustamento do modelo teórico a testar aos dados, comparando-o com o modelo saturado, que estabelece relações de todos os itens com todos os fatores (Brown & Moore, 2012).

a) O valor do qui-quadrado, que determina o ajustamento em caso de um resultado sem significância estatística, embora este valor seja quase sempre significativo, principalmente em amostras de dimensão elevada. Para contornar isso é utilizado o valor de χ^2 / gl , em que se divide o valor obtido por esta estatística pelo número de graus de liberdade (gl), sendo aceitáveis valores iguais ou inferiores a 3.0 (Brown & Moore, 2012).

b) A Raiz Quadrada do Erro Quadrático Médio de Aproximação (*Root Mean Squared Error of Approximation*), doravante designada como RMSEA. Esta medida é considerada adequada para valores abaixo de 0.07 (Marôco, 2010; Schmitt, 2011). Foi ainda considerado o *p*-close como complemento desta medida de ajustamento, considerando modelos mais ajustados para $p > .05$.

c) O Índice de Qualidade do Ajustamento (*Goodness of Fit Index*, GFI), cujo critério para ajustamento adequada é $GFI > 0.90$ (Hu & Bentler, 1995; Marôco, 2010; Schmitt, 2011).

3.2. Medidas de ajustamento incremental que comparam o modelo proposto ao modelo nulo (Brown & Moore, 2012), que assume a inexistência de relações entre as variáveis (Marôco, 2010; Schmitt, 2011).

a) O Índice de Tucker-Lewis (TLI), também designado como Índice de ajustamento não ponderado (*Non Normed Fit Index*, NNIFI), cujo critério para ajustamento adequada é $TLI/NNIFI > 0.90$ (Brown & Moore, 2012; Marôco, 2010; Schmitt, 2011).

b) Índice ajustado de qualidade do ajuste (*Adjusted Goodness of Fit Index*, AGFI) cujo critério para ajustamento adequada é $AGFI > 0.90$ (Brown & Moore, 2012; Marôco, 2010; Schmitt, 2011).

3.3 Medidas de ajustamento parcimonioso que comparam o ajustamento aos parâmetros necessários para obter um nível de ajustamento específico (Brown & Moore, 2012).

a) O Índice de Ajustamento Comparativo (*Comparative Fit Index*, CFI), onde se consideraram adequados valores superiores a 0.90 (Brown & Moore, 2012; Marôco, 2010; Schmitt, 2011).

b) O Critério de Informação de Akaike (AIC), que indica ajustamento perfeito quando o valor é nulo (Albright & Park, 2009; Brown & Moore, 2012; Schmitt, 2011). Este critério é útil para comparar modelos confirmatórios diferentes que possuem o mesmo número de variáveis observadas e igual dimensão amostral (Mesquita, 2013).

A estimação dos coeficientes foi realizada de acordo com o método de máxima verosimilhança que pressupõe normalidade multivariada (Bentler, 2006). Não obstante, este método já provou ser preciso na estimação dos coeficientes, mesmo em caso de incumprimento deste pressuposto (Bentler, 2006; Marôco, 2010).

RESULTADOS

Análises de Fiabilidade e Validade

O primeiro passo consistiu na realização de uma ACP com rotação *Varimax* para determinar a estrutura fatorial base do modelo confirmatório e avaliar a possibilidade de inversão de alguns itens. Foram extraídos quatro fatores com valor próprio superior a 1. A variância explicada combinada foi de 51.29%, acima dos 50% estabelecidos como critério (Tabela 1). Foram também cumpridos os pressupostos de $KMO = .84$ e $BTS, p < .001$.

De modo a que todos os constructos fossem medidos no sentido positivo, foram invertidos os itens It4 no Apoio Organizacional, todos os itens das Aptidões Técnicas, exceto o It21, e todos os itens da Consciência Cultural, exceto o It8. As análises de fiabilidade mostraram que a consistência interna, medida pelo alfa de Cronbach, do questionário total (.85) do Conhecimento cultural (.81), Apoio organizacional (.80) e Aptidões técnicas (.75) foram superiores a .70. A consciência cultural obteve um valor de consistência interna um pouco mais baixo (.63). A correlação item-total foi superior a .30 em quase todos os itens, com exceção dos itens It5 (.27), It8 (.28) e It24 (.29) na Consciência cultural.

Tabela 1
Cargas Fatoriais dos Itens do Questionário de Competências Culturais

	Conhecimento cultural	Apoio organizacional	Aptidões técnicas	Consciência cultural
It22 Discuto abertamente com os outros as dificuldades que eu possa ter no desenvolvimento da consciência multicultural.	.72			
It23 Eu aprendo sobre diferentes etnias culturais através de métodos educativos e/ou de experiências de vida.	.69			
It14 Sinto-me confiante que posso aprender sobre o contexto cultural dos meus clientes.	.65			
It18 Eu examino os meus próprios preconceitos relacionados com a raça e cultura que possam influenciar o meu comportamento como prestador de serviços.	.64			
It19 Eu empenho-me ativamente para ter uma atmosfera que promova o risco e o auto-conhecimento.	.63			
It10 Sou eficaz na minha linguagem não-verbal com utentes cujas culturas são diferentes da minha.	.62			
It1 Sinto que posso aprender com os utentes imigrantes/de minorias étnicas.	.59			
It3 Sou eficaz na minha comunicação verbal com os utentes cuja cultura é diferente da minha.	.49			
It6 Recebo <i>feedback</i> dos meus superiores sobre como melhorar as minhas aptidões com utentes imigrantes/de minorias étnicas.	.79			
It9 A competência cultural está incluída na missão, políticas e procedimentos no local onde eu trabalho.	.73			
It7 No trabalho, os quadros, <i>posters</i> , material impresso e brinquedos refletem a cultura dos imigrantes/minorias étnicas com quem trabalho.	.70			
It16 Eu tenho oportunidades para aprender comportamentos culturais competentes com os meus colegas.	.66			
It4 A minha organização não proporciona formação contínua em competência cultural.	.58			
It13 É difícil praticar aptidões relacionadas com competência cultural.			.77	
It12 Sinto que tenho experiência limitada para trabalhar com utentes pertencentes a outras culturas.			.68	
It2 É difícil adaptar as minhas estratégias aos utentes imigrantes/minoria étnicas.			.66	
It17 Não sinto que tenha as aptidões para prestar apoio a imigrantes ou minorias étnicas.			.63	
It21 Eu considero fácil trabalhar de forma competente com utentes imigrantes ou de minorias étnicas.			.53	
It20 É difícil para mim aceitar que as crenças religiosas possam influenciar a forma como as minorias étnicas respondem à doença e à incapacidade.				.63
It5 O local onde eu trabalho não permite usar recursos para promover a competência cultural.				.53
It24 O local onde eu trabalho não permite a minha participação em celebrações culturais com os meus utentes.				.49
It15 Não considero os antecedentes culturais dos utentes que atendo quando está envolvida comida.				.47
It11 Sou sensível à valorização e respeito das diferenças entre o meu contexto cultural e a herança cultural dos meus utentes.				.40
It8 A forma como os serviços estão estruturados no local onde eu trabalho torna difícil identificar os valores culturais dos utentes.				.37
Variação explicada	23.81%	11.84%	10.29%	5.35%
Total				51.29%

Análise Fatorial Confirmatória

A estrutura apresentada foi inicialmente considerada para o modelo confirmatório, onde as cargas fatoriais dos itens It5 (.21), It8 (.25) e It24 (.22) eram insatisfatórias. Para além disso, os valores de ajustamento deste modelo foram muito abaixo do razoável (χ^2 / gl 3.28, RMSEA 0.09, $p < .001$; GFI 0.81; TLI 0.73; AGFI 0.77; CFI 0.76 AIC 915.33). Os índices de modificação não sugeriram nenhuma alteração substancial de melhoria.

De seguida foi utilizado um processo iterativo com base no critério das cargas fatoriais (eliminando itens com carga fatorial $< .30$) e nos índices de modificação, de forma a atingir o melhor modelo possível, ou seja, aquele cujo ajustamento é mais adequado. O melhor modelo implicou a eliminação dos itens It5 (.21), It8 (.25) e It24 (.22) da componente Consciência cultural cujas cargas fatoriais iniciais eram insatisfatórias. Foram também eliminados os itens It14 e It18 na componente Conhecimento cultural, o item It4 no Apoio organizacional, os itens It2 e It21 na dimensão aptidões técnicas devido a cargas fatoriais baixas ou correlação elevada com outras componentes que não a sua. Foram ainda estabelecidas covariâncias entre itens com correlação elevada entre si, contribuindo para a simplificação do modelo.

O modelo confirmatório final foi composto por quatro componentes, também denominadas variáveis latentes ou não observadas, que correspondem aos constructos de Conhecimento cultural, Apoio organizacional, Aptidões Técnicas e Consciência cultural. Os valores das cargas fatoriais variaram entre .55 e .81, o que demonstra elevada correlação dos itens com os respetivos constructos (Figura 1).

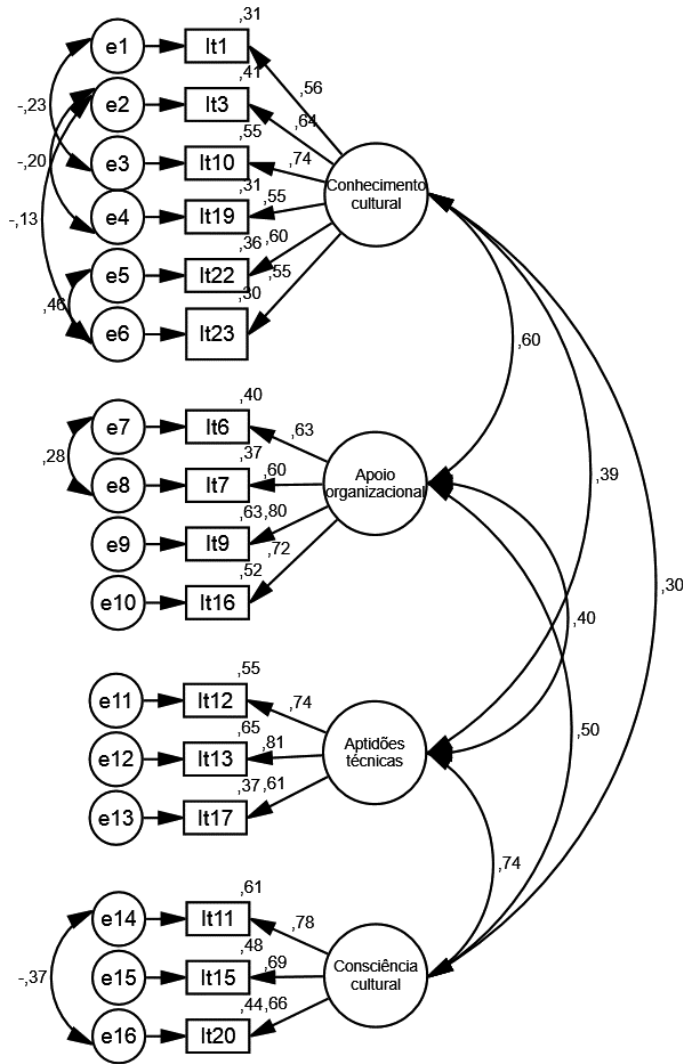


Figura 1
Modelo confirmatório final do Questionário de Competências Culturais-Profissionais de Ajuda

As correlações entre os próprios constructos (variáveis latentes) eram elevadas, variando entre .30 e .74. Destacaram-se como correlações mais elevadas as encontradas entre as dimensões do Apoio organizacional e Consciência cultural (.50), do Conhecimento e Apoio organizacional (.60) e Competência e Consciência Cultural (.74), em particular esta última (Tabela 2).

Tabela 2
Correlações entre as variáveis latentes do modelo confirmatório final

Correlação	Conhecimento cultural	Apoio organizacional	Aptidões técnicas	Consciência cultural
Conhecimento cultural	-	.60	.39	.30
Suporte organizacional		-	.40	.50
Aptidões técnicas			-	.74
Consciência cultural				-

Nota: todas as correlações são significativas, $p < .001$

Os valores de ajustamento do modelo final mostram que este pode ser considerado um bom modelo, uma vez que foram cumpridos na íntegra todos os critérios necessários (Tabela 3). O valor do χ^2/gl situou-se abaixo de 3. O valor de RMSEA foi de 0.06, abaixo de 0.07 e o p -close foi superior a .05. O IC a 95% para o valor de RMSEA não conteve qualquer valor acima de 0.07.

As medidas de ajustamento GFI, TLI, AGFI e CFI foram todas superiores a 0.90 ou, pelo menos, iguais a este valor. É ainda de referir que o AIC = 283.65 foi substancialmente inferior ao do modelo inicial com três componentes e todos os itens neles incluídos (AIC = 915.33), ressaltando-se o facto de estes não poderem ser directamente comparados em virtude das diferenças no número de variáveis observadas.

Neste modelo, o valor elevado do coeficiente de curtose (71.56) coloca questões no que se refere ao pressuposto de normalidade. No entanto, foi mantido o método de estimação dos coeficientes por máxima verosimilhança devido à robustez deste método, mesmo neste tipo de situação.

Tabela 3
Ajustamento do modelo confirmatório final

Medidas de ajustamento	Valor do ajustamento no modelo	Crítério do ajustamento
χ^2/gl	2.13	< 3
RMSEA (IC 90%) p -close	0.06 (0.05 – 0.07) $p = .08$	< 0.70; p -close > 0.05
GFI	0.93	> 0.90
TLI	0.92	> 0.90
AGFI	0.90	> 0.90
CFI	0.94	> 0.90
AIC	283.65	

A Tabela 4 mostra que todas as estimativas foram estatisticamente significativas, salientando que todos os itens apresentaram um impacto significativo no seu respetivo constructo. A estimativa mais elevada foi encontrada no item It9 (1.27),

referente ao constructo Apoio Organizacional. São ainda de destacar as estimativas dos itens It11 (1.15) e It20 (1.15) para com o constructo Consciência cultural.

Tabela 4

Estimativas dos coeficientes não padronizados do modelo confirmatório

			<i>Estimativa</i>	<i>SE</i>	<i>Z</i>	<i>p-valor</i>
It1	←	Conhecimento cultural	0.75	0.08	9.13	$p < .001$
It3	←	Conhecimento cultural	0.71	0.06	11.12	$p < .001$
It10	←	Conhecimento cultural	0.84	0.06	13.19	$p < .001$
It19	←	Conhecimento cultural	0.70	0.08	9.22	$p < .001$
It22	←	Conhecimento cultural	0.76	0.07	10.53	$p < .001$
It23	←	Conhecimento cultural	0.69	0.08	9.17	$p < .001$
It6	←	Apoio organizacional	0.94	0.09	11.06	$p < .001$
It7	←	Apoio organizacional	0.88	0.08	10.51	$p < .001$
It9	←	Apoio organizacional	1.27	0.09	14.55	$p < .001$
It16	←	Apoio organizacional	1.09	0.09	12.77	$p < .001$
It12	←	Aptidões técnicas	1.07	0.08	13.76	$p < .001$
It13	←	Aptidões técnicas	1.09	0.07	15.23	$p < .001$
It17	←	Aptidões técnicas	0.90	0.08	10.69	$p < .001$
It11	←	Consciência cultural	1.15	0.09	13.14	$p < .001$
It15	←	Consciência cultural	1.03	0.08	12.40	$p < .001$
It20	←	Consciência cultural	1.15	0.11	10.64	$p < .001$

SE: Erro padrão (*Standard Error*)

A fiabilidade e validade deste modelo foram medidas através do alfa de Cronbach para a escala total (.88), para o conhecimento cultural (.88), para o apoio organizacional (.89), para as aptidões técnicas (.75) e para a consciência cultural (.70). O total de variância explicada pelo modelo foi de 61% (31% fator conhecimento; 13% apoio organizacional; 11% aptidões técnicas; 6% consciência cultural).

DISCUSSÃO E CONCLUSÕES

Atualmente, os profissionais de ajuda em Portugal atuam junto de imigrantes, minorias étnicas e/ou refugiados passíveis de terem sido vítimas dos mais diversos crimes (e.g., violência doméstica, tráfico de seres humanos, abuso sexual, imigração

ilegal). Nesses contextos é necessário, por um lado, a sensibilidade para reconhecer os sinais de vitimação e, por outro lado, a capacidade de orientar na procura de ajuda complementar e no encaminhamento, de forma a responder, atendendo às especificidades multiculturais, a todas as suas necessidades (Gonçalves & Matos, 2016).

Numa determinada cultura dominante, as instituições e os próprios profissionais demonstram geralmente dificuldade em adequar o seu funcionamento às especificidades das culturas minoritárias, por exemplo, através de uma interpretação “desadequada” das ações destas vítimas, cuja subserviência perante a violência é atribuída à aceitação e normalização da mesma (Coelho & Machado, 2010). Desta forma, atendendo às estatísticas criminais nacionais (relativas, por exemplo, à violência doméstica, ao tráfico de seres humanos, integração de refugiados), a melhoria da qualidade dos serviços passa por capacitar os profissionais, dotando-os de competências culturais que os tornem sensíveis às necessidades das vítimas.

O objetivo deste trabalho foi adaptar e validar um instrumento de cariz generalista que permitisse avaliar a perceção de competências culturais dos próprios profissionais de ajuda que exercem funções em contextos de atendimento a vítimas, oriundas de contextos culturais e étnicos diversificados, mas também o envolvimento das instituições na construção dessas competências.

Neste estudo, o questionário de competências culturais para profissionais de ajuda (QCC-PA) revelou não seguir a estrutura fatorial do instrumento original (CCAI), para esta amostra, dividindo-se em quatro componentes: consciência cultural, conhecimento cultural, aptidões técnicas e apoio organizacional. Os primeiros três desses fatores são aqueles que reúnem maior consenso na comunidade científica (Alizadeh & Chavan, 2016) e, comumente, se preconiza como sendo os que compõem o constructo mais lato que é a competência cultural no seu todo (Suarez-Balcazar et al., 2011; Sue et al., 1992). De referir, no entanto, que esta estrutura fatorial foi também encontrada pelos autores do CCAI, com bom ajustamento, embora os mesmos tenham optado pelo modelo tri-fatorial por apresentar um ajustamento ainda mais adequado para a sua amostra (Suarez-Balcazar et al., 2011).

Nos profissionais que compõem a amostra atual, o modelo mais ajustado e com propriedades psicométricas mais poderosas é aquele que é composto por quatro fatores e por um menor número de itens, comparativamente com o CCAI. A eliminação de oito itens poderá estar relacionada com o facto de se pretender um questionário que integre a diversidade contextual patente nas diferentes áreas de atuação consideradas: a área social, a área da saúde e a área criminal. A versão mais reduzida do questionário revela um bom ajustamento ao nível das medidas estatísticas, revelando-se um modelo adequado para medir as competências culturais dos profissionais de ajuda. Assim, a opção por um instrumento como o QCC-PA, de carácter genérico e passível de ser utilizado em diferentes contextos de ajuda

releva-se mais útil, face a instrumentos específicos para cada grupo profissional, uma vez que nesses contextos o carácter multidisciplinar é assumido como crucial no atendimento a vítimas.

Este instrumento, sendo o primeiro direcionado para profissionais de ajuda, em Portugal, avalia a perceção das competências culturais pelos próprios profissionais, funcionando como uma autoavaliação das suas dificuldades e/ou aptidões para lidar com populações multiculturais. Essa pode, contudo, ser considerada uma das limitações do estudo, nomeadamente o carácter de autorrelato da competência cultural, cujos resultados poderão ser influenciados pela desejabilidade social. Nesse contexto, o instrumento não permite uma avaliação da prática efetiva destes profissionais, nem da eficácia no atendimento e na intervenção junto de populações multiculturais.

Em investigações futuras, seria importante o desenvolvimento de instrumentos capazes de medir este constructo de forma mais ampla, a partir de múltiplas fontes de recolha de dados sobre competência cultural (e.g., profissionais, vítimas, líderes organizacionais) e de metodologias diferenciadas (entrevistas, *focus group*). Estes estudos permitiriam um diagnóstico mais aprofundado e o desenvolvimento de ações de formação direcionadas para as reais necessidades destes profissionais em termos de competências culturais de atendimento. Paralelamente, interessa investir em estudo dirigidos a testar a validade (convergente, divergente) e estabilidade temporal das pontuações neste instrumento.

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O Impacto da Consultoria Parental no Desenvolvimento Vocacional: uma Intervenção com alunos do 9.º ano de escolaridade e seus respetivos pais

Carlos Manuel Gonçalves¹ e Vasco Dias Rocha²

Resumo

Os pais, enquanto figuras significativas, têm vindo a ser apontados pela investigação como determinantes nos processos subjacentes à construção dos percursos ou trajetórias vocacionais dos seus filhos. Partindo desta constatação da literatura, a presente investigação procura compreender o impacto de um projeto de consultoria parental – delineado e co-construído a partir de uma metodologia processual de projeto, sustentado numa abordagem Construtivista, Ecológica e Desenvolvimentista –, no processo de desenvolvimento vocacional dos filhos. No que respeita à eficácia da intervenção, os resultados quantitativos, confirmados pelos qualitativos registados ao longo do processo, apontam para uma clara mais-valia das intervenções de projetos de consultoria parental na promoção do desenvolvimento vocacional dos filhos, como sublinham e indicam as diferenças estatisticamente significativas registadas, em termos de investimento vocacional, entre GEI e GEII. Os resultados apontam também para as enormes vantagens das intervenções que optam por uma metodologia de projeto em detrimento das intervenções pontuais, pré-programadas e centradas predominantemente na instrução/informação, como se confirma nas diferenças estatisticamente significativas que se registam entre os dois GE e o GC.

Palavras-chave: Consultoria; Orientação Vocacional; Programa; Projeto

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The Impact of Parental Consulting on Vocational Development: an Intervention with 9th grade students and their respective parents

Abstract

Parents, as significant elements, are being mentioned by research as fundamental in the processes underlying the construction of their children's vocational paths or trajectories. Departing from this statement in literature, this research tries to understand the impact of a parental consultancy project – outlined and co-constructed from a project process methodology, sustained by a Constructional, Ecologic and Developmental approach – upon their children's vocational development process. The quantitative assessment of the results was performed at two times (pre-test and post-test) for the three groups. In what concerns the efficacy of the intervention, the quantitative results, confirmed by the qualitative ones recorded during the process, point towards a clear added-value of the interventions of parental consultancy projects for the promotion of their children's vocational development, as highlighted and indicated by the statistically significant differences found, in terms of vocational investment, between GEI and GEII. The results also point towards enormous advantages of interventions, which choose a project methodology in detriment of occasional interventions, pre-programmed and predominantly focusing on education/information, as confirmed by the statistically significant differences found between the two experimental groups and the control group.

Keywords: Consulting; Vocational Guidance; Program; Project

1. INTRODUÇÃO

Ao longo das últimas duas décadas, têm vindo a ser desenvolvidos vários estudos nacionais e internacionais (David, 2016; Fernandes, 2014; Gonçalves, 2006, 2008; Hartung, Porteli, & Vondracek, 2005; Sobral, Gonçalves, & Coimbra, 2009; Whiston & Keller, 2004; Young & Friesen, 1992; Young, Friesen, & Pearson, 1988) sobre os impactos da família, da escola, do grupo de pares, entre outros contextos, que influenciam o desenvolvimento vocacional de adolescentes e jovens. Estes estudos concluem, indiscutivelmente, que os pais, enquanto figuras significativas, são os que se apresentam como determinantes nos processos subjacentes à construção dos percursos ou trajetórias vocacionais dos filhos. Partindo desta constatação da literatura, parece

claro e inquestionável a relevância dos pais como agentes ativos na construção dos projetos vocacionais dos seus filhos. Daí a necessidade de promover intervenções intencionalizadas de consultoria de pais para o desenvolvimento vocacional de jovens e adolescentes.

Identificando esta necessidade, face à escassez de investigação neste domínio, partindo de algumas experiências piloto (Gonçalves, 1997; Sobral, Monteiro, & Mouta, 2006), desenhou-se este objeto de estudo, pertinente para a investigação e relevante do ponto de vista social, a partir deste questionamento: como intervir junto dos pais com o objetivo intencional de os transformar em agentes ativos e intencionalizados do desenvolvimento vocacional dos seus filhos? Ao refletir sobre esta questão inicial, através da revisão da literatura e da experiência dos investigadores em contexto educativo, surge o desafio da intervenção em consultoria parental, enquanto estratégia de intervenção junto dos pais, de forma a capacitá-los para lidarem de forma autónoma e satisfatória com as tarefas de desenvolvimento vocacional dos filhos, através de atividades exploratórias diretas e indiretas simultaneamente apoiantes e desafiantes.

Alguns autores (Fernandes, 2014; Fernandes & Gonçalves, 2012; Gonçalves, 2008; Gonçalves & Coimbra, 2007; Prata, Barbosa-Ducharne, Gonçalves, & Cruz, 2013; Young & Collin, 2004) têm procurado, a partir de uma perspetiva construtivista, ecológica e desenvolvimentista, perceber a influência ou interdependência entre as características individuais dos sujeitos e dos diversos contextos de vida. Esta abordagem, a partir das considerações iniciais de Donald Super (1953, 1957) e da perspetiva bioecológica e psicossocial de Bronfenbrenner (1979, 1986, 2005), tem enfatizado a interdependência entre o sujeito e o mundo, entendendo o desenvolvimento vocacional como uma “dimensão integradora do desenvolvimento humano que se processa ao longo do ciclo vital, envolvendo relações do sujeito consigo próprio, entre as pessoas e seus contextos socioculturais próximos e alargados” (Gonçalves, 2006, p. 52).

Dentro destes múltiplos contextos de influência, a família apresenta-se como o primeiro e mais significativo, sendo apontado como o de maior importância na construção das trajetórias e percursos profissionais dos filhos, em comparação com outros contextos, como a escola ou o grupo de pares (David, 2016; Fernandes, 2014; Gonçalves, 2008; Hartung et al., 2005). De facto, a família, enquanto grupo de participação e de referência fundamental, parece influenciar positiva ou negativamente as aspirações e expectativas vocacionais e ocupacionais dos indivíduos ao longo do ciclo vital (Bohoslavsky, 2003). Face a esta evidência da relevância dos pais nos projetos vocacionais dos filhos surge esta investigação para alargar as práticas tradicionais em consulta psicológica vocacional centrada nos sujeitos (os alunos).

2. MÉTODO

2.1. *Objetivos de Investigação*

Partindo dos resultados da investigação e das necessidades dos intervenientes na intervenção (os alunos), reconhecendo a importância das figuras parentais no processo de desenvolvimento vocacional, o presente estudo visa compreender a influência da consultoria parental no desenvolvimento vocacional, conceptualizado em processos de exploração e investimento.

Apresentam-se, de seguida, os objetivos específicos da intervenção:

1. Promover o envolvimento ativo dos pais, enquanto figuras significativas, no desenvolvimento vocacional dos filhos;
2. Procurar que os pais lidem de forma autónoma e satisfatória com as tarefas de desenvolvimento vocacional dos filhos, sendo facilitadores e respeitadores das opções vocacionais dos filhos;
3. Procurar desconstruir mitos e crenças relativas ao desenvolvimento vocacional em pais e filhos;
4. Identificar diferenças nos indicadores do desenvolvimento vocacional entre o Grupo Experimental I (GEI), Grupo Experimental II (GEII) e o Grupo de Controlo (GC), em função das metodologias e estratégias diferenciadas utilizadas.

2.2. *Questões e hipóteses de investigação*

Alicerçados na revisão da literatura e dos resultados das investigações (Gonçalves, 1997, 2008; Palmer & Cochran, 1988; Sobral et al., 2006), o estudo pretende dar resposta às seguintes questões de investigação:

Q1 – Haverá diferenças entre o Grupo Experimental I (GEI) cujos pais foram alvos de um processo de consultoria parental, através de uma metodologia processual de projeto, partindo de uma avaliação de necessidades e seguindo uma abordagem construtiva, ecológica e desenvolvimentista, quando comparado com o Grupo Experimental II (GEII) e o Grupo de Controlo (GC)?

Q2 – Um projeto de desenvolvimento vocacional, a partir de uma metodologia processual de projeto, partindo de uma avaliação de necessidades dos grupos-

-alvo e uma abordagem construtivista, ecológica e desenvolvimentista (GEII), terá alguma mais-valia, em termos de resultados de intervenção, quando comparadas com outras intervenções escolares, avulsas centradas na informação (GC)? Ou seja, haverá diferenças entre o GEI e o GC?

Assim, formulam-se as seguintes hipóteses:

H1 – Espera-se que, no momento inicial de avaliação, no pré-teste, não existam diferenças significativas, em termos de desenvolvimento vocacional, entre GEI, GEII e GC.

H2 – Espera-se que, no momento final de avaliação, no pós-teste, o GEI e o GEII, alvos de uma intervenção de projeto a partir de uma abordagem construtivista, ecológica e desenvolvimentista, apresentem resultados estatisticamente significativos, em termos de desenvolvimento vocacional, superiores ao GC.

H3 – Espera-se que, num momento final de avaliação, no pós-teste, o GEI, cujos pais foram alvo de intervenção em consultoria, apresente resultados estatisticamente significativos, em termos de desenvolvimento vocacional, superiores ao GEII.

2.3. *Design de investigação*

A presente investigação seguiu uma metodologia de *design quasi experimental* com dois grupos experimentais (GEI e GEII) e um grupo de controlo (GC). As condições de intervenção dos três grupos foram as seguintes:

- O Grupo Experimental I (GEI) foi alvo de uma intervenção ao nível do desenvolvimento vocacional, a partir de uma metodologia de projeto, sustentada numa abordagem construtivista, ecológica e desenvolvimentista, e os seus respetivos pais participaram numa intervenção de consultoria parental para os capacitar a serem agentes ativos do desenvolvimento vocacional dos seus filhos.

- O Grupo Experimental II (GEII) foi alvo de uma intervenção ao nível do desenvolvimento vocacional, a partir de uma metodologia de projeto, sustentada numa abordagem construtivista, ecológica e desenvolvimentista, mas os seus pais não participaram na intervenção de consultoria parental.

- O Grupo de Controlo (GC) não foi alvo de intervenção de uma metodologia de exploração reconstrutiva, mas de uma intervenção centrada na informação, a prevista para os alunos do 9.º ano no contexto escolar, realizada por um profissional que colabora com o Serviço de Psicologia e Orientação da escola.

Ao longo do processo, vários foram os momentos de monitorização da intervenção, através da recolha de dados quantitativos e qualitativos, para permitir analisar a eficácia da intervenção:

(a) Num primeiro momento, no início da preparação e elaboração do projeto, realizou-se uma observação participante no contexto real da intervenção, interagindo com os vários intervenientes do contexto escolar: responsável pelos Serviços de Psicologia e Orientação, direção da escola, diretor de turma, professores, alunos e pais para fazer uma avaliação inicial das necessidades do grupo alvo da intervenção;

(b) Em cada um dos grupos (GEI, GEII e GC) houve dois momentos de recolha de dados para avaliação da eficácia da intervenção: o pré-teste realizado no início da intervenção (início do ano letivo) e o pós-teste imediatamente a seguir à conclusão, no final da intervenção (final do ano letivo), administrando-se o instrumento selecionado para indicar as mudanças no desenvolvimento vocacional;

(c) Realizou-se uma avaliação de processo, ao longo da implementação, nos GEI e GEII, com recurso ao diário de bordo, e às notas de registo do terreno do investigador em cada sessão para complementar a avaliação quantitativa com a qualitativa.

2.4. Instrumentos e procedimentos de recolha dos dados

Para a recolha dos dados recorreu-se a diversos instrumentos para operacionalização das variáveis em estudo e avaliação da eficácia da intervenção nos três grupos. Os dados sociodemográficos para caracterização da amostra nos GEI e GEII foram recolhidos a partir do Questionário de Planeamento Vocacional (QPV) administrado no início da intervenção (pré-teste). Para o GC foi construído um breve questionário sociodemográfico para recolha dos dados mais relevantes para a investigação.

Para avaliar o desenvolvimento vocacional utilizou-se, no pré e pós teste, a Escala de Exploração e Investimento Vocacional (versão reduzida): EEIV-R (Miambo, Gonçalves, & Coimbra, 2011) constituída por 4 subescalas: Exploração Vocacional, Investimento Vocacional, Difusão Vocacional e *Foreclosure*. Através da análise fatorial exploratória verificou-se que o instrumento apresenta boas qualidades psicométricas tendo valores de consistência interna elevados com alfas de Cronbach entre .81 (subescala *Foreclosure*) e .91 (investimento vocacional) e uma variância explicada total de 63% (Miambo et al., 2011).

2.5. Critério de seleção da amostra e sua caracterização

Não foram definidos aprioristicamente critérios limitativos para definição da amostra utilizada, contudo, algumas questões foram tidas em consideração. Dado que a intervenção decorreu no âmbito de um processo de intervenção em orientação vocacional, numa escola pública, tivemos que seguir algumas orientações apresentadas pela direção da escola, tendo como mediadora a psicóloga, responsável pelo Serviço de Psicologia e Orientação (SPO). À partida, e por questões de organização escolar, os grupos tiveram que ser constituídos pelo grupo natural: a turma. Após terem sido informados, quer os alunos quer os respetivos pais, acerca dos objetivos do estudo e do seu processo de desenvolvimento, foi solicitada a sua participação voluntária e o consentimento autorizado por parte dos pais dos alunos que iriam participar no estudo (GEI, GEII, GC).

Foi realizado, especificamente, uma reunião com os pais dos alunos do GEI para avaliar disponibilidade destes para participarem numa intervenção de consultoria parental, tendo sido elucidados sobre as mais-valias e implicações da sua participação neste projeto: os seus direitos e os seus deveres. Após discussão, a maioria dos pais acederam em participar nas sessões quinzenais, a desenvolver ao longo do ano. Portanto, o critério de seleção da amostra foi claramente de conveniência.

Para uma melhor caracterização dos grupos de trabalho apresenta-se, de seguida, uma breve caracterização dos três grupos de alunos em função da idade e do género.

Tabela 1
Caracterização das amostras por idade e género

		Idade				Género			
		14 anos	15 anos	16 anos	17 anos	Total	Fem	Mas	Total
Pertença gruppal	GEI	8	4	3	1	16	5	11	16
	GEII	8	6	2	0	16	8	8	16
	GC	8	4	2	1	15	8	7	15
Total		24	14	7	2	47	21	26	47

Como é possível analisar, a partir da Tabela 1, foram constituídos três grupos de alunos. Os grupos de trabalho são equivalentes, relativamente ao número de participantes, idades e género. Foi constituído um grupo de pais (do GEI) para desenvolvimento do projeto de intervenção em consultoria. No total fizeram parte do grupo 12 pais. A participação no projeto foi livre e voluntária. Os participantes no grupo de trabalho de consultoria de pais apresentavam idades compreendidas entre os 38 e 52 anos. No que diz respeito ao nível socioeconómico e cultural dos pais, os grupos de

trabalho são também muito semelhantes. O nível socioeconómico foi obtido a partir da conjugação do nível de escolaridade e nível de qualificação profissional dos pais.

Quanto à qualificação dos pais, a grande maioria apresenta um nível de qualificação entre o 6.º e o 12.º ano. Poucos são os que apresentam um nível de qualificação superior ao 12.º ano (cinco casos no GEI e três no GEII). Em termos de profissões, transversalmente aos três grupos, os pais desempenham profissões ligadas aos serviços (cabeleireiro, mecânico, empregada de balcão, empregado de escritório, cozinheiro, esteticista). Excecionalmente surgem alguns casos pontuais de pais que exercem cargos que exigem qualificação superior (enfermeiro, empresário, educadora de infância).

2.6. Eixos estruturantes das intervenções desenvolvidas com pais e filhos

As intervenções desenvolvidas com alunos e pais assumiram como leitura da realidade um quadro conceptual, construtivista, ecológico e desenvolvimentista e como opção metodológica geral de intervenção, uma metodologia de projeto em contraponto à de programa, por nos parecer ser a opção mais adequada ao problema em análise, ao contexto onde ocorre e aos objetivos de mudança que almejamos.

Este projeto de intervenção foi-se desenvolvendo, de forma flexível e recorrente, em momentos estruturantes e organizadores da intervenção, enquanto conjunto de objetivos abrangentes em torno dos quais a intervenção se foi configurando e ganhando forma, num processo progressivo em que o cliente é o protagonista, num processo ativo e participativo de resolução das várias tarefas com que se confronta em função das suas reais necessidades (Gonçalves, 2001; Menezes, 2010). Assim, os momentos estruturantes e estruturadores da presente intervenção foram elaborados a partir da revisão da literatura e da avaliação de necessidades recorrentes dos grupos de intervenção.

As atividades propostas ao longo das 13 sessões apresentavam, tendencialmente, uma vertente que implicava a participação de todos os intervenientes, centradas em atividades desafiadoras de *role-play* e *role-take*, selecionadas em função dos objetivos a alcançar. As estratégias e processos psicológicos que estiveram transversalmente presentes ao longo de todas as sessões foram, entre outros, o desafio, a reflexão, a interrogação sucessiva, a tomada de consciência, a descentração, a tomada de uma perspetiva social, a reflexão individual e grupal, a discussão focalizada, a descentração, a diferenciação e integração.

À semelhança do que aconteceu nas intervenções com os filhos, na consultoria com os pais optou-se por uma metodologia de projeto e por uma conceptualização construtivista, ecológica e desenvolvimentista, que visava a capacitação dos pais para um apoio ativo na co-construção dos projetos vocacionais dos filhos,

proporcionando-lhes atividades conjuntas de exploração direta e indireta do mundo do trabalho e dos contextos formativos. Ao longo das dez sessões, de 90 minutos cada, privilegiaram-se a realização de atividades de promoção da interação entre pais e filhos, quer estas tenham decorrido em contexto da sessão ou através de propostas e desafios de ações conjuntas a realizar fora do contexto da consulta (e.g. visitas a feiras de formação; dia aberto da Universidade do Porto; visitas a contextos educativos e o contacto com outros profissionais). A intervenção organizou-se em torno de momentos estruturantes, em contraponto a uma lógica sequencial de programa, partindo da avaliação inicial de necessidades em ordem a desenhar objetivos processuais e estratégias participativas, facilitando a empatia, a aceitação, a escuta ativa, o desafio diferenciador, a negociação interpessoal, a tomada da perspectiva social e a integração dos vários pontos de vistas.

A preparação dos consulentes/pais (GEI), que participaram na intervenção de consultoria parental para serem facilitadores do desenvolvimento vocacional dos seus filhos, pretendeu-se, num primeiro momento, explorar e desconstruir expectativas, crenças e representações que possuíam sobre o processo de orientação vocacional, recorrendo-se a algumas atividades de discussão focalizada em torno das representações e estereótipos sociais acerca das formações e profissões. Num segundo momento da intervenção em consultoria, designado de exploração reconstrutiva de significados, focalizou-se na exploração de valores vocacionais refletindo-se sobre a transmissão implícita e/ou explícita, intencional ou não, dos pais para os filhos; promoveu-se, a partir do ponto de vista dos pais, o conhecimento e a exploração dos interesses vocacionais manifestados pelos filhos ao longo do tempo; e ainda, desenvolveram-se atividades conjuntas de exploração vocacional entre pais e filhos no sentido de os estimular ao apoio/desafio destes, bem como a exploração do sistema de ofertas ao nível de educação e formação (ex., visitas a feiras de emprego e formação; exploração conjunta direta e indireta do sistema de educação e formação), visitando instituições do Ensino Superior e participando na Mostra da Universidade do Porto. Por último, mas não menos importante, pretendeu-se antecipar ações, pensamentos e sentimentos face às potenciais escolhas futuras dos filhos, promovendo a reflexão para garantir um apoio seguro à tomada de decisão.

3. APRESENTAÇÃO DOS RESULTADOS

Para análise e avaliação dos resultados, recorreu-se ao teste estatístico (*t-test*) para amostras emparelhadas, com o objetivo de comparar os dois momentos de avaliação (pré e pós-teste) em cada um dos grupos (GEI, GEII e GC), considerando

as dimensões de análise da escala utilizada como indicadores de mudança: A Escala de Exploração e Investimento Vocacional – EEIV-R (Miambo et al., 2011).

No GEI, os resultados indicam a existência de diferenças significativas ($p = .00$) entre o pré-teste ($M = 3.81$) e o pós-teste ($M = 5.23$) na dimensão do investimento vocacional e na dimensão de *foreclosure* ($p = .01$): pré-teste ($M = 2.39$) e pós-teste ($M = 3.41$), registando-se um aumento nestas duas dimensões; e verificou-se uma diminuição na dimensão Exploração Vocacional com diferenças significativas ($p = .00$) no pré-teste ($M = 3.34$) e pós-teste ($M = 2.56$). Em suma, regista-se no GEI, que foi alvo de uma intervenção simultânea de consultoria com pais, diferenças de médias no pós-teste: um maior investimento, valores menos reduzidos de exploração vocacional e aumento da tendência a opções outorgadas aos significativos. Os resultados apontam para uma eficácia da intervenção desenvolvida, comprovada pelo aumento significativo na dimensão do investimento e diminuição da exploração. Este resultado responde à segunda questão de investigação.

No grupo experimental II (GEII) apenas se registaram diferenças estatisticamente significativas ($p = .03$) entre o pré-teste ($M = 2.30$; $DP = 0.94$) e o pós-teste ($M = 2.64$; $DP = 0.66$) na dimensão Exploração Vocacional, verificando-se um aumento em relação ao pré-teste. Nas outras dimensões não se encontraram diferenças significativas.

No que concerne ao GC, não se verificaram diferenças estatisticamente significativas entre o pré-teste e o pós-teste em todas as dimensões do desenvolvimento vocacional em análise: exploração, investimento *foreclosure* e difusão.

No que diz respeito às diferenças de médias inter-grupos (GEI, GEII, GC) no pré-teste e no pós-teste, relativamente às várias dimensões do desenvolvimento vocacional, apresentam-se os principais resultados com recurso à análise de variância para amostras independentes.

Tabela 2
Resultados das diferenças de médias entre grupos – Pré-teste

Dimensões de Análise	M			DP			ANOVA			Post-Hoc Tukey	
	GEI	GEII	GC	GEI	GEII	GC	F	gl	p		
Investimento Vocacional	3.81	4.81	4.01	0.98	0.95	0.98	4.74	2.00	.01*	GEI<GEII;GEI=GC;GEII=GC	
Exploração Vocacional	3.34	2.30	3.15	0.83	0.94	0.65	7.27	2.00	.00*	GEI>GEII;GEI=GC;GEII<GC	
Difusão Vocacional	1.42	1.46	1.49	0.41	0.61	0.52	0.07	2.00	.93		
Foreclosure	2.39	3.09	2.24	1.08	1.00	0.65	3.70	2.00	.04*	GEI=GEII;GEI=GC;GEII>GC	

* $p \leq .05$ Teste *Post-Hoc* de Tukey HSD, $p < .05$

Em relação às dimensões do desenvolvimento vocacional, no pré-teste, como é possível ver pela análise da Tabela 2, foram encontradas diferenças estatisticamente significativas entre grupos, para as dimensões Investimento Vocacional ($F = 4.47$; $p = .01$); Exploração Vocacional ($F = 7.27$; $p = .00$) e *Foreclosure* ($F = 3.70$; $p = .03$). Os testes de *Post-Hoc* revelaram que os indivíduos do GEII apresentam, no pré-teste, níveis de Investimento Vocacional superiores (com significância estatística) em relação com o GEI. No entanto, comparando o GEII com o GC, estas diferenças, apesar de existirem, não são estatisticamente significativas. O mesmo acontece entre o GEI e o GC.

No que respeita à dimensão Exploração Vocacional, os resultados do *Post-Hoc* indicam que são os indivíduos do GEI que apresentam níveis de exploração mais elevados no pré-teste. A análise dos testes de *Post-Hoc* revela também a existência de significância estatística entre os resultados do GEI e o GEII e entre os resultados do GEII e o GC.

Na dimensão *Foreclosure*, os resultados dos testes de *Post-Hoc* indicam que o GEII tem comportamentos vocacionais mais outorgados em relação aos seus significativos por comparação com o GEI e o GC. Globalmente, estes resultados infirmam a hipótese 1, onde esperávamos a não existência de diferenças significativas nas dimensões do desenvolvimento vocacional nos três grupos, ou seja, que fossem equivalentes antes da intervenção (pré-teste).

Concluindo, no pré-teste, os três grupos não são totalmente equivalentes em relação às dimensões do desenvolvimento vocacional, apenas não se registam diferenças estatisticamente significativas entre o GEI e o GC. O GEII tem valores mais elevados, no pré-teste, nas dimensões de investimento vocacional e de comportamentos outorgados e valores mais baixos na dimensão de exploração vocacional quando comparado com os GEI e GC. Estas diferenças vêm, contudo, reforçar a eficácia da intervenção pelos ganhos obtidos pelo GEI, como veremos pela análise da Tabela 3, quando se comparam as diferenças inter-grupos no pós-teste.

Tabela 3
Resultados das diferenças de médias entre grupos – Pós-teste

Dimensões de Análise	M			DP			ANOVA			Post-Hoc Tukey
	GEI	GEII	GC	GEI	GEII	GC	<i>F</i>	<i>gl</i>	<i>p</i>	
Investimento Vocacional	5.23	4.68	4.05	0.41	0.46	0.45	27.5	2.00	.00*	GEI>GEII>GC
Exploração Vocacional	2.56	2.64	3.23	0.74	0.66	0.70	4.10	2.00	.02*	GEI=GEII; GEI<GC; GEII=GC
Difusão Vocacional	1.38	1.45	1.56	0.44	0.39	0.41	0.79	2.00	.46	
Foreclosure	3.41	2.99	2.52	0.67	0.52	0.56	8.97	2.00	.00*	GEI=GEII; GEI>GC; GEII=GC

* $p \leq .05$ Teste *Post-Hoc* de Tukey HSD, $p < .05$

Em relação ao pós-teste, como é possível analisar na Tabela 3, foram encontradas diferenças estatisticamente significativas entre grupos, para as dimensões Investimento Vocacional ($F = 27.5$; $p = .00$); Exploração Vocacional ($F = 4.10$; $p = .02$) e *Foreclosure* ($F = 8.97$; $p = .00$). Os testes de *Post-Hoc* revelaram que os indivíduos do GEI apresentam, no pós-teste, níveis mais elevados de Investimento Vocacional (estatisticamente significativos) relativamente ao GEII, quando, no pré-teste, o GEII tinha valores mais elevados de investimento, reforçando a eficácia da intervenção no GEI com consultoria de pais e confirmando a hipótese 3: “espera-se que, num momento final de avaliação, no pós-teste, o GEI, cujos pais foram alvo de intervenção em consultoria, apresente resultados estatisticamente significativos, em termos de desenvolvimento vocacional, superiores ao GEII”. As diferenças de Investimento Vocacional aumentam ainda mais quando comparadas com o GC. As diferenças entre o GEII e o GC são também estatisticamente significativas, vindo ao encontro da hipótese 2: “espera-se que, no momento final de avaliação, no pós-teste, o GEI e o GEII, alvos de uma intervenção de projeto a partir de uma abordagem construtivista, ecológica e desenvolvimentista, apresentem resultados estatisticamente significativos, em termos de desenvolvimento vocacional, superiores ao GC”.

4. DISCUSSÃO DOS RESULTADOS

Após a apresentação sumária dos resultados torna-se relevante realizar uma reflexão acerca dos mesmos, a partir do estado da arte e da nossa experiência de investigação/ação, para lhes atribuir um significado e compreendermos a realidade histórica e social onde se constroem projetos pessoais e sociais.

Os resultados, na sua generalidade, vêm ao encontro das questões de investigação e das hipóteses formuladas: ou seja, o grupo de experimental I (GEI), cujos pais foram alvos de uma consultoria parental, em ordem a ser agentes ativos e intencionalizados do desenvolvimento vocacional dos filhos, teve mais ganhos nas várias dimensões avaliadas pela EEIV-R do que o Grupo experimental II, alvo da mesma intervenção e metodologia. Este resultado do grupo experimental I responde à questão de investigação 1 e confirma a hipótese 3, apontando para a relevância que a consultoria de pais assume no desenvolvimento vocacional dos filhos adolescentes (Gonçalves, 1997; Palmer & Cochran, 1988; Sobral et al., 2006). As escolhas vocacionais não se constroem no vazio, mas são expressão dos múltiplos contextos onde o sujeito em construção participa. Contudo, a família apresenta-se como o primeiro e mais significativo contexto, sendo sinalizado pela revisão da literatura como o de maior importância na construção das trajetórias e percursos profissionais dos

filhos, na comparação a outros contextos, como a escola ou o grupo de pares (David, 2016; Fernandes, 2014; Gonçalves, 2008; Hartung et al., 2005). De facto, a família, enquanto grupo de participação e de referência fundamental, parece influenciar, positiva ou negativamente, as aspirações e expectativas vocacionais e ocupacionais dos indivíduos ao longo do ciclo vital (Bohoslavsky, 2003). Daí a pertinência de desenvolver intervenções de consultoria com pais para que possam ser suportes de qualidade para apoiar os seus filhos em atividades de exploração vocacional e realizarem investimentos de acordo com as suas expectativas de realização pessoal e social (Gonçalves, 1997, 2008; Palmer & Cochran, 1988; Sobral et al., 2006).

Importa refletir e atribuir significado ao aumento significativo da tendência para projetos outorgados (dimensão *foreclosure*) no grupo experimental I, no após intervenção, em relação ao grupo experimental II. Tal facto poderá ser explicado, não tanto pela falta de exploração ou investimento ao longo do processo (como se constata), mas, porque a intervenção de experiências de exploração direta, acompanhados pelos seus pais, a contextos de trabalho e educação vieram confirmar as expectativas de formação e de profissão. Por outro lado, face ao posicionamento dos alunos de 9.º ano, em termos de processo de desenvolvimento vocacional, predominantemente num momento de exploração e de questionamento vocacional, podem, em alguns casos, reduzir o âmbito da exploração ou até interromper as atividades exploratórias (tendência à exclusão de escolhas ou outorgado), para não se confrontarem com a tarefa emocionalmente exigente, do ponto de vista pessoal, de realizarem atividades de exploração vocacional e de lidarem, de forma adaptativa, com as situações de ansiedade que são despoletadas pelo processo de exploração vocacional (Blustein, 2004; Blustein & Philips, 1990; Fernandes, 2014; Gonçalves, 2006, 2008).

Esperava-se que os três grupos na situação inicial (GEI, GEII e GC) fossem equivalentes no pré-teste (H.1), ou seja, que não se registassem diferenças nas quatro dimensões avaliadas pela EEIV-R; o que não aconteceu, registrando-se diferenças significativas sobretudo entre o GEI e o GEII, nas dimensões da exploração ($GEI < GEII$) e investimento vocacional ($GEII < GEI$), o que vem infirmar a hipótese 1. Este resultado pode-se explicar pelas características dos participantes. Na avaliação processual qualitativa de cada sessão de intervenção direta com o grupo experimental I, através das notas de terreno do investigador e do diário de bordo dos participantes, registou-se, sobretudo nas primeiras sessões, uma forte insegurança nas escolhas vocacionais e alguma incapacidade de reflexão e justificação das mesmas, talvez pela ausência de apoio e disponibilidade dos significativos nesta tarefa do desenvolvimento. Ora, à medida que a intervenção de consultoria com os pais se ia desenvolvendo, o GEI confirmava os seus investimentos, após experiências de exploração a contextos reais (feira das profissões, visita a contextos reais de trabalho e formação...) em ações conjuntas com os seus significativos, passando de

uma etapa de questionamento/exploração para um investimento sustentado. Como sublinha a literatura, ambientes familiares caracterizados por reduzidos níveis de comunicação e onde se verifique uma reduzida troca de experiências ou discussão sobre questões vocacionais são “inibidores” do desenvolvimento vocacional. Contudo, contextos familiares em que os pais se envolvem ativamente com os seus filhos em atividades diretas e indiretas de exploração vocacional proporcionam um ambiente favorável a escolhas vocacionais seguras em função não dos projetos dos pais mas respeitando as opções e investimentos de formação/profissão dos seus filhos (Fernandes, 2014; Gonçalves, 2008; Prata et al., 2013; Young & Collin, 2004). Contudo, estes resultados iniciais vêm, inclusive, confirmar as mais-valias da eficácia da intervenção no grupo que foi alvo da consultoria de pais (GEI), registando-se um aumento de comportamentos de investimento vocacional e uma diminuição das atividades exploratórias, em relação ao GEII.

Finalmente, considera-se relevante atribuir significado às mais-valias dos resultados obtidos no pós-teste pelo GEI e GEII em relação ao GC, relativamente às várias dimensões do desenvolvimento vocacional. Este resultado é coerente e confirma as críticas que vêm sendo realizadas às intervenções breves centradas na instrução/informação e com uma metodologia de programa, por primarem pela sua ineficácia, respondendo à segunda questão de investigação. Segundo Martin (1990), as intervenções numa lógica de programa, de cariz mais informativo ou instrutivo, impõem aos participantes quadros de referência e competências passíveis de serem ensinadas, treinadas, adquiridas e generalizadas aos diversos contextos e situações de vida dos indivíduos (Coimbra, 1991). Estes resultados justificam-se pelas metodologias e estratégias diversificadas utilizadas nos três grupos. Por um lado, a opção por uma metodologia de projeto, a partir de um levantamento de necessidades, antes e durante a intervenção, sustentada numa abordagem construtivista, ecológica e desenvolvimentista, parece sinalizar para mais-valias desenvolvimentistas (GEI e GEII); por outro, a opção por uma metodologia centrada na informação, impondo um quadro de organização do mundo, na ausência de atribuição de significado e apropriação por parte do sujeito, não produzem investimentos vocacionais e geram apenas mais moratória vocacional, indecisão e medos (Coimbra, 1997/98).

CONCLUSÕES FINAIS

Ao terminar este trabalho exploratório torna-se pertinente sublinhar as principais conclusões e contributos do mesmo, as potencialidades e limites, os impasses deixados em aberto para futuras investigações e as implicações para a intervenção psicológica.

A partir da leitura e discussão dos resultados, na sua generalidade, confirma-se e sublinha-se as conclusões de várias investigações realizadas nas duas últimas décadas: os pais, enquanto figuras significativas, assumem um papel, explícito ou implícito, relevante nos processos subjacentes à construção dos percursos ou trajetórias vocacionais dos seus filhos (David, 2016; Fernandes, 2014; Gonçalves, 1997, 2006, 2008; Hartung et al., 2005; Prata et al., 2013; Young, 1994; Young, Valach, Ball, Turkel, & Wong, 2003; Young et al. 2004).

O facto do GEI ter obtido mais ganhos nas dimensões do desenvolvimento vocacional do que o GEII e o GC parece apontar para a importância da implementação dos projetos de consultoria parental para o desenvolvimento vocacional, numa lógica de capacitação dos consulentes (pais) para que estes lidem, de forma autónoma e satisfatória, com as tarefas de desenvolvimento vocacional dos seus filhos e possam assumir-se como agentes intencionais da promoção do mesmo, apoiando-os na realização de atividades, quer individuais quer conjuntas, de exploração direta e indireta (Gonçalves, 1997; Palmer & Cochran, 1988; Sobral et al., 2006). Conforme foi possível avaliar ao longo da intervenção (na avaliação de processo e na avaliação formativa final), a consultoria apresenta-se como um instrumento muito útil, do ponto de vista dos pais, para os transformar em promotores de um processo que não é apenas dos filhos, mas um projeto co-construído com a família, nomeadamente com os significativos, por isso, também um projeto familiar. Neste sentido, torna-se imprescindível que se proporcionem aos pais oportunidades para participarem ativa e intencionalmente nas tarefas vocacionais dos seus filhos garantindo-lhes uma base segura e desafiante de afetos e ternura, para que possam explorar o mundo das formações e do trabalho com confiança e para realizarem investimentos vocacionais consistentes. É, no entanto, importante reconhecer que as atividades apoiadas ou conjuntas realizadas entre pais e filhos, com objetivos mais diferenciados, como o lazer, a exploração vocacional, a educação, a saúde..., são momentos privilegiados para fortalecer e desenvolver as dimensões do projeto relacional da família (Fernandes, 2014; Gonçalves, 2008; Young, 2004; Young et al. 2006).

Os resultados deste estudo apontam para as mais-valias diferenciadas das metodologias gerais de investigação/intervenção em consulta psicológica vocacional. Ou seja, uma metodologia de projeto, em contraposição a uma metodologia de programa, garante resultados com eficácia diferenciada, tal como comprovam os ganhos obtidos do GEI e GEII – metodologia de projeto – e GC – metodologia de programa (Menezes, 2010).

Todos os trabalhos de investigação, desde a sua conceptualização inicial à sua realização final, confrontam-se com avanços e recuos inerentes a uma multiplicidade de constrangimentos: institucionais, contextuais, temporais, pessoais..., ficando

sempre aquém dos objetivos almejados, sobretudo quando os objetos de estudo são subjetividades complexas e idiossincráticas como é a condição humana. O facto de a amostra ser constituída por conveniência e de os grupos serem de dimensão reduzida não nos permitiu encontrar diferenças acentuadas nas várias dimensões do desenvolvimento vocacional. Deste modo, os nossos resultados assumem um mero carácter exploratório não se podendo generalizar.

Não se conseguiu, apesar de recorrermos a todo o tipo de estratégias possíveis de motivação para a relevância da intervenção, mobilizar os pais (mãe e pai) para a consultoria de formação do GEI, revelador da demissão dos pais em relação à escola. Apesar de os resultados apontarem para um efeito positivo da consultoria parental, uma amostra mais alargada de pais dar-nos-ia oportunidade para atribuir uma maior magnitude a esta estratégia no desenvolvimento vocacional dos adolescentes e jovens.

Quanto ao instrumento utilizado no pré-teste e no pós-teste, a EEIV-R, para servidor de indicador da eficácia da intervenção, apesar de responderem aos objetivos definidos para a intervenção e de revelar qualidades psicométricas elevadas, talvez fosse mais adequado, face ao número reduzido da amostra, uma maior valorização dos indicadores qualitativos do processo e não tanto os indicadores quantitativos para avaliar a magnitude da eficácia da intervenção. Contudo, os valores quantitativos encontrados inter-grupos e intra-grupos, no pré-teste e pós-teste, apontam para a eficácia da intervenção e sublinham a qualidade discriminativa do instrumento selecionado. Finalmente, uma outra limitação do estudo foi o tempo da intervenção. Sendo a variável tempo uma dimensão relevante para a consolidação das mudanças (Coimbra, 1991; Martin, 1990), o facto de a intervenção nos dois grupos experimentais ter decorrido entre fevereiro e início de julho, por constrangimentos institucionais/escolares e pessoais, com sessões semanais de 90 minutos cada, apenas permitiu a realização de 13 sessões.

Seria relevante realizar a eficácia da intervenção ao longo do tempo, pelo menos com dois *follow-ups* de seis e de 12 meses. Embora houvesse a intenção de realizar um *follow-up* após seis meses, não foi possível executá-lo por constrangimentos por parte dos estudantes e do investigador principal.

No que se refere à intervenção de consultoria de pais, os constrangimentos de tempo ainda se acentuaram mais, em virtude da falta de disponibilidade dos mesmos; apesar de as dez sessões terem decorrido em horário pós-laboral, com periodicidade quinzenal, experienciou-se que se necessitava de mais tempo para permitir uma maior reflexão e integração dos assuntos levantados no início da intervenção e ao longo da mesma pelos pais.

Face aos resultados da presente investigação, parece óbvio que a opção por intervenções vocacionais centradas numa metodologia processual de projeto, par-

tindo de uma avaliação de necessidades dos grupos-alvo e uma abordagem construtivista, ecológica e desenvolvimentista, apresenta-se, indiscutivelmente, como uma mais-valia, quando comparadas com outras intervenções escolares avulsas, breves e centradas na informação/instrução (Campos, 1992; Santos & Gonçalves, 2015; Teixeira, 2010).

Face ao carácter interventivo e promocional que revestiu a presente investigação, pretende-se que as conclusões sublinhadas possam ser um contributo importante para os profissionais de Psicologia, em contexto escolar ou não, para desenvolverem modalidades de intervenção diretas (com os alunos) e indiretas (com os pais) eminentemente promocionais, preventivas e educacionais nas várias áreas do desenvolvimento humano: vocacional, interpessoal, moral, educação sexual...

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Forms of Self-Criticizing and Self-Reassuring Scale: Adaptation and Validation in a Sample of Portuguese Children

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Abstract

Self-criticism may be understood as a harmful self-evaluation that implies feelings of uselessness and guilt towards perceptions of failure. Goals: to explore the latent structure and other psychometric properties of the Forms of Self-Criticizing and Reassuring Scale for Children (FSCRS -C) of the Portuguese population. Method: the FSCRS-C was administered to 249 Azorean children. Results: a two-dimensional model was confirmed including the Self-criticism and Self-reassuring subscale, which presented good internal consistency. The FSCRS -C presented good divergent and convergent validity. Conclusion:

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the adapted version for children provides a robust measure to be used in studies aiming at the study of the development of this construct.

Keywords: self-criticism; confirmatory factor analysis; self-reassurance; children

Escala das Formas do Autocriticismo e Autotranquilização para Crianças: Adaptação e Validação

Resumo

O autocriticismo pode ser entendido como uma autoavaliação prejudicial que implica sentimentos de inutilidade e culpa quando o sujeito se depara com situações de fracasso. Objetivos: explorar a estrutura latente e qualidades psicométricas da Escala das Formas do Autocriticismo e Autotranquilização (FSCRS-C) da população infantil portuguesa. Método: o FSCRS-C foi administrado a 249 crianças açorianas. Resultados: verifica-se uma estrutura bidimensional que incluiu o autocriticismo e autotranquilização. As subescalas apresentaram uma boa consistência interna. O FSCRS-C apresentou uma boa validade divergente e convergente. Conclusão: a versão adaptada para crianças fornece uma medida robusta a ser utilizada em estudos visando o estudo do desenvolvimento deste construto.

Palavras-chave: autocriticismo; análise confirmatória; autotranquilização; crianças

INTRODUCTION

Self-criticism refers to self-condemnation and negative self-evaluation in situations in which individuals make mistakes or face failures, being considered a stable dimension of the personality (Castilho, Pinto-Gouveia, & Duarte, 2013). As such, self-criticism is understood as a harmful self-assessment that originates feelings of inadequacy, uselessness and guilt when failing to achieve a pursued goal or when the goal is not achieved as intended (Gilbert & Procter, 2006). Thus, this construct is associated to internal shame experiences and with how individuals perceive themselves in the eyes of others, implying a negative self-evaluation (Gilbert & Procter, 2006).

From an evolutionary perspective and according to the social mentalities theory, self-criticism, due to its nature, form and function, is related to social competition (Castilho,

2011). This perspective admits the existence of social processing systems that are sensitive to social signals from the group. The behavioral advantages of possessing these processing systems allow individuals to maintain their social status, for instance, and obtain other benefits generated by other organisms from the same species (Buss, 2005; Gilbert et al., 2000). Thus, self-regulation will be a result of the interpersonal schemes built through this social processing (Gilbert, 1989, 2000). This internal relationship model is based on a hostile-dominant relationship that triggers the defense to threat system, along with the experience of inferiority and submission (Gilbert, 2000; Gilbert & Irons, 2005, 2006), which tends to make individuals vulnerable to negative social comparison and more prone to anxiety and shame (Gilbert, 2005, 2007 op. cit. in Castilho, 2011).

During childhood, experiences of shame, criticism, abandonment or neglect by significant others, may have a substantial impact in the development of other- and self-schemas. Children learn to regard themselves as inferior, weak, worthless or defective (Castilho, Pinto-Gouveia, Amaral, & Duarte, 2014), and tend to underdevelop the ability to self-soothe when facing distressful situations (Gilbert, Baldwin, Irons, Baccus, & Palmer, 2006). Parental practices are pivotal in how individuals will later perceive and relate with others, as well as in the development of internal relationship models (Gilbert, 2003; Gilbert et al., 2006). Hence, children who are humiliated, criticized, rejected or punished for their failures by others tend to internalize this relationship model. These internal relationship models are based on dominance and subordination when relating to themselves. The negative schemas are maintained by the belief that individuals deserve the criticism and attacks that are directed towards them (Gilbert, 1998; Gilbert, 2003; Gilbert et al., 2001, 2006), while the continuous resource to self-criticism over the lifetime constitutes a predictor of psychological problems and interpersonal difficulties (Zuroff, Moskowitz, & Côté, 1999).

If, in one hand, hostility triggers the defense to threat system, aiming to regulate and protect individuals, on the other hand, the ability to evoke warmth and supportive feelings tend to activate the soothing or self-tranquilization system (Gilbert et al., 2006). This way, individuals can recruit two types of behaviors when facing failure: directing and attack or evoking feelings of warmth and soothing towards the self (Gilbert et al., 2006).

Self-criticism arises as an attempt to correct mistakes or minimize/avoid them in the future (Gilbert, 2005) and, according to Gilbert, Clarke, Hempel, Miles and Irons (2004), these internal relationship models can assume distinct forms. The reassuring self as regulatory strategy based on the adoption of a warm and affectionate stance towards the self, understanding, accepting and compassionate when individuals are unsuccessful or confronted with failure (Gilbert et al., 2004; Gilbert & Procter, 2006). Contrarily, the two forms of self-criticizing, inadequate-self and hated self, are more harmful internal relationship models. The inadequate-self is characterized by feelings of inadequacy and inferiority, in which individuals feel deserving of their criticism

for failures and/or mistakes. The hated-self implies that individuals feel hate and/or aversion towards the self, with a desire to insult, abuse or punish the self (Gilbert et al., 2004). According to Gilbert and Irons (2004), while attacking the self as a form of correction and improvement may result in more dedication to a task to avoid failure, a self-criticism marked by prosecution and aversion to oneself simply puts down the self (Castilho & Pinto Gouveia, 2011). These authors contrast this internal criticism to the different coping focused on the positive attributes of the self, generating the self-tranquilization and acceptance of the self, which generates feelings of warmth and compassion that reassure the self (Castilho & Pinto Gouveia, 2011).

Taking these aspects into consideration, Gilbert et al. (2004) developed the Forms of Self-Criticizing and Self-Reassuring Scale (FSCRS). The scale was created and studied in a sample of female undergraduate students and later studies included adults from clinical and non-clinical samples (Baião, Gilbert, McEwan, & Carvalho, 2015; Castilho et al., 2013; Kupeli, Chilcot, Schmidt, Campbell, & Troop, 2012). This has allowed the demonstration that each of those forms can relate differently to psychopathology (Gilbert & Irons, 2004). Individuals who are hostile and recurrently attack themselves tend to feel dominated and trapped by the thoughts they are attempting to escape (Gilbert et al., 2001). This hostile internal experience and entrapment increases the vulnerability to depressive responses (Gilbert & Irons, 2004).

Recent research showed that individuals with high self-criticism tend to be less assertive, more submissive, more ashamed and depressive than their less selfcritical counterparts (Castilho, Duarte, & Pinto-Gouveia, 2016; Whelton & Greenberg, 2005). The same authors suggested that anger, disgust and contempt for the self may result in more pathological forms of self-criticism. In this line of research, studies have emphasized the association of self-criticism with the onset of several disorders in adolescents and adults, namely depression (Luyten et al., 2007; Murphy et al., 2002), social anxiety (Cox et al., 2000; Shahar & Gilboa-Shechtman, 2007), eating disorders (Pinto-Gouveia, Ferreira & Duarte, 2014; Teasdale & Cox, 2001), and self-harm (Xavier, Pinto-Gouveia, & Cunha, 2016). Self-criticism has also been associated with difficulties in psychological and interpersonal adjustments (Castilho & Pinto-Gouveia, 2011). Social environments that foster growth and interactions that generate positive affect in childhood allows the experience of excitement and joy and, consequently, of the exploration of social and physical spaces (Gilbert, 1998), and evidence suggests that individuals who have the capacity to reassure the self (self-soothing) also have a decreased risk of developing psychopathologies in comparison to individuals who self-criticize (Gilbert et al., 2006).

Despite the scarcity of studies with children, a longitudinal study allowed to verify that children with higher levels of self-criticism tended to have less years of education, lower social status (in males) and life dissatisfaction in adult life (Koestner & Powers, 1991). This emphasizes the importance of self-criticism in childhood,

as predictor of more negative outcomes in adolescence and adulthood. Research suggests the origins of self-criticism is tied to negative memories – experiences of parental intrusiveness, lack of warmth, subordinate parenting – difficulties in anger management (Ferster, 1973), modeling (Gilbert, 2005) and lack of positive, supportive and securing memories. While self-compassion is a self-regulatory strategy that transforms negative emotions or experiences into more adjusted and adaptive emotions and behaviors (Folkman & Moskowitz, 2000; Isen, 2000), this internal relationship model seems to be related to increased emotional intelligence, to the extent it allows individuals to acknowledge their emotions, integrating the experience more effectively throughout their thought processes (Salovey & Mayer, 1990).

To the best of our knowledge, there are no specific scales of forms of self-criticism or self-reassurance for children, and the generality of measures of self-criticism used in recent national and international studies were devised for adults, despite being administered to adults and adolescents' samples. While keeping the integrity of the items and the assessed content, self-report instruments often need to be adapted to children prior to administration, in order to simplify and facilitate the understanding of the item's content. The current study aims to adapt and study the psychometric properties of the FSCRS for children, providing a valid measure that is equivalent to the current and well-established measures available, allowing comparability and a more uniform assessment of self-criticism across the lifespan.

METHOD

Participants and procedures

Data was collected in public schools in S. Miguel Island, Azores, after all ethical authorizations needed for the realization of this study were attained. In the first encounter, a written informed consent form stating the study goals, anonymity, and confidentiality was provided to all participants' parents or legal representatives. In the second session, all participants whose parents signed their informed consent filled the assessment protocol in the presence of the researchers.

The final sample comprised 262 children from elementary schools, with ages between 8 and 11 years old ($M = 8.8$, $SD = 5.65$), 127 males (48.5%) and 135 females (51.5%). Five percent of the questionnaires were considered invalid due to improper filling and were excluded from analysis. To analyze the scale's temporal stability, a sample of 116 students were administered the FSCRS-C with a 78 days' time interval.

In this sample, it was assured that children were not only able to read (an ability acquired around the 3rd year of elementary schooling), but also able to understand the content of each item. This understanding is dependent on the complexity of item's content and formulation and, with this purpose of assuring children had the ability to read and understand the scale's items in mind, the FSCRS-C was firstly administered to a group of 30 children. They were invited to share their experiences and difficulties while filling the scale. This way, it was possible to adjust the item's formulation to simplify and improve comprehensibility for a younger population. Despite self-criticism being a phenomenon that may be present across the lifespan, this construct may have some differences regarding its manifestation in children when compared to adolescents or adults, particularly on its emotional expression. It was, thus, necessary to attend to the level of cognitive development of this population while assessing a construct of a significant degree of complexity. The remaining descriptions of the psychometric properties of this scale will be presented on the results section.

STATISTICAL ANALYSIS

Statistical analyses were carried out using SPSS v. 20 and Amos v. 20 (IBM Corp. Released, 2011). Quality of model adjustments were assessed through Comparative Fit Index (CFI) and Tucker-Lewis Index (TLI), with reference values of adjustment above .90; Parsimony CFI (PCFI) with acceptable values above .06; Root Mean square Error of Approximation (RMSEA) below .05, and Akaike Information Criterion (AIC) (Kline, 2011; Marôco, 2010). Items saturation in each subscale was also observed, and deletion criteria was used in items with saturations or composites below .40. In addition, construct reliability and validity was evaluated through Composite Reliability (CR $\geq$.70) and construct validity was assessed through Average Variance Extracted (AVE $\geq$.50), as suggested by Fornell and Larcker (1981).

Temporal stability was established through a paired-sample *t* test and convergent and divergent validity was evaluated through Pearson's Product-moment correlations. Internal consistency of the subscales found in the CFA was assessed through Cronbach's alphas.

MEASURES

Forms of Self-Criticizing and Reassuring Scale – C (FSCRS; Forms of Self-Criticizing and Reassuring Scale, Gilbert et al., 2004; Translated and adapted for the Portuguese adult population by Castilho & Gouveia, 2005);

The FSCRS is a self-report measure originally devised for adults by Gilbert et al., (2004). It comprises 22 items assessing how people criticize, attack or soothe themselves when facing failure. Each statement is rated in a 5-point Likert-type frequency scale. The scale has 3 dimensions – Inadequate Self, Hated Self and Reassured Self – presenting good internal consistency: $\alpha = .90$, $\alpha = .86$ and $\alpha = .86$, respectively (Gilbert et al., 2004). The scale's utility and dissemination in several studies, including clinical and non-clinical samples, has allowed the translation and validation for the Portuguese adult population by Castilho and Pinto-Gouveia (2011). The Portuguese version of the FSCRS for adults has shown good reliability and validity, and the adaptation of the FSCRS for children used in this study was based on this translated version of the FSCRS by Castilho & Gouveia (2005).

Emotional Intelligence Questionnaire in Portuguese children (EIQ-C; Barreto Carvalho, Benevides, Sousa, Cabral, & da Motta, 2016).

This self-report questionnaire comprises 34 statements rated in a 5-point Likert-type scale. Each item refers to different universal emotional experiences as well as skills related to Emotional Intelligence (EI) (empathy and emotion regulation). The scale is divided in 3 dimensions that present adequate internal consistency: Hedonic mode ($\alpha = .59$), Agonistic mode ($\alpha = .77$) and EI skills ($\alpha = .52$; Barreto Carvalho et al., 2016).

Other as Shamer Scale for Children (OAS-C; Goss, Gilbert & Allan, 1994; Adaptation for a Portuguese children population by Benevides, da Motta, Sousa, Caldeira, & Barreto Carvalho, 2016).

The OAS-C is a brief and adequate measure of external shame for children. This self-report scale comprises 8 items rated in a 5-point Likert-type frequency scale. The scale presented good internal consistency in the original study ($\alpha = .83$).

RESULTS

Item analysis and scale dimensionality

The original 3-factor model for the 22 items of the FSCRS were initially tested, with some fit indices presenting good indicators of model fit, but others indicating less desirable local fit: $\chi^2(203) = 415.472$, $p = .000$, $\chi^2/df = 2.018$; CFI = .861; GFI = .915, RMSEA = .049, $P(\text{rmsea} \leq 0.05) = .586$, PCFI = .745, PGFI = .767, AIC = 504.742. Five items in the model showed low individual reliability within their parent factor ($R^2 < .25$), and

residual analysis did not show any correlation with other items that may improve the model or the existence of a different factor in the proposed structure. Thus, the deletion of 5 items (3, 5, 12, 14 and 20) yielded improved model fit indices: $\chi^2(101) = 218.909$, $p = .000$, $\chi^2/df = 2.167$, CFI = .899, GFI = .936, RMSEA = .052, $P(rmsea \leq 0.05) = .322$, PCFI = .695, PGFI = .757, AIC = 288.909. Despite some items still presented lower individual reliability, they did not seem to significantly impact local adjustment and we proceeded to explore the model's discriminant and convergent validity. Further analysis showed that the Inadequate self and Reassured self had good Composite Reliability ($\geq .70$), except for Hated self: Inadequate self, CR = .73; Reassured self, CR = .70, and Hated self, CR = .57. Construct validity was assessed through AVE, yielding poorer results: Inadequate self = .28, Reassured Self = .28 and Hated self = .31. This may be due to the strong correlation between Inadequate and Hated self (.870), which suggest that, despite the consistency of both factors, Inadequate and Hated self are a manifestation of an overarching latent variable, Self-criticism. In addition, a moderate negative correlation was found between Hated and Reassured self (-.453), and the correlation between Inadequate self and Reassured self was low (-.184). A higher order model including Self-criticism, encompassing the Hated and Inadequate self, showed identical values in each of the model fit indices, and is, therefore, considered to be equivalent to the first-order model. A pictographic representation of the higher-order model is presented in Figure 1.

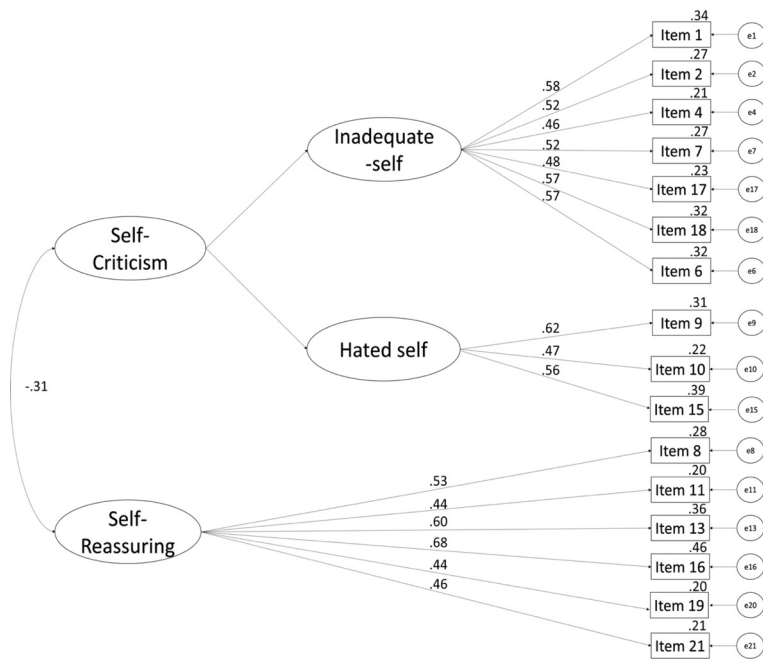


Figure 1 – Second-order model of the FSCRS

Reliability and validity

Reliability analysis was calculated for each subscale of FSCRS: reassured self, $\alpha = .695$ and self-criticism (items from the Hated and Inadequate self-subscale) presented a good reliability, $\alpha = .785$.

The absolute reliability was tested through paired sample t-tests and none of the dimensions presented significant differences in the first and second assessment moment for a Bonferroni corrected alpha of 0.5 (Table 1). Relative reliability was assessed through Pearson's correlation coefficients, with values ranging from $r = 0.335$ ($p < .001$) to $r = 0.604$ ($p < .001$).

Table 1 - Paired-sample t-test ($n = 116$)

	Time 1		Time 2		<i>t</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Self-criticism	33.75	10.86	33.57	13.18	0.175	.861
Reassured Self	32.11	5.59	30.74	6.64	2.079	.040

Convergent and divergent validity

As presented in Table 2 strong and statistically significant correlations were observed between self-criticism, external shame and agonistic mode. Moreover, strong correlations were also found between the Reassured Self subscale and the hedonic mode and EI skills, thus demonstrating the convergence of the scale with related construct. Divergent validity is demonstrated by the lack of associations between self-criticism and hedonic mode or EI skills.

Table 2 - Correlation Coefficients Between FSCRS-C and OASB-C and EIC ($n = 262$)

	Self-criticism	Reassured Self
EIC Hedonic	.021	.424**
EIC Agonistic	.527**	.138*
EIC EI Skills	.080	.400**
OASB C	.651**	-.036

DISCUSSION

Self-criticism is an important construct that encompasses several maladaptive processes related to social and psychological adjustment (Castilho & Pinto-Gouveia, 2011).

In early childhood, a salient and systematic resource to self-criticism may constitute a predictive factor of psychological problems and interpersonal difficulties, particularly when the ability to reassure oneself and regulate one's emotions is underdeveloped (Koestner, & Powers, 1991; Zuroff et al., 1999).

Given the existence of well-established measures that operationalize the assessment of self-criticism, and particularly the forms of self-criticism and self-reassurance when facing difficult situations, it is not imperative to develop yet a new measure aiming this construct. In other words, it is of greater utility to cease the existence of instruments specifically devised for evaluating self-criticism and self-reassurance towards mistakes or failures that is widely used and disseminated in national and international research and adapting it to a particular public (children), than to devise a new assessment tool of identical purpose. The use of the adapted version allows its use in Portuguese children and reinforces its clinical and research usefulness to studies of the phenomena across the lifespan. Thus, we adapted the Portuguese translation of FSCRS (Castilho & Pinto-Gouveia, 2011) to younger populations, in order to provide an equivalent instrument adequate to their age range, while being comparable to other measures available for adults. This adaptation process encompassed the adjustment of item's content to improve comprehension and readability, in simpler and more concrete terms, maintaining the same number of items and response scale as in the original version. It was, then, warranted that children attending to the 3rd year of elementary education or above could read and understand the item's content on a first stage, despite further statistical analysis revealed the need to exclude 5 items that presented lower reliability (perhaps more difficult to interpret by younger participants) in the larger sample.

Findings regarding the FSCRS-C validity revealed the convergence of self-criticism with more defensive emotional patterns. In a study carried out by Whelton and Greenberg (2005), it has been suggested that people presenting higher levels of self-criticism are less assertive, more submissive, sadder and more ashamed as their less self-critical counterparts. The same research suggests that anger, disgust and contempt may lead to more pathogenic forms of self-criticism. This process recruits different emotions related to disgust, anger, and anxiety, being closely tied to two basic processes – hostility, disgust and self-contempt (Gilbert et al., 2004; Neff, 2003, op. cit. in Castilho, 2011) and the inability to tranquilize oneself.

The Reassured Self dimension demonstrated convergence with the measure of Hedonic mode and Emotional Intelligence skills. Hedonic mode is related to the soothing system, inhibiting more primitive forms of social interaction (e.g. competition) (Chance, 1988; Gilbert, 1989) and contributing to prosocial behavior that promotes stimulating, creative reciprocity-based interactions. These interactions act as positive reinforcement (Chance, 1988; Gilbert, 1989) and are regarded as an

evolutionary advantage as they promote cooperation among individuals (Gilbert, 1989). In fact, Depue and Morrone-Strupinsky (2005) advocates that achieving a desired goal elicits states of joy and vitality. This well-being is associated with a state of contentment where the defensive systems are deactivated, a fundamental aspect of the experience of safeness and happiness (Depue & Morrone-Strupinsky, 2005). This latter finding was congruous with our results, where the reassured self was positively associated with emotional responses, associated with joy, and contrariwise the self-criticism was not.

Concerning the temporal stability of the scale, results showed the absolute and relative reliability of the test scores over time and the adequability of the FSCRS-C, to be used in repeated measures design, for instance. The slight changes in the reassured self scores, observed between the first and second assessment, despite non-significant, may indicate the influence of contextual variables: the second assessment coincided with the final evaluative period, which may render children more prone to anxiety and with difficulties to tranquilize themselves.

Regarding the latent structure of the FSCRS-C, the greatest change in comparison to other versions refers to the two-dimensional model. The dimensions' Inadequate self and Hated self were not independent from each other as in previous studies.

Overall, results of the current adaptation of the FSCRS for children present good psychometric properties and its availability will provide more robustness and comparability for results in studies involving younger populations. The instrument is relatively brief and easy to administer, facilitating cross-national research carried out over the life span in clinical and non-clinical samples.

A limitation of the current study is the convenience sampling method that implicates that the generalization of the findings presented hereby be made with caution. Additionally, the scarcity of measures adapted and properly validated for children in Portuguese is a limitation that restricted a broader evaluation of the convergent and divergent validity of the current measure. Future studies should aim the replication of this findings in clinical samples within the same age range, in order to verify the stability of the two-dimensional structure and provide further convergent validity with measures with different variables.

Finally, it is imperative to emphasize the importance of assessing forms of self-criticizing and self-reassuring in therapeutic and learning contexts, as well as the relevance of promoting emotion regulation strategies and coping skills when facing adversity from the early stages of development. Self-criticism, being itself a mechanism to cope with shame, must be replaced by more functional forms of internal relationships that allow individuals overcome life's setbacks, and are aimed to counteract or contain the arising feelings shame, rejection and criticism from others in which self-criticism is rooted. The preventive approach or an early inter-

vention focusing on self-criticism, that allows to suppress or overcome difficulties in dysfunctional emotion regulation strategies and in coping with failure, may protect individuals later in life, during adolescence and adulthood, through the promotion of strategies related to self-tranquilization and facilitating individual wellbeing.

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Representations of Learning Disabilities in Portugal

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Abstract

It is essential to study learning disabilities (LD) representations by education professionals since they are the ones who are more directly involved in their identification and intervention. This research analyzes the representations of the concept of LD of 310 Portuguese education professionals (regular education teachers, special education teachers, and psychologists). Through a questionnaire that consists of three parts, we examine the perspectives of the professionals regarding: 1) the identification criteria (e.g., exclusion; discrepancy; RTI) and the phenomenology of LD (manifestations; specific nature of LD); 2) the use, broad or narrow, of the LD term; and 3) the Portuguese legislation regarding LD. The results obtained indicate the agreement with the manifestations of LD (e.g., low achievement), with the criterion of discrepancy and with a dimensional view of LD. The professionals considered that LD may be due to contextual factors (e.g., socioeconomic disadvantage, family interactions, and inadequate teaching conditions). Participants also expressed agreement with a very comprehensive use of the term (e.g., in the absence of a diagnosis, in school failure situations). Education professionals also expressed a negative perspective regarding the educational support given to LD in Portugal. The comparisons between professional groups have documented the existence of certain significant differences.

Keywords: Learning disabilities; representations; education professionals; Portugal; identification

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Representações de Dificuldades de Aprendizagem em Portugal

Resumo

É essencial estudar as representações de Dificuldades de Aprendizagem (DA) dos profissionais de educação, uma vez que eles estão diretamente envolvidos na respetiva identificação e intervenção. Esta investigação analisa as representações do conceito de DA de 310 profissionais de educação portugueses (professores do ensino regular, professores de educação especial e psicólogos). Através de um questionário constituído por três partes avaliam-se as perspetivas dos profissionais em relação: 1) aos critérios de identificação (e.g., exclusão; discrepância; RTI) e à fenomenologia das DA (manifestações; natureza específica); 2) ao emprego, amplo ou restrito, do termo DA; e 3) à legislação nacional relativa às DA. Os resultados obtidos expressam acordo em relação às manifestações das DA (e.g., baixo desempenho), ao critério da discrepância e a uma visão dimensional das DA. Os profissionais consideraram que as DA se podem ficar a dever a determinantes contextuais (e.g., desvantagem socioeconómica e condições de ensino inadequadas). Os participantes também expressaram acordo com um emprego muito abrangente do termo (e.g., na ausência de diagnóstico, em situações de insucesso escolar). Os profissionais de educação também exprimiram uma perspetiva negativa em relação ao apoio educativo dispensado às DA em Portugal. As comparações entre grupos profissionais documentaram a existência de algumas diferenças significativas.

Palavras chave: Dificuldades de Aprendizagem; representações; profissionais de educação; Portugal; identificação

INTRODUCTION

The definition of learning disabilities (LD), or Specific Learning Disabilities according to the DSM-5 (APA, 2013), has been complex, as evidenced by the numerous definition proposals that have been developed over time (Flanagan, Ortiz, Alfonso, & Dynda, 2006; Kavale & Forness, 2000). This diversity indicates ambiguity, inconsistency and controversy regarding the nature of LD, and particularly regarding the respective identification criteria (Büttner & Hasselhorn, 2011; Grünke & Cavendish, 2016; Poch, 2018). Thus, because LD emerged from the recognition that there are students who reveal an unexpected or discrepant underachievement in comparison with what would be expected, the operationalization of this discrepancy criterion has been shrouded in controversy. Actually, this criterion's assessment as a dis-

crepancy between the intellectual functioning and the academic performance has proved to be highly variable (Bradley, Danielson, & Hallahan, 2002) and irrelevant from the perspective of the intervention (Fletcher, Stuebing, Morris, & Lyon, 2013). Therefore, the discrepancy criterion has been operationalized through alternative means, particularly in terms of intraindividual cognitive variability (Cottrell & Barrett, 2017; Flanagan et al., 2006) or in terms of low academic performance when compared to peers of the same age (APA, 2013; IDEA, 2004). However, none of these operationalizations is free from criticism (Fletcher et al., 2013).

Another identification criterion of LD, which has also proved to be controversial, is the exclusionary clause, which, as the name implies, determines that the LD cannot be attributed to a number of conditions, i.e., negatively delimitates the LD. Thus, the LD cannot be due to visual and auditory impairments or intellectual disabilities (APA, 2013; IDEA, 2004), which is accepted without reservation, but also cannot be due to other conditions that are less acceptable and defensible, such as cultural factors and socio-economic disadvantage (or psychosocial adversity; APA, 2013; IDEA, 2004), inadequate educational instruction (APA, 2013) or emotional and behavioral disorders (IDEA, 2004). Regarding any of these latter conditions, it has been noted that the empirical basis that supports their exclusion is restricted (Fletcher et al., 2013), and that they are common in comorbidity with the LD and should not prevent the identification of the last (Dombrowski, Kamphaus, & Reynolds, 2004). Critics have also been directed towards a medical or deficit based model of LD which assumes that student failure can be attributed to differences located within individuals and ignores the contexts where learning takes place (Dudley-Marling, 2004; Riddle, 2017). With particular reference to the teaching conditions, its importance would actually be recognized in the United States' legislation (IDEA, 2004) because it was stipulated that the student must have had adequate and quality education in the context of the classroom to be possibly identified as having LD (criterion of the Response to the Intervention).

In addition to the controversies previously noted, there are others related to other parameters of LD, such as that regarding the non-categorical and dimensional perspective of the LD, i.e., in terms of a continuum of degrees of severity or increasing intensity of symptoms (Fletcher et al., 2013; Lyon & Weiser, 2013).

Thus far, we have addressed LD from the perspective of laws, diagnostic manuals, formal classification, and researchers, predominantly of North American origin. Nevertheless, there are other LD levels of analysis, for example, the level of its identification in schools and/or countries other than the United States of America (USA), and the level of informal labeling of students as learning disabled. Regarding schools, it has been noted that these tend to use the term very broadly, therefore ignoring the discrepancy and exclusion criteria and covering children with very different problems

(for example: low academic performance, mild intellectual difficulties, emotional and behavioral problems; MacMillan, Gresham, & Bocian, 1998; MacMillan & Siperstein, 2002). Although this generic and pragmatic use of the term LD was noticed in the US, there is sparse evidence that the same may also occur in other countries (Anastasiou & Polychronopoulou, 2009; Correia & Martins, 2007; Elkins, 2007).

The fact that the LD research is primarily North American highlights the importance of examining this construct in other socio-cultural contexts, given that, as emphasized by Lloyd, Keller and Hung (2007), understanding how LD are conceptualized in other countries can help to identify their core elements. However, the available cross-cultural research is restricted and documents on the one hand the existence of different terms in certain countries (Elkins, 2007; Oakland, Mpofu, Grégoire, & Faulkner, 2007) such as Australia, in which there is the use of both “learning disabilities” and “learning difficulties”. On the other hand, the available evidence confirms that the definitions adopted in different countries reflect, simultaneously, the North American influence and political, cultural and social specificities (Grünke & Cavendish, 2016; Sideridis, 2007).

In the particular case of Portugal, to which this research relates, there are three general remarks. The first is that there is no official definition of LD. The second remark is that, according to Correia and Martins (2007), there are two meanings of LD, of which one is stricter and the other is broader. The stricter meaning is limited to a smaller number of experts and professionals, and the broader is used by most schools and professionals. In the narrower meaning, LD constitutes a specific impairment for learning in one or more than one academic area, which would not result from intellectual disabilities, sensory impairments or emotional disorders. In the broader meaning, LD encompasses the full range of learning problems that are common in schools, of a temporary or permanent nature, and of intrinsic or extrinsic origin to students. Because this broader meaning would be predominant, the use of the term LD in Portugal would encompass a great diversity of problems. However, it should be noted that this dichotomy of meaning is based on the experience of Correia and Martins (2007) and is not supported by research findings.

The third general remark concerning LD in Portugal is that these are heavily neglected by the national legislation. In fact, the main legislative documents related to special education does not mention LD, as shown by the law that was in place when this research was carried out (DL 3/2008) and by the current and most recent law (DL 54/2018). Thus, LD tend to be unidentified, or if they are identified, they tend to be considered as ineligible for special education (Simeonsson et al., 2010). In the latter case, LD may or may not benefit from other supports that schools may have, which are restricted and insufficient according to the research (Simeonsson et al., 2010).

PRESENT STUDY

This research's objective is to identify the representations of the concept of LD by Portuguese education professionals, namely by regular education teachers, special education teachers and psychologists. These professionals were selected because they are the ones who, in their daily life, are more involved in the identification and intervention within LD. First, and specifically, this research is intended to know the perspectives of these professionals in relation to the traditional criteria of LD (discrepancy and exclusion); the recent criterion of the Response to Intervention (RTI); the specific nature and manifestations of LD; and the LD as a permanent Special Educational Need and as having different degrees of severity. This aim addresses traditional/clinical criteria, educational criteria (e.g., RTI; different degrees of severity) and the phenomenology of LD (manifestations; specific nature). Second, this research's objective is to determine whether these professionals consider that there is a broad or narrow use of the LD term. The focus is in everyday or informal use of the term LD by the education professionals, and so a broad use of the term is predicted. Third, this study's objective is to know the perspectives of these professionals regarding the Portuguese legislation and the support available in Portugal for students with LD. A negative perspective is expected. Finally, we also intend to understand whether there are differences between the perspectives and opinions of different professionals in relation to LD. It is predicted that psychologists will express greater agreement with the traditional criteria of LD than either regular education teachers or special education teachers. Psychologists will also hold a more negative view of the supports available in Portugal due to their role in the identification of LD. No differences are expected regarding the use of the term by different professionals.

METHOD

Participants

The sample includes 310 participants, 165 regular education teachers (RET), 85 special education teachers (SET) and 60 psychologists. All the professionals were graduated. The sample was collected in the central and northern areas of the country, and through a random sampling process, 25 school groups/units from several

cities of these geographic areas were selected (for example: Coimbra and Leiria in the center; Ovar, Santa Maria da Feira and Vila Nova de Gaia in the north).

An invitation letter was sent to the school principals of the school groups/units in which the above noted professionals were invited to participate in the study. The total number of 310 professionals corresponds to those who were willing to participate.

Approximately half of the sample (147 professionals; 47.4%) originated from the northern area of the country, whereas the other half originated from the central region (163 professionals; 52.6%).

The average chronological age of the RET ($M = 44.34$; $SD = 8.13$) and the SET ($M = 43.01$; $SD = 7.54$) was very similar. The psychologists were younger, with an average age of 37 years old ($M = 37.58$; $SD = 9.85$). Regarding gender, there was a clear predominance of female participants in the professional groups (81.2% in RET, 90.6% in SET, and 78.3% in the psychologists).

Similar to what was noted regarding the chronological age, the number of years of professional activity was identical for the RET ($M = 19.77$; $SD = 8.49$) and for the SET ($M = 18.06$; $SD = 7.57$) but lower for the psychologists ($M = 12.57$; $SD = 9.23$). Regarding the school levels that the participants were teaching, the group of RET included members from all levels: 36 (21.8%) were part of the elementary education, 45 were from junior high schools (27.3%), 58 were from high schools (35.2%), and 26 were from secondary education (15.8%). The SET participants were primarily teaching at two or more school levels simultaneously (56.5%), and some (43.5%) were dedicated to a single school level.

The three professional groups had equivalent gender distribution ($\chi^2(2) = 4.808$, $p = .90$). Regarding the age ($F(2, 307) = 14.590$, $p < .001$) and the number of years of professional activity ($F(2, 307) = 16.179$, $p < .001$), there were significant differences. A Hochberg *posthoc* test showed that the differences concerned the psychologists, on the one hand, and the RET (age - 95% CI [-3.74, -9.77]; $p = .000$; professional activity - 95% CI [-4.16, -10.24]; $p = .000$) or SET (age - 95% CI [-2.14, -8.88]; $p = .000$; professional activity - 95% CI [-2.09, -8.89]; $p = .000$), on the other hand.

Instrument

Given the objectives of this study, we realized that there was no available assessment tool that could be used. Therefore, we decided to develop a questionnaire, which covers three different dimensions of LD: 1) the concept of LD in terms of its identification criteria (e.g., discrepancy, exclusion, and RTI), its specificity and its manifestations; 2) the usage (broad or narrow) of the term in Portugal; and 3) the national legislation on the LD. Consequently, a multidimensional question-

naire was developed, composed of three distinct parts, each related to one of the specified dimensions.

In its final version, the questionnaire begins with an item related to the frequency with which the professionals deal with children and young people with LD, rated with a 5-point scale (from Never to Very Often). The following is the 1st part which includes 18 items about the concept of LD, rated on a numerical scale of 5 points (from Totally Disagree to Totally Agree). These 18 items refer to the identification criteria and the manifestations of LD; in terms of content, they can be described as follows: four items are related to the criterion of discrepancy (e.g., item 1 - "Students with LD present an academic achievement lower than expected, given their intellectual potential"); one item refers to the criterion RTI (e.g., item 10 - "A student with LD makes little progress when receiving an appropriate regular education"); four items refer to contextual factors and the exclusionary clause (e.g., item 4 - "Socio-economic and cultural disadvantages can cause Specific LD"); two items address the specificity of the LD (e.g., item 6 - "The LD involve circumscribed deficits in specific cognitive processes necessary for the acquisition of academic skills"); and the remaining seven items relate to the manifestations of LD (e.g., item 8 - "The LD present several degrees of severity") or to the differentiation within LD.

In addition, in the final version, the 2nd part of the questionnaire is composed of seven items related to the use of the term LD and are rated with a numerical scale of 5 points (from Not Common to Very Common). All of the items report a comprehensive and widespread use of the term (e.g., item 6 - "LD is synonymous for school failure"). Nevertheless, one of the items focuses on the less stigmatizing nature of the term LD in cases of intellectual deficits (item 3), and the other focuses on its usage when the RET are not prepared to meet the students' needs (item 5).

The 3rd part of the questionnaire contains four items, rated on a scale of 5 points (from Totally Disagree to Totally Agree). Three items reflect a negative perspective regarding the legislative and educational support provided to LD, whereas one item (item 2) expresses a positive perspective, particularly in relation to the early identification.

In the following, we will describe the three phases of the procedure for questionnaire development that led to its final version.

Questionnaire development - phase 1

The items were selected from the literature review and the consultation of experts and professionals with experience in the field of LD. Regarding the 2nd and 3rd parts, the understanding of the Portuguese reality and listening to potential respondents to the questionnaire were also very important.

The questionnaire was composed of 22 items in the 1st part, seven items in the 2nd part and four items in the 3rd part. To analyze the content validity, the items were qualitatively assessed by five experts in LD and by five possible respondents (teachers). The qualitative assessment included the instructions, the item content and the rating scale; in addition, all of the observations of the judges were considered.

Questionnaire development -phase 2

A pilot study was conducted with a sample of 140 individuals (54 RET, 62 SET and 24 psychologists). An exploratory factor analysis and the psychometric analysis of the items led to the exclusion of four items in the 1st part. These items did not load in any factor and had low average inter-item correlations (inferior to .20) and low correlations with the total score (inferior to .20).

Questionnaire development -phase 3

This phase is based on the sample of 310 individuals (see Sample). The 1st part of the questionnaire was subjected to an exploratory factor analysis, with extraction of the factors by the method of Principal Components. The Kaiser-Meyer-Olkin measure was acceptable ($KMO = .652$), and the Bartlett sphericity test indicated that the items correlated ($\chi^2 (153) = 771.128, p < .001$); thus, factor analysis was appropriate. To define the number of factors to extract, the following criteria were considered: eigenvalue greater than 1; Scree plot; and percentage of variance explained. These criteria indicated a structure of five factors (refer to Table 1); a Varimax rotation was chosen, given the weak correlations between the factors. Due to the size of the sample (Stevens, 1992), factor loading values higher than .30 were considered.

Table 1
Factor loadings of the five factors solution

Item	Factor loading
Factor 1: Context	
9. LD (...) can be due to family interaction factors	.75
4. Socio-economic and cultural disadvantages can cause LD (...)	.70
5. Inadequate teaching practices can cause LD (...)	.70
16. Specific LD are permanent SEN	-.47
Factor 2: Differentiation	
14. (...) intrinsic LD identical to extrinsic LD	.73
15. LD are a category irrelevant for educational intervention	.71

Table 1 (continued)
Factor loadings of the five factors solution

Item	Factor loading
11. Cases of intelligent students are similar to those of the less intelligent (...)	.62
3. LD are unexpected (...).	.52
Factor 3: Manifestations	
17. Evidence in the developmental history (...)	.68
10. Little progresses with appropriate regular education (...) [RTI]	.64
18. LD occur in several academic areas (...)	.59
8. (...) several degrees of severity	.36
Factor 4: Discrepancy	
2. (...) intelligence lower than the mean	.63
13. LD include (...) low IQ and achievement	.62
12. (...) difficulties in certain types of learning and facilities in others	-.56
1. (...) achievement lower than expected	-.52
Factor 5: Specificity	
6. (...) deficits in specific cognitive processes	.77
7. (...) biomedical factors	.53

The first factor explained 11.88% of the variance, and its items refer primarily to the exclusion of environmental factors as causes of LD. Thus, this factor was designated as Context. The second factor explained 10.58% of the variance and, despite its hybrid nature, refers mainly to the differentiation within LD; thus, it received this designation (Differentiation). The third factor explained 10.33% of the variance and was named Manifestations because it reports current or early manifestations of LD. The fourth factor explained 9.08% of the variance and was entitled Discrepancy because it combines items related to the presence (items 1 and 12) or absence of this criterion (items 2 and 13). The fifth factor explained 8.41% of the variance and concerns the intrinsic and specific nature of LD and was named Specificity. Cronbach's alpha for this part was .80.

The 2nd part obtained a Cronbach's alpha of .75 and the 3rd part obtained an alpha of .70.

RESULTS

Frequency of Contact with the LD

The professionals noted frequent contact with the LD (corresponding to four points in the rating scale: $M = 4.16$; $SD = 0.85$).

Identification Criteria and Manifestations of the LD

Table 2
Identification criteria and manifestations of LD

Items	RET ¹ (n = 165)		SET ² (n = 85)		PSI ³ (n = 60)		F(2, 307)
	M	SD	M	SD	M	SD	
1. Achievement lower than expected	3.48 _a	1.13	3.71	1.19	4.13 _a	1.10	7.16**
2. Intelligence lower than the mean	2.76 _a	1.19	2.48 _b	1.03	2.00 _{a,b}	1.09	10.12***
3. LD are unexpected	2.19	1.19	2.11	1.18	2.52	1.13	2.38
4. Socio-economic disadvantages	3.19	1.28	3.38 _a	1.33	2.83 _a	1.34	3.14*
5. Inadequate teaching practices	3.20	1.24	3.24	1.15	2.98	1.36	0.86
6. Deficits in specific cognitive processes	3.51	0.98	3.87 _a	0.96	3.43 _a	1.10	4.74**
7. Biomedical factors	3.01	0.95	3.14	1.10	3.12	1.33	0.50
8. Several degrees of severity	4.39	0.90	4.58	0.62	4.48	0.83	1.52
9. Family interaction factors	3.82 _a	0.93	3.58 _b	0.89	2.95 _{a,b}	1.47	15.24***
10. RTI	3.32 _a	1.28	2.89 _a	1.36	3.34	1.26	3.39*
11. Intelligent similar to less intelligent	2.15	1.06	2.32 _a	1.14	1.87 _a	0.98	3.15*
12. Difficulties and facilities in learning	3.71	0.99	3.78	0.90	3.78	0.97	0.20
13. LD include low IQ and achievement	3.07 _a	1.23	2.59 _a	1.26	2.09 _a	1.22	15.04***
14. Intrinsic LD identical to extrinsic LD	2.36 _a	1.02	2.35 _b	0.98	1.94 _{a,b}	0.87	4.31*
15. Category irrelevant for intervention	1.62	0.97	1.44	0.98	1.37	0.82	2.05
16. Permanent SEN	2.82	1.21	2.84	1.40	3.15	1.48	1.48
17. Evidence in the developmental history	3.34	0.89	3.22	1.06	3.43	1.06	0.84
18. Occur in several areas	4.12 _a	0.88	3.87	0.90	3.78 _a	1.04	3.96*
Factors							
Context	13.39 _a	2.85	13.36 _b	3.10	11.61 _{a,b}	4.53	6.93***
Differentiation	8.32	2.87	8.22	2.79	7.69	2.34	1.15
Manifestations	15.17	2.64	14.58	2.54	15.04	2.63	1.53
Discrepancy	13.37 _{a,b}	2.52	14.41 _{a,b}	2.72	15.82 _a	3.04	19.00***
Specificity	6.52	1.52	7.01	1.63	6.55	2.07	2.64

* p < .05 ** p < .01 *** p < .001

Note: Means in a row sharing subscripts are significantly different.

¹RET= Regular Education Teachers ²SET= Special Education Teachers ³PSI= Psychologists

As shown in Table 2, the respondents predominantly expressed their agreement concerning the items of the 1st part because the average scores were above 3. For instance, this agreement regards the items that refer to the fact that LD present several degrees of severity (item 8) or that can occur in several areas (item 18). In contrast, there was disagreement regarding the possibility of the LD to be an irrelevant category for educational intervention (item 15) or of the LD to be unexpected, emerging for no apparent reason (item 3). Regarding this last aspect, there was agreement on the perspective that LD are a developmental disorder and that there is evidence in the development history of students with LD that these could reveal academic difficulties (item 17). Another item that also showed less agreement was what refers to Specific LD as permanent Special Education Need (SEN; item 16).

Regarding the LD traditional identification criteria, the respondents agreed that LD can be expressed as an intra-individual discrepancy between the academic achievement and the intellectual potential (item 1), between cognitive processes (item 6) or among types of learning (item 12 – “A student with LD manifests difficulties in certain types of learning, but facility in others”). In contrast, the respondents disagreed that there is an intellectual impairment in LD (items 2 and 13) and that LD cases are similar regardless of their level of intellectual functioning (item 11 – “The cases of the intelligent students who have learning disabilities are similar to those of the less intelligent students who have learning disabilities”).

Regarding contextual factors, the participants considered that LD are due to environmental determinants of a socio-economic (item 4), educational (item 5) and familiar nature (item 9). Thus, the role of the context in learning and in learning disabilities was recognized. Nevertheless, the participants also admitted the influence of biomedical factors (item 7).

Table 2 shows that the factors that obtained a greater agreement were Manifestations and Discrepancy. To determine whether the professional group significantly affected the representations of the concept of LD, we used a *one-way* ANOVA. When there were significant differences, we used the Hochberg *posthoc* or the Games-Howell *posthoc*, depending on whether the variances were homogeneous (Wilcox, 2003).

In terms of the factors, there were statistically significant differences in the Context and Discrepancy factors. Effect sizes were small in the Context ($\eta^2_p = .01$), Manifestations ($\eta^2_p = .01$) and Specificity factors ($\eta^2_p = .02$), but medium in the Discrepancy factor ($\eta^2_p = .11$). The Games-Howell *posthoc* indicated that the psychologists differed significantly from the RET (95% CI [-.28, -3.27]; $p = .016$) and the SET (95% CI [-.14, -3.35]; $p = .030$); that is, the psychologists were the professional group who expressed less agreement regarding an extrinsic determination of LD. In addition, an item analysis indicated that the significant differences were located in the items related to socio-economic disadvantages (item 4) and

family interactions (item 9), which received less support from the psychologists. Regarding the Discrepancy factor, the Hochberg *posthoc* test showed significant differences among the three professional groups; the psychologists expressed greater agreement with the criterion of the Discrepancy, differing significantly from the RET (95% CI [1.48, 3.42]; $p = .000$) and SET (95% CI [.32, 2.49]; $p = .006$). Following the psychologists were the SET, whose degree of agreement also diverged significantly from that of the RET (95% CI [.18, 1.90]; $p = .011$). Comparisons of the items showed that the differences between the professional groups occurred in the “(...) academic achievement lower than expected, given their intellectual potential” (item 1), which was more strongly supported by the psychologists, and in the items that note a low IQ (items 2 and 13), which raised more pronounced disagreement from the psychologists.

In the items, in addition to the differences already noted, there were others in one item of the Specificity factor (item 6), two items of the Manifestations factor (items 10 and 18), and two items of the Differentiation factor (items 11 and 14). Among these items, the one that obtained a higher significance level is that which concerns the specific deficits in cognitive processes (item 6): although all professional groups expressed agreement, it was more pronounced in the SET. It should also be noted that, although all respondents disagreed that the cases of LD with different levels of intellectual functioning (item 11) or different etiology (item 14) are identical, such disagreement was more pronounced among the psychologists.

Table 3
Use of the term LD and educational support

	RET ¹		SET ²		PSI ³		<i>F</i> (2, 307)
	(<i>n</i> = 165)		(<i>n</i> = 85)		(<i>n</i> = 60)		
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Use of the term LD							
1. LD when there is no diagnosis	3.78 _a	1.01	4.19 _a	0.78	4.05	0.79	6.05**
2. LD includes all the learning problems	3.77	0.99	4.01	0.98	4.00	1.02	2.12
3. LD is less stigmatizing	3.72	0.96	3.64	0.99	3.55	1.14	0.63
4. LD includes behavior problems	2.59	1.25	2.68	1.16	2.28	1.11	2.11
5. LD when teachers are not prepared	3.43 _{a,b}	1.09	3.87 _a	1.07	4.02 _b	0.93	8.99***
6. LD is synonymous for school failure	3.30	1.16	3.54	0.96	3.65	1.19	2.67
7. LD when academic achievement is low	2.95	1.14	3.09	1.04	3.10	1.16	0.65
Total	23.55 _a	4.58	25.02 _a	4.02	24.65	5.18	3.37*

Table 3 (continued)
Use of the term LD and educational support

	RET ¹		SET ²		PSI ³		F(2, 307)
	(<i>n</i> = 165)		(<i>n</i> = 85)		(<i>n</i> = 60)		
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
National legislation on LD							
1. Legislation neglects LD	3.08 _b	1.27	3.76 _a	1.12	3.82 _b	1.08	13.56***
2. Early referral	3.04 _a	1.10	2.81	1.35	2.53 _a	1.08	4.24*
3. Lack of educational supports	4.02 _a	1.01	4.21	0.95	4.38 _a	0.85	3.46*
4. LD not identified	3.82 _a	1.08	3.51 _b	1.18	4.13 _{a,b}	0.77	6.3**
Total	13.88 _a	2.83	14.67 _b	3.12	15.80 _{a,b}	2.40	10.24***

* $p < .05$ ** $p < .01$ *** $p < .001$

Note: Means in a row sharing subscripts are significantly different.

¹RET= Regular Education Teachers ²SET= Special Education Teachers ³PSI= Psychologists

Use of the Term and Support Available

Table 3 shows the results obtained in the 2nd and 3rd parts of the questionnaire. Regarding the 2nd part, respondents expressed agreement with a comprehensive use of the term (average scores higher than 3), namely in the absence of a diagnosis (item 1 – “When a student does not learn what is expected for its age, and there is no diagnosis for the situation, there is a tendency to identify him/her with LD”); in school failure situations (item 6); or regarding all learning problems that arise in schools (item 2 – “LD is a broad term that encompasses all learning problems that arise in schools”). Support for the possibility of using the LD term was obtained when the student has a deficit in intellectual functioning because it is less stigmatizing (item 3). Support for the use of the LD term was also obtained when teachers are not prepared to meet the needs of students (item 5). Conversely, the item that obtained less agreement regarded the possibility of LD to include behavior problems that occur in the school context (item 4). In terms of comparative analysis, the RET had the lowest average scores in all items, whereas the SET achieved the highest scores in the first four items. The difference was statistically significant in the total score of the 2nd part but the effect size was small ($\eta^2_p = .01$). A *posthoc* Hochberg highlighted a greater agreement with the widespread use of the term by the SET than by the RET (95% CI [0.02, 2.94]; $p = .046$). In the items, we observed differences identical to those just described in items 1 and 5.

In the 3rd part of the questionnaire, there was agreement on the items that expressed a negative perspective regarding the legislative support (item 1 – “The national educational legislation neglects students with LD”), the identification (item

4 – “Many students with LD are not identified as such”), and the educational support (item 3) given to LD in Portugal. In accordance with this negative perspective, there was disagreement in item 2 that notes that the early referral is a reality concerning the LD. When comparing the different professional groups, it was observed that the psychologists adopted a more unfavorable view of the Portuguese legislative and educational framework, and its total score significantly differed, according to a Games-Howell *posthoc*, from that of the SET (95% CI [0.03, 2.23]; $p = .043$) and RET (95% CI [1.02, 2.82]; $p = .000$). The effect size was small ($\eta^2_p = .06$). The same pattern was evident in various items in this part of the questionnaire.

DISCUSSION

This research documents LD representations of Portuguese education professionals and addresses the concept, the use of the term and the national legislative context. Therefore, this research seeks to expand the restricted cross-cultural research related to LD, which is, as far as we know, virtually non-existent regarding Portugal (Correia & Martins, 2007).

Regarding the concept of LD, the participants expressed a pronounced agreement with the fact that LD present several degrees of severity and can occur in various domains. These observations are consistent with a dimensional view of LD, according to which they occur throughout a continuum of severity, instead of being a clearly defined explicit category (Fletcher et al., 2013; Lyon & Weiser, 2013).

The criterion of the discrepancy also obtained significant agreement, regardless of the manner in which it was operationalized. This finding may appear surprising, given the many criticisms directed at this criterion (Bradley et al., 2002; Fletcher et al., 2013). However, it should be noted that LD emerged from the recognition that there were students who encountered obstacles in their learning, despite an average or above average intellectual functioning. In other words, the concept of underachievement or of a performance lower than expected is the original nucleus of LD. Therefore, it has imposed itself through the experience of professionals on various continents and in various countries (Agaliotis, 2016; Oakland et al., 2007; Sideridis, 2007), including Portugal. Besides, classification systems, such as the DSM-5 (APA, 2013), continue to include this criterion as low achievement in comparison to peers of the same age. The fact that DSM-5 is widespread in Portugal may also justify the prominence of this criterion.

As we had the opportunity to highlight, a more recent criterion of LD identification is the Response to Intervention (RTI). The Portuguese education professionals

were also asked about it, through an item that received moderate or reduced support. In our opinion, this modest agreement is rooted above all in an insufficient diffusion of this criterion at the time that this research was undertaken. A new law relative to inclusive schools is now in force (DL 54/2018) that stresses the implementation of a multi-tiered system of support and the identification of special needs when the students lack responsiveness to measures intended to support learning. Therefore, it is expected that the criterion of Response to Intervention will become better known in the near future. Anyway, it should also be noted that the implementation of this criterion will be difficult for the national education system, given the gaps in human resources (e.g., lack of psychologists, SET and other specialized technicians in schools) and the insufficient training of the RET regarding special education needs and pedagogical differentiation.

Regarding the determinants of LD, the education professionals have admitted the influence of both those of a biomedical nature, as well as those of environmental origin related to family interactions, socio-economic disadvantages and inadequate teaching practices. Therefore, participants partly disagreed with the exclusion criteria because this stipulates that the LD cannot be attributed to a diverse set of conditions including most of those noted above. Thus, contextual factors, which interfere with achievement, would be inclusionary conditions or alternative explanatory factors (Dombrowski et al., 2004) instead of exclusionary conditions. In this regard, it should be noted, first, that the reference to both biomedical and environmental factors is in accordance with an interactive perspective of the individual development and functioning (Cottrell & Barrett, 2017). Second, a deficit based model of LD derives mainly from the medical model of disability (Grünke & Cavendish, 2016) and considers erroneously that learning and the context where learning takes place can be separated (Dudley-Marling, 2004; Riddle, 2017). Contextual barriers to learning should not be discarded or ignored, as the education professionals that participated in this study recognized. Third, and as previously noted, the empirical evidence that supports the exclusion of the environmental determinants is restricted (Flechter et al., 2013). Fourth, it has also been emphasized that the exclusion of the environmental factors is ignored in practice, particularly in regard to identifying the LD (Dombrowski et al., 2006; Grünke & Cavendish, 2016).

One item that also raised disagreement from the Portuguese education professionals was the one noting that specific LD are permanent SEN. This disagreement may initially be surprising because LD have been considered persistent lifelong difficulties, although their manifestations may be variable depending on the development stage and the life requirements (Bradley et al., 2002; Poch, 2018). Nevertheless, this perspective is easily explained due to the legislation and the special education system in Portugal. Indeed, the special education law (3/2008)

that was in force at the time this research was carried out, abundantly used the term permanent SEN but did not mention LD, referring to other permanent SEN instead (deafness; blindness or low vision; autism spectrum disorders; and multiple disabilities or deaf blindness). This fact may have contributed to the professionals' view of LD as not related to the permanent SEN.

The comprehensive use of the term corroborates our prediction and proves empirically what had already been noted by Portuguese authors (Correia & Martins, 2007), as well as by authors of other nationalities (Anastasiou & Polychronopoulou, 2009; MacMillan & Siperstein, 2002). However, the comprehensive use of the term does not necessarily reflect the concept that underlies it because they may be different. This finding is illustrated by the fact that the participants expressed agreement with the criterion of discrepancy and disagreement regarding an intellectual impairment in the LD cases or of the similarity of the LD cases with different levels of intellectual functioning or etiologies. These statements mean that a diffused employment of the term may coexist with a narrow concept. The very wording of the items concerning the use of the term obtaining greater agreement provides an indication of the circumstances in which it occurs: in the absence of a diagnosis; when teachers are not prepared to meet the needs of students; and in cases of school failure. Therefore, it is assumed that a detailed assessment, the allocation of teachers and other professionals with knowledge regarding LD, and a timely intervention targeted at the prevention of school failure could contribute to a more informed use of the term.

The unfavorable view of the Portuguese legislative and educational context regarding the LD confirms our prediction and mirrors reality. In fact, a non-governmental advisory body, *Conselho Nacional de Educação* (Grácio, 2014), emphasized that schools do not support a considerable number of students and recommended that measures should be implemented for LD. The situation is more paradoxical if we consider that in other countries, LD represents the group that most benefits from special education services and that its prevalence has been increasing (Büttner & Hasselhorn, 2011; Dombrowski et al., 2006).

When the representations of the professional groups were compared, we registered certain differences between them, which emphasize the importance of auscultating them all. Regarding the LD identification criteria, we realized that it was the psychologists who supported the most criteria of exclusion and discrepancy because these criteria are in diagnostic and classification manuals (for example, DSM-5). In addition, the psychologists also highlighted the most differentiation of the cases of LD, depending on the intellectual level or the etiology. These academic perspectives most probably derive from the training in psychology, which accords great importance to processes of identification, assessment (including intellectual functioning) and differential diagnosis, in accordance with international guidelines. It was also the psychologists

who expressed a more negative outlook on the legislative and educational support provided to LD, which may result from the functions they usually perform concerning the screening and identification of LD. In this context, psychologists can more easily realize that the referral is delayed or that the cases of LD can be considered ineligible for special education and/or not benefit from educational support. Thus, our predictions regarding differences between professionals were confirmed.

Regarding the use of the term, and contrary to our expectations, the SET were the professionals who most perceived it as being comprehensive. In Portugal, the support provided to students with SEN remains focused on these professionals; there is minimal support provided by RET or other technicians. Moreover, there have been no initial or continuing training processes targeted to RET to help them respond to the diversity that they deal with in schools (Grácio, 2014). In our opinion, this context helps to explain why SET agreed more with the possibility of the term being used when there is no diagnosis or when RET are not prepared to meet the needs of the students.

The results obtained have necessarily been influenced by the participants and the research instrument. Thus, in the future, it would be important to have a larger sample both in global terms and in terms of the different professional groups, as well as to have a sample that is distributed throughout the country. Regarding the research instrument, we chose a questionnaire, given the advantages of this methodology; however, the use of other data collection instruments could also be beneficial. For example, an interview or focus group used in addition to or alternatively to the questionnaire could allow access to the LD representations in a more spontaneous and detailed manner. Furthermore, given the lack of a questionnaire that would correspond to these research objectives, it was necessary to develop one. This questionnaire had acceptable indicators of internal consistency and construct validity. However, the analysis of the psychometric properties of the questionnaire should obviously be continued.

Notwithstanding the foregoing, this research extends the cross-cultural research on LD and does it, to the best of our knowledge, with two innovations. First, by listening directly to the education professionals who are more involved in attending to the LD. Second, by inquiring about multiple features of LD (both formal and informal) and thereafter circumscribing perspectives that the Portuguese professionals share or do not share with other countries.

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Anticipated work-family conflict in Brazilian university students: measurement and relationships with attachment and career success

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Abstract

Career development and work-family conflict are two areas of research with extreme theoretical and practical relevance, especially when focusing on job and non-job related life dimensions. With the intent to contribute to this debate, especially to career counseling practices with young adults, the present study investigated how the perception of interactions between roles and demands that arise from these two dimensions – family and work – influence university students' perceptions of career success. The study was structured in two parts: 1) adaptation of a measure that evaluates work-family conflict anticipation in university students in the Brazilian context; and 2) proposal of a model to evaluate the anticipation of the work-family conflict construct and its relation with the variables success perception, career adaptability and attachment styles. Participants were 424 students enrolled in different majors of public and private institutions from a state in Southeast Brazil, who answered a survey. The results point to a psychological measure with favorable indicators of validity and precision for the

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evaluation of the work-family conflict anticipation dimensions. Additionally, the proposed model shows that career adaptability dimensions are positive predictors of career success, while insecure attachment dimensions are negative predictors.

Keywords: work-family conflict; university students; career development; attachment styles; career adaptability

Antecipação do conflito trabalho-família em estudantes universitários brasileiros: medida e relacionamento com apego e sucesso de carreira

Resumo

O desenvolvimento de carreira e o conflito trabalho-família são duas áreas de pesquisa de relevância teórica e prática, especialmente quando o assunto em pauta são dimensões de vida trabalho e não trabalho. Para contribuir para a prática de aconselhamento de carreira de jovens adultos, o presente artigo investigou como a percepção sobre as interações dos papéis e exigências advindas desses dois âmbitos – família e trabalho – influenciam a percepção de sucesso na carreira universitária. O presente artigo foi estruturado em duas partes: 1) adaptação para o Brasil de uma medida que avalia a antecipação do conflito trabalho-família em universitários; e 2) avaliação do construto de antecipação do conflito trabalho-família a partir das variáveis percepção de sucesso, adaptabilidade de carreira e estilos de apego. Participaram da pesquisa 424 estudantes de diferentes cursos de instituições de ensino públicas e privadas de um estado no Sudeste brasileiro que responderam um questionário de pesquisa. Os resultados da primeira parte do estudo apontaram uma medida psicológica com evidências favoráveis de validade e precisão para avaliação das dimensões da antecipação do conflito entre família e trabalho. Adicionalmente, na segunda parte, demonstrou-se que as dimensões de adaptabilidade de carreira são preditoras positivas de sucesso de carreira, enquanto dimensões de apego inseguro são preditoras negativas do mesmo.

Palavras-chaves: conflito trabalho-família; estudantes universitários; desenvolvimento de carreira; estilos de apego; adaptabilidade de carreira

INTRODUCTION

Countless publications, either scientific or non-scientific, national or international, highlight the recent changes in the job market as the predecessor of a

reorganization of the relationships at work, and, consequently, a change in the way individuals and organizations conduct careers. These same publications frequently list new models, constructs and competences that are peculiar to the careers of contemporary and well-established professionals (Baruch, Szűcs, & Gunz, 2015), and less frequently refer to the young professionals' career planning processes. Therefore, the present study aims to advance the literature in the field, by generating evidence about how the perception of roles and demands that arise from work and family influence the perception of university students about career success, and how all these aspects interact with attachment models and career adaptability.

Considering those recent changes in the context of career development, one can affirm that career adaptability is a competence of great relevance to obtain both objective and subjective success. The construct refers to the promptitude and resources that individuals have to cope with vocational development tasks that are present in different cultures and are related to the goals of each stage of career development: to prepare for, begin, and take on a work activity (Savickas, 2005). More specifically, career adaptability relates to the process and the results of the individuals' attempts to satisfy their own and others' expectations regarding professional life, and to achieve successful careers, as well as deal, effectively with the demands, transitions and disturbances of the worker role (Ambiel, 2014; Savickas, 2002, 2005).

The construct career adaptability, originally proposed by Super, Thompson and Lindeman (1988) as career Maturity, was composed of five dimensions, two of which were affective/emotional (planning and exploring). The other three were cognitive (seeking information, decision making, and orientation for reality). Due to this composition, according to the authors, psychological components could be the main determinants of career maturity, given that the self-concept is of great importance in organizing the stages of vocational development and promoting maturity. In addition to that, the authors argued that reaching higher levels of maturity would mean mastering the skills described (e.g. exploring and decision making) and being ready for new tasks, challenges or demands which were appropriate to the stage of development in which the individual was.

After this first conceptualization, Super and Knasel (1981) proposed that, although the concept of maturity was sufficient for evaluation and understanding of the process of professional choice of adolescents, it did not adequately describe the process experienced by adults, and presented the notion of adaptability. The concept of Career Adaptability (which will be used in the present study) extended and deepened that of Maturity, by proposing that the individuals do not always master the necessary skills before having to face tasks, challenges or demands that are not related to their developmental stage, and which require adaptability. The concept proposed still considers all the psychological factors in career development without making

assumptions implied by the term ‘maturity’ or growth (Super & Knasel, 1981). As a result, Career Adaptability is understood as a metacompetence composed of four behavioral competences (referred to, in international literature, as “the four C’s” of career adaptability), which are necessary to manage critical tasks and transitions (that might be predictable or not) during the career construction process: concern, control, curiosity and confidence (Ambiel, 2014).

According to Savickas and Porfeli (2012), concern refers to a self-preparation to look at the future in terms of vocational expectations. Control enables people to take responsibility for deciding about their future. Curiosity is the deliberation about, as well as the exploration of different selves and alternatives for career development by individuals. Finally, confidence relates to individuals’ strivings to succeed in dealing with anticipated obstacles for their career development.

In addition, since it was presented, the Career Adaptability construct has been described in the literature as a key competence to career success (O’Connell, McNeely, & Hall, 2008). Evidence to support this data was found in a recent study which demonstrated that career adaptability (especially the concern and confidence dimensions) can positively predict career satisfaction and work performance self-evaluation (dimensions of subjective career success) beyond and more significantly than personality traits. This result suggests that career adaptability is a transactional resource for self-regulation that promotes the perception of subjective success independently of more stable characteristics (Zacher, 2014).

Results of another study show that career adaptability performed a unique role when predicting salary (objective success), after controlling the effects of demographic variables and perception of the organizational career management. It was also found that both the perception of organizational career management and of career adaptability had a negative correlation with turnover intention, being these relations measured by career satisfaction. The results also show that career adaptability moderates the relationship between perception of organizational career management and career satisfaction, being this positive relation stronger between workers with higher levels of career adaptability (Guan, Zhou, Ye, Jiang, & Zhou, 2015).

Another relevant aspect of career adaptability, according to Ambiel, is that it is “a psychosocial construct that characterizes the promptitude and resources an individual has to deal with current and imminent tasks associated with career development, occupational transitions and personal traumas” (2014, p. 18). Based on this proposition, it is possible to understand that career adaptability is not restricted to the expression of the competences of concern, control, curiosity and confidence in the world of work, but also in other dimensions of the individual’s life, such as the family.

Work-Family Conflict

In the field of vocational behavior studies, themes related to career development and conflict between work and family roles are two large and independent research areas (Westring & Ryan, 2011). Along the years both have been expanded, as well as the knowledge produced about themes that involve individuals and organizations, like organizational performance, work motivation, human resources management policies, well-being, marital quality, retirement process and others (Allen, French, Dumani, & Shockley, 2015; Brown, 2014; Butts, Casper, & Yang, 2013; De Andrade, Oliveira, & Hatfiel, 2017; Lapierre et al., 2017; Michel, Mitchelson, Kotrba, LeBreton, & Baltes, 2009; Nohe, Meier, Sonntag, & Michel, 2014).

Because of its great and wide impact, the phenomenon of work-family conflict is considered one of the classic foundations for the study of conflictual interaction between these two instances that organize human life (Greenhaus & Beutell, 1985). It occurs when one of these dimensions, in some way, harms the other. The large and recent increase in the number of publications about the subject is explained by its impacts both for individuals and their families, and for organizations.

The presence of conflict in the family domain (non-work) has been associated with lower levels of satisfaction with life and the romantic relationship, affecting specific aspects of the family context, like the parents' dedication to the children's education (Allen, Herst, Bruck, & Sutton, 2000; Michel et al., 2009). It also leads to poor physic health, and to psychological outcomes, such as depressive behavior, anxiety, and general psychological strain (Mihelič & Tekavčič, 2014). When the conflict emerges in the work domain, one can notice that the quality of the link between work and family can affect organizational performance as well as different aspects pertaining to the family domain, such as humor and well-being (Edwards & Rothbard, 2000). Research has shown that the following are affected by work-family conflict: work satisfaction, promotion policies, effort to seek for accomplishments at work, intention to turnover, as well as organizational loyalty (Allen et al., 2000; Hill, 2005; Voydanoff, 2005). Additionally, there is evidence that one of the pressing psychological consequences of work-family conflict is burnout, which represents "energy leakage", (a consequence of a long-term stress at work).

Seeking to understand how the aspects of work-family interaction and career development relate, we propose, in this article, the adaptation to Brazilian Portuguese of an existing scale (short-form) proposed by Westring and Ryan (2011), based on Carlson, Kacmar and Williams's (2000) six dimensions of work-family conflict for workers samples. The construction of Westring and Ryan (2011) assess the anticipation of work-family conflict in students and future professionals, this construct can be understood as a set of beliefs and expectations regarding the interference

of the work domain over family, or vice-versa. In other words, it is the anticipation about how much both dimensions can affect each other mutually in the future career. The dimensions of the construct follow the bidirectional parameters of family interfering with work and work interfering with family and considers three aspects: time, strain and behavior.

The first step in developing the instrument consisted of a review of the epistemological bases guiding the development of measures to assess work-family conflict and of the instruments developed to assess the phenomenon already presented in scientific articles. According to the theoretical bases, to assess work-family conflict adequately, instruments need to characterize the bi-directionality of the construct, which involves the interference of work in family (WIF) and the interference of family in work-related activities (FIW). In addition, researchers point out the need to consider the three basis of work-family conflict: time (e.g. "The amount of time my job takes up makes it difficult to fulfill family responsibilities"), strain (e.g. "My job produces strain that makes it difficult to fulfill family duties"), and behavior (e.g. "My home life interferes with my responsibilities at work such as getting to work on time, accomplishing daily tasks, and working overtime") (Netemeyer, Boles, & McMurrian, 1996).

One of the instruments that is widely used by researchers is the scale proposed by Netemeyer et al. (1996), which contemplates the bi-directionality of the construct through two scales (one that measures work interfering with family and another that measures family interfering with work). The indices of internal consistency (Cronbach's alpha) are over $\alpha = .82$ in both dimensions. This instrument was adapted to the Brazilian context, and its final version was composed of 10 items and adequate indices of validity and precision (Cronbach's alpha over $\alpha = .86$) for the bi-dimensional model (Aguiar & Bastos, 2013).

Another widespread instrument used to evaluate work-family conflict is the scale by Carlson et al. (2000). Its theoretical and empirical advancement, when compared to others, is the capacity to integrate in a single instrument both the bi-directional and multidimensional dimensions of work-family conflict, through 18 items divided in six dimensions that assess how time, strain and behavior may cause interference between family and work dimensions (ex: "My work keeps me from my family activities more than I would like" and "Due to stress at home, I am often preoccupied with family matters at work"). The instrument presented favorable results in the validity tests and Cronbach's alpha precision above $\alpha = .79$.

Yet another work-family conflict measure, developed by Carlson and Frone (2003), includes internal (psychological) and external (outward behavioral interference) dimensions. This scale is composed by four factors: a) internal interferences of work in family happens when there is psychological preoccupation with family

while the individual is at work, interfering with the ability to become engaged in the work role; b) external interferences of work in family occur when externally generated demands from work, like working extra-hours, inhibit or prevent participation in the family role; c) internal interferences of family in work occur when the psychological involvement with work interferes with the ability to become engaged with the family role; d) external interferences of family in work occur when externally generated demands at home interfere with participation at work, such as getting to work on time.

In a study that aimed at the investigation of antecedents of work-family conflict in individuals entering the job market, Westring and Ryan (2011) proposed a measure of anticipated work-family conflict composed of six dimensions. This measure was based on the concepts of bi-directionality and multidimensionality, and assesses anticipation through the dimensions proposed by Carlson et al. (2000), using a set of items that are written using future tense (e.g. "I will have to miss work activities due to the amount of time I will have to spend on family responsibilities"). In a sample of North-American participants, the authors obtained positive indicators of validity and precision (Cronbach's alpha over $\alpha = .85$). In the present, the authors will adapt and present a short form of the aforementioned measure.

Attachment and Work Dimensions

Attachment, as a psychological construct, means the affective-emotional bond established with other people. In research with humans, the theme was first investigated in an effort to comprehend the patterns of interaction between babies and maternal caregivers, as well as its consequences for human development (Bowlby, 1973).

According to theory, since childhood, individuals start to interact with their adult caregivers, establishing, modulating and reinforcing cognitive schemes about themselves and the relationship with the external context (other people and situations) (Wright & Perrone, 2008). Those schemes affect different areas in people's lives, such as work, family and intimate relationships (Blustein, Prezioso, & Schultheiss, 1995; Hazan & Shaver, 1990). Hazan and Shaver (1987) investigated attachment patterns in adults considering their bond with romantic experiences. Conceptually, two attachment patterns can be identified, secure and insecure (anxious and avoidant) (Hazan & Shaver, 1987).

The current simplification of insecure attachment into two dimensions (anxious and avoidant), classifies individuals with intense characteristics belonging to one of the dimensions as people with insecure attachment, which can be anxious or avoiding. On the other hand, individuals with low levels in both dimensions

are characterized as having secure attachment. To measure attachment from this perspective there is the “Experience in Close Relationship Scale – ECR” (Brennan, Clark, & Shaver, 1998). This instrument has been adapted for use in different countries, like: Italy (Picardi, Bitetti, Puddu, & Pasquini, 2000), China (Mallinckrodt & Wang, 2004), Spain (Alonso-Arbiol, Balluerka, & Shaver, 2007), Portugal (Paiva & Figueiredo, 2010), and Brazil (Shiramizu, Natividade, & Lopes, 2013).

One of the first studies that propose the link between the work dimensions and attachment was elaborated by Hazan and Shaver (1990), using the concept of exploration. According to the research, to be socially competent and interact in the physical and social context, the individual has to explore. According to the authors, the working activity in adults is an event similar to the exploratory behaviors of children. In adults, working allows the perception of personal competences and the cultural and social contexts become opportunities to explore and recognize oneself as competent (Hazan & Shaver, 1990).

Among the few studies that articulate attachment and career themes, one by Wright and Perrone (2008) should be cited. In their investigation, the authors show that attachment can be crucial to the development of individuals in interaction with their environment. People with secure attachment, for example, tend to explore the environment more. Such behavior can increase their perception of self-efficacy as well as the expectations of favorable results in professional initiatives (Hazan & Shaver, 1990; Wright & Perrone, 2008). This result was explained in a study about career decisions, in which the authors found that secure attachment is associated with low levels of career indecision (Tokar, Withrow, Hall, & Moradi, 2003). Still in the career context, relationships were found between insecure attachment and negative evaluations of efficacy in career decisions (Wolfe & Betz, 2004).

Regarding satisfaction with work, it was perceived that individuals with secure attachment styles are more satisfied with different aspects of work than those with insecure attachments (Krausz, Bizman, & Braslavsky, 2001). In a recent study about adjustment to work, turnover and attachment, the authors observed that the avoidant attachment style moderates the effects of adjustment and satisfaction at work, showing weaker relations with satisfaction for workers with higher avoidance scores (Dahling & Librizzi, 2015). Attachment also relates to civility, psychological security, and burnout at the workplace (Leiter, Day, & Price, 2015). More specifically, results show that the anxious style is related to organizational civility, trust, psychological security and burnout, while the avoiding style is related to efficacy, civility and incivility with colleagues and supervisors at work.

Little is known about how attachment patterns relate to the interaction between the domains of work and family. The study by Sumer and Knight (2001) is one

of the few to make an attempt to understand how different attachment styles are related to work and family dimensions. It relied on the spillover model to explain the relationship between work and family. Such model underlines the extent to which effects of a specific variable, in a certain domain, such as job satisfaction, can generate positive and negative effects on the other (in this case, non-work) domain (Sumer & Knight, 2001).

In line with this, some studies showed that the anxious pattern (worried) was more inclined to present negative effects on the family domain (e.g. home life makes the individual so irritable that he/she take it out on people at work) and in the work domain (e.g. after work, the individual goes home too tired to do some of the things they would like to do) (Richards & Schat, 2011; Sumer & Knight, 2001). On the other hand, participants with characteristics of secure attachment signaled positive effects, both in the work and on the family domains the personal life improves their satisfaction with job and works domains (Westring & Ryan, 2011).

OBJECTIVES OF THE STUDY

The goal of the present study is twofold. In Section I, it will present validity evidence of a short version of a measure that evaluates anticipated work-family conflict in university students using a Brazilian sample. In Section II, it will be proposed an original structural model and tested the relationship between work-family anticipation and career success, career adaptability, and attachment styles.

METHOD

Participants

Participants were 424 (61.3% female) students from different public and private undergraduate educational institutions from a state in the southeast of Brazil averaging 23.4 years ($SD = 5.40$ years). Inclusion criteria were: a) being interested and informedly consenting in taking part in the study; b) being a university student; c) being at least 18 years old.

Instruments

The instrument used in this study was a self-applied on-line survey with different psychological scales and sociodemographic questions to characterize the sample. The scales used in the study assessed:

- a) Background questions and information from participants (e.g. educational level and career-related questions);
- b) Short version of Experiences in Close Relationship (Natividade & Shiramizu, 2015): a 10-item Brief Attachment Questionnaire comprising two subscales: anxiety (5-items / Cronbach's $\alpha = .72$) and avoidance (5-items / Cronbach's $\alpha = .73$). The scale makes specific reference to attachment behaviors in adult relationships. Using a 5-point Likert type scale (1 – not at all like me / 5 – very much like me), respondents indicated the extent to which items described them (e.g., anxiety – “Often, I think that my partner does not want as much emotional proximity/closeness as I would like”; avoidance – “Generally, I try to avoid a lot of emotional closeness with my partner”);
- c) General Perceived Career Success Scale (Zanotti, 2016): a general perception of career success measure with seven items was used to assess the construct (Cronbach's $\alpha = .80$). To answer the instrument, participants used a 5-point Likert type scale (1 – completely disagree / 5 – completely agree) to indicate the extent to which items described them (e.g. “I am proud of what I do professionally”);
- d) Career Adapt-Abilities Scale (Audibert & Teixeira, 2015): composed of 24 items that evaluate the individual's capacity to face professional transitions by exploring four dimensions: concern (e.g. “Thinking about what my future will be like”; $\alpha = .88$), control (e.g. “Keeping upbeat”; $\alpha = .83$), curiosity (e.g. “Exploring my surroundings”; $\alpha = .88$) and confidence (e.g. “Overcoming obstacles”; $\alpha = .89$); using a 5-point Likert type scale respondents had to indicate how much they had developed each of the four competences (1 – Developed a little or not at all to / 5 – Developed extremely well);
- e) Anticipated Work-Family Conflict Scale – Short Brazilian version (AWFC – BRA): adaptation developed by the authors for this study using the eight sample items presented in the article that reported the development of the original measure (Westring & Ryan, 2011). Table 1 contains the original items in English and the adaptation to Brazilian Portuguese.

Procedures for adapting the Anticipated Work-Family Conflict Scale for the Brazilian Context

Before starting the process of validation of the instrument, the authors obtained permission from Westring and Ryan (2011), who allowed the adaptation of the instrument for research purposes. The set of eight items from the original instrument was initially submitted to translation and semantics adaptation procedures. After that, two individuals with PhDs in Psychology, who were also bilingual and specialists in the field of career development and psychological evaluation, performed the translation and semantic adaptation of the items into Brazilian Portuguese. Prior to data collection, the items were judged in terms of clarity, coherence and dimensionality by three participants who met the criteria to enter the study. After this moment, no more items were altered, and the actual data collection was initiated.

Data collection and analysis procedures

The present study was submitted and received favorable evaluation (from the Institutional Review Board and Ethics Committee at one federal university in Brazil protocol number 248.810). Data collection was conducted thorough the online platform Google Forms.

The CORP process of personalized invitations was used in this data collection (Wachelke, Natividade, De Andrade, Wolter, & Camargo, 2014). More specifically, the authors: 1) visited educational institutions where they could find participants who fit the inclusion criteria for the study (in this case University students), 2) provided a lecture about work-family interaction, 3) invited the audience to answer an on-line survey about the subject of the lecture, and 4) sent personal e-mails with a web link to access the on-line survey of this study to the participants who agreed to be part of the study.

Data was analyzed using statistics software's R (R Development Core Team, 2017), SPSS (version 18), and AMOS. First, descriptive and frequencies analyses were conducted. After that, factor analyses (exploratory) and Omega reliability tests were used to evaluate validity and precision of the measure (Lloret-Segura, Ferreres-Traver, Hernández-Baeza, & Tomás-Marco, 2014). Mean scores were created with the items results of each of the scales in the study, and then a structural equation model composed of the independent variables of anticipated work-family conflict (family interfering with work and work interfering with family) and of the dependent variables attachment style, career adaptability and perceived general career success was tested.

RESULTS

Section one: Short version of the Anticipated Work–Family Conflict Scale for the Brazilian Context (AWFC – BRA)

Initially, the items of the scale were submitted to the analysis of main components to verify the factorability of data matrices. The Kaiser-Meyer-Olkin measure obtained was .88, and Bartlett's sphericity test was significant (1360.308, $p < .001$), values which indicate that the use of factor analysis is adequate. To decide the number of factors to be extracted, the authors used information generated by the scree plot graphic with different criterias generated for a specific syntax in R software (R Development Core Team, 2017). Three out of four criteria indicated a bi-factorial extraction (eigenvalues, parallel analysis and optimal coordinates), including the parallel analysis, that is considered the more precision indicator for this decision that makes a more robust estimate of the total factors for extraction (Lloret-Segura et al., 2014). The figure 1 shows the results of this analysis.

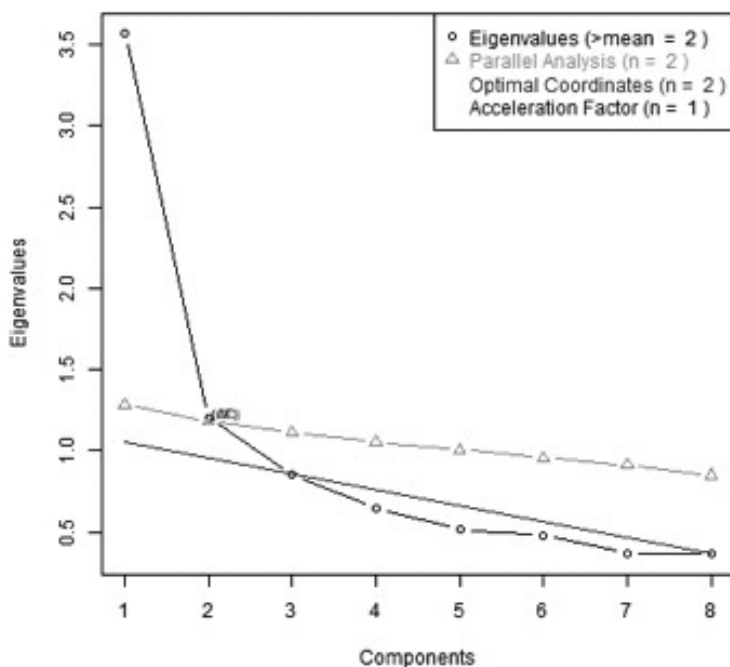


Figure 1. Graphic to factor decision.

Following, the authors conducted the extraction of factors using the method of principal axis factoring, opting for the bi-factorial model, as it presented better adjustment to the data matrix and to the original WIF and FIW theoretical model. The rotation chosen was varimax, once it is octagonal, assuring thus that the factors would remain unrelated. The measure's final items are displayed in Table 1.

Table 1
Factorial distribution of the items of AWFC – BRA from Varimax Rotation

Itens	F1	F2
	(FIW)	(WIF)
O tempo que eu gastar com as minhas responsabilidades familiares, irá, muitas vezes, interferir nas minhas responsabilidades de trabalho. OR. <i>The time I will spend on family responsibilities will often interfere with my work responsibilities.</i>	.80	-.04
No futuro, irei perder algumas atividades de trabalho devido ao tempo utilizado com responsabilidades familiares. OR. <i>I will have to miss family activities due to the amount of time I will have to spend on work responsibilities.</i>	.71	-.02
Devido ao estresse que terei em casa, frequentemente, ficarei muito preocupado(a) com assuntos da família no momento que estiver no trabalho. OR. <i>Due to stress at home, I will often be too preoccupied with family matters at work.</i>	.66	.03
No futuro, por estar, frequentemente, preocupado(a) com minhas responsabilidades familiares, eu terei grandes dificuldades para me concentrar em atividades do meu futuro trabalho. OR. <i>Because I will often be stressed from my family responsibilities, I will have a hard time concentrating on my work.</i>	.63	.12
Meu trabalho irá me manter afastado das atividades com a minha família, mais do que eu gostaria. OR. <i>My work will keep me from my family activities more than I would like.</i>	-.10	.95
O tempo que vou dedicar ao meu emprego/trabalho vai me impedir de participar, de forma igualitária, das atividades e responsabilidades domésticas. OR. <i>The time I will devote to my job will keep me from participating equally in household responsibilities and activities.</i>	.00	.66
Acredito que as demandas futuras, de meu trabalho, irão interferir na minha vida familiar. OR. <i>I will have to miss family activities due to the amount of time I will have to spend on work responsibilities.</i>	.08	.59
Devido a todas as pressões que terei no trabalho, possivelmente, quando chegar em casa, estarei muito estressado(a) para fazer atividades que gosto. OR. <i>Due to all the pressures I will have at work, sometimes when I get home I will be too stressed to do the things I enjoy.</i>	.16	.47
Number of items per factor	4	4
Omega reliability	.83	.78
Percentage of variance per factor	45.54	17.27

The final version of the AWFC – BRA for the Brazilian context was composed of eight items, divided into two factors. The first, named “Family interfering with work”, or (FIW), contemplated four items, obtained an omega reliability of .83, and explained 45.5% of data variance. This dimension evaluated the anticipation of the family life interfering with work, and was composed of items that explore the impressions of how aspects related to stress, concerns and emotional responsibility over family issues affect work life. The second factor, called “Work interfering with family”, or (WIF), was also composed by four items, obtained an omega reliability of .78 and explained 17.3% of the variance. They represented the perception of how aspects related to withdrawal, stress and fatigue caused by work interfere with the investment and quality of family life.

Section Two: Model of Career Success and Antecedents family, attachment and adaptability

The second section of this study was guided by five hypotheses: (H1) the bi-directional model of the anticipated work-family construct would hold for the Brazilian sample; Perceived career success would relate: (H2) positively to the dimensions of adaptability; and (H3) negatively with anticipated work-family conflict. It was also hypothesized that insecure attachment would affect: negatively (H4) career success and career adaptability; and positively (H5) anticipated work-family conflict.

Aiming at the understanding of the interrelation of the variables in this study and to test the aforementioned hypotheses, the authors developed a model based on the technique of structural equations modeling – SEM (Byrne, 2016). To design the SEM model in Figure 1, the independent variables chosen were attachment styles, career adaptability, and anticipation of work-family conflict; the dependent variable was perceived career success.

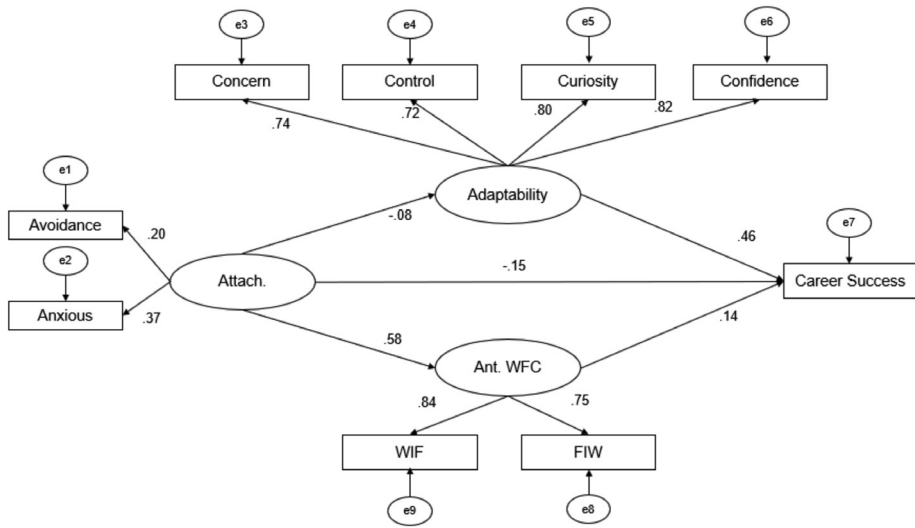


Figure 2. Model of causal success of attachment-adaptability.

The adjustment indices of the models were favorable according to all indicators considered. For the first model the indices were: [$\chi^2 = 58.826$, $df = 23$ ($p < .001$), $\chi^2 / df = 2.25$, $RMR = 0.017$, $GFI = 0.97$, $AGFI = 0.95$, $CFI = 0.93$, $RMSEA$ (90%CI) = 0.085 (0.061 – 0.109)]. This model demonstrates that three variables influenced the perception of career success in the sample. Additionally, it evidenced that the insecure attachment pattern positively predicts work-family conflict ($b = 0.58$) and negatively predicts career adaptability ($b = -0.08$). On the same hand, career adaptability was a positive predictor of perception of career success ($b = 0.46$), as well as of work-family conflict ($b = 0.14$). The perception of career success was negatively influenced by attachment styles ($b = -0.15$).

DISCUSSION

The present study aimed at generating evidence about how the perception of the interactions between roles and demands that arise from work and family influence the perception of university students about success in career development. In order to do so, it presented the adaptation process of the Anticipated Work-Family Conflict Scale (AWFC – BRA) for use with Brazilian samples. The AWFC – BRA presented acceptable indices of validity, which gives it status of a valid measurement for use in the contexts of research, as well as to evaluate career orientation

programs. Additionally, the measure presented satisfactory indices of precision for both factors extracted.

The work-family conflict anticipation construct proposed by Westring and Ryan (2011) was operationalized in its original version as a measure with six dimensions, according to the model proposed by Carlson et al. (2000), encompassing the bi-directionality of the relationship between work and family in aspects of time, behavior and roles. Although the eight items of the version adapted in the present article do not contemplate the specific dimensions proposed by Carlson et al. (2000), the measure adapted to the Brazilian context showed to be more robust and had a clearer and more adequate adjust to the WIF and FIW dimensions. Therefore, it followed the same pattern of a Brazilian measure used with general samples of adults, by Aguiar and Bastos (2013), aspect that, in a general matter, confirms H1.

Although its factorial arrangement has been restricted to two dimensions of the conflict, the authors did not consider it to be a limiter for the use of the scale when investigating work-family conflict anticipation among university students. Researches on the field are very recent in Brazil, and despite great effort, show parsimony in suggesting that the construct in its original dimensions, proposed by Greenhaus and Beutell (1985), is valid. It is important to point, however, the importance of developing instruments that can be used when considering the career planning of university students who are still preparing to enter the job market, and have not yet constituted families – either as a diagnostic tool or as a follow-up instrument – as an important element for career planning, especially because it allows and incentives the reflection on which are the relevant roles occupied in an individual's life.

Considering that the AWFC – BRA is consistent for evaluating anticipated work-family conflict, the authors assume that the model tested in the present article advances in the integration of different established theoretical fields in the vocational psychology area. Bearing in mind that the work-family conflict construct is a phenomenon which integrates the career development perspective (e.g. adaptability; career success) and interactions between family and work, when investigating samples of young professionals, the model offers the possibility to advance in research, while also contributing with the understanding of both contexts and taking the attachment theory as reference.

Based on the individual attachment dimensions model, insecure attachment, represented by the avoidance and anxiety dimensions, was a negative predictor of career success, confirming H3. Such predictive capacity can be credited to the effect of the internal prototypical models that associate low self-esteem and uncertainties about affective responses to the environmental context in modulating professionals' self-concept, and, consequently, their perception of career success. As it was observed by Wolfe and Betz (2004), there is a relationship between the insecure

style and negative evaluations about career decision efficacy, more specifically the belief in personal competence to adequately decide important aspects of the personal trajectory. In relation to career satisfaction, Krausz et al. (2001) noticed that individuals with a secure attachment style are more satisfied with aspects related to work than those with insecure attachment. Assuming that career dimensions and work are related, data confirmed, even in an indirect form, the negative predictive relationship between insecure attachment and career satisfaction.

When interpreting the model, one can also perceive that indicators of insecure attachment operate as the best predictors of work-family conflict anticipation, confirming H5. Interaction patterns of avoidance or fear to make connections generate perspectives of greater insecurity regarding interpersonal relationships and future interference between roles played at the work and family domains. Sumer and Knight (2001) pointed that the anxious pattern is inclined to negatively affect family aspects, aside from work. In an opposite direction, the authors also affirm that people with secure attachment patterns usually present positive feelings related to both work and family. As mentioned in the studies by Hazan and Shaver (1990), and by Wright and Perrone (2008), and considering that individuals with secure attachment tend to have more exploratory behaviors, it is possible to infer that this effect is extended to the career context, enlarging the perception of self-efficacy and expectations of favorable results in relation to professional investments.

Finally, analyzing the dimensions of adaptability and anticipated work-family conflict, H4 is partially confirmed, as attachment styles did not predict adaptability. On the other hand, H2 was partially confirmed, as it was possible to observe the predicting effect of both variables on the perception of career success. It is important to note that career adaptability refers to the promptitude and the individual resources to face career decisions, the occupational transitions and personal traumas with which individuals are faced (Ambiel, 2014). Those are aspects that can lead to the perception of career success. It is also important to highlight that the anticipated work-family conflict was a positive predictor – opposed to what was expected – of career success. In the sample of this study, the perception of future tension between work and family, in some way, denoted intense commitment or involvement with the career, aspect that justifies the positive results.

The lack of a more detailed exploration of the anticipated work-family conflict in relation to aspects of career and work was a limitation of this study, and should be explored in future investigations. Additionally, in this study, the authors did not analyze differences and similarities in the moderation of models according to gender. We consider that this could be an interesting venue for future studies in order to clarify the effect and consequences of the conflict between family and work for men and women.

We believe that, even with its limitations, the relevance of this study resides in the fact that a transition from University to work is characterized by a period of accentuated conflict, in which the young professional perceives him or herself as the main (and sometimes only) responsible for important and meaningful decisions. In this sense, the contribution of a model that shows the integration of variables which are related to attachment, family, and career evidences the collaboration of the affective experiences with caregivers to the quality of adult interactions with their families. It contributes also to the generation of relevant material for the career orientation practice with young adults.

Finally, some implications of the present study for the professional practice of psychologists are evident. For example, the results suggest that conflicted relationships with caregivers, experienced in the past (anxious attachment), impact on how individuals currently manage the resources to cope with the demands of family and work, which are limited. Studies indicate that the presence of conflict between the demands of these two domains can be related to outcomes such as addition to work and turnover intention (Braun, 2017), phenomena that have an extremely negative impact on both professionals and organizations.

On the other hand, they emphasize that the establishment of satisfactory early interpersonal relationships can have a positive impact on attitudes and behaviors that favor positive performance at work (Hazan & Shaver, 1990; Wright & Perrone, 2008). An example is the observed relationship with career adaptability and perceived career success. Individuals with secure attachment tend to feel more comfortable with exploring the environment (Wright & Perrone, 2008). Such exploration requires them to reflect on a possible future (concern), to understand that this future depends on them (control), to imagine what they would like to do or choose (curiosity), and to question their ability to achieve their own goals (confidence). According to the literature, this reflection on and the development of career adaptability aims to develop the perception of success, as well as satisfaction with career choices (Ambiel, 2014).

Therefore, the present research evidences the importance of investigating, in the client's previous history, how the client's relationship with his parents was, as well as the possible similarity between these and those established throughout the working life and in different environments. Doing this is important, as there are similarities between the patterns of interpersonal relationships and of how individuals relate to the environment in childhood and adulthood, in the context of work. Understanding such patterns (the meanings attributed to the experiences which were lived and which are projected) is important for individuals to understand their meaning and to give coherence and continuity to their action in the different roles and domains of their life, connecting past and present experiences to be able to plan and expect for successful experiences in the future (Cardoso, 2011).

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A plea for the study of the relation between the Aretaic Morality and the Deontic and Responsibility Moralities

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Abstract

Although the deontic, responsibility/caring, and aretaic moralities have been extensively investigated, the relation among them, namely the relation between the aretaic and the deontic and responsibility moralities, have rarely been studied. To fill in this gap is the main goal of this study. In the first part, we set the context for the study of the relation between the aretaic and the deontic and caring moralities, while arguing that Kohlberg's theory is mainly a deontic moral theory. Second, we elaborate on the reasons why Kohlberg did not introduce an aretaic morality into his theory. Third, we show that Kohlberg's reasons to exclude this type of morality from his moral theory are problematic. Fourth, we argue that much could be gained if moral psychology took the aretaic morality and its relation to the deontic and caring/responsibility moralities into account. Fifth, we present the main findings of an exploratory research on preadolescents' (n = 32) and adolescents' (n = 32) deontic, aretaic and responsibility evaluations of hypothetical actions, and analyze the relations among these evaluations. Finally, we summarize the main ideas of this study; refer to some of its limitations; point to some examples for future research; and claim that our suggestion of an aretaic-deontic-responsibility model may contribute to the understanding of one's moral functioning. However, this suggestion requires further methodological and empirical efforts.

Keywords: aretaic morality; deontic morality; caring morality; moral functioning; Kohlberg

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Uma súplica pelo estudo da relação entre a Moralidade Aretaica e as Moralidades Deôntica e de Responsabilidade

Resumo

Embora as moralidades deôntica, aretaica e de responsabilidade tenham sido muito investigadas, a relação entre elas, nomeadamente a relação entre a moralidade aretaica e as moralidades deôntica e de responsabilidade, têm sido raramente estudadas. Estudar esta última relação é o principal objetivo deste estudo. Na 1ª parte, estabelecemos o contexto para o estudo desta relação, enquanto argumentamos que a teoria de Kohlberg é, acima de tudo, uma teoria sobre a moralidade deôntica. Na 2ª parte, elaboramos sobre as razões que levaram Kohlberg a não introduzir uma moralidade aretaica na sua teoria sobre a moralidade. Na 3ª parte, mostramos que tais razões são problemáticas. Na 4ª parte, argumentamos que há muito a ganhar se a psicologia da moralidade tiver em conta a moralidade aretaica e as suas relações com a moralidade deôntica e a moralidade da responsabilidade ou do cuidar. Na 5ª parte, apresentamos os resultados principais de uma pesquisa exploratória sobre as avaliações deônticas, aretaicas e de responsabilidade feitas por um grupo de pré-adolescentes ($n = 32$) e adolescentes ($n = 32$) relativas a ações hipotéticas, e analisamos as relações entre tais avaliações. Finalmente, resumizamos as principais ideias deste estudo; referimo-nos a algumas das suas limitações; sugerimos exemplos de investigações futuras; e argumentamos que as relações entre estes três tipos de moralidade podem constituir um modelo, o modelo aretaico, deôntico e de responsabilidade, que nos ajude a compreender a transição da cognição moral para a ação moral. No entanto, esta sugestão requiere mais investigação metodológica e empírica.

Palavras-chave: moralidade aretaica; moralidade deôntica; moralidade da responsabilidade; funcionamento moral; Kohlberg

INTRODUCTION

When we commit a moral action, we generally judge it to be: (a) morally right in terms of *deontic judgments* or judgments “of what is [morally] right” (Kohlberg, 1984, p. 517; see also Frankena, 1973; Nucci, Narvaez, & Krettenauer, 2014; Turiel, 1983); (b) obligatory for the self in terms of *responsibility judgments* or judgements “to act on what one has judged to be right” (Kohlberg, 1984, p. 517), that is, judgements expressing “a commitment to act on one’s deontic judgments” (Kohlberg & Candee, 1984, p. 52; see also Bergman, 2002, 2004; Blasi, 1993, 1999, 2004; Gilligan,

1982); and (c) virtuous and praiseworthy in terms of *aretaic judgments*, that is, “judgments about the moral worthiness of an action or person” (Kohlberg, 1984., p. 514), and hence in terms of virtue or *arête* involved in the action or person at hand. *Arête* is a Greek word that dates back to Aristotle’s (1941) virtues ethic, and means the moral worth or excellence of a given action or one’s character (see, for example, Boyd, 1977; Frankena, 1973; Lourenço, 2000; MacIntyre, 2007; Nussbaum, 1999; Smith, 2012; Solum, 2004; Watson, 1996). These three types of judgments and reasoning, whose operationalization can be made, for example, according to the procedure described in the empirical research reported below, and the relations among them may contribute to the understanding of one’s moral functioning, namely the transition from moral cognition to moral action.

Before justifying this possible contribution, it is worth mentioning that responsibility judgments and reasoning can be equated to caring reasoning and judgments. This happens, for example, in Gilligan’s (1982) moral theory [see also Skoe’s (1998) work on care reasoning]. Gilligan, for example, has appealed to an ethic of *care and responsibility* (not to an ethic of deontic justice), according to which we should not turn away from someone in need (Gilligan & Wiggins, 1987), not to receive social approval (i.e., a social approval orientation), but because of a genuine moral concern or moral responsibility to help needy others (i.e., a caring/responsibility orientation). Needless to say, a social approval orientation represents a lower moral orientation than a caring moral orientation, for, in last analysis, the former is more oriented to the self than the others (see Kohlberg, 1984).

Why the relation among the deontic, responsibility, and aretaic judgments and moralities may contribute to the understanding of one’s moral functioning, namely the understanding of the complex problem of the passage from moral cognition to moral action (Blasi, 1980)? Theoretically and also with basis on everyday life, it seems reasonable to assume that one’s deontic judgments (“I should steal to save a human life”) lead more easily to the subsequent action (to effectively steal to save a human life) if those judgments are followed by (1) a responsibility or caring judgment (“I am really committed and have a moral responsibility to steal to save a human life”); and (2) an aretaic judgment (“To steal to save a human life is a praiseworthy, laudable, meritorious, and virtuous act”). In other words, it makes sense to claim that one’s deontic judgments are more likely to be converted into moral action if they are followed by a commitment to act in accord with what one thinks it should be done, responsibility judgments (Blasi, 2004; Kohlberg & Candee, 1984; Lapsley & Narvaez, 2004; McNamee, 1978; Narvaez & Lapsley, 2009), and if one finds it virtuous and praiseworthy to follow the course of action judged to be right and obligatory for the self shortly before, aretaic judgments (see Boyd, 1977; Frankena, 1973; MacIntyre, 2007; Nussbaum, 1999).

This means that deontic, responsibility/caring, and aretaic judgments may be thought as cognitive motivations that increase one's willingness to behave morally. Although the links between motivation and judgment may be complicated (Hardy, 2006), both Kohlberg (1984) and Piaget (1983), just to cite two well-known moral researchers, argued for the motivational power of moral cognition.

It is worth mentioning that the motivational power of one's moral cognition, be it deontic, caring, or aretaic, on one's moral behavior tends to be overlooked by many moral researchers, namely by those who fault Kohlberg's theory for paying little, if any, attention to the role of motivation in one's moral behavior and development (e.g., Colby & Damon, 1992, 1995). Moral development means an increasing ability to differentiate, coordinate, and rank different perspectives or viewpoints when situations of moral conflict and choice are the case, such as happens, for example, in hypothetical (Kohlberg, 1984; Rest, 1984, 1986) or real-life moral dilemmas (Gilligan 1982). We may say that the majority, if not all, theories of morality that intend to be an alternative to Kohlberg's approach to morality rely, among others things, on the idea that his approach (a) lacks a motivational focus (Colby & Damon, 1995; and (b) is too much based on an ethic of justice at the cost of an ethic of care and responsibility (Gilligan, 1982) and a virtues ethic *a la* Aristotle and his emphasis on the principle of *eudaimonia* or one's fulfillment or self-actualization (Campbell & Christopher, 1996).

A significant contribution to the understanding of one's moral functioning has been claimed by several authors and researchers. For example, according to Gilligan (1982) and Skoe (1998), although Kohlberg had overlooked an ethic of care and responsibility, this type of ethic, with its emphasis on the ideas of caring, benevolence, and concern, plays a central role in one's moral functioning. However, according to Kohlberg (1984), his ethic of justice also includes an ethic of care and concern, namely with our relatives and friends (see Zizek, Garz, & Nowak, 2015). In addition to this, Kohlberg rightly noticed that caring and benevolence cannot solve conflicts of welfare when competing claims in situations of moral conflict and choice are the case. Aretaic judgments and morality and their relation with caring or responsibility judgments and morality have no room in Gilligan's and Skoe's thinking on caring reasoning.

A significant contribution to the understanding of one's moral functioning was also proposed by Haidt (2001, 2007) through his social intuitionist model. According to this model, we first form our moral judgments and decisions with basis on intuitions and emotions and then give reasons for them, our reasons serving as *ex-post facto* rationalizations to convince ourselves/others that our moral judgments and decisions are a reason-based process. The role of emotions in any behavior is indisputable (Damasio, 1999). It should be mentioned, however, that we

cannot exclude reason from our moral judgements and decisions. More precisely, we cannot judge an action to be moral or immoral without taking into account the moral reasons or intentions underlying our decisions (Kohlberg, 1984). In other words, to dismiss the role of reason in one's moral decisions and behavior amounts to depriving them of their very nature. As far as we know, Haidt's social intuitionist makes no reference to aretaic judgments and their possible relation with deontic and responsibility judgments.

A significant contribution to the understanding of one's moral functioning was also advanced by Rest (1984, 1986) with his four components model: moral sensitivity or one's propensity to see a given situation (e.g., a drowning boy) as neutral or moral (component 1); moral judgment or one's ability to emit a moral judgment in the situation at hand (e.g., I should/should not help the drowning boy, component 2); moral motivation or one's inclination to help the drowning boy (component 3); and moral decision or one's determination to perform a moral act (e.g., to risk his/her life to help the focal boy, component 4). However, everyone who understands Kohlberg's theory knows that component 2 of Rest's model is also present in Kohlberg's (1984) theory of deontic judgments, duties and rights. More to the point, a careful analysis of Kohlberg's theory also reveals that his theory appeals to moral motivation, component 3 of Rest's model. Suffice it to say that (a) his deontic judgements have a motivational power (Kohlberg, 1984); (b) although ignored by several critics of Kohlberg's theory (e.g., Colby & Damon, 1992, 1995), he argued that one's moral behavior is also related to a generalized motivation to self-esteem, self-confidence, self-realization, and self-regulation (see Kohlberg, 1987, p. 312). As will be argued below, Kohlberg's theory of deontic justice is at complete variance with an aretaic morality and reasoning.

As moral psychology is a broad research domain, there are other alternatives to Kohlberg's theory. For the sake of simplicity and space limitations, we point only to two additional examples: Turiel's (1983) social domain approach and his idea that one's moral behavior has more to do with coordination of domains (e.g., moral, conventional, prudential, and personal) than only with the moral domain, and Blasi's (2004) self-identity theory, according to which we behave morally to preserve our self and identity. However, both Turiel's social domain approach and Blasi's self-identity theory make no reference to aretaic reasoning, judgments and morality.

Three caveats are in order at this point. First, the deontic-responsibility-aretaic model suggested in this study should be seen as complementary rather than an alternative to Kohlberg's theory or other moral approaches. Parenthetically, it should be noted that if progress in any science was as a function of the number of theories it contains, then psychology, be it cognitive, social, or moral, could be

considered to be the queen of sciences, which is not the case. In other words, the present study simply aims to emphasize the aretaic morality and its possible relation to the deontic and responsibility moralities, and suggest that these relations may contribute to the understanding of one's moral functioning, namely the transition from moral cognition to moral action. Second, the present study is exploratory in its very nature. We know of no study similar to the present one. Third, the present study deals with aretaic, deontic, and caring or responsibility cognition, not with moral behavior.

Despite its strengths, Kohlberg's theory does not go without problems, some of which are mentioned here. For example, as suggested by an anonymous reviewer of an earlier version of this study, research about moral conflicts involving concerns about others' welfare (Jaffe & Hyde, 2000; Juujärvi, 2005) has shown that both genders invoked care-based judgments rather than Kohlbergian justice-based judgments.

It is widely accepted (Modgil & Modgil, 1986; Puka, 1995) that Kohlberg's (1971, 1981, 1984) theory excels in the analysis of a deontic morality, a morality having to do with the concepts of right/wrong, just/unjust, and the like. Kohlberg's theory, however, deals insufficiently, among other things (see Narvaez, 2008; Puka, 1991), with the area of moral caring or responsibility, a moral area related to one's obligations to the others and the self (see Blasi, 1993, 2004; Gilligan, 1982; Skoe, 1998); and does not take into account the aretaic morality, an area of morality concerning the science of virtue and "the concept of praise/blame when we make normative judgments about persons, either of a person as a whole or of some part of a person's character" (Boyd, 1977, p. 69; see also Frankena, 1973; Smith, 2012; Watson, 1996). In other words, Kohlberg's (1984) theory is, above all, a philosophical and psychological theory of deontic reasoning. As he put it: "Our philosophical theory of deontic justice reasoning is not, however, a theory guiding aretaic judgments, that is, judgments about the moral worthiness of an action or person" (Kohlberg, 1984, p. 514). In fact, his theory: (a) conceives of morality in terms of a Kantian, deontic justice (Campbell & Cristopher, 1996). Suffice it to say that on several occasions he claimed that "... justice is the basic moral principle" (Kohlberg, 1971, p. 220; see also Puka, 1995; Rest, Narvaez, Bebeau, & Thoma, 1999); (b) asks participants deontic questions and justifications (e.g., "Should we steal to save a human life? Why/Why not?", see Colby & Kohlberg, 1987a, b); (c) codes individuals' moral reasoning, for example, in terms of normative, utilitarian, perfectionist, and fairness elements (Colby & Kohlberg, 1987a, p. 42); and (d) ends up by attributing a deontic stage or a score of deontic reasoning to the individual (see Colby & Kohlberg, 1987a, b). In contrast to these deontic aspects, Kohlberg's reference to aretaic judgments and morality is rare. He even sustained that his theory of deontic justice has nothing to do with the moral worth of an action or person. In addition to this, he seems

to treat the aretaic morality and judgements as if they were an epiphenomenon included in the area of responsibility judgments and morality. In Kohlberg's words, "...the judgment of responsibility includes an element which Frankena calls aretaic, 'a judgment of the morally good, bad, responsible, or blameworthy.'" (1984, p. 518).

In what follows we (a) reflect on Kohlberg's reasons to exclude an aretaic dimension from his moral theory; (b) show that these reasons do not go without problems; (c) argue that there is much to be gained if moral psychology takes the aretaic morality and its possible relation to the deontic and responsibility moralities into account; and (d) present, succinctly, the main findings of an exploratory, empirical study we carried out on the relations among preadolescents' and adolescents' deontic, aretaic, and responsibility evaluations of some hypothetical actions related to one of Kohlberg's dilemmas described below.

KOHLBERG'S REFUSAL OF AN ARETAIC DIMENSION

Why did Kohlberg not introduce an aretaic dimension into his moral theory, even though this dimension may contribute to the understanding of one's moral functioning, namely the transition from moral cognition to moral action? It is worth mentioning that the passage from moral cognition to moral action is a recurrent problem in moral psychology in general (Bergman, 2002; Blasi, 1980, 1983; Narvaez, 2008), and Kohlberg's theory in particular (Kohlberg & Candee, 1984).

We think that such a refusal is mainly due to two types of reasons. The first type has to do with moral and philosophical reasons intrinsic to Kohlberg's (1981, 1984) theory, namely his opposition to an ethical relativism or a "bag of virtues"-oriented morality, and his defense of an ethic universalism, according to which all individuals should be treated with respect. The second type has to do with Kohlberg's interest in "hard" structural stages, such as Piaget's cognitive stages, as opposed to "soft" or functional stages, such as Loevinger's (1976) stages of ego development (see Kohlberg & Ryncarz, 1990).

Regarding the first type of reasons, it should be noted that the late Kohlberg defended that respect for people, a mixture of justice and benevolence (Kohlberg, Boyd, & Levine, 1990), is a fundamental moral principle, and represents a return of his Stage 6, a Stage he had abandoned in his book, *The measurement of moral judgment: Standard issue scoring manual* (Colby & Kohlberg, 1987b). As a result, he refused to evaluate the moral worthiness of any individual. In Kohlberg's (1984) views, to argue for an aretaic hierarchy would amount to thinking that some persons are more worthy morally than others. However, as he put it, "[p]ersons who make

Stage 5 or Stage 6 [deontic] judgments are not in our theory [of deontic justice] more worthy or morally better persons than those who make Stage 3 or Stage 4 [deontic] judgments” (Kohlberg, 1984, p. 514).

Concerning the second type of reasons, Kohlberg sustained that when he thought of “...three domains of moral reasoning” [i.e., the deontic domain of the right and obligatory, the aretaic domain of the worthy and approvable in human action and character, and the domain of ideals of the good life], his “deontic justice domain” was the only one “... that is amenable to definition in terms of ‘hard’ sequential hierarchical stages such as are defined by Piaget” (Kohlberg, 1984, p. 4). Parenthetically, it should be said that the Piagetian cognitive stages and the Kohlbergian moral stages are not so “hard” and structural as Kohlberg (1984) realized (see Carpendale, 2000; Carpendale & Krebs, 1992, 1995; Chapman, 1988; Lourenço, 2016). For example, research about real-life morality has shown that the most important predictor of the morality usage is the type of moral conflict (e.g., a caring-oriented dilemma vs. a justice-oriented dilemma) rather than, for example, moral stage *a la* Kohlberg (Carpendale & Krebs, 1995) or gender (Jaffe & Hyde, 2000).

In summary, two types of reasons underlie Kohlberg’s refusal of an aretaic morality. First, his theory of deontic justice avoids making judgments about the moral worthiness of an individual or his/her moral/immoral acts and argues for an ethical universalism. Second, interested in hard structural stages, Kohlberg believed that the deontic domain was the only one that was amenable to hard structural and sequential stages

A PROBLEMATIC REFUSAL

The two types of reasons why Kohlberg refused to introduce an aretaic dimension into his theory are understandable at first glance. However, these reasons become problematic and even unjustified when we see them critically.

Understandable as it may be, Kohlberg’s refusal to make judgments about the moral worthiness of an action or person in order to maintain equal respect for all people does not imply to exclude an aretaic dimension from a moral theory. It seems that Kohlberg confounded worthy persons with worthy actions. However, one thing is to attribute a certain moral worthiness to a given action (e.g., to steal to save a human life is a highly virtuous, praiseworthy, laudable, and meritorious act). It is another, quite different thing to judge the author of that action as more or less morally worthy than people behaving differently, for example, not to steal to save the human life at hand. In a nutshell, for a theory to argue for moral respect

for all people, the theory has not to eschew attributions of moral worthiness to a moral or immoral action committed by a certain individual. In addition to this, Kohlberg's claim that "a higher stage is philosophically [and in deontic terms] a better stage" (1984, p. 4) than its predecessor seems somehow inconsistent with Kohlberg's other claim that "[p]ersons who make Stage 5 or Stage 6 judgments are not in our theory more worthy persons or morally better persons than those who make Stage 3 or Stage 4 judgments" (1984, p. 514). If the second claim were the case, then, according to Kohlberg, an action informed, for example, by deontic reasons consistent with his Stage 5 (e.g., Heinz stole the drug to save his wife because he thinks that "... the right to life supersedes or transcends the right to property"; Colby & Kohlberg, 1987b, p. 11) could not be qualified as more worthy morally than an action informed by deontic reasons consistent with his Stage 3 deontic reasons (e.g., Heinz stole the drug "... because he tried to be decent"; Colby & Kohlberg, 1987b, p. 7). However, it seems evident that, when an individual does not steal because s/he thinks that the right to property has precedence over his/her personal, egocentric desires, s/he commits a more worthy, virtuous, praiseworthy, and laudable action than when s/he does not steal because s/he is afraid of being put in jail. If this is the case, then an individual who always commits worthy, praiseworthy, laudable, and virtuous actions is more worthy morally than an individual who always commits unworthy, blameworthy, and non-virtuous actions.

More importantly, according to Kohlberg (see Kohlberg & Candee, 1984), compared to a lower deontic stage, a higher deontic stage is more likely to lead to responsibility judgments and, hence, to moral action. If this is true, then Kohlberg's other claim that a "... more adequate mode of [deontic] reasoning is neither necessary [n]or sufficient to define the person who makes [this more adequate mode of deontic reasoning] as morally worthy or virtuous" (1984, pp. 514-515) seems to be an odd claim. If this were the case, then we would be entitled to say that those who tend to behave morally with basis on their advanced deontic moral reasoning are not more worthy or virtuous morally than those who tend to behave immorally with basis on their elementary and egocentric interests and needs. However, to adhere to this position would amount to espousing a relativistic stance, which is at complete variance with Kohlberg's assumption of rational universalism and value relevance: "The assumption of value relevance implies that moral concepts are not to be understood as value neutral but are to be treated as normative, positive, or value relevant"; the assumption of universalism implies that moral concepts are not to be treated "... in a totally value-relative way" (Kohlberg, 1984, p. 215).

As for Kohlberg's conviction that, among other domains, the aretaic domain is not, in contrast with the deontic justice domain, "... amenable to definition in terms of 'hard' sequential hierarchical stages such as are defined by Piaget" (1984, p. 4),

it should be said that such a conviction is not to be treated as a metaethical, but an empirical claim. As such, only empirical studies can show us whether or not the individual's aretaic judgments and evaluations change over time in terms of hard sequential hierarchical stages such as defined by Piaget. As is known, Kohlberg (1984) conceptualized three successive and hierarchical levels of deontic reasoning (preconventional, conventional, and postconventional), and Gilligan (1982) advanced three successive and hierarchical levels of caring reasoning (preconventional, conventional, and post-conventional). In this vein, albeit subject to empirical corroboration, it makes sense to think of three successive and hierarchical levels of aretaic reasoning: a preconventional aretaic level according to which virtuous actions are those that bring about our well-being, needs and desires; a conventional aretaic level according to which virtuous actions are those that lead to others' well-being, needs and desires; and a postconventional aretaic level according to which virtuous actions are those that, at the same time, take into account and coordinate in terms of fairness our and others' legitimate interests, such as, for example, to attain a state of self-actualization in Maslow's (1943) terms. As the aretaic domain is a moral domain conceptually distinct from both the deontic and the caring moral domains (see Boyd, 1977; Lourenço, 2000), the presumption of these levels of aretaic reasoning different from both deontic and reasoning levels seems to be justified.

Here, it should be said it is ironic that Kohlberg's structural levels and stages of deontic reasoning have been informed, not by Piaget's views on moral development, but by Piaget's initial views on cognitive development (see Wright, 1982). First, when discussing, in his seminal book, *The moral judgment of the child*, how the child comes to understand and follow the rules of marbles' game (i.e., *le jeu des billes*), Piaget made it clear that heteronomous morality and autonomous morality are not two global stages of moral development because these two types of morality represent "... two moral attitudes [that] may coexist at the same age in the same child." (1932, p. 101). Second, with the passage of time, Piaget's (1983) early idea of hard structural cognitive stages was mitigated and, in the process, his cognitive stages came to accommodate to the idea of asynchrony, heterogeneity, and content in development (Carpendale, 2000; Chapman, 1988; Keller, Eckensberger, & von Rosen, 1989; Lourenço & Machado, 1996).

In summary, there are good motives to say that Kohlberg's reasons to exclude an aretaic dimension from his moral theory are problematic. First, to proclaim that any individual should be treated with respect does not imply that we cannot classify his/her moral or immoral actions and choices as virtuous and praiseworthy or as non-virtuous, and blameworthy. Second, only with basis on empirical work can we say that the aretaic domain is not amenable to definition in terms of hard sequential levels.

WHAT COULD BE GAINED IF THE ARETAIC MORALITY AND ITS RELATION TO THE DEONTIC AND RESPONSIBILITY MORALITIES WERE TAKEN INTO ACCOUNT?

First, because aretaic morality has to do with the concept of praise/blame and the moral worthiness of either a person or his/her actions (see Boyd, 1977, p. 69), this type of morality is conceptually distinct from both deontic morality, whose main injunction is that we should not treat others unfairly (see Kohlberg, 1984), and caring or responsibility morality, whose main injunction is that we should "... not to turn away from someone in need" (Gilligan & Wiggins, 1987, p. 281). Thus, the aretaic morality seems to constitute a domain that can originate theoretical debate and empirical research different from that generated by both the deontic and responsibility moralities.

Second, in addition to constituting a conceptually independent area of theoretical debate and empirical research, aretaic judgments may also help us understand the highly debated problem of the transition from moral cognition to moral action (see Blasi, 1980, 1983, 2004; Colby & Damon, 1992, 1995; Kohlberg & Candee, 1984; Rest, 1984; Rest et al., 1999). Several theorists and researchers (e.g., Blasi, 2004; Colby & Damon, 1995; Rest, 1984) have faulted Kohlberg's theory for not introducing into his theory a motivational factor which would be of help to explain the transition from moral cognition to moral action. Note, however, that, as alluded to earlier, Kohlberg sustained that "[t]he basic motivation for morality is rooted in a generalized motivation for acceptance, competence, self-esteem, or self-realization." (1987, p. 312). More to the point, according to Kohlberg (1984), this transition is mediated by two intervening judgments: deontic judgments, which have a deontic decision function, and responsibility judgments, which have a follow-through function. More precisely (see Kohlberg & Candee, 1984), as individuals move from stage to stage, they are more likely to make judgments of responsibility consistent with their deontic judgments, and thus they are more likely to act in accord with what they think to be right.

Third, although the consistency between moral cognition and moral action tends to increase with development (Kohlberg & Candee, 1984; McNamee, 1978), such consistency is not perfect even among postconventional subjects. This means that the transition from moral cognition to moral behavior entails more than deontic and responsibility judgments. Given that aretaic judgments are focused on what is approvable, virtuous, and worthwhile in moral actions, it makes sense to think of them as an additional cognitive motivation for moral action. To think of aretaic judgments as a possible cognitive motivation for moral action does not mean that they are more related to moral behavior than their deontic or responsibility/caring counterparts. So, it seems natural to think that the more one sees as worthy

and virtuous (aretaic evaluation) an action judged to be right in deontic terms (deontic evaluation) and obligatory for the self in terms of moral responsibility (responsibility evaluation), the more one is likely to perform such an action, and thus the greater the consistency between one's moral cognition and one's moral action will be. Only further research can determine whether that which makes sense theoretically is indeed the case in empirical terms.

As far as we know, there is no empirical study relating one's aretaic judgments to his/her moral behavior. The present study does not address either such a possible relation because the study deals with moral cognition (deontic, aretaic, responsibility), not moral behavior.

In what follows we elaborate a bit more on what could be gained if moral psychology took into account the aretaic domain as well as its possible relation to the deontic and responsibility/caring domains. As referred to above, the aretaic domain is conceptually grounded on theoretical work that distinguishes aretaic judgments about the moral worth or virtue of particular actions from deontic judgments of rightness and obligation. As Boyd pointed out, "when we use right/wrong we are not making claims about what is intrinsically worthwhile, but rather about how we should act toward each other" (1977, p. 68). But if the aretaic domain is a conceptual domain distinct, for example, from Kohlberg's (1984) deontic domain and Gilligan's (1982) caring domain, then both empirical and theoretical psychological research on the aretaic domain and its possible relation to the deontic and responsibility domains is conceptually grounded.

Because morality deals with the way things ought to be, not the way things are, theories of moral development implicitly accept that some moral judgments or actions based on such judgments are, in deontic terms, closer than other judgments or actions to what may be called the moral point of view (see Kohlberg, 1984), or a given moral *telos* or end state. However, to accept this deontic hierarchy amounts to assuming that the more a certain judgment or action is close to that moral *telos*, the more this judgment or action deserves to be seen as worthwhile and approvable in terms of virtue or *arête*. In short, to appeal to an aretaic dimension of morality is to include in the moral domain a dimension that, as it were, seems to belong to this domain almost naturally or intrinsically.

The study of an aretaic morality may turn out to be heuristic, among other things, for a better understanding of one's deontic and responsibility judgments, and also of the possible relations among these three types of moral judgment (deontic, aretaic, responsibility). For example, according to some authors (e.g., Boyd, 1977), but not others (e.g., Kohlberg, 1984), what makes more sense is to see aretaic judgments as dependent upon deontic judgments. In Boyd's words, "for the concept of praise/blame to be applicable we have to have already made a judgment about the right"

(1977, p. 68). True as this statement may be, it also makes sense to think that our judgments about what is right/wrong, deontic judgments, are partly determined by the aretaic value we attribute to what is seen as right/wrong in a particular choice or situation, aretaic judgments. In other words, the more one judges an action to be praiseworthy in aretaic terms, the more it will tend to be judged as right in deontic terms. In contrast with Boyd, Kohlberg (1984) thought that what makes more sense is not a relation between the deontic domain and the aretaic domain, but between the responsibility domain and the aretaic domain. Actually, according to Kohlberg (1984), deontic judgments have not any aretaic implications (p. 514), whereas a responsibility judgment includes an aretaic element (p. 518). Accordingly, it makes good sense to think that a moral action we are committed to performing, a responsibility judgment, is something that we tend to see as worthwhile for the self, an aretaic judgment. However, it also makes good sense to think that the more we believe that an action is worthwhile and meritorious, the more we are inclined to perform it in terms of commitment and responsibility.

SOME EMPIRICAL FINDINGS ON THE RELATION BETWEEN THE ARETAIC MORALITY AND THE DEONTIC AND RESPONSIBILITY MORALITIES

Thus far, we only know of an empirical study that examined the relation between aretaic judgments and deontic judgments in a sample of undergraduate students (Lourenço, 2000). In what follows we present briefly the main findings of a study we carried out on the relation among the aretaic, deontic, and responsibility judgments and evaluations in a sample of preadolescents and adolescents.

Participants, tasks, procedure, and scoring

Participants were 32 11- to 13-year-olds (16 boys and 16 girls; $M_{age} = 12.20$ years; $SD = 0.64$), and 32 15- to 17-year-olds (16 boys and 16 girls; $M_{age} = 16.10$ years; $SD = 0.25$). They came predominately from middle-class families living in the area of Lisbon, Portugal. All participants were white. Parents of all children involved in this research gave written permission for their children to participate in the study by using an appropriate consent form. Both participants and parents were assured that this research would follow the ethical procedures approved by the Psychological Association from their country and the American Psychological Association (2010).

Each participant was confronted with four hypothetical actions informed by reasons that were consistent with Stage 3 deontic reasons and referred to Kohlberg's Joe hypothetical dilemma. This dilemma, of which each participant received a written version, describes the case of a 14-year-old boy (Joe) and his father. The father promised that his son could go to camp if he saved up the money for it himself, what Joe did. Just before camp is going to start, the father changed his mind. Some of his friends decided to go on a special fishing trip and Joe's father was short of the money it would cost. So he told Joe to give him the money he had saved. Joe didn't want to give up going to camp, so he thinks of refusing to give his father the money (Colby & Kohlberg, 1987a, p. 3).

The four hypothetical actions were described in a booklet given to each participant and presented by the experimenter (a graduate psychology student) in the following manner. First hypothetical action: Let's suppose that Joe gave his father the money "... out of love and to preserve their relationship" (see Colby & Kohlberg, 1987b, p. 239). This is an authority oriented-action in terms of moral issue (authority vs. contract), and a caring-oriented action in terms of moral orientation (caring vs. social approval). Second hypothetical action: Joe gave his father the money "... so that others do not form a bad impression, image, or opinion of him" (Colby & Kohlberg, 1987b, p. 190). This is an authority and social approval oriented-action. Third hypothetical action: Joe refused to give the father the money because the father "should have a concern for how Joe feels and not demand the money" (Colby & Kohlberg, 1987b, p. 189). This is a contract and caring-oriented action. Fourth hypothetical action: Joe refused to give the father the money "to show others his good character, or so that he will leave a good impression" (Colby & Kohlberg, 1987b, p. 189). This is a contract and social approval-oriented action.

As can be seen, of the four actions, two actions were oriented to the contract issue (e.g., "Joe did not give the father the money"), and two actions were oriented to the authority issue (e.g., "Joe gave his father the money"). For each set of two contract- or authority-oriented actions, one pointed to a caring orientation (e.g., "Joe gave the father the money out of love and to preserve their relationship"), and the other to a social approval orientation (e.g., "Joe gave the father the money so that others do not form a bad impression, image or opinion of him"). Hypothetical actions were classified in terms of moral issue (contract or authority) and moral orientation (caring or social approval) by two independent coders and experts in Kohlberg's theory. This classification was made according to Kohlberg's scoring system (see Colby & Kohlberg, 1987a, b). Interrater reliability between the two independent coders was 100 percent agreement. Finally, participants were asked to make deontic, aretaic, and responsibility evaluations of each of the four presented actions on a five-point-scale (i.e., "Do you think that such an action was highly correct/

right - 5 points; only correct/right - 4 points; neither correct/right nor incorrect/wrong - 3 points; only incorrect/wrong - 2 points; or highly incorrect/wrong - 1 point?”). A similar procedure was used to assess participants’ aretaic evaluations (e.g., “Do you think that such an action was highly virtuous and praiseworthy - 5 points; ... ; or highly non-virtuous and blameworthy - 1 point?”), and responsibility evaluations (“Do you think that Joe was highly decided/committed to performing such an action - 5 points; ... ; or highly decided/committed to not performing such an action - 1 point?”). Aretaic, deontic, and responsibility scores were summed and then averaged (see Appelbaum & McCall, 1983). Aretaic, deontic, and responsibility mean scores could range from 1 to 5. In order to avoid order effects, the order of presentation of each type of judgement (deontic, aretaic, responsibility), moral issue (authority, contract) and moral orientation (caring, social approval) was counterbalanced across subjects.

RESULTS AND DISCUSSION

The findings for males and females were combined, since no statistically significant gender differences were found in any of the possible comparisons when appropriate statistical analyses (*t* tests) were performed. Suffice it to say that the greater difference between boys ($M = 3.0$, for deontic-caring evaluations) and girls ($M = 3.25$, for aretaic-social approval evaluations) showed to be to a non-significant difference, $t(62) = 1.289$, $p > .05$.

This finding is inconsistent with Gilligan’s (1982) idea that when they speak in moral terms, women tend to speak in terms of an ethic of care and responsibility, and men in terms of an ethic of deontic justice, duties and rights. Gender differences in the moral literature have been a highly debated and controversial question. This debate is mainly due to Gilligan’s claim that (1) women are predominantly oriented to an ethic of care and responsibility and men are predominantly oriented to an ethic of justice, duties, and rights; and (2) men tend to score higher than women when both are assessed on Kohlberg’s moral interview (Colby & Kohlberg, 1987a, b). Overall, review of literature on gender differences in moral development has disconfirmed both of Gilligan’s claims (Jorgensen, 2006; Puka, 1991; Walker, 1986). Concerning gender differences in terms of care and justice reasoning, research about real-life moral dilemmas (Wark & Krebs, 1996) has shown that type of moral conflict (e.g., caring dilemma vs. justice dilemma, hypothetical moral dilemmas vs. real-life moral dilemmas) rather than gender determines, for example, one’s type of moral reasoning (e.g., caring reasoning vs. justice reasoning; e.g., Jaffe & Hyde,

2000, one's level of moral development (Carpendale & Krebs, 1995), and so forth. Needless to say, it is beyond the scope of this study to make a comprehensive review about the role of gender in one's moral cognition and behavior

Participants' aretaic, deontic and responsibility evaluations

Table 1 presents the aretaic, deontic, and responsibility mean scores and standard deviations as a function of age (11-13- and 15-17- year-olds), moral issue (contract and authority), and moral orientation (caring and social approval). Examination of the data in Table 1 reveals three consistent patterns.

Table 1
Aretaic, deontic, and responsibility mean scores and standard deviations as a function of age, moral issue, and moral orientation

Age	Moral Issue	Caring			Social Approval		
		Aretaic	Deontic	Responsibility	Aretaic	Deontic	Responsibility
11-13 years	Contract	3.53	3.31	3.72	2.88	2.84	3.56
	Authority	4.31	4.19	4.41	3.06	3.03	3.66
	Total	3.92	3.75	4.06	2.97	2.94	3.61
15-17 years	Contract	3.25	3.41	3.59	1.88	1.84	3.41
	Authority	4.34	4.00	3.88	2.53	2.34	3.34
	Total	3.80	3.70	3.73	2.20	2.09	3.37

Note: Each cell could range from 1 to 5.

First, regardless of age, moral issue, and moral orientation, a given mean score never appeared twice, which, as could be expected, shows some variability in this pattern. Actually, it would be almost impossible to get 24 equal mean scores when three independent variables (age, moral issue, and moral orientation) were the case. Even so, participants' aretaic mean scores were not much different from their deontic and responsibility counterparts. When *t* tests for all possible comparisons (16) between aretaic and deontic mean scores, and between aretaic and responsibility mean scores were performed, there was only one comparison that showed to be statistically significant, $t(62) = 2.00, p < .05$. This comparison refers to an aretaic mean score ($M = 4.34$, for authority issue, older group) and a deontic mean score ($M = 2.34$, authority issue, older group). Deontic vs. responsibility comparisons could have been performed. We did not perform them because the main goal of this exploratory study was to examine the neglected relation between aretaic morality and judgments and deontic and responsibility judgments and moralities.

This significant finding notwithstanding, data in Table 1 remind us more of an aretaic-deontic-responsibility parallelism than an aretaic-deontic-responsibility differentiation. Actually, t values for the other 15 comparisons were always non-statistically significant ($p > .05$)

An aretaic-deontic parallelism was also found in previous studies (e.g., Lourenço, 2000). These two parallelisms do not lend support to Kohlberg's (1984) idea that his deontic judgments and morality have nothing to do with aretaic judgments and morality. These parallelisms also indicate that, however much it makes sense in theoretical terms, our suggestion of an aretaic-deontic-responsibility model, this suggestion should be seen cautiously. Note, however, that the present empirical research is exploratory and deals with moral cognition, not with moral action. The fact that the same mean score never appeared twice (see Table 1) suggests that the first mentioned parallelism is, say, a mitigated parallelism and, to an extent, is also consistent with our above mentioned suggestion (see more in the Conclusions section). This last suggestion, however, should be also seen with caution because, as said on the previous page, it would be almost impossible to get 24 equal mean scores when three independent variables (age, moral issue, and moral orientation) were the case.

Second, the younger group's aretaic, deontic, and responsibility evaluations did not differ significantly from those of the older group. In fact, when t tests for all possible comparisons relative to age differences were performed, even the greater difference between the two age groups ($M = 2.88$, for the younger group, aretaic evaluations, contract issue, social approval orientation, vs. $M = 1.88$, for the older group, aretaic evaluations, contract issue, social approval orientation) showed to be a non-significant difference, $t(62) = 1.282$, $p > .05$.

If we have in mind that the participants in this study were preadolescents and adolescents, one may think that, according to Kohlberg (1984), they were probably and predominantly conventional individuals, and hence, the evaluations at hand would not be subject to a significant age effect. So, the inexistence of an age effect on participants' moral evaluations involved in this study is consistent with previous literature on one's moral development (e.g., Kohlberg, 1984; Rest, 1984, 1986). This literature shows that pre-adolescents and adolescents did not differ much in their level of moral development, that is, in their ability to differentiate, coordinate and rank order different "voices", interests or viewpoints when competing claims in situations of moral conflict and choice are the case.

Third, when differences between caring and social approval evaluations were statistically analyzed, t tests showed that there was only one significant difference between caring evaluations ($M = 4.34$, for the older group, aretaic morality, authority issue) and social approval evaluations ($M = 2.34$, for the older group, deontic morality, authority issue), $t(62) = 2.000$, $p < .05$. Even so, regardless of age, type of morality, and moral issue, caring-oriented actions were always considered

to be more right, worthy, and likely to be performed than their social approval counterparts. This consistent pattern in all possible comparisons (12) is difficult to explain in terms of mere chance. Will it be that statistically non-significant results may have a significant psychological meaning?

This consistent pattern is relatively consonant with findings of the only study we know that studied the relation between the aretaic morality and the deontic morality and also compared caring evaluations with social approval evaluations (Lourenço, 2000; see also Nunner-Winkler, 1984). We say relatively consonant because, in that study, caring evaluations were always higher than social approval evaluations. However, the difference between both types of evaluations was always statistically significant, what was not the case in the present study. This pattern also shows that a moral theory should incorporate a caring dimension, this being consistent with Gilligan's (1982) emphasis on the role of an ethic of care and responsibility in one's moral functioning (see also Skoe, 1998) and partly consistent with Kohlberg's (1984) idea that his ethic of justice also incorporates an ethic of care, namely an ethic of care having to do with one's family and friends. In this vein, it should be mentioned that the late Kohlberg (Kohlberg et al., 1990) come to defend that respect for people – a mixture of justice and caring – is a fundamental moral principle. This Kohlberg's claim is an additional reason for considering that his theory of deontic justice and morality is not at complete variance with Gilligan's (1982) ethic of care and responsibility.

Relation between the aretaic evaluations and the deontic and responsibility evaluations

In this study, we were particularly interested in the relation between the aretaic morality and the deontic and responsibility moralities. Table 2 presents these two kinds of relation as a function of moral issue (contract and authority) and moral orientation (caring and social approval).

Table 2
Pearson's correlation coefficients between participants' aretaic evaluations and their deontic and responsibility evaluations as a function of moral issue and orientation

Type of Comparison	Aretaic/Deontic	Aretaic/Responsibility
Authority/Caring	.76; $p < .01$	.05; ns.
Authority/Social approval	.76; $p < .01$	.29; $p < .05$
Contract/Caring	.59; $p < .01$	.28; $p < .05$
Contract/Social approval	.73; $p < .001$	.18; ns.

* $p < .05$; ** $p < .01$

Examination of Pearson's correlation coefficients presented in Table 2 shows that for the entire sample, participants' aretaic evaluations were more strongly related to their deontic evaluations than to their responsibility evaluations. So, not only were the aretaic/deontic correlations more frequently significant (all of the four possibilities) than their aretaic/responsibility counterparts (only two of the four possibilities), but also when they were statistically significant, the correlation coefficients having to do with the aretaic/responsibility relation were much lower ($r = .290$; $r = .280$) than their aretaic/deontic counterparts ($r = .760$; $r = .590$).

These two findings show that the participants in the present study considered that the aretaic morality was more related to the deontic than the responsibility morality. These findings are consistent, for example, with Boyd's (1977, p. 69) idea that when we make deontic judgments, which are part and parcel of a deontic morality, we tend also to make use of the concepts of praise/blame, virtuous/non-virtuous, laudable/non-laudable, which are key concepts in an aretaic morality. These findings, however, do not go well, for instance, with Kohlberg's idea about the relation among aretaic, deontic and responsibility judgments and moralities. According to Kohlberg's thesis, it would be expected that there would be a stronger relation between the aretaic morality and the responsibility morality than between the aretaic morality and the deontic morality. Suffice it to say that Kohlberg stated that "... the judgment of responsibility [not the deontic judgment] includes an element which Frankena calls aretaic..." (1984, p. 518). These two findings have deep implications for our suggestion that, along with other moral approaches described in the Introduction section, an aretaic/deontic/responsibility model may contribute to the understanding of one's moral functioning. These implications will be discussed in the Conclusions section.

CONCLUSIONS

In this article we have claimed for the study of an aretaic morality and reasoning, namely the study of the relation between this type of morality and reasoning, and the deontic and responsibility moralities and reasoning. In this vein, we suggested that a model that takes into account these three types of morality and reasoning (the aretaic-deontic-responsibility model) may contribute, along with other moral approaches (e.g. Kohlberg's (1984) theory of deontic justice; Gilligan's (1982) theory of an ethic of care and responsibility; Haidt's (2001) social intuitionist model; Rest's (1984) four components model) to the understanding of one's moral functioning, namely the passage from moral cognition to moral action (Blasi, 1980, 1983).

As already said, the idea of an aretaic morality and reasoning has no room, for example, in Gilligan's (1982) theory of an ethic of care and responsibility, Haidt's (2001) social intuitionist model, Rest's (1984) four components model, or Blasi's (2004) theory of moral identity, just to cite four examples. However, in theoretical terms, it makes much sense to think that the more one sees as laudable, worthy and virtuous (aretaic judgment) an action judged to be right in deontic terms (deontic judgment) and obligatory for the self in terms of moral responsibility (responsibility judgment), the more one is likely to perform such an action, and thus the greater the consistency between one's moral cognition and one's moral action will be.

We know of no study that has tried to confirm or disconfirm this hypothesis in empirical and behavioral terms. Although empirical, the research reported in the present study deals with moral cognition (deontic, aretaic, and responsibility/caring), not with moral action.

In addition to presenting this research, the current study also argued and showed that: (1) Kohlberg's theory is mainly a theory of deontic justice; (2) moral and philosophical reasons intrinsic to his theory and his interest in hard structural stages partly explain why Kohlberg excluded the aretaic dimension from his theory of deontic justice; and (3) Kohlberg's reasons for such an exclusion are problematic and even unjustified.

As noted in the previous section, participants' aretaic evaluations were more strongly related to their deontic evaluations than to their responsibility evaluations. What are the implications of this finding for our suggestion (see also Boyd, 1977) that there is a difference among deontic, aretaic, and responsibility reasoning and morality and, hence, that we can think of an aretaic/deontic/responsibility model that, along with other approaches to morality, may contribute to the understanding of one's moral functioning?

First, given that (a) two of the four correlation coefficients having to do with the aretaic/responsibility relation were not statistically significant, and (b) the two correlation coefficients that were statistically significant were quite low, then we may conclude that aretaic reasoning and morality is, to some extent, distinct from responsibility morality and reasoning. These findings are, to an extent, consistent with our idea of introducing an aretaic dimension into the moral domain.

Second, it is true that the four possible correlation coefficients for the aretaic/deontic relation were statistically significant. However, no correlation was perfect (1.0), and one correlation was only a moderate correlation, $r = .590$. These two facts show that aretaic reasoning and morality is not reducible to deontic reasoning and morality and, hence, there is room for the aretaic reasoning and morality within the moral domain, such as suggested by the aretaic/deontic/responsibility model. These facts are also consistent with Boyd's thesis that "the area of moral-

ity concerning the concept of right/wrong [deontic morality] is different from the “concept of praise/blame [aretaic morality] when we make normative [and deontic] judgments ...” (1977, p. 69; see also Lourenço, 2000).

The finding that participants’ aretaic mean scores were relatively similar to their deontic and responsibility counterparts (see Table 1) seem to show that there are some commonalities among the three types of morality focused on this study. Because of this similarity, the idea that aretaic reasoning and morality is non-reducible to either deontic or responsibility reasoning and morality should be seen cautiously.

However, when a consistent pattern is found (e.g., caring-oriented hypothetical actions were always considered to be more right, worthy, and likely to be performed than their social approval counterparts; there was no aretaic, deontic or responsibility mean score that has appeared twice), we wonder whether we cannot say that the pattern is psychologically meaningful even when it is only corroborated by few statistically significant results. As for the finding that there was no aretaic, deontic or responsibility mean score that has appeared twice, it would be almost impossible, as mentioned earlier, to get 24 equal mean scores when three independent variables (age, moral issue, and moral orientation) were at issue.

In other words, in theoretical terms, it makes sense to suggest an aretaic-deontic-responsibility model that may contribute, along with other approaches to morality, to the understanding of one’s moral functioning. Although conducted at a cognitive, not behavioral level, the present research is, to some extent, consistent with this suggestion.

As is often the case, a study generally raises more questions than those it solves. The present study constitutes no exception.

For example, it might be objected that we speak of one’s moral functioning, yet the study remains at a verbal and cognitive level. Needless to say, a comprehensive account of one’s moral functioning has also to be based on one’s moral behavior. This means that further empirical research is needed to see to what extent one’s moral behavior is affected by one’s aretaic, deontic, and responsibility reasoning.

The relation between deontic cognition and moral behavior has been frequently researched (see Blasi, 1980, 1983). The same is true regarding the relation between responsibility/caring cognition and moral behavior (e.g., Gilligan, 1982). We know of no study addressing the relation between aretaic reasoning and moral behavior. To study this possible relation is an additional example for further moral research.

To perform a study addressing, at the same time, the role of one’s aretaic, deontic, and responsibility cognition in one’s moral behavior was never performed. Such a study could constitute, say, a critical study for our suggestion that aretaic, deontic, and responsibility reasoning may contribute to the understanding of one’s moral functioning in general and one’s moral behavior in particular.

We often refer to one's moral functioning. However, our experimental sample only involved preadolescents and adolescents. So, to investigate a main theoretical assumption of the present study – the more one sees as laudable, worthy and virtuous (aretaic judgment) an action judged to be right in deontic terms (deontic judgment) and obligatory for the self in terms of moral responsibility (responsibility judgment), the more one is likely to perform such an action, and thus the greater the consistency between one's moral cognition and one's moral action will be – waits for being studied at the behavioral level among different age groups (i.e., a cross-sectional study) and even through a longitudinal study.

It might also be objected that the idea of equating care reasoning to responsibility reasoning is not accepted by all moral researchers, Blasi (1999) for example. Here, we follow Gilligan's voice and his emphasis on an ethic of care and responsibility, that is, her idea that we should be concerned with others' welfare and have even a moral responsibility to help needy others. As already noted, Gilligan spoke about an ethic of care and responsibility, not about two ethics: an ethic of care and an ethic of responsibility.

It has been argued and shown that individuals think and behave differently in moral hypothetical dilemmas and in real-life dilemmas (e.g., Carpendale & Krebs, 1992, 1995). Thus, we might have got different results if a real-life moral had been employed. So, the use of a hypothetical dilemma in the present study could be judged to be other of its limitations. However, when we conduct research we have to make choices because we cannot study almost everything at the same time.

Last, but not the least, it could also be objected that people think and behave differently in justice dilemmas and caring dilemmas (see Modgil & Modgil, 1986). So, we might think that we could have obtained different results if a caring instead of a justice dilemma were used.

Critic John Horgan once said that "... all empiricism in the world cannot salvage a bad [and unclear] idea" (1999, p. 27). We are fully aware that the majority of present findings speak more in favor of an aretaic/deontic/responsibility parallelism than an aretaic/deontic/responsibility differentiation. Needless to say, it is the idea of differentiation, not parallelism, that lies at the heart of our suggestion to think of an aretaic/deontic/responsibility model as a contribution to the understanding of one's moral functioning.

Despite the fact that the majority of present findings do not lend support to our suggestion, to argue for a distinction among aretaic, deontic, and responsibility judgements, reasoning, and moralities seem to be a good and clear idea. This means that we should not give it up even when its empirical corroboration is far from being well substantiated. We know that positive results and findings are generally considered to be better findings and results than negative ones. However, negative findings can be more challenging than positive ones for the former may stimulate

more research than the latter. In addition to this, when negative findings are the case they can be seen as more reliable than positive findings because researchers prefer to get positive rather than negative findings.

We know of no dictionary that does not distinguish the concepts of right/wrong, just/unjust, which lie at the heart of a deontic morality (see Kohlberg, 1984), from either the concepts of praise/blame, virtuous/non-virtuous (see Boyd, 1977), which are key concepts in an aretaic morality (see Frankena, 1973), or the concepts of caring/not caring, responsibility/non-responsibility, which are central concepts in a caring-oriented morality (see Gilligan, 1982). Note also, for example, that the idea of distinction among domains of social knowledge, between an ethic of justice and an ethic of care, between a deontic morality and an aretaic morality pervades, respectively, Turiel's social domain approach, Gilligan's (1982) work on different moral voices, and Kohlberg's (1984) theory of deontic justice.

It is often the case that good and clear ideas were not corroborated, for example, because of limitations of the focal study. In addition to those mentioned above, our procedure did not ask participants to justify their aretaic, deontic, and responsibility evaluations. This means, among other things, that our attempt to conceive of one's moral functioning as involving an aretaic dimension, a deontic dimension, and a responsibility/caring dimension is an attempt that requires further methodological and empirical efforts.

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VÁRIA

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PsihDay 2018

Resumos da 2ª Mostra de Doutorado em Psicologia

Faculdade de Psicologia e de Ciências da Educação
Universidade de Coimbra
Coimbra, Outubro de 2018

A 2ª Mostra de Doutorado em Psicologia decorreu no dia 31 de outubro de 2018, inserida no PsihDay II, um dia dedicado ao Doutorado em Psicologia. A exemplo do ano anterior, teve como proposta ser um espaço de partilha, discussão científica e disseminação das investigações em desenvolvimento no âmbito do Doutorado em Psicologia na Faculdade de Psicologia e de Ciências da Educação da Universidade de Coimbra.

O evento integrou atividades que decorreram no âmbito das comemorações do 38º aniversário da FPCEUC e dos 41 anos de Psicologia na Universidade de Coimbra.

Os resumos partilhados neste número da Revista Psychologica refletem a diversidade de propostas científicas, quer das áreas temáticas, quer dos momentos do percurso de investigação.

COMISSÃO CIENTÍFICA – Coordenador do Doutorado em Psicologia (Joaquim Pires Valentim) e Comissão de Coordenação do Doutorado em Psicologia (Maria Cristina Canavarro, Paula Paixão, Salomé Pinho, Teresa Rebelo e Bruno Cecílio de Sousa).

COMISSÃO ORGANIZADORA – Doutorandas/os – Ana Laura Mendes, Ana Rita Martins, Diogo Carreiras, Francisca Duarte, Joana Simões, Julieta Azevedo, Maria João Martins e Susana Pereira.

PsihDay 2018

Abstracts of the 2nd Doctoral Exhibition in Psychology

Faculty of Psychology and Education Sciences
University of Coimbra
Coimbra – October 31st, 2018

The 2nd Doctoral Exhibition in Psychology took place on October 31st 2018, inserted in PsihDay II, a day dedicated to the Doctorate Programme in Psychology. As in the previous year, its purpose to be a space for sharing, scientific discussion and dissemination of research under development within the scope of the Doctorate Programme in Psychology at the Faculty of Psychology and Education Sciences of the University of Coimbra.

This exhibition was part of a set of activities that took place in the context of the celebrations of the 38th anniversary of FPCEUC and also 41 years of Psychology at the University of Coimbra.

The abstracts shared in this issue of *Psychologica*, reflect the diversity of scientific proposals, both in the thematic areas and in the moments of the research course.

SCIENTIFIC COMMITTEE – Coordinator of Doctoral Programme in Psychology (Joaquim Pires Valentim) and the Doctoral Coordination Committee of Psychology (Maria Cristina Canavarro, Paula Paixão, Salomé Pinho, Teresa Rebelo e Bruno Cecílio de Sousa).

ORGANIZING COMMITTEE – Doctoral Students – Ana Laura Mendes, Ana Rita Martins, Diogo Carreiras, Francisca Duarte, Joana Simões, Julieta Azevedo, Maria João Martins e Susana Pereira.

Conceptualizing psychopathic traits from an evolutionary perspective: Model invariance across community and forensic samples of male youth

Diana Ribeiro da Silva¹, Paula Vagos^{1,2} & Daniel Rijo¹

Abstract

Psychopathic traits are historically associated with a lack of emotion. However, evolutionary approaches claim that psychopathic traits may represent, at least partially, a strategy to externalize the experience of unpleasant emotions, including shame. In this perspective, psychopathic traits could be seen as an adaptive strategy to deal with harsh rearing scenarios; externalizing and maintaining shame at an unconscious level. Nevertheless, empirical research investigating this hypothesis is scarce. Using community ($n = 295$) and forensic ($n = 300$) male youth samples and a set of self-report measures, this study tested the invariance of a model involving pathways linking rearing experiences (early traumatic experiences and lack of warmth and safeness experiences), shame, shame coping strategies, and psychopathic traits. Results indicated that rearing experiences are directly and indirectly (through shame and shame coping strategies) linked with psychopathic traits. The model explained psychopathic traits in forensic and community samples, though some pathways and mean scores were different across groups. Findings offer support for conceptualizing psychopathic traits as an adaptive strategy to cope with harsh rearing experiences, opening new avenues to prevention and intervention efforts.

Keywords: rearing experiences; shame coping strategies; psychopathic traits; evolutionary approach

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A systematic review of factors associated with fertility desires/intentions among individuals in serodiscordant relationships for HIV

Alexandra Martins, Stephanie Alves, Catarina Chaves, Maria Cristina Canavarro & Marco Pereira³

Abstract

In the context of HIV, a large body of research has been interested in identifying factors associated with fertility desires/intentions. However, these studies have been conducted with people living with HIV as a whole (or, more specifically, women living with HIV), and did not consider only those individuals in a romantic relationship. Individuals in serodiscordant relationships may be an important population since they face the unique challenge of minimizing the risk of transmission of the virus to both the uninfected partner and any offspring. A systematic review was developed with the aim of synthesizing the published literature regarding the prevalence of fertility desires/intentions and associated factors among individuals in serodiscordant relationships while distinguishing low- and middle-income countries from high-income countries. The objective of this work was to present the results concerning the factors associated with fertility desires/intentions. Four electronic databases (PubMed/MEDLINE; PsycINFO; Web of Science; Cochrane Library) were systematically searched for papers published prior to February 21, 2017. In this systematic review, empirical studies published in peer-reviewed journals with individuals in serodiscordant relationships assessing the outcomes of interest were included. After screening 1.852 references, 29 studies met the inclusion criteria (i.e., studies reporting the prevalence and/or associated factors). Of these studies, only six studies assessed the associated factors, and only one was conducted in high-income countries. Well-known factors such as younger age, a fewer number of living children or the absence of children with the partner were also identified in this review. Above all, several factors within the couples' relationships (e.g., the belief that the partner wanted to have children; relationship length) also emerged, reflecting the importance of examining the dyad. Most of the associated factors were identified in a minority of studies, which difficult definite conclusions and does not allow us to generalize the findings. Although more research is needed, these results suggest that healthcare providers should be sensitive

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to the influence of partners in fertility-related decisions and explore relational dynamics in discussions about future fertility.

Keywords: HIV/AIDS; serodiscordancy; fertility desires/intentions

À descoberta do endofenótipo da esquizofrenia: Estudo preliminar da neurocognição, cognição social e a capacidade funcional de doentes, familiares e participantes controlo

Carolina da Motta⁴, Célia Barreto Carvalho⁵,
Paula Castilho e Michele T. Pato⁶

Resumo

A esquizofrenia é uma perturbação do cérebro que acarreta diversas consequências psicológicas e sociais, quer nos doentes, quer nos seus familiares e/ou cuidadores. Entre 20 a 60% do declínio das capacidades funcionais dos doentes pode ser atribuído a défices neurocognitivos e da cognição social, ultrapassando, assim, o impacto dos próprios sintomas da doença. Estes défices são os principais responsáveis pelas dificuldades sentidas em diversas áreas de funcionamento, nomeadamente a autonomia, as relações interpessoais, a integração comunitária e as atividades laborais e de lazer. A literatura recente indica que muitos desses défices são estáveis, manifestando-se antes e depois do início da doença, podendo estar presentes em indivíduos saudáveis com maior risco genético de desenvolvimento desta patologia. Este estudo preliminar apresenta um contributo empírico para a compreensão do endofenótipo da esquizofrenia numa amostra de participantes da ilha de S. Miguel, Açores, oriundos de uma população geneticamente homogénea da Coorte das Ilhas Portuguesas (*Portuguese Island Cohort*). Os participantes foram divididos em três grupos, nomeadamente pacientes diagnosticados com esquizofrenia, familiares em primeiro grau de doentes e um grupo equivalente da população geral (sem historial de

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doença psiquiátrica grave). Os resultados do desempenho em tarefas computadorizadas e medidas de aptidões (nos domínios da memória episódica, cognição social, funções executivas e cognição complexa) das três amostras serão apresentados, bem como serão discutidas as suas possíveis implicações para a intervenção clínica, para o desenvolvimento de novas abordagens psicossociais e para o desenvolvimento de investigações futuras envolvendo familiares e doentes diagnosticados com esquizofrenia.

Palavras-chave: esquizofrenia; endofenótipo; neurocognição; cognição social

Parenting interventions for the postpartum period: A scoping review protocol

Daniela Ventura Fernandes⁷, Maria Cristina Canavarro¹ &
Helena Moreira¹

Abstract

The transition to parenthood is a period of major adjustment for parents that encompass several developmental tasks with multilevel demands and reorganizations as well as psychological and emotional challenges. Such changes could interfere with parenting and the ability to form a secure attachment relationship with the child, which can have negative consequences on child development and parental mental health and may lead to a low perception of parental skills and the development of depressive/anxious symptomatology. Therefore, parenting interventions aimed at helping parents adjust better to the postpartum period and develop adaptive parenting skills are essential and much needed. This poster presents a protocol of a scoping review, according to the guidelines of Tricco et al. (2018), which aimed to comprehensively review and synthesize the published literature on parenting interventions for the postpartum period. Thus, the objective of this scoping review was to identify parenting interventions for the postpartum period (0-12 months old) aimed at enhancing the quality of caregiving. Specific objectives were to: (i) identify gaps in existent interventions focused on parenting for the postpartum period;

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(ii) map the therapeutic goals and components of each intervention; (iii) map the types of interventions (e.g., intervention type, therapeutic orientation, intervention facilitator).

Keywords: parenting intervention; postpartum period

Flourishing in postpartum women with depressive symptoms: An exploratory study

Fabiana Monteiro⁸, Ana Fonseca¹, Marco Pereira¹ & Maria Cristina Canavarro¹

Abstract

In the last decades, research and practice in psychology have emphasized the need to approach mental health not only as the absence of psychopathology but also as the presence of flourishing (i.e., high levels of emotional, psychological and social functioning and thriving). Research on the transition to motherhood has largely focused on mental illness, overlooking women's positive mental health. Studying positive mental health can complement and benefit psychological interventions as positive effects of flourishing have been found even for individuals who suffer from depression. The present study will investigate the occurrence of flourishing in postpartum women with depressive symptoms and explore whether there are differences in psychological resources among women with depressive symptoms as a function of flourishing. A sample of 121 postpartum women cross-sectionally answered a set of questionnaires to assess depressive symptoms (Edinburgh Postnatal Depression Scale), flourishing (Mental Health Continuum-Short Form), psychological flexibility (Acceptance and Action Questionnaire-II), self-compassion (Self-compassion Scale-Short Form) and resilience (Resilience Scale-14). Overall, 38.84% ($n = 47$) of women presented depressive symptoms. Of these, 31.91% ($n = 15$) were flourishing and 60.09% were not flourishing ($n = 32$). Women with depressive symptoms who were flourishing reported significantly higher levels of psychological flexibility ($U = 110.00$, $p = .002$, $r = -.43$), self-compassion ($U = 121.50$, $p = .006$, $r = -.40$) and resilience ($U = 98.50$, $p = .001$, $r = -.47$) than women

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with depressive symptoms not flourishing. The results of this study show that women with depressive symptoms are capable of flourishing despite their mental illness. Our results also suggest that they are more accepting, self-compassionate and resilient than women with depressive symptoms who are not flourishing. Our findings highlight that the promotion of positive mental health in the postpartum period should be an additional goal in public and mental health care that complements the treatment of psychopathology.

Keywords: mental health; flourishing; postpartum women; psychological resources

“Estudar, trabalhar, casar: quando?” Extensão temporal das expectativas futuras de adultos emergentes portugueses⁹

Gabriela Fonseca¹⁰, Carla Crespo¹¹ e Ana Paula Relvas¹²

Resumo

Pensar sobre o futuro assume particular relevância na adultez emergente, fase na qual ocorrem os principais processos de exploração de identidade. Apesar de o número de estudos sobre a orientação para o futuro neste período desenvolvimental ter aumentado nos últimos anos, a maioria foca-se no seu conteúdo temático (e.g., que expectativas futuras reportam os indivíduos), sendo dada menor atenção à sua extensão temporal (i.e., o horizonte temporal previsto para a concretização dessas expectativas). Este estudo pretende (i) investigar a extensão temporal das expectativas de adultos emergentes ao nível de seis domínios de vida (educação, trabalho/carreira, família/casamento, propriedade, autonomia e estabilidade, e recursos financeiros), e (ii) verificar se a extensão temporal destas expectativas é influenciada por variáveis sociodemográficas (sexo, idade, estatuto ocupacional, e situação residencial), pelo *stress* económico dos adultos emergentes, pela sua situação financeira familiar (dívidas, rendimento, e decréscimo nos rendimentos), e

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pelas suas perceções sobre o funcionamento familiar. Os participantes foram 326 indivíduos portugueses com idades compreendidas entre os 18 e os 30 anos ($M = 22.4$; $DP = 2.7$), que responderam às versões portuguesas dos seguintes instrumentos de auto-retrato: *Economic Difficulties Questionnaire* (Conger & Elder, 1994; Pedro & Francisco, 2014), *Hopes and Fears Questionnaire* (HFQ; Fonseca et al., 2018; Nurmi, Seginer, & Poole, 1990), e *Systemic Clinical Outcome Routine Evaluation* (SCORE-15; Stratton, Bland, Janes, & Lask, 2010; Vilaça, de Sousa, Stratton, & Relvas, 2015). Os resultados demonstraram que a idade média prevista para a concretização das expetativas relativas à educação foi de 23.9 anos, seguida pela idade média prevista para as expetativas do trabalho/carreira (25.9), autonomia e estabilidade (26.7), propriedade (27.8), família/casamento (28.7), e recursos financeiros (29.4). Através de regressões lineares múltiplas, verificou-se que: o sexo e a idade foram as variáveis sociodemográficas mais consistentemente associadas à extensão temporal dos domínios analisados; participantes de famílias com maiores rendimentos apresentaram maior extensão temporal relativa ao trabalho/carreira e família/casamento; e participantes que reportaram maior *stress* económico apresentaram maior extensão temporal relativa ao trabalho/carreira e propriedade. Este estudo contribuiu para o conhecimento sobre a transição para a idade adulta em Portugal, identificando alguns dos fatores que podem atualmente explicar o adiamento de determinadas tarefas desenvolvimentais.

Palavras-chave: extensão temporal; expetativas futuras; adultos emergentes; transição para a idade adulta

E depois do fogo? Uma análise dos fatores de risco e proteção para o adoecer dos bombeiros

Joana P. Becker¹³, Rui Paixão¹ e Manuel João Quartilho¹⁴

Resumo

Os incêndios florestais estão entre os principais responsáveis por crises em Portugal, seja de carácter social, económico ou psicológico. Todos os anos a população é atingida por

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fogos que destroem florestas, casas e vidas. Reconhecendo que as vítimas primárias são o principal foco de interesse de estudos sobre *stress* traumático, o presente trabalho visa abordar as consequências desses eventos na saúde mental dos profissionais, nomeadamente dos bombeiros. **Método:** O estudo inclui três fases: 1) Revisão sistemática da literatura para identificar as variáveis fundamentais para o desenvolvimento de Perturbação do *Stress* Pós-Traumático (PTSD) e doenças relacionadas com o *stress*. 2) Avaliação da taxa de prevalência de PTSD e sintomas relacionados com o *stress* em bombeiros implicados nos incêndios de 2017. Este grupo será comparado a um outro equivalente da população geral. Para tanto, são utilizados: Questionário da Saúde do Paciente 15 (PHQ-15), Índice de Qualidade do Sono de Pittsburg (PSQI), PTSD-CheckList 5 (PCL-5), Inventário de Sintomas Psicopatológicos (BSI-53) e Escala de Ansiedade, Depressão e Stress (EADS-21). Este estudo inclui uma subamostra de 58 bombeiros e uma subamostra de 18 sujeitos da população geral. 3) Entrevistas semiestruturadas a bombeiros que atuaram nos incêndios de 2017 ($N = 30$), com o objetivo de verificar as representações que os bombeiros têm sobre os fenómenos de *stress*, sintomas somáticos e PTSD, bem como as estratégias de *coping* que identificam para lidar com esses fenómenos. **Resultados:** Os estudos de prevalência evidenciam, na população em estudo, taxas altamente significativas de PTSD, bem como de fenómenos sintomatológicos associados. Estas taxas de prevalência são concordantes com as observadas nos estudos de revisão. Estes fenómenos parecem ser uma função de variáveis de proteção e de mecanismos de *coping*, nomeadamente suporte social e organizacional, perceção subjetiva e comportamentos como evitamento e negação das reações emocionais após incidentes críticos. **Conclusão:** Características ocupacionais e a estrutura e apoio organizacionais são destacados nos estudos nesta área, bem como nas entrevistas e avaliações conduzidas no trabalho de campo, vindo a revelar o papel das corporações no adoecer ou no processo de resiliência dos bombeiros portugueses.

Palavras-chave: *stress* traumático; Perturbação do *Stress* Pós-Traumático; fatores de risco; bombeiros

e-Famílias: O impacto das TIC na vida contemporânea de famílias com crianças

Joana Carvalho¹⁵, Rita Francisco¹⁶ e Ana P. Relvas¹

Resumo

Hoje, as crianças nascem rodeadas de tecnologia e utilizam-na, diariamente, acedendo ao mundo com a ponta dos dedos. Mas se por um lado as Tecnologias de Informação e Comunicação (TIC) são uma janela de oportunidades, por outro expõem crianças e famílias a uma multiplicidade de riscos. Para avaliar o impacto das TIC no contexto familiar, 179 indivíduos (23-47 anos) pertencentes a famílias com filhos até aos oito anos responderam a um questionário sobre a utilização das TIC (QUTIC; Questionário de Utilização das Tecnologias de Informação e Comunicação) e sobre o funcionamento familiar (SCORE-15; *Systemic Clinical Outcome Routine Evaluation*). Os resultados revelaram que as TIC são sobretudo utilizadas para contactar com familiares distantes (91%), porém, discussões sobre o tempo despendido com as TIC (67%) e falta de limites entre a vida familiar e profissional/escolar (47%) foram os maiores problemas evidenciados. Estes problemas acarretam dificuldades na interação dos membros das famílias, sobretudo ao nível da dimensão dos recursos familiares, isto é, das capacidades da família para gerir problemas quotidianos e adaptar-se a mudanças ($r = .360, p < .01$). O presente estudo permitiu conhecer o tipo de utilização das TIC realizado pelos participantes, as suas percepções sobre o impacto das TIC nas dinâmicas familiares, bem como compreender melhor a complexidade destas relações.

Palavras-chave: Tecnologias de Informação e Comunicação; funcionamento familiar; famílias

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Treino da Mente Compassiva no acolhimento residencial de jovens em risco: Avaliação do impacto da intervenção nos jovens e nos cuidadores

Laura Santos¹⁷, Daniel Rijo¹⁸ e Maria do Rosário Pinheiro²

Resumo

Os cuidadores têm um papel fundamental na intervenção das casas de acolhimento residencial de jovens. Segundo a Lei de Proteção de Crianças e Jovens em Perigo e diretrizes internacionais, o treino de competências relacionais dos cuidadores é essencial para assegurar uma resposta adequada às necessidades dos jovens em acolhimento. Contudo, os programas baseados em evidência para a promoção deste tipo de competências são ainda escassos. Segundo a teoria das mentalidades sociais, a mentalidade afiliativa permite o desenvolvimento de uma atitude compassiva, com relevância no bem-estar psicológico, ligação ao outro e autorregulação emocional. O Treino da Mente Compassiva (TMC) engloba práticas para o desenvolvimento da compaixão com resultados promissores em vários contextos. Contudo, a investigação em acolhimento residencial é inexistente. Este poster apresenta um desenho de investigação experimental, que pretende promover uma mentalidade afiliativa nas equipas das casas de Acolhimento Residencial, através da implementação de um programa estruturado de TMC destinado a cuidadores. Será realizado um ensaio clínico aleatorizado por grupos, com uma amostra de 100 colaboradores de casas de acolhimento residencial e 100 jovens em acolhimento. Cuidadores e jovens serão avaliados em cinco momentos, nas seguintes variáveis: fadiga da compaixão, regulação emocional, proximidade e ligação aos outros, autocompaixão, compaixão, ansiedade, *stress* e depressão nos cuidadores; e experiências atuais de cuidados e segurança, e afeto positivo e negativo nos jovens. O impacto organizacional do TMC será avaliado através de indicadores de aprendizagens, transferência das aprendizagens e ocorrências disciplinares. O ensaio clínico proposto pretende avaliar o impacto do TMC na qualidade dos processos e das práticas de prestação de cuidados no acolhimento residencial, autopercionados pelos cuidadores e heteropercionados pelos jovens acolhidos, bem como a manutenção de ganhos ao longo do tempo. Espera-se que os resultados deste projeto

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possam disponibilizar um novo modelo e uma nova ferramenta de intervenção para o Sistema de Acolhimento.

Palavras-chave: acolhimento; compaixão; cuidadores; Treino da Mente Compassiva

How mindful parenting is associated with adolescents' emotional eating? Examining the mediating role of adolescents' self-compassion and body shame

Maria João Gouveia¹⁹, Maria Cristina Canavarro¹ & Helena Moreira¹

Abstract

Considering the high prevalence of emotional eating behaviors (i.e., to eat under emotional states) and of body-related issues among adolescents, it is critical to understand which psychosocial and emotional processes can help adolescents develop a healthier relationship with their bodies and with food. This study explored whether parents' mindful parenting skills were associated with adolescents' emotional eating through adolescents' self-compassion skills and body shame.

Methods: The sample included 572 dyads composed of a mother (77.8%) or a father (22.2%) and their child (12-18 years old), with normal weight (BMI = 5-85th percentile; 56.5%) and overweight/obesity undergoing or not nutritional treatment (BMI ≥ 85th percentile; 43.5%), according to the WHO Child Growth Standards. Parents completed self-report measures of mindful parenting (Interpersonal Mindfulness in Parenting Scale), and adolescents completed measures of self-compassion (Self-Compassion Scale-Short Form), body shame (Experience of Shame Scale) and emotional eating (Dutch Eating Behavior Questionnaire). A path model was tested with AMOS.

Results: Significant indirect effects were found for the association between mindful parenting and adolescents' body shame through adolescents' self-compassion skills, for the association between adolescents' self-compassion skills and emotional eating through

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body shame, and for the association between mindful parenting and emotional eating through the two mediators sequentially and through self-compassion skills only.

Conclusions: This study suggests a potential sequence of mechanisms underlying the association between mindful parenting and adolescents' emotional eating, highlighting the interrelationship between parents' and adolescents' variables. Moreover, it suggests the beneficial role of adopting a mindful posture in parenting and of adolescents' self-compassion skills for the engagement in emotional eating behaviors by the adolescents.

Keywords: mindful parenting; self-compassion; body shame; emotional eating

Mind the mind: A complete mental health intervention for adolescents, young-adults and adults

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& Ernst Bohlmeijer²²

Abstract

The need to promote complete mental health as the presence of positive functioning and well-being, besides the absence of mental disorder, as noted by World Health Organization (1984, 2005) and specified by the two-continuum model of Corey Keyes (2005, 2007) has become an international agenda. Also, recent research stresses the lack of mental health literacy programs to foster it and suggests a developmental and universal approach. This project pretends to contribute at the following levels: A) Theoretical – reflecting critically about recent mental health's definitions and integrating useful concepts that promote its state of literacy in the community; gathering empirically supported self-care skills that the literature suggests to be relevant to the development and maintenance of both mental health and to the prevention of mental illness; and also to integrate compassion literature into the practice of preventing mental health stigma and professional help seeking. B) Practical – developing and validating an intervention program, which integrates the key

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components of complete mental health literacy promotion: 1) the developmental nature of minds; 2) mental health and well-being across the life-span and self-care; 3) mental illness symptoms, risk factors and prevention; 4) compassionately asking for professional help and helping a friend. Using a large sample of adolescents, young-adults and adults, this project design will comprehend four studies: two quasi-experimental mixed studies (qualitative and quantitative) and two cross-sectional studies (quantitative). Data collection will be made mainly through questionnaires application. Finally, as no literacy program in Portugal has integrated recent models of complete mental health, this project will do so and will clarify the efficacy and the adequacy of the intervention program in participants from different life span stages – adolescents, young-adults and adults. A proposed model of mental health literacy and complete mental health will be tested.

Keywords: mental health literacy; self-care; prevention

Inventário de Avaliação da Personalidade (PAI): Estudos de validação em contextos forenses

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Resumo

É reconhecida a urgência de instrumentos de avaliação da personalidade adaptados e validados para a população portuguesa com evidência empírica e utilidade prática em contextos forenses, dado que o recurso a procedimentos ou instrumentos psicométricos inapropriados constitui um erro comum em avaliação psicológica forense. O Inventário de Avaliação de Personalidade (*Personality Assessment Inventory*: PAI; Morey, 1991) visa uma avaliação compreensiva das principais dimensões psicopatológicas encontradas nas perturbações sintomáticas e perturbações da personalidade consideradas no DSM – 5. De uma perspetiva psicométrica, o

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desenvolvimento deste inventário representou um avanço substancial, sendo, recentemente, administrado na avaliação de uma ampla gama de variáveis clínicas e funcionamento interpessoal em contextos clínico e forense. O projeto de investigação em curso tem como objetivo geral a validação do PAI para a população portuguesa em contextos forenses, estando prevista a constituição de diversas amostras, designadamente vítimas de violência doméstica do sexo feminino; pessoas em contexto de reclusão (preventivos e efetivos), relevando os crimes contra a vida e a integridade física (e.g., homicidas, agressores conjugais), contra a liberdade e autodeterminação sexual (e.g., abusadores sexuais de crianças) e contra a propriedade (e.g., furto); elementos de vários órgãos de polícia criminal; e, por fim, progenitores envolvidos em processos de regulação do exercício das responsabilidades parentais ou de promoção e proteção. O estado da arte baseado em diversos estudos internacionais abrange, entre outras, as amostras acima mencionadas, ilustrando o interesse e as potencialidades deste instrumento de avaliação para a Psicologia Forense em Portugal.

Palavras-chave: avaliação; personalidade; Inventário de Avaliação de Personalidade (PAI); forense; validação

Traços borderline na adolescência: Estudo prospetivo do desenvolvimento da Perturbação Borderline da Personalidade

Diogo Carreiras²⁶, Paula Castilho¹ e Marina Cunha¹

Resumo

A literatura indica a Perturbação Borderline da Personalidade (PBP) como uma perturbação muito severa e com características graves como impulsividade, instabilidade, desregulação emocional e autodano. Estas características desenvolvem-se ao longo do tempo e podem ser identificadas precocemente na adolescência. A sinalização precoce destas dificuldades é o primeiro passo na prevenção do desenvolvimento e/ou agravamento destes traços de perturbação da personalidade. É crucial a realização de estudos longitudinais e prospetivos nesta área, para

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conhecer fatores de risco e protetores, e construir modelos compreensivos do desenvolvimento da PBP. Ademais, encontramos em Portugal uma marcada lacuna de instrumentos de avaliação destas características, sobretudo, na adolescência. Neste sentido, este estudo propõe-se a avaliar e acompanhar cerca de 1000 adolescentes da população geral entre os 14 e 17 anos, durante dois anos, contribuindo para a compreensão da patoplastia e manutenção da PBP. Inclui também o estudo de características psicológicas dos pais/encarregados de educação. Com este projeto será possível encontrar orientações para o desenho de intervenções psicoterapêuticas no âmbito da prevenção e dar pistas para o desenvolvimento de estudos empíricos futuros.

Palavras-chave: Perturbação Borderline da Personalidade; adolescência; autodano; estudo longitudinal

A organização da temporalidade subjetiva: contributos para a definição de um modelo na transição do ensino secundário para o trajeto posterior de carreira

Francisca Duarte²⁷, José Tomás da Silva¹ e Maria Paula Paixão¹

Resumo

Nas últimas décadas, a investigação realizada tem permitido confirmar a importância que o estudo da organização da temporalidade subjetiva possui para a Psicologia. Contudo, o consenso acerca da identificação das dimensões temporais não foi ainda alcançado. Em Portugal é, ainda, escassa a investigação comparativa dos resultados de estudos sobre a organização da temporalidade subjetiva e o seu impacto em variáveis comportamentais e/ou trajetórias desenvolvimentais. O presente estudo tem como objetivo avaliar a estrutura dimensional obtida a partir de medidas existentes de diversas dimensões da temporalidade subjetiva, nomeadamente, o *Zimbardo Time Perspective Inventory*, a *Future Time Perspective Scale* e a Escala Visão Ansiosa do Futuro, do Inventário de Perspetiva Temporal, com uma amostra de 490 estudantes com idades compreendidas entre os 15 e os 20 anos de idade ($M = 17.03$; $DP = .98$). Neste trabalho, que se enquadra num projeto de investigação mais vasto que procura identificar perfis de adaptabilidade de carreira na transição do ensino secundário

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para o ensino superior em estudantes a frequentarem diferentes tipos de ensino secundário, foi efetuada uma análise fatorial exploratória e confirmatória das dimensões temporais propostas por instrumentos de avaliação da temporalidade subjetiva com larga aceitação na comunidade científica. Considerando os resultados das análises prévias, nomeadamente das análises de componentes principais, definimos um modelo estrutural para os 37 itens provenientes dos três instrumentos de avaliação da temporalidade. As alterações efetuadas ao modelo convergiram numa solução final que mostrou uma qualidade de ajustamento global aceitável: $\chi^2 (597) = 1296.045$, $p < .001$, TLI = .904, CFI = .914, RMSEA = .049, 90% CI [.045, .053]. Este modelo será utilizado nos testes do modelo da adaptabilidade da transição do ensino secundário para o ensino superior ou para o mercado de trabalho e na identificação de eventuais especificidades em estudantes a frequentarem diferentes tipos de percursos educativos (ensino académico vs. de dupla certificação).

Palavras-chave: temporalidade subjetiva; ensino secundário; análise fatorial confirmatória

Heart Rate Variability as a psychophysiological biomarker of affect regulation in adolescents

Rúben Sousa²⁸, Daniel Rijo²⁹, Nicola Petrocchi³⁰ & Paul Gilbert³¹

Abstract

Adolescence has been described as an important developmental stage in the acquisition of adaptive emotion regulation strategies. Evolutionary psychology models propose the threat, drive and soothing systems as major regulators of emotion. Recently, Heart Rate (HR) and Heart Rate Variability (HRV) have been described as specific and accurate psychophysiological markers of emotion regulation and individuals with high HRV show a more adjusted pattern of emotion regulation than individuals with low HRV. Nevertheless, there is no study

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investigating different HR/HRV patterns when diverse affect regulation systems are triggered. This study aims to test for gender differences in HR/HRV patterns in a community adolescent sample (60 males; 60 females) and differences between community male adolescents and male young offenders ($N = 60$), aged between 14 and 18 years old, when different affect systems are triggered in an experimental procedure. Participants will listen to 5-minutes audio scenarios, designed to trigger each specific affect regulation system: threat, drive and soothing. Data will be collected prior to the introduction of the scenarios (baseline), during activation and in a 5-minutes recovery period. Comparisons between groups in the activation and recovery phases will be investigated. Different HR/HRV patterns are expected when each affect regulation system is triggered across all groups. Young offenders are expected to have higher HR and lower HRV in the activation of the threat system when compared to community boys. In contrast, community adolescents are expected to have a higher HRV and lower HR when triggering the soothing system. At the baseline, male adolescents of the community are expected to have lower HRV than females. HR/HRV findings are expected to validate theoretical assumptions of the affect regulation systems theory and to contribute to establish HR/HRV as accurate biomarkers of emotion regulation in adolescents. Findings will also encompass implications for both clinical interventions and future research.

Keywords: community adolescents; young offenders; Emotion Regulation Systems; Heart Rate Variability/Heart Rate

Does similarity in dyadic coping matters? A prospective longitudinal study with couples during the transition to parenthood

Stephanie Alves³², Ana Fonseca¹, Maria Cristina Canavarro¹ & Marco Pereira¹

Abstract

Couple-level factors may protect both women and their partners against poor adjustment following the birth of a child. However, the interplay between members of a couple during the transition to parenthood has been scarcely studied. The present study focused on the

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degree to which partners are more or less similar in the way they engage in behaviors to help the other to cope with stress (i.e., dyadic coping [DC]) during pregnancy (T1) and at six weeks postpartum (T2) and whether this may affect both partners' emotional, relational and parental adjustment at 6-9 months postpartum (T3). **Method:** 92 Portuguese couples completed this study. Each member of the couple answered self-reported questionnaires assessing DC (Dyadic Coping Inventory), dyadic adjustment (Revised Dyadic Adjustment Scale), internalizing symptoms (Edinburgh Postnatal Depression Scale and Hospital Anxiety and Depression Scale – Anxiety subscale) and parenting stress (Parenting Stress Index-Short Form). **Results:** On average, members of a couple were more similar than dissimilar/complementary and DC similarity was stable from T1 to T2. An individual's higher perceived similarity in DC at T2 predicted lower internalizing symptoms and parenting stress in the other partner at T3. The more an individual perceived similarity in DC at T1, the more his or her own internalizing symptoms at T3. These associations remained significant even when controlling for stereotype effects (i.e., the typical pattern of response of women and men on a given culture). **Discussion:** This study shows that perceiving high similarity in the efforts to help the other coping with stress after childbirth may help both partners in adjusting to this sensitive period of life, while perceiving more complementarity (as opposed to similarity) during pregnancy leads to better emotional outcomes in the long term. The mutual influences within couples highlight the increased interdependence between partners during the transition to parenthood; this is an important aspect to which mental health professionals working in maternity care settings should pay particular attention.

Keywords: dyadic coping; transition to parenthood; adjustment

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