

European Writings on Psychology

Vol. 1, September 2004

Opinion

A Psicologia em Portugal e na Europa

Research

The portrayal of substance abuse in tabloids and broadsheets

Who is really being deceived: participants, experimenters or both?

Why is there a statistical prevalence of mental illness among immigrants?

Psychology students' attitudes towards e-therapy

From Theory to Practice

A solidão na terceira idade

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Balanço de competências: uma valorização das aprendizagens ao longo da vida

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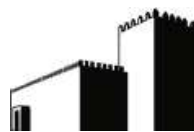
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A note about this edition of EWP

Some years ago, a website named “Psicologia e Afins” has invited both European psychologists and psychology students to join their efforts together in a common project. The main goal was to make an Internet platform available for the Portuguese psychological community, not only with technical and scientific literature, but also with an updated calendar of the best events that mattered to people related to psychology.

For a long time, that website was kept updated in a regular basis, and new contents were added very frequently. The promoters of the initiative have persevered for as long as they could, enjoying the fact that their work was being useful to its target public. However, its non-commercial character implied the need of a great amount of non-remunerated time. This means that there would be a time when they would need to dedicate themselves to other tasks. That time has arrived. The website could not be updated for more than 9 months and it seems now that it wont be possible any more to keep the original project alive. Besides, some new projects came along and they seem to be good alternatives or sequels to our old “Psicologia e Afins”. We feel satisfied about that, as the community will not entirely miss the services we were offering.

Nevertheless, we felt that we couldn't let disappear the most significant part of the community contributions: the articles. They still remain up to date, and deserve to be available to all interested people. That's why we decided to publish them in this non periodic publication. We hope that this way the texts will arrive to those who may benefit from its reading.

The editor,



Opinion

A Psicologia em Portugal e na Europa

Pedro Neves*

A entrada no terceiro milénio trouxe mudanças e necessidades que se têm vindo a repercutir na Psicologia, tanto no nosso país como internacionalmente. No plano internacional, a convenção de Bolonha e subsequentes desenvolvimentos têm levantado bastante celeuma e diferentes entidades parecem fazer leituras completamente distintas daquilo que o processo reitera para as várias profissões. Na Psicologia tais leituras são mais restritas porque surgiu um grupo de profissionais, oriundos de vários países europeus, no âmbito do Programa Leonardo da Vinci, que se propôs a criar um modelo para o estudo da Psicologia que dará origem a um Diploma de Psicólogo Europeu, cuja finalidade é permitir desburocratizar o processo de aceitação das qualificações de um Psicólogo a nível internacional, aumentando assim a mobilidade dentro do espaço europeu.

A acompanhar este processo e servindo como interlocutor da nossa classe profissional perante as entidades governamentais europeias está a EFPA (European Federation of Psychologists' Associations), onde se encontram filiadas Associações de Psicólogos de quase todos os países europeus (o representante de Portugal é o Sindicato Nacional de Psicólogos)

Os estudantes de Psicologia têm também seguido os desenvolvimentos do Diploma de próximo, através da EFPSA (European Federation of Psychology Students' Associations) que engloba 16 países membros (incluindo Portugal na figura da Associação Nacional de Estudantes de Psicologia, ANEP) e outros tantos países com o estatuto de observadores. A EFPA reconheceu o papel importante representado pelos estudantes, concedendo o estatuto de membro observador à EFPSA, ou seja, permitindo que esta se faça representar nas Assembleias Gerais, embora sem direito de voto, que têm lugar de dois em dois anos

e reservando um assento em outras reuniões importantes como a Presidents' Council Meeting, onde se reúnem anualmente os Presidentes das Associações de Psicólogos de cada país membro.

A ANEP tem tido um papel preponderante na posição estudantil europeia pois, para além de assumir o papel histórico de fundador da EFPSA, realizou o Congresso Europeu Anual de Estudantes de Psicologia na sua edição inaugural em 1987 em Lisboa, em 1999 em Tróia e irá repetir o feito este ano, em Abril, no Porto. A sua preponderância, iniciativa e actividades desenvolvidas ajudaram a que um candidato português fosse eleito para a Presidência da EFPSA por dois mandatos consecutivos.

Algumas vozes se levantam contra o processo do Diploma de Psicólogo Europeu afirmando que diminui a variabilidade e liberdade de escolha no programa teórico dos cursos leccionados. Tal não é verdade pois o modelo proposto (3+2+1 anos) procura garantir somente que a base teórica dos cursos e o seu tempo mínimo de duração seja uniforme, mantendo abertura para que as escolas possam, tal como o fazem actualmente, escolher a corrente teórica ou área de investigação de especialização. Este processo não poderia decorrer de outro modo, pois cada país tem correntes específicas de investigação e de prática predominantes.

A importância de tal uniformização prende-se com o facto de facilmente um psicólogo se poder deslocar de um lado para o outro, sendo possível reconhecer se as suas qualificações são de nível europeu e, no caso específico de Portugal, trazer alguma ordem à variabilidade curricular que se tem vindo a instalar nos cursos de Psicologia nacionais. A existência de 26 cursos de Psicologia que oscilam entre os 4 e os 5 anos de duração, com ou sem estágio, com mais ou menos de 50% das disciplinas leccionadas relacionadas com Psicologia, com ou

* When this article was first published, he was the president of European Federation of Psychology Students Associations.

sem professores catedráticos em Psicologia, não parece ser uma mais-valia para a formação de psicólogos no país.

Como é possível verificar por este panorama, a implementação do Diploma de Psicólogo Europeu parece ser quase mais difícil dentro de Portugal do que no resto da Europa. Este é o resultado de diversos anos de más políticas relativas à criação de cursos em Portugal, em que se passou de 5 cursos no início dos anos 90 para 26... e daqui deriva também o problema de empregabilidade de todos estes novos psicólogos que se têm vindo a formar e que se tem vindo a sentir cada vez mais.

Outra grande vantagem do Diploma é que mostrará claramente quais os cursos qualificados e quais não o são. Será o fim da desinformação que reina e que permite que os estudantes ingressem num curso de Psicologia sem saber qual a qualidade do curso e quais as suas saídas profissionais.

Este é uma grande preocupação, não só a de formar profissionais qualificados que dignifiquem a classe mas também a de permitir que os estudantes escolham um curso conscientes da formação que irão receber.

Os mais cépticos que se preparem porque o

Diploma Europeu deve ser proposto ao Parlamento Europeu durante os próximos 2 anos.

No plano nacional, têm também vindo a ocorrer mudanças igualmente importantes.

O surgimento de uma Associação Pró-Ordem dos Psicólogos, APOP, torna mais próximo o sonho já antigo da criação da Ordem dos Psicólogos. A APOP tem estado presente em diversas conferências e está actualmente a organizar sessões de esclarecimento em diversas cidades do norte ao sul do país. Profissionais de todo o país já se inscreveram e têm acompanhado o desenrolar do processo.

Todas estas mudanças avançam num mesmo sentido, o de regulamentar e melhorar a qualificação e prática profissional dos psicólogos, promovendo a dignidade de uma classe profissional que é vista pela comunidade como indispensável (veja-se a diversidade de áreas de intervenção da Psicologia), mas que continua ainda muitas vezes subordinada a outras profissões.

Como qualquer processo de mudança, é fundamental para o seu sucesso a participação activa de todos os colegas (e futuros colegas). Esta participação é essencial não quando os processos já estiverem concluídos mas agora, enquanto ainda estão em construção.

Research

The portrayal of substance abuse in tabloids and broadsheets: a discourse analysis

*Cedric E. Ginestet
(Thames Valley University, London)*

Abstract

The stigmatized image of substance abusers has been demonstrated to be detrimental to the establishment of Drug Treatment Centres. It was suggested that these stereotypes are often conveyed, and reinforced by the popular press. 2,000 squares inches of both tabloids and broadsheets articles describing psychoactive substance use were hence discourse analyzed. Solely articles covering the same event - Prince Harry's substance experimentation - were examined. Once the raw material was digested, words and phrases referring to substance-users, substance-providers, and psychoactive substances *per se* were all recorded. Further analysis supported the initial premise: tabloids articles were more likely than those from broadsheets to portray stereotyped version of the facts. The consequent implications in the social arena and the requirements for further research are also discussed.

Introduction

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (2002) stresses the need to avoid sending contradictory messages to young substances users. Paradoxical situations lead indeed the supportive service provision heralded by the government to enter in conflict with the often repressive tone embedded in media accounts of substance abuse. By potentially isolating and marginalizing substance users, such accounts can be deleterious to the simultaneous governmental endeavours to help this alienated fringe of the population.

A concrete aspect of this contradiction can be illustrated by the reluctance of many communities to accept the establishment of new Drug Treatment Centres in their vicinity. Such proposals are often met with demonstrating communities brandishing the 'Not In My Backyard' slogan, which gave birth to the term 'nimbyism' being coined to refer to these attitudes (Jackson, 2002). Meanwhile DTC are, nevertheless, specialist clinics providing out-patient treatment, advice and counselling. They in fact constitute an indispensable cornerstone of the 10-year government strategy: 'Tackling drugs Together'.

One might argue that seemingly intransigent rejection of constructive projects might effectively be due to the portrayal of substance abuse in the popular media. In refusing the right to substance abusers to be treated, communities are indeed basing their judgments upon a stereotyped perception of this fringe of the population to whom they attribute antisocial and criminal characteristics. Embedded in social categorization, stereotyping is indeed based upon homogenizing the perception of an external group (Kelly, 1989). Furthermore,

stereotypic beliefs can in turn fuel the imprinting of self-fulfilling prophecies among the individuals stereotyped (Jussim and Fleming, 1996).

In addition, Sapir (1987) championed the controversial idea that 'change in language reflects a change in reality'. Building upon this premise, one could also advocate that the labelling of various information in different types of language (e.g. colloquial vs. formal) can modify the reader's judgements and ultimately his materialisation of the reality through his behaviour. Predicating the intertwinement of thoughts and behaviours, a discourse analysis of articles relating to substance abuse were therefore conducted in order to compare the use of stereotyping mechanisms and the utilisation of stigmatising vocabulary in tabloids and broadsheets.

Methods

Design

This discourse analysis is inspired from Jager's blueprint (2001), which partly stemmed from the Foucaultian tradition (Foucault, 1982, 1990). The exploration of the discourse strand (i.e. theme: substance abuse) included a thorough analysis of the discourse fragments (i.e. articles), which were extracted from a selected representative sample of text corpora (i.e. newspaper). In that preliminary stage, units of analysis were collected quantitatively in order to extrapolate qualitative inferences. This steppingstone in turn enabled the author to compare the various text corpora by conducting a synoptic analysis. The entire process thus informed the author upon roles played by the analyzed discourses in the discourse planes (i.e. societal locations).

Text Corpora

Four different text corpora were scrutinised (See Table 1). A representative sample was constituted by dividing the press into two meaningful strata: tabloids and broadsheets. The second logical step was to select two newspapers for each category that would have sufficient readership and circulation to constitute valid specimen of the cultural zeitgeist. Since the political allegiances were also taken into consideration, efforts were given to equally distribute a mixed partisanship of editorial endorsement.

Table 1: Circulation and Readership Figures (ABC, 2002)

Newspaper	Circulation	Readership	Readers per copy
The Times	715,310	1,564,000	2.7
The Guardian	403,306	1,102,000	2.2
The Sun	3,499,882	9,497,000	2.7
The Mirror	2,179,105	5,622,000	2.6

Discourse Fragments

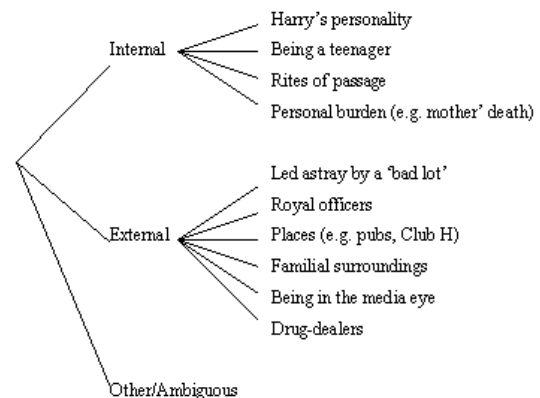
Given the object under scrutiny, articles treating substance abuse were selected. However in order to refine the analysis, the coverage of one specific piece of information was selected in order to permit a valid comparative concluding analysis (Jager, 2001). The 14th of January, 2002 issue relating the misadventures of prince Harry involving cannabis and under-age drinking was thus chosen.

Coding Procedure

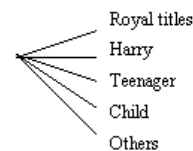
Once the author familiarised himself with the discourse fragments, nine variables were selected. One dependent variable, measuring the square inches dedicated to the event coverage was open-ended and constituted a ratio metric. All other variables consisted of nominal scales, where categories and subcategories were conceptualized according to hierarchical schemes (Krippendorff, 1980) (Graph 1). In order to ensure that all categories were exhaustive and mutually exclusive, subcategories such as 'other' and 'ambiguous' were introduced when relevant. According to the number allocated to each variable in Graph 1, the units of analysis of the first four variables consisted of words or nominal expressions, whereas in the case of the last four variables, entire sentences were recorded.

Graph 1: Nominal Variables Arborescences

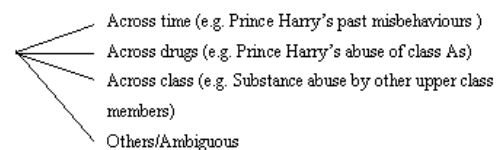
1. Suggested reasons explaining Prince Harry's substance abuse:



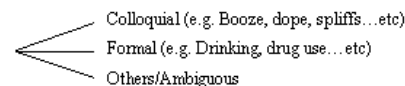
2. References to the main actor



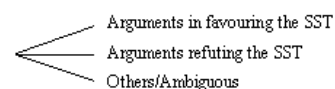
3. Stereotyping of Prince Harry's substance abuse: Generalisations



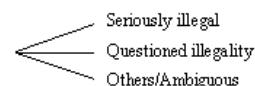
4. Language employed when mentioning substance use:



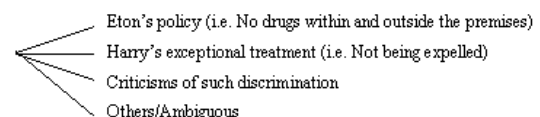
5. Presentation of the 'slippery slope' theory (SST):



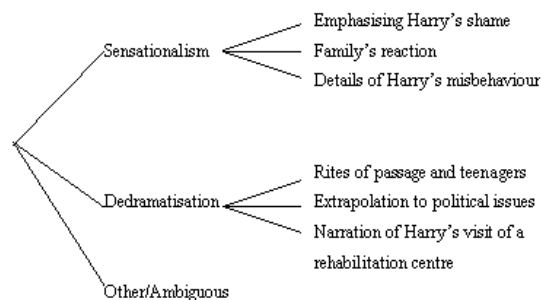
6. Seriousness of the illegality of smoking cannabis:



7. Discriminatory treatment of Prince Harry in discordance to Eton's policy:



8. Peripheral content of the discourse fragments:



Results

Discourse Fragment Analysis

The Times

The first text corpora gave a headline status to the 'Prince's minders under fire', where a picture of Prince Harry occupied half of the front page. As aforementioned, the cover story discharged the Prince from any personal responsibility (21 occurrences). Many arguments were also given in favour of the slippery slope, which therefore stressed the dangerousness of drug experimentation. Stereotyping remains, however, mild and the language used is mainly formal (49 occurrences). The Times demarks itself from the other text corpora by truly criticising the discriminatory policy of Eton college.

The Guardian

This second text corpora was the only one not to mention Harry's experimentation on its front page. Harry's traumatizing adolescence, and other internal causes tend to be presented as valid explanations of Harry's drug experimentation (9 occurrences). Contrarily, external reasons for drug experimentation are meagrely represented (9 occurrences). Even if this text corpora is characterized by the highest number of references to the SST (9 occurrences), The Guardian nevertheless appeared to refute this theory. Additionally, both references to the Prince and his substance use were formal (17 and 67 occurrences, respectively). Stereotyping remained sparse (7 occurrences) and the portrayal of cannabis is largely biased towards legalization (4 occurrences).

The Sun

This newspaper was the sole text corpora to devote two consecutive front pages to Harry's substance abuse. External causes of Harry's experimentation were also largely emphasized (52 occurrences), including recurrent mentions of 'a bad lot leading Harry astray'. 'Sliding down the slippery slope' was additionally portrayed as a risk factor associated with Harry's drug experimentation. The Prince was largely referred to as 'Harry' (86 occurrences), and colloquial references to

substance use constituted the norm (37 occurrences). Not surprisingly, The Sun contained important sensational perspectives upon Harry's drug experimentation (34 occurrences). Most importantly however, the ubiquity of this text corpora was embodied by its preponderance to stereotype (27 occurrences) by means of generalizations across class (e.g. 'Cocaine Shame of Royal Circle', p3) and across time (e.g. 'Harry used to go in the pub a lot', p3).

The Mirror

As above, the first striking element of this text corpora was its readability to stereotype. The front cover was entitled 'Harry's Cocaine, Ecstasy, and GHB Parties', and played upon the controversial signification of 'drug' in order to mislead the reader. Stereotyping references were hence numerous (38 occurrences). Both substance use (28 occurrences) and Harry (47 occurrences) were referred to colloquially. The overall tone of the discourse was also marked by a certain dramatization of substance use (17 occurrences). Not surprisingly, mentions of external causes of Harry's drug experimentation largely outweighed those of internal causes. Finally, the illegality of cannabis use was also emphasized (6 occurrences) and the SST was presented as robust.

Synoptic Analysis

By grouping the four text corpora according to their respective strata (i.e. tabloids vs. broadsheets), several observed frequencies were found to differ significantly from the expected ones. Firstly and foremost, stereotyping statements were more likely to be found in tabloids ($\chi^2=6.532$, $df=2$, $p<.05$). Secondly, when explaining the reasons underlying Harry's substance use, tabloids appear to significantly favour the depiction of external causes, while broadsheets were more likely to advance internal causes ($\chi^2=8.180$, $df=1$, $p<.005$). Thirdly, the SST was more likely to be supported in tabloids than in broadsheets ($\chi^2=7.234$, $df=1$, $p<.05$). Fourthly, the Prince was more often referred to as Harry in The Mirror and in The Sun than in other text corpora ($\chi^2=276$, $df=5$, $p<.001$). Fifthly, consuming cannabis was more likely to be portrayed as an illegal activity in tabloids than in The Times and The Guardian ($\chi^2=8.488$, $df=1$, $p<.05$). Sixthly, the style utilised when referring to substance abuse, was significantly more likely to be colloquial in tabloids than in broadsheets. Seventhly, the likelihood to include Harry's drug experimentation in a wider social and political context were higher in broadsheets than in tabloids ($\chi^2=30.640$, $df=1$, $p<.001$). Eighthly, tabloids were also more prone to describe Harry's story, which led these newspapers to allocate significantly more square inches to it than broadsheets ($\chi^2=10.667$, $df=2$, $p<.005$). Finally, the exceptional

treatment of Eton college to Harry did not significantly differ between the two text corpora.

Conclusion

The aforementioned results section clearly demonstrate the prevalence of tabloids to rely upon pervasive stereotyping mechanisms to convey erroneous visions of reality. Extrapolating this discussion from the discourse strands to its surrounding discourse plane might indeed help to comprehend the social issues at stake.

It was shown in the introduction that current developments in the provision of substance abuse treatments, have been met with demonstrative communities (Jackson, 2002). By reinforcing the image of substance abusers as an homogeneous fringe of the population, tabloids are not only impeding the establishment of DTC and their subsequent benefits for the treatments of substance abusers, but are also accentuating the alienation of this already marginalized social group. Adding to the already over-utilization of the term 'drug', supportive arguments to the SST also provides the tabloids' readers with a vague rationale supporting the idea that cannabis constitutes a gateway for other psychoactive substances. These cognitive shortcuts can be hold responsible to the reinforcement of nimbyism and similar attitudes.

Albeit an effort of not blaming the victim (Ryan, 1971) has long been trumpeted by psychology and sister-disciplines, media does not appear to portray the reality in similar lines. By contrast, contradicting the very title of the government plan, 'Tackling Drug Together', the pervasive aggregation between substance use and substance abuse disseminated by the popular press is dividing the population into two distinct parts. Acting 'together' is thus becoming increasingly more replaced by 'acting against' the undetermined, yet homogeneous 'others', encompassing both cannabis smokers and heroin injectors.

Due to practical reasons, this study, however, comprises several limitations. The fact that such newspapers favour sensationalism does not persuade the researcher that such distorted reality is approached uncritically by the readers. Reading something and naively believing in it are indeed two well-distinct things, that further research might aid to differentiate. Furthermore, the selection of the sample could be regarded as highly flawed. Text corpora selected mainly represented the urban population of London. More research could acknowledge such limitations and conduct extended comparative studies of the news coverage from other parts of the British Isles, and even include European media. Finally, it has been demonstrated that tabloids tend to utilize colloquial language to convey stereotyped interpretations. The relationship

between the use of certain vocabulary and the objectivity of the information advanced would hence deserved more attention.

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Who is really being deceived: participants, experimenters or both?

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*"Absolute rules do not offer useful solutions to conflicts in values.
What is needed is wisdom and restraint, compromise and tolerance..."*
(Oscar Ruebhausen and Orville Brim, 1966)

Morality in man replaces the rule of instinct in other creatures, facilitating the survival of the race (Kennedy, 1975). Although a biological foundation seems to sustain the very existence of some ethical principles, absolute rules however fail to recognise the dilemmas psychologists are confronted with in their research activities. Among an infinite number of ethical dilemmas such as causing psychological or physical harm, the issue regarded as the most controversial by far is the use of deception. Diener and Crandall (1978) defined this procedure as the deliberate misrepresentation of a scientific experiment. Following a classical trend of thought, Baumrind (1971) sees such procedure as a serious violation of human rights. Yet deception has become commonplace (Schuler, 1982) and is widely accepted by research participants. Fisher and Fyrberg (1994) conducted a survey demonstrating that only 6 of the 90 participants viewed deception as wrong under any conditions. A procedure cannot nevertheless be legitimised simply because it is broadly used. One can question whether such practices are indispensable to advance scientific knowledge. Deception is often believed to be the key to gain access to the naivety of research participants (Diener et al., 1978). Yet is there such a thing as a naïve subject? Are there any alternative methods to deception?

Today, the American Psychological Association (APA) and the British Psychological Society (BPS) had witnessed a certain acceptance of the use of deception in psychological research. Both associations set three conditions to the use of deception: that equally effective alternative procedures should be unfeasible, that deception should not be concerned with significant aspects that would affect participants' willingness to take part in the experiment, and that any deception must be explained to participants as soon as possible (BPS, 1985; APA, 1992). Additionally, both associations included the necessity to look for advice from ethics committees whenever a deception is conducted. It is noteworthy that ethics committees are usually

composed of peers necessarily members of the association (APA, 1996). Although experienced colleagues might be disinterested, their very affiliation to the field of psychology might interfere with their objectivity. Deception's wide acceptance does not guarantee however that any types of deception are ethical. Difficulties of judgement are based partly on the lack of semantic precision reflected in the use of this term both for procedures that resemble betrayal and for others that are simply the game rules, just like those necessary in a magician's act (Schuler, 1982), or in the popular show *Candid Camera* (Sieber, Iannuzzo & Rodriguez, 1995). Consequently, passive and active deceptions can be distinguished, which refer respectively to withholding information and to directly lying to participants. Are both types of deception equally defensible?

Methodologically, the condition *sine qua non* of any experiment is its internal validity, which might not be obtained without the genuine naivety of the participants. Deception is indeed often required to avoid social desirability effects (Schuler, 1982). The BPS recognised indeed that studying some psychological processes without withholding information might be impossible (BPS, 1985). Surprisingly, the assumption that ambiguity in causal inference is in fact reduced to a minimum by procedures that deceive participants has not been proven (Kennedy, 1975). However, if participants were aware of the whole purpose of a study, findings would give information about the subjects' values rather than about their attitudes (Francis, 1999). As Zimbardo put it: "There are situations you cannot imagine what it will be like until you are in them" (McDermott, 1993, p. 457).

Further justification of the use of deception encompasses the reinforcement of ecological validity. Fictional environments created in experiments are designed to elicit spontaneous behaviour, thereby increasing the generalisability of the findings to natural situations (Diener et al., 1978). Pragmatically, some people or groups may not consent to be observed unless researchers

misrepresent themselves. To test cognitive dissonance theory in a realistic setting, observers had to disguise their identity to infiltrate a small religious group that believed the world would soon end (Festinger, Riecken & Schachter, 1956). Moreover, as contradictory as it may first appear, deception is sometimes used to make a study more ethical, and to spare subjects from unnecessary harm or stress. In the now notorious Milgram's experiment (1963), where participants were asked to give electroshocks, the apparatus was constructed so that the confederate receives no shock.

Finally, the ultimate reason to legitimise deceptive procedures is the possible lack of negative effect. Rugg (1975) queried a variety of professionals and found that most of them did not object to deception per se. By the same token, Smith and Richardson (1983) interviewed hundreds of students to discover that those who had been deceived, evaluated their experience more positively than those who had not participated in deceptive experiment. Consistently, while Milgram had made extensive use of deceptive procedures, many participants felt gratified to have taken part in scientific research they considered to be of significance (Milgram, 1964). Other authors confirmed this trend by replicating the Milgram-type experiment and reported that most participants thought of the experiment as a positive experience (Ring, Wallston & Corey, 1970). Interestingly, these deceptive experiments were often regarded as genuine learning opportunities, whereas participants rarely consider paper-and-pencil studies, which present no ethical problem, to be an enlightening experience (Milgram, 1964).

Deception itself nevertheless causes a new set of methodological problems. The most serious of them arises when participants' suspicions about experiments led them to behave unnaturally (Diener et al., 1978). The idea that deception is a current practice in psychological experiments is indeed widespread among lay people. That is why McGuire (1969) questioned: "Who is really being deceived?" The effects of suspicion are either that participants try to behave as they think the experimenter wishes them to, or to act in the opposite way. In either case, the outcomes will be flawed. Maybe the most dangerous consequence of this increasing suspicion is that it might influence participants' behaviours regardless of the use of deception. A study conducted by Golding and Lichtenstein (1970) demonstrated that most participants would not admit their suspicion to the experimenter even if they had previous knowledge of the study. Regrettably, most researchers are not anxious to uncover suspicion that can negate their research efforts (Diener et al., 1978). This conspiracy of silence allows both participants and experimenters to assume that they are advancing scientific knowledge together (Orne, 1962). Besides participants, deception can affect negatively students as well as scientists themselves. Using deception encourages the former to

transgress societal norms, whereas the latter can suffer guilt over lying. Finally, one should remember that interpersonal and societal trust, as well as science itself, is built upon the value of truth (Beamrind, 1971).

Resulting from these difficulties, the use of deception in an ethical way might be improved by the implementation of several safeguards. First, debriefing, today required by the BPS (1985) whenever deceptive methods are used, contains two possible parts: dehoaxing, explaining what really happened, and desensitising, removing any emotional harm (Sieber et al., 1995). Unfortunately, dehoaxing is not always harmless and Fisher and Fyrberg (1994) questioned the adequacy of self-report data suggesting that cognitive dissonance, distrust of the investigator and deferential compliance, among other mechanisms, may reduce honest responding on the part of the respondents. Second, a sensitive strategy consists in forewarning participants that deception may be involved in the study (Diener et al., 1978). Third, prospective participant surveys give the experimenter knowledge of individual differences in response to the descriptions of the deceptive procedures, which can be applied to the design of individually tailored informed consent (Bersoff, 1999). Fourth, informed consent is considered the only way to give participants moral autonomy (Kennedy, 1975). They are however often written at unacceptable high "college reading levels", making them incomprehensible to the average reader (Hochhauser, 1999). In addition to the problems related to the understanding, the content is also questionable. To bore participants with too much information is indeed an ethical concern (Schuler, 1982). In contrast to the several types of safeguards, there is barely one alternative procedure to deception: role-playing, where participants attempt to behave as they would in a real situation. This procedure is often used to test theoretical predictions such as the Stanford Prison Experiment, where students were assigned the roles of inmates and guards in an experimental simulation of prison life (Haney, Banka, & Zimbardo, 1973).

Having considered different perspectives, is deception ultimately indispensable to advance psychological knowledge? On one hand, the BPS (1985) had already concluded the debate by recognising the necessity to employ deceptive procedures in certain cases. Methodologically, experimental deception appears indeed crucial to reveal participants' attitudes rather than their values. On the other hand, deception generates many drawbacks; the major one being the increasing suspicion about experiments among lay people, which fakes the validity of the studies and deteriorates the image of science at large. The participants' naivety is indeed at stake, and the long-term use of deception might engender generations

of sceptics. Given role-playing the unique proper alternative method, deception stands nevertheless alone in the arena of personality and social psychology. Ironically, debriefing and forewarning are safeguarding enough the participants' welfare to continue to conduct deceptive procedures, whether or not the experimenter is deceived.

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A cross-cultural model in mental health: why is there a statistical prevalence of mental illness among immigrants?

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Introduction

Common wisdom tends to defend the idea that minority status jeopardizes mental health. The relationship between mental illness and immigration has been in fact broadly documented by a plethora of cross-cultural studies (Littlewood & Lipsedge, 1997; Kingsley, 1984). Albeit the evidence supporting the preponderance of mental illness among immigrants remain robust, the theoretical explanations proposed in parallel have been subjected to many controversies. As it will be illustrated, two main perspectives have been successively advanced. While the stress and selection hypotheses have been under the fire of many criticisms, this debate appears today to fade away to the benefit of a new distinction between the emic and etic approaches to immigration, which are embodying the political zeitgeist. An integrated model will therefore be suggested in order to reconcile these apparently divergent yet complementary perspectives.

Stress vs. Selection Hypotheses

Odegaard (1932), one of the first researchers to investigate the relationship between immigration and mental health, posed the milestones of the debate by distinguishing the stress or breeder hypothesis from the selection or drift hypothesis (Hutchinson, Mallet & Fletcher, 1999). Whereas the former one blames the process of immigration per se for the high rate of mental illness among immigrants, the latter envisages the idea that pro-psychotic individuals tend to aggregate in cities, and therefore that immigrants are mentally ill before leaving their country of origin. This last hypothesis presupposes that the very decision of migrating can be regarded as symptomatic of a psychopathology.

Reminiscent of the intricate nature/nurture debate, the distinction between the stress and selection hypotheses is not clear-cut, and even empirical data can difficultly cast some light over the question. Odegaard (1932), heralding the selection hypothesis, assumes that the onset of schizophrenia

occurs solely a few years after resettlement. However, it can be argued that, during these two years, immigrants have been subjected to the influence of environmental stressors, which therefore could evidence the stress hypothesis. Additionally, the main problem conveyed by the selection hypothesis was that, if ill-interpreted, it can give birth to 'psycho-eugenic' laws, where refugee status would be granted on the basis of the immigrants' alleged sanity. Labelled as not politically correct, the selection hypothesis was therefore discarded in favour of the stress hypothesis, which somehow survived through the later mentioned contextual factors. Due to the insurmountable difficulties encountered when attempting to test these hypotheses, this debate gave place to another bipolar explanation of the prevalence of mental illnesses among immigrants.

Emic vs. Etic approaches

Whereas the culture-specific or cultural view, termed as the emic approach (Kleinman, 1987), considers indispensable the incorporation of local experiences and cultural beliefs into the provision of mental health intervention programs (Grizenko, 2002); the universal or 'etic' perspective, on the other hand, poses the existence of universal rules monitoring the psyche of every individuals (Berry, 1969). These two concepts are not, however, diametrically opposed. Albeit mental illnesses affecting immigrant children often parallel those of nonimmigrants (De Jong, 1986), clinicians should nonetheless take into account the patients' cultural idiosyncrasies. Omitting such considerations can otherwise lead to misdiagnoses (Tabassum, Macaskill & Ahmad, 2000). The etic model by consecrating the 'Western Cultural Bias' as the psychological norm, encompasses the aforementioned dichotomy between the stress and selection hypothesis, which are both reposing over a presupposed universal apprehension of psychopathologies. The emic approach, on the other hand, has been widely supported by a large array of precipitating factors specific to immigrants' experiences.

Contextual Factors

Building upon the stress hypothesis, Murphy (1977) presented the environmental factors surrounding immigration as the possible culprits causing psychopathologies. Three main categories of the so-called contextual factors were thus identified, including the culture of origin, the circumstances of immigration and the nature of the society of resettlement. Conflicting traditions, usually refer to as acculturation (Phinney, & Flores, 2002) and the 'urban effect' (Hutchinson et al., 1999) have been also identified as subsequent precipitating factors. These two contextual stressors will therefore be respectively analysed.

Acculturation

Due to the academic disagreements surrounding the definition of such an over-employed term, two patterns of acculturation have to be distinguished (Phinney & Flores, 2002). In the unidimensional model, acculturation is seen as a continuum, ranging from complete identification with the host culture at one end, to a state of complete isolation at the opposite end (Gordon, 1964). In the bidimensional model of acculturation, on the contrary, the maintenance of the culture of origin and the acceptance of the host culture are seen as independent (Berry, 1980). For the reader's comprehension, this second approach has been summarised in a matrix (Table 1). According to this bidimensional model, previous studies on acculturation have demonstrated that individuals favouring integration experience less stress than those embracing separation or marginalisation. By surveying the Pakistani community (Tabassum et al., 2000), or aiding mixed-cultured couples (Baltas & Steptoe, 2000) several authors have investigated the significance of acculturation in the treatment of mentally ill immigrants. Cultural adaptation should, however, also be envisaged through the lens of urbanisation.

Table 1: A Bidimensional Model of Acculturation
(Adapted from Berry, 1980)

		Host Culture	
		Identification	Rejection
Culture of Origin	Identification	Integration	Separation
	Rejection	Assimilation	Marginalisation

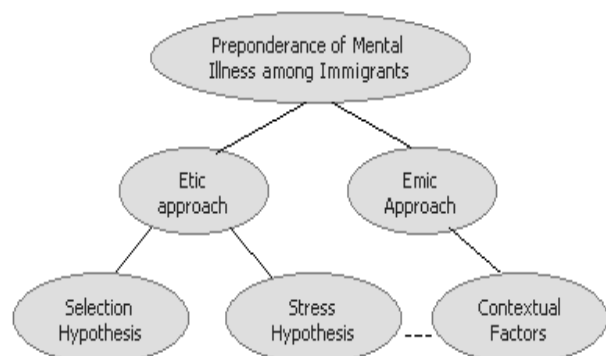
The Urban Effect: Alienation vs. Anomie

Although the definition of urban life varies widely, it has usually been defined as juxtaposition between intense detachment (e.g. fragmented relationships), and intense commitment (e.g. stringent professional

requirements) (Simmel, 1971). Adding to these opposite forces, urban life tends to mantle inequalities with more visible and obvious outfits. Urban geography indeed juxtaposes paucity and wealth in a manner, which stimulates envy and fuels frustration. These inequalities are often perceived as illegitimate, since they appear to be solely justified by a geographical dichotomy. Living in 'culturally deprived areas' (Thomas & Sillen, 1972), immigrants do not exert any choice except to build their lives at the periphery of the dominant culture. Empirical evidence has hence demonstrated that various psychopathologies are more likely to flourish in certain geographical areas than in others (Varma, Wig & Phookum, 1997).

That is why the second generations of immigrants are inclined to display greater rate of psychoses than their parents. Growing-up in these culturally deprived areas might accentuate the risks of psychopathologies. One must indeed distinguish the first and the following generations of immigrants. While the first one consciously decided to alienate themselves from their country of origin, the second and third generations of immigrants are more likely to suffer from anomie, which refers to the unconscious loss of a cultural identity. As they are torn apart between the culture of their parents, and their culture of adoption, immigrants children endeavour to construct a robust cultural identity. Anomie will usually impair the protective factors commonly associated with a deep-rooted identity (e.g. social support provided by the relatives). Such a loss also worsens the ambiguity of the social roles that one has to adopt in the society. This is especially true for adolescents who are already traversing an identity turmoil (Saucier, Sylvestre, Doucet, Lambert, Frappier, Charbonneau & Malus, 2002). Finally, anomie can also aggravate the tendency of family members to adopt stringent and strict applications of religious principles within the restricted familial circle. Such defence mechanism is often portrayed as a means of granting certainties in the mist of surrounding cultural uncertainties.

Model 1: A Cross-Cultural Model of Immigration and Mental Health



Conclusion

Given the multitude of civil wars, famines, pandemics and other natural cataclysms, the migration of refugees is and will remain a recurring phenomenon. Albeit governments are trumpeting openness, flexibility and equity, many Western countries encounter difficulties to concretely apply the policy envisioned. Having analysed different perspectives, the Cross-Cultural Model (Graph 1) strives to integrate the major attempts of elucidating the preponderance of psychopathologies among immigrants. On one hand, the current medical profession is prone to adopt an etic approach to this issue by heralding the universal validity of psychological interventions. Empirical evidence, on the other hand, have demonstrated the significance of contextual factors (e.g. acculturation, urbanisation...etc), which has led the authors to advocate the implementation of an emic approach to immigration. Furthermore, the antediluvian controversies opposing the selection and the stress hypotheses, can be extrapolated in order to assimilate contextual factors (as indicated by a dashed line in the model), which somehow corroborates the premises of the stress hypothesis advancing the immigration process itself as the major cause of mental disorders. The Cross-Cultural Model thus presents the stress and selection hypotheses as stemming from the same perspective (i.e. Etic Approach), since it is the only one which clearly advocates a universal view of immigrants' disorders. The emic approach, on the contrary, is more inclined to apprehend the precipitating factors, which are specific to the experience of immigration per se.

Adopting an emic approach by taking into consideration the patient's perspective might not, however, be as easy as it first seems. First and foremost, applying emic diagnoses would certainly reduce the amount of immigrants who are diagnosed as mentally ill. One could also wonder how the application of such a model would be financially sustainable. Considering the patient's perspective would indeed require many more interpreters and cross-cultural education to practitioners (Azima, 2002). Last but not least, one could ask how this type of approach would be applied in the community. The problems related to urbanism are, for instance, inherently intermingled with other socio-economic issues.

Overcoming these obstacles could encompass to shed some light upon the protective factors available to immigrants. Although undeniably stressful, the process of uprooting and resettlement can also constitute a fruitful and fulfilling experience (Barwick, Beiser & Edwards, 2002). While most of the aforementioned research demonstrated the numerous precipitating factors that might accentuate the risks of mental illness, few and far in between are the studies focussing upon the successful coping and adaptive strategies utilised by immigrants. More research into the positive aspects of immigration could therefore pave the way for

more adapted psychological interventions able to reduce the occurrence of psychopathologies among immigrants.

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Psychology students' attitudes towards e-therapy: an exploratory study

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Abstract

Therapeutic interventions are increasingly more delivered through the Internet. Many psychology scholars are, however, erecting barricades against such developments. Two focus group interviews were conducted in order to investigate psychology students' attitudes on this matter. Discussions were oriented towards the therapeutic validity of such applications. The expressed positive opinions centred upon the malleability of these interventions. The bulk of the comments, however, rejected e-therapy as non-therapeutic. The interposed screens were portrayed as impermeable barriers depleted from the indispensable characteristics of any client-therapist relationship (i.e. synchronicity, talking and face-to-face interaction). The service's dangerousness and its ethical validity were also criticised by the respondents. Unexpectedly, many virulent comments also characterised these debates. These findings highlight the reluctance of this population to assimilate new technologies and stress the urging needs to regulate the delivery of e-therapeutic services.

Introduction

As Foucault's (1969) exploration of oral as opposed to print societies suggests, technological advances directly shape the immediate experience of communication. As with the invention of printing, the ever-growing importance of Internet in the daily life of the population carries in its wake similar structural transformations. This new medium has hence witnessed the mushrooming of e-counselling services (Weinberg, 2001; Barak, 1999). Yet, e-practitioners escape the authority of national regulatory institutions. Since psychology students are both relatively young and at odds of delivering psychotherapeutic services in the near future, their attitudes towards e-therapy were therefore assessed in order to foresee and aid to control future developments.

E-therapy is undeniably surrounded by controversies in psychology circles (Griffiths, 2001) and tends to be portrayed as detrimental to patients and contrary to the BPS regulations at large. E-therapy is particularly accused of challenging the three pillars supporting the traditional therapeutic process, namely visible face-to-face contact, talking and synchronous (i.e. instantaneous) interaction (Fenichel et al., 2002). The present research therefore concentrated upon uncovering whether or not psychology students regarded e-therapy as a

therapeutic service. Furthermore, given their career prospects, psychology students were assumed to understand why certain populations utilise online counselling. Since e-therapy has been argued to constitute solely the delivery of traditional counselling through a brand new medium (<http://www.metanoia.org>), eliciting responses related to Internet and online communication at large was also considered relevant for exploratory purposes. Finally, as e-therapy's ethical validity and efficiency was supposed to seat at the heart of participants' attitudes, psychology students were expected to provide possible solutions for future ethical regulations.

Methods

Design

Given the exploratory nature of the research subject, qualitative research methods were favoured. Since focus groups have been the fastest growing qualitative research method for generating new ideas in the last twenty years (Fern, 2002), this interview method was preferred. An exploratory framework was adopted, which dictated the moderating style and the question elaboration.

* All names have been changed to preserve the confidentiality of the respondents.

Question Elaboration

The review of the literature elicited the formulation of a dozen of statements, which were subsequently reduced to a number of six (Table 1). All questions were couched in neutral terms (Krueger, 1988). Questions were organised in a logical and sequential flow, where general questions funnelled into more specific ones.

Table 1: Focal Questions Utilised during Focus Groups.

- How do you feel about the developments of e-therapy?
- Can e-therapy be called therapy?
- What is therapeutic in psychotherapy?
- How does e-mail compare with other means of communication?
- Is e-therapy ethical?
- What can be done for safeguarding e-therapy users?

Participants

Mainly third year psychology students (93%) were recruited. Since the purpose of the research concentrated upon uncovering theoretical explanations, within-group homogeneity was favoured. Two males and twelve females participated in the two focus groups, each including seven respondents. Participants' age ranged from 20 to 48 years, with a mean of 31 years. An average level of familiarity with the Internet was represented, although the distribution was skewed towards proficiency.

Moderator

The researcher fulfilled the role of the moderator. He exerted a semi-directive control over the respondents' discursive flow.

Procedure

Both focus groups began with the moderator greeting all participants. They were asked to fill a demographic questionnaire. All respondents were informed about the purpose of the study and the importance of their contribution. The moderator then briefly introduced the problem and its context. Participants' comments were tape-recorded and minute by the moderator. After half an hour of discussion, the moderator called for the closing of the session. Five minutes were, however, conserved for any serendipitous questions during the debriefing stage. Respondents were indeed encouraged to make any further comments once the tape recorder was turned off. This method proved to be extremely fruitful as it did open some unexplored discursive vistas.

Discourse Analysis

125 units of analysis were identified during the two focus groups. The self-sufficiency of the arguments constituted the discriminative criterion. Once the units of analysis were identified, they were all grouped into 30 different categories. Reviewing the initial research questions, this number was further reduced to 5. Table 2 illustrates the distribution of the units of analysis per category. Each category will be discourse analysed and epitomised by interviewees' verbatim comments.

Table 2: Distribution of the Units of Analysis per Category.

Categories' Names	Quantity of Units of Analysis
Positive aspects of e-therapy	17
E-therapy is not therapeutic	58
Dangerousness of e-therapy	19
Why individuals are using e-Therapy?	4
Legality and confidentiality	27

1. Positive Aspects of e-Therapy

Paucity of arguments characterised this category. Expressed opinions centred upon recent changes in lifestyles (e.g. timesavers, accessibility and rapidity). This was reminiscent of the influence of the 'technologies of sociation' (Gergen, 2002), which have been argued to shape our lives in many respects. E-therapy was thus not envisaged as a positive innovation per se. It was solely portrayed as a timely adjunct to novel necessities.

It can be useful for business people, who don't have time to go to a normal therapy (Julie).*

Quick, brief and succinct... (Kelly).*

E-therapy could cure more people at the same time (Roger).*

The unique 'elasticity of communication' (i.e. asynchrony) (Barak, 1999) that e-therapy offers was also valued by the respondents. By providing patients with more intimate platforms of communication, it was argued to facilitate disclosure.

It's certainly more convenient to use than the normal services (Sally).*

It's good for people who cannot reach the normal services and for who it is cheaper (Carol).*

Additionally, e-therapy was portrayed as instilling more safety and security than the traditional approaches. However, a nuance was added to these

affirmations. Indeed, personality appeared to moderate such a relationship.

When it comes to confidentiality, you're confronted to exactly the same problems in normal settings (Tess).*

Some people might feel safer talking to a screen than in a face-to-face situation. It's down to individual differences, but it can help shy people for instance (Greg).*

2. E-therapy is not therapeutic

Consistent with the initial research question, many respondents expressed scepticism towards the efficiency of therapeutic interventions depleted from the three indispensable precepts of traditional psychotherapy (i.e. face-to-face communication, talking and asynchronous interaction).

It's the same phenomenon with chat room... I think it's ridiculous. You don't see the person. You don't interact with the person (John).*

The fact that you are so stressed not to see your therapist defeat the whole purpose of therapy (Molly).*

Personally, I wouldn't get any bonding. Imagine how pathetic is it, if you are crying over the Internet (Gene).*

How does the famous criterion of 'unconditional positive regard' indispensable in counselling, translate into that type of setting (Molly).*

By the time you received the answer, you already found an answer to your problem (Sarah).*

Unexpectedly, imagination appears to constitute an important factor impeding the unfolding of the e-therapeutic process. Indeed, virtual settings facilitate the creation of different personalities or the exploitation of various independent facets of one's character, which might lead, on the long-term, to identity dissolution. These concerns are reminiscent of Gergen's (2002) "protean being", described as multifaceted and nomadic.

You can compose and create e-mail over the Internet. You can say that you're blond when you're not (Nicky).*

That's impossible because you couldn't know whether or not the patients are not lying or hiding themselves behind the screen. It's sad for them, but it's only 'trickery against oneself' (Molly).*

Respondents were also suspicious of the genuine nature of the e-therapist's answers, whose potentially standardised quality was emphasised. Hence, the very professionalism of e-therapists was disputed.

But what's the time-scale of the therapists? If they receive too many messages, they are just going to send standard responses (Kelly).*

There is no personal handwriting. There are simply anonymous messages (Nicky).*

We just don't know what's behind the screen. They could be only standardised answers from a computer (John).*

You can compose and put anything in your messages. There are no instant responses and there are no slip of the tongues either (Tess).*

It's a bit like extending the agony of the person. You send a general question and you receive a general answer back (Gene).*

However, the existence of a "universal language of distress" was defended, and was presented as an invaluable tool for virtual practitioners. This affirmation parallels cognitive theories, where certain thought processes have been identified as symptomatic of clinical disturbances (Beck, 1976) Overgeneralisation, excessive responsibility and catastrophising epitomise such a universal language (Laszlo, Esterman & Zabko, 1999).

We cannot use body language, but there are plenty of words that are only used by depressed persons. Yes, ... there is a sort of universal language of distress (Nicky).*

Certain words are emotionally loaded. And there are the same for everyone (Lea).*

Personality traits and cultural characteristics were also posed as possible threats to the availability of e-therapy.

How does it work if some people 'somatise' their feelings? (Gene).*

Some people are more familiar with Internet than others... What happen to people who don't have access to Internet or who don't know how to use it (Roger).*

What about people speaking English as a second language? (Paula).*

Finally, many acerbic and emotionally charged comments envisaged e-therapy as tarnishing the reputation of psychology at large. These remarks extended to a general critique of the society that such technological pervasion would engender. They concentrated upon the transience of individuals, incapable of forming social relationships. They certainly corroborate the concept of "homeless minds" described by Berger, Berger and Kellner (1973).

By sitting at home and not stepping outside, we are going to become some bunch of couch potatoes...and socially backwards (Molly).*

It's the same problem with fast food. Either you take your time to cook yourself a good meal or you go to McDonald's. On Internet, they can only give you some quick, ready-made answers (John).*

That's home-delivery therapy (Mary).*

Why not text-messages counselling (Roger).*

It devalue and reduce psychology as a whole (Gene).*

It's a prostitution of the art (Molly).*

The aforementioned statements highlighted features of e-therapy shared by all technological revolution, where the assimilation of new technologies is solely saluted by fears and rejections. Changes in means of communication do not, however, imply radical changes in practice per se. Perhaps, psychology students' virulent reactions cast more light upon their concealed fears than upon any objective assessments of e-therapy. Given their career prospects, psychology students might feel threaten that their traditional ways of operating could become obsolete (<http://www.metanoia.org>). These rejections might, however, not survive the test of time. Indeed, a few respondents felt that even if today, it was regarded as controversial, e-therapy might certainly be adopted by the future generations.

I bet that in five years time, it will become the norm. It's exactly like porn! It's not a taboo as it used to be. (Nicky).*

3. Dangerousness of e-Therapy

E-therapy was also portrayed as a 'cure worse than the disease'. Respondents stressed the possible deleterious consequences associated with the use of online counselling. This dangerousness was mediated by the irremediable quality of such communication. Furthermore, the asynchronous nature of e-therapy and the absence of face-to-face interactions were suggested to engender catastrophes in extreme situations. This constitutes a common criticism addressed by various psychology scholars (Griffiths, 2002; Suler, 2002; Foxhall, 2000).

How does it work if someone is missing a word on the keyboard. It can completely change the meaning of what you want to say (Stuart).*

Serious cases of suicide would not be perceptible through the Internet (Clara).*

What can happen if the therapist is asking the patient to relive an experience or a trauma without knowing in which situation is the patient? He can have a knife close to his computer...Who knows? (Francine).*

Another unanticipated outcome, albeit reminiscent of the flourishing field of electronic-addiction (Griffiths, 1999a, 1999b), was that online therapy can become more addictive than curative.

Problems can become worse, and some people can get addicted to it (Rosy).*

It's just perpetuating people's misery (Molly).*

It's a double-edged sword. It can be positive but can also become harmful. Some can even get hooked...They can be addicted (Roger).*

4. E-therapy Users

Counter to initial predictions, respondents did not identify any specific population's strata in needs of online therapeutic services. At best, it was considered as an inappropriate way of tackling certain psychological conditions. At worst, isolation was envisioned as a vulnerability to ill-intentioned e-therapists.

There are no more places where people are isolated and get anything... In my village, if people are missing a pint of milk, they drive to the next town. And they can just do the same to see a therapist... Anyway, these rural areas tend to have their own way of preserving mental health in the community (Tess).*

It could maybe work for agoraphobics, but by staying at home, they wouldn't get much better (Mary).*

For isolated people or handicapped people, these therapists on the Internet can easy abuse them. There are easy preys for the quacks (Kelly).*

5. Legality and Confidentiality

The legality of online interventions constituted the focal of numerous exchanges and even touched upon the concealed intentions of the e-service providers. Proposed regulations corroborate existing ones (See the International Society for Mental Health Online, <http://www.ismho.org>).

We need a disclaimer from the BPS, for instance, providing the full details of the therapist (Christine).*

All psychologists need to be accredited... even on the Internet (Carol).*

Internet is just not policed enough. Just look at all the paedophiles... (Billy).*

E-therapy is in the spirit of giving 'psychology away'. But, in fact, they're making money out of it (Molly).*

Finally, the issue of confidentiality occupied 13 units of analysis. Even if some in-built suspicion seemed to be associated with allonline transactions and communications, they mainly revealed a distrust of electronic payments.

There is no confidentiality, all the details are given... (Rosy).*

Is it secure to pay through the Internet (Paula)?*

They can do whatever they want with your details: Break into your house... (Sally).*

Conclusion

Three hypothetical predictions were confirmed by the focus group interviews. Firstly, a general consensus evidenced the incapacity of respondents to envisage e-therapy as therapeutic. Secondly, as predicted the participants disputed the dubious legality and the ethical validity of such practices. Thirdly, consistent with previous research (Davies, 2002; Sampson, 1993), personality fragmentation, e-therapists' standardised answers and the addictive nature of e-therapy were stressed by the participants. Alongside these confirmations, a few unexpected outcomes also spring from the study. First and foremost, the virulence of the participants' comments was striking. Indeed, their comments extended to criticisms of the entire social zeitgeist embodied by e-therapy. As suggested earlier, it is worth noting that such acerbic reactions are more likely to reflect the doubts of psychology students learning an art affected by structural changes than an objective assessment of the problem under scrutiny. However, one should not jump to conclusions, as psychology students tend generally to be highly critical of social issues at large. Another serendipitous outcome was the paucity of comments related to the population's needs for e-therapy. Albeit 'elasticity of communication' was advanced as a positive aspect of this medium, both groups rapidly reached a general consensus, where no population's strata could be identified as benefiting from the emergence of e-therapeutic services.

However, the present findings should be approached cautiously. Indeed, the scarcity of comments supporting e-therapy might reflect the unpopularity of electronic communication among psychology students, who are typically studying human and social interactions. The fact that several positive comments were nevertheless expressed at the beginning of each group evidenced the irrefutable existence of pro-e-therapy attitudes among the respondents. However, the fierce controversies surrounding the subject led certain respondents to inundate the interviews with

emotionally charged statements. Both focus groups were therefore typified by a tendency to reach an early consensus, which often remains unchallenged. Additionally, the fulfilment of the role of moderator by the author jeopardises the veracity of the advanced conclusions. Victim of the observer bias, the author's presuppositions might have generated subjective gathering and further analysis of the data. Otherwise, the face validity of the present study remains robust. The ecological validity, on the other hand, is certainly plagued by the sampling method. These findings solely reflect psychology students' attitudes, and can not be generalised to the rest of the population. More exploratory research would consequently be required to investigate other occupational strata.

Virulent and entrenched opinions surrounding e-therapy have been uncovered by this exploratory study. Obviously, e-therapy is not a panacea. Its empirical validity is indeed yet to be demonstrated (Maheu & Gordon, 2000). However, debates regarding whether or not e-therapy is therapeutic are fading away as this type of interventions has already become the method of predilection of thousands of persons throughout the world (Kovalski, 1999; Laszlo, Esterman, & Zabko, 1999; Alberta Alcohol and Drug Abuse Commission, 1999; <http://www.samaritans.org.uk>). While the e-revolution appears inexorable, the real question is becoming increasingly more pressing. How can one regulate such developments? Unfortunately, the present focus group interviews solely extracted existing regulations (<http://www.ismho.org>). For e-therapy to be ethically viable however, these basic regulations would need to be enforced, which is far from being the case. All e-therapists should, for instance, provide web page URLs of the relevant institutions attesting their qualifications. More research is therefore needed to gather clients' and professionals' opinions in order to inform and ameliorate the current ethical status of e-therapy.

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From Theory to Practice

A Solidão na Terceira Idade

Paula Marques
& Cláudia Barbosa

*"I don't know how to grow old gracefully,
but I do know how to grow old quietly" ¹*

A solidão é um conceito vago que se reveste de muitos significados. Weiss (1973) afirma que a solidão não é apenas um desejo de relação mas da relação certa, podendo ocorrer concomitantemente com actividades sociais.

Para Perlman e Peplau (1982), a solidão é "uma experiência desagradável que ocorre quando a rede de relações sociais de uma pessoa é deficiente nalgum aspecto importante, quer quantitativa quer qualitativamente". O âmago da solidão é a insatisfação em relação ao relacionamento social, não obrigatória nem necessariamente relacionada com o isolamento objectivo. Mesmo a própria noção de isolamento abrange formulações distintas como em termos de tempo passado só, falta de relações sociais, falta de contactos com familiares e existência ou não de um "confidente".

Portanto, a solidão reflecte essencialmente uma discrepância subjectiva entre os níveis de contactos sociais desejados e realizados, podendo atingir dimensões psicopatológicas.

Se bem que alguns estudos mostrem uma maior associação da solidão a faixas etárias jovens, não se pode excluir a importância desta temática nos idosos, até pelo crescente envelhecimento das populações ocidentais acompanhado pela degradação das condições deste grupo numa sociedade que tem por arquétipos a juventude e a produtividade.

Contudo, deve-se evitar o erro de estigmatizar a solidão nos idosos, não só pelos resultados divergentes da investigação mas também pelo carácter multifactorial destas vivências. Na verdade, falar-se em população idosa como entidade global é bastante enganador, se não forem tidas em conta as clivagens naturais em função de variáveis como: sexo, estado civil, estrato socio-económico, residência, que tão profundamente influenciam o comportamento nesta idade.

Por exemplo Barreto (1984), num estudo com cerca de 300 idosos realizado no concelho de Matosinhos, concluiu que o processo de desligamento social é mais frequente nos casados e

acompanha-se, regra geral, de um reforço da ligação ao cônjuge, que no homem toma frequentemente a forma de dependência em relação à mulher. Já, paradoxalmente, a mulher que vive só mantém as suas ligações sociais até bastante tarde, ao contrário da que vive com a família.

De facto, as idosas residentes em lar alheio, quer sejam casadas quer sejam viúvas, podem experimentar um sentimento de "prisão ao lar". Espera-se da mulher que continue a desempenhar tarefas definidas enquanto a saúde lhe permitir, tais como cuidar dos netos, zelar pelo arranjo da casa e preparar refeições. Além disso, a idosa sente-se vigiada e não quer expor-se a críticas. Como tal, é praticamente impossível manter, após a mudança para casa dos filhos, os contactos com amigas que vinham tendo até essa altura. É de salientar o contraste com os homens acolhidos em casa dos filhos, que continuam, a sair e conviver socialmente sem dificuldades.

Segundo este autor, as causas da solidão parecem ser dissemelhantes em ambos os sexos: no homem a reforma e na mulher a viuvez, o habitar só e o baixo nível económico.

Esta solidão é mais frequente nas mulheres, mas em termos afectivos é mais profunda nos homens. Isto talvez porque no homem o isolamento surge como algo forçado, o que lhe causa frustração perante a constatação de ter deixado de ter uma função definida no seu lar. Trata-se, pois, de um isolamento sofrido como uma condição negativa, uma privação sem sentido, ao passo que na mulher parece encarar este isolamento de forma mais natural, para o qual se preparou durante longos anos de vida.

As viúvas, tal como as solteiras, mostram significativa diminuição de contactos diários. Esta solidão é muito mais acentuada quando se recusam a mudar para casa dos familiares, provavelmente receando a perda de liberdade, a sobrecarga de trabalhos domésticos, a responsabilidade pelos netos a seu cargo e a própria dependência e sujeição que a nova situação lhes vai acarretar.

1 relato de um idoso americano com 103 anos a residir num lar in *Burnside*, 1979

Parece que, para grande número de mulheres viúvas, somente quando é manifestamente impossível permanecer na antiga residência (devido à existência de doença física incapacitante ou insuficiência económica) é que aceitam ser acolhidas no lar dos familiares.

Barreto refere ainda os níveis mais elevados de solidão em classes mais baixas por haverem poucos interesses específicos bem como uma baixa capacidade de ocupação em actividades de satisfação pessoal. Tal poderá estar relacionado com a sua fraca ou inexistente instrução escolar bem como falta de experiência anterior em actividades de ocupação de tempos livres.

Hyams (1969) defendeu a solidão como sentimento frequente na população idosa, a qual pode exercer uma profunda influência no agravamento das componentes emocionais da doença através de sentimentos de insegurança e eventualmente de apatia.

Os estudos feitos nos últimos vinte anos sobre adaptação e satisfação na vida avançada referem-se à importância dos factores cognitivos, designadamente a avaliação do carácter de ameaça ou da gravidade de uma perda que é feita pelo indivíduo em função das suas motivações e sobretudo da sua experiência passada (Capi e Elder, 1986). Lazarus (1983) afirma: "não é meramente a alteração objectiva ligada à idade, mas sim o seu significado subjectivo que afecta a adaptação". E esse significado tem que ver com os obstáculos encontrados no passado e a maneira como a pessoa conseguiu, ou não, vencê-los; tem que ver, portanto, com a auto-imagem do indivíduo, para a qual concorrem sucessos da sua história pessoal e também a forma como ele é tratado por aqueles com quem se relaciona de perto. As implicações destes conceitos na prevenção são bastante claras. Para proporcionar uma maior satisfação de viver às pessoas idosas é sem dúvida importante remediar as suas privações e melhorar o seu bem-estar material. E para isso é essencial que elas possam confiar em alguém.

Nesta linha, Murphy (1982) afirma que todas as adversidades podem concorrer para a depressão; o factor decisivo seria uma personalidade vulnerável, que se caracterizaria por uma dificuldade em entrar em relação íntima com outrem. Aqueles que mantêm essa intimidade com um "confidente" seriam, em regra, capazes de suportar as suas privações.

Burnside apresenta como factores de solidão: isolamento geográfico ou linguístico, diferenças culturais (emigrantes), estilo de vida solitário, doenças, proveniente de perdas, morte iminente. Afirma também que o mecanismo da negação é frequentemente operante quando uma pessoa idosa não admite a solidão. Os idosos habitualmente têm dificuldades em exprimir os seus sentimentos, sendo o seu comportamento um melhor indicador.

Um técnico de saúde mental irá encontrar idosos sós quer na comunidade quer em instituições.

É opinião corrente que o isolamento social concorre poderosamente para o aparecimento de doença mental na pessoa idosa. Daí a tendência a pensar-se que residir em lares de parentes ou em instituição colectiva seria preferível, do ponto de vista preventivo, a habitar só.

Contudo, Paúl (1992) num estudo sobre a satisfação de vida em idosos residentes em diferentes ambientes verificou que os idosos residentes em lares tendiam a sentir-se mais sós e insatisfeitos, afastados das suas redes sociais num dia-a-dia monótono e sem esperança ou investimento no futuro terreno. Em contrapartida, estavam menos agitados e tinham atitudes mais positivas relativamente ao envelhecimento. Os resultados indicavam que os idosos a residir na comunidade não tinham o apoio adequado, mesmo para a realização das tarefas de rotina, o que pode explicar o seu baixo bem-estar psicológico.

Neste mesmo estudo verificou-se que os idosos analfabetos, principalmente os residentes nos lares, vêem acrescida a sua solidão, pela dificuldade que têm no acesso à informação, escrita e mesmo falada, reforçando ainda mais o seu isolamento.

Nas conclusões do estudo, a autora afirma o sentimento de solidão como o aspecto central de toda a problemática relativa ao bem-estar subjectivo do idoso, tendo sido frequente a verbalização deste sentimento independentemente do respectivo contexto. "Sem objectivos de vida para realizar e muitos deles sem rigorosamente nada para fazer, com uma rotina o mais das vezes penosa e solitária, ou se sentiam acompanhados por algum Deus ou se sentiam irremediavelmente sós a cumprir um destino inexorável. Nas situações em que o quotidiano continuava a constituir um desafio e a saúde o permitia, os idosos, mesmo vivendo sós, mantinham-se satisfeitos com a vida" (Paúl, 1996).

O meio urbano, ao gerar diferentes dinâmicas de relacionamento entre os indivíduos, tende a marginalizar os mais fracos e desfavorecidos, incapazes de manter o seu ritmo e a apagá-los, retirando-lhes qualquer visibilidade social.

Envelhecer na cidade é arriscar-se a acabar os seus dias cada vez mais só. Os idosos já não ocupam o lugar que tinham há sessenta anos. O respeito tornou-se menos profundo. Tem-se experiência mas é-se ultrapassado pelos jovens em matéria de conhecimentos; daqui advém o preconceito que nutrem os chefes de pessoal contra a colocação ou permanência no trabalho de um quinquagenário deixando caminho aberto à sensação de inutilidade.

Apesar da boa vontade, os filhos não têm hoje as mesmas possibilidades que antigamente de tomar a seu cargo os pais idosos tanto mais que, na cidade, existe frequentemente o problema do

alojamento.

Em Paris, por exemplo, muitas mulheres idosas vivem nos últimos andares de prédios muito antigos (80% construídos antes de 1914) o que em parte explica o seu isolamento. Estas mulheres evitam a todo o custo subir e descer escadas ou utilizar os meios de transporte concebidos apenas para pessoas ágeis.

Para muitos idosos, as redes sociais de apoio são frágeis, cenário porventura agravado pelo suporte familiar insuficiente, quando não perturbador. A intervenção formal do Estado e Autarquias, nas suas vidas, limitou-se com frequência à criação de novos espaços residenciais que não reflectem as necessidades e valores das pessoas a que se destinam. Não houve criação de equipamentos e serviços e, muito menos, a implementação de uma nova pedagogia de convivência que provocasse uma mudança de cultura, promovendo outras solidariedades.

Face à ruptura de equilíbrios tradicionais, em que o cuidar dos idosos constituía uma das responsabilidades das famílias e o envelhecer era um processo integrado num ciclo de vida/trabalho, bem mais curto e simples, será necessário intervir para encontrar novos equilíbrios adequados à situação actual.

Nos anos mais próximos haverá ainda várias gerações de idosos, com elevados índices de analfabetismo e afastamento face aos progressos tecnológicos e sociais do presente, que exigirão um esforço redobrado de apoio.

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Development and Types of Infant Play

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Although anyone can easily recall their own childhood playing and the pleasure associated with it, few and far in between are those able to explain the role played by such games (excuse the pun) (Smith, 1986a, 1986b, 1995). Psychologists from different schools of thought have studied children in several ways in order to discover the underlying mechanisms at work when it comes to play. However, no proper agreement has been reached so far to choose a proper definition of play and its different types (Corsini, & Auerbach, 1998). Parallels will hence be drawn between Howes, Unger and Beizer Seidner's (1989) study and several other controversial pieces of research. Attention will be given to the lack of agreement among psychologists over the definition of the term play. Light will finally be cast over the two main types of play in infancy: play with motion and pretence.

First of all, what is striking in this field of psychology is the lack of agreement between psychologists when it comes to define the meaning of play (Butterworth, 1995). Corsaro (1985), for instance, refers to play "as activities not performed for the sake of any result beyond their own production". Another approach to this topic was to ask children what actually they mean by 'play'. King (1979) conducted such questionnaires in four kindergarten classes in the USA. Children were observed and then asked if the activity they were involved in, were 'work' or 'play'. According to King (1979), children stated clearly that what was assigned by the teacher was 'work', rather than the tasks without any direction from the teacher were labelled as 'play'. It is worth noting that the activities children appreciated the most were by far the ones labelled 'play'. Play appears indeed to be an indispensable ingredient of the school environment. However, in the light of the latter experiment, it seems that children are acquiring the use of the terms 'play' and 'work' from teachers' usage of the terms with them. Hence this leads to another question: how do adults conceive the concept of 'play'?

Several attempts have been done to define play. But there is no one definition of play per se (Smith, Takhvar, Gore, Vollstedt, 1986). Rather, there are various overlapping criteria. The more of these criteria are present, the more certain it is that an observer will regard a given behaviour as play. In those lines, Smith and Vollstedt (1985) determined five criteria. First, the intrinsic motivation refers to

the fact that an action is done for its own sake and not brought about by basic bodily needs or by external rules or social demands. Second, the positive effect indicates that the behaviour is pleasurable and enjoyable to the infant. Third, the behaviour should be nonliteral, i.e. it is not carried out seriously, but has an "as if" or pretend quality. Fourth, the behaviour is characterised by means rather than ends, which signifies that the child is more interested in the performance of the behaviour itself than in its outcome. Finally, the flexibility stands for the amount of variation in form or context that a play is usually displaying. This list of criteria should be understood as a flexible consensus allowing the reader to qualify any types of play. Obviously, since defining play leads to several disagreements, classifying the different types of plays will be even more controversial.

The evolution of play in infancy is a gradual process. Eckerman, Whatley, Kutz (1975) observed a small play group of infants over several months and found that the forms of activity gradually shifted from objects to other children. By 18 months, children had learned how to co-operate and take turns with a playmate in both complementary sequences and imitative ones. Over the second year of life, children begin to include symbolic elements in their interactions with peers. Social Pretend Play requires the child to manipulate symbolic transformations (Howes, Unger, & Beizer Seidner, 1989). Hence, communicating to a partner this type of symbolic information represents an intersection of cognitive and social development. Achieving common understanding of nonliteral messages presents indeed a challenge to communication. Thus, it appears obvious that toddler-age children engage in complex social play before they are able to engage in integrated social pretend.

According to Howes, Unger, and Beizer Seidner (1985), one can distinguish five stages in social pretend play. These different levels were developed through live observations of children in pre-school. At the age of 12 months, infants are able to play in parallel and to respond to each other through eye contact and smile. Then, at 15 months old, infants are playing with blocks and are taking turn in social-exchange. From 20 to 24 months old, infants are able to respect rules when they are playing in structured environment. From 24 to 30 months, infants start to play with a common goal and hence

to co-operate. Finally, after 30 months of age, infants start to play activities, which involve a differentiation between leader and followers. Through this evolution one can mainly distinguish two types of play: rough and tumble and pretence (Bruner, Jolly, & Sylva, 1976; Bryant, & Colman 1995). However, there is still a certain degree of disagreement among psychologists to determine the exact age of development of role-playing. Following a psychoanalytic tradition and Bowlby's theory of attachment (1998), Fagot and Pears (1996) affirm that representational play develops during the second year of life.

The running, jumping, and skipping of children at recess is free of constraint and almost contagious in its expression of well being. Motions are indeed the first amusements adults offer to infants (e.g. babies are jiggled up and down on the knee). Not even in the first four months of life infants receive playful adult attention passively (Hanna, Meltzoff, 1993). The infant keeps control of the situation thanks to joyful gazes, which constitute integral part of the interaction. The proper explorations with motions do not appear to be shared with agemates until well into the second year of life. At that age, infants can interact using alternating, repetitive patterns of actions, such as following and leading or imitating one another's movements.

Ethologically speaking, play involving motion and sensation is the aspect of play that human beings are actually sharing with animals (Garvey, 1991). However, not all animals are playing. The species that are highly specialised to their specific environment like ants or bees show little if any play. Instead play seems to be associated with the potentiality for adapting to changing circumstances. What ethologists call the 'highest' animals, which are the only species displaying any form of play, are the mammals. First, these animals are characterised by a long period of maturation and dependency on a caregiver. Secondly, their offspring have an increased reliance on learning by observation and imitation. Just like human beings, play in animals tends to decline in adolescence and few adults engage in play, except with their immature offspring. It is thus likely that the functions of play are closely related to learning and early development. The pattern motivating young animals to play appears to be the following sequence (Fenson, & Schell, 1986). First, novelty excites their curiosity. Then, the offspring investigate the cause of the novelty and thus launch themselves in a sort of exploration. Third, once a new object, a novel place, or a new activity is mastered, young animals play with it in order to go beyond mastering the task and thus incorporating it to their own routine (Garvey, 1991).

On the other hand, role-play activities are often a reflection of the desire of the children to "play a reality" (Harris, 1993). Corsaro (1985) had observed 146 role-play episodes. Out of this research, he distinguished two types of role-play. First, what he

called the anticipatory childhood drama involves taking a position, which exists in society, such as teacher. Second, the fantastic childhood drama refers to the activities which involve taking on roles which they cannot be expected to encounter in later life (e.g. pirates). In the way they play roles, clear status are exhibited, the highest status interactant always spend a great deal of time maintaining control over low status interactant. Those who played the lowest status such as babies for instance, do not merely respond to commands but often directs the flow of the interaction with purposeful misbehaviour, and hence directly contributes to the continual exertion of authority, which typified cross-status interactions. Although children seem to internalise the superordinate position of the adult-child, self-other system, they appear to lack knowledge about role expectations. The duties they are miming, are indeed often embodied in short 'scripts' in the role-play scenes.

Having analysed different perspectives, no clear definition of play can be given. One can, however, be satisfied with Smith, Takhvar, Gore, and Vollsdedt's (1986) five criteria. Albeit the evolution of the different part of plays is by the same token subject to discussions, two types of plays can nevertheless be distinguished: those involving motions and sensations, and the role-play. The focus of the paper has been towards the normal development of the play capabilities of the infants. Unfortunately, the reader should bear in mind that some infants could be delayed in the acquisition of the competencies. In that case, the intervention of a play therapist is often necessary to re-establish a normal social and cognitive development (Alvarez, & Phillips, 1998; Schaefer, 1986; Troster, & Brambring, 1994).

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Questões de Intervenção Psicológica Com Casais

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*"O objectivo da terapia marital é
aumentar o termostato emocional do casal (...)."*
(Whitaker, 1981, In Sampaio, Gameiro et al., 1998)

O estudo das relações de casal é ainda uma temática pouco estudada por investigadores portugueses. No entanto, parece verificar-se, na nossa sociedade, uma necessidade crescente de procura de ajuda por parte dos cônjuges, o que acentua a importância de um conhecimento profundo ao nível da conjugalidade, sobretudo com finalidades de intervenção. O aumento que se tem verificado nas taxas de divórcio é um aspecto que acentua a necessidade de investigar e compreender a dinâmica das relações conjugais e os factores a ela associados.

As questões relacionadas com a intervenção assumem particular importância se tivermos também em conta a tendência crescente do número de casais que procuram ajuda, tendo em vista a resolução das suas dificuldades. Neste sentido, parece estar a ultrapassar-se a ideia de que os problemas num casamento são atribuíveis apenas a um dos elementos (Sampaio, Gameiro et al., 1998). A importância da intervenção assume também uma relevância particular se tivermos em conta que a insatisfação conjugal tem repercussões a vários níveis, para além do familiar: biológico, psicológico, social, profissional.

Parece-nos necessário ter em conta o casal como um todo e cada elemento separadamente, pois só desta forma se conseguirá uma melhor compreensão da dinâmica relacional. Tendo em conta que o todo é maior do que a soma das partes e a soma das partes é maior do que o todo, adoptar uma perspectiva dialéctica tende a ser a melhor forma de articular as inúmeras variáveis inerentes à relação conjugal, com o objectivo da intervenção se adequar às necessidades de cada casal, especificamente.

"Na nossa experiência e na nossa prática enquanto terapeutas familiares temos tendência para considerar a união conjugal inserida no quadro de uma relação familiar mais ampla. A unidade escolhida preferencialmente é o conjunto das três relações (avós, pais e filhos) mesmo que o pedido da terapia tenha sido formulado a partir da díade marital. Esta perspectiva resulta da nossa hipótese

de que é difícil compreender as dificuldades actuais da relação conjugal sem ter em conta o passado individual de cada um e a justaposição actual dos dois puzzles (...). Quando temos um pedido de intervenção, feito por um elemento do casal, centrado na problemática da relação, procuramos desde o início redefini-lo em termos de conjunto familiar, ligando o problema que nos trazem aos puzzles passados e às peças dispersas da actualidade." (ibid). Esta perspectiva acentua a necessidade do casal ser visto num sistema mais amplo, dados os factores que sobre ele agem (e vice-versa). Neste sentido, torna-se importante uma visão sistémica da realidade em que o todo não é igual à soma das partes, nem as partes representam o todo. Assim, apesar da intervenção conjugal se centrar, naturalmente, nos problemas surgidos a partir da interacção entre dois elementos que mantêm uma relação de intimidade, esta díade marital não pode ser vista de forma isolada. O sistema conjugal encontra-se, assim, relacionado com os sistemas familiares anteriores, o que pode levar a considerar que a terapia conjugal pode ser vista como um caso particular da terapia familiar.

Na primeira consulta é definido o pedido do casal, solicitando a cada elemento que o exprima de forma clara, concreta e individual. Procura-se, depois, explorar a história da relação, desde o momento em que se iniciou até ao presente, com o objectivo de compreender a relação conjugal, as expectativas que cada um levou para a relação e avaliar o grau de diferenciação de cada elemento face à família de origem. Esta centração em situações passadas direcciona a atenção do casal para períodos positivos na vivência conjunta, o que poderá contribuir para o desenvolvimento de uma imagem menos ansiogénica das dificuldades conjugais. O objectivo fundamental da primeira consulta não é apenas a recolha de informação, mas a criação de um primeiro momento de mudança psicoterapêutica (ibid). O desenrolar da intervenção, ao longo das várias sessões, não passa por "receitas" ou métodos padronizados, sendo direccionada pelas necessidades específicas do casal e pela avaliação feita pelo terapeuta. "A avaliação é importante, quer para o psicoterapeuta

quer para o casal, na medida em que permite delinear o curso do processo de intervenção (...). É necessário, então, especificar que a avaliação é uma parte integrante e fundamental da psicoterapia." (Costa, 1994).

Os problemas do casal referem-se, frequentemente, a queixas relativas à falta de intimidade, dificuldades de comunicação e incapacidade de resolução de problemas e conflitos (ibid). A terapia deverá representar uma experiência de crescimento para os cônjuges. O terapeuta nunca poderá afirmar o que os elementos do casal devem ou não fazer, uma vez que cabe ao casal tomar iniciativas de mudança. O terapeuta deve ser visto como criador de alternativas, catalisador de afectos e facilitador de interações. "Uma das funções da terapia de casal é também a de (...) fazer despertar num elemento o desejo de descoberta do outro, sem que ambos receiem perder a sua individualidade." (Sampaio, Gameiro et al., 1998).

Uma outra estratégia, diferente da intervenção em situações de crise de que temos falado, poderá passar pelo desenvolvimento de programas de educação conjugal, destinados aos períodos de pré, neo e pós casamento, funcionando de forma preventiva de situações geradoras de stress (Costa, 1994).

Fincham & Beach (1999), a partir de uma revisão de estudos, realizados no âmbito do comportamento conjugal ao longo dos últimos vinte e cinco anos, identificaram a importância de três componentes principais nos programas de prevenção no âmbito das relações conjugais.

A primeira componente baseia-se no facto dos comportamentos de defesa estarem subjacentes à adopção de comportamentos de fuga e enfatiza a importância da tomada de consciência da adopção de comportamentos defensivos (auto-protectores). Como forma de promover alternativas à adopção de agressividade, depreciações e reacções de ataque salienta a importância da aprendizagem de competências relacionais.

A segunda componente refere-se à importância da sensibilidade na relação com o outro. Partindo do pressuposto que existem receios que motivam a adopção de comportamentos de defesa, torna-se importante que a exposição a medos, como forma de reduzir o seu poder e prevenir interações disfuncionais.

A terceira componente refere-se à importância de ajudar os casais a perceberem que as relações estão em constante mudança, promovendo uma teoria da relação em que o objectivo é a satisfação conjugal. As atribuições negativas ao parceiro, associadas a expectativas reduzidas de auto-eficácia influenciam negativamente a relação conjugal. Neste sentido, torna-se particularmente

importante a promoção da tolerância face a falhas e situações de desilusão desencadeadas pelo cônjuge. Assim, torna-se útil a utilização de metáforas, humor e o desenvolvimento de alternativas à interpretação do comportamento do outro.

Birchler et al (1975, In Fincham & Beach 1999) concluiu que os casais disfuncionais não são caracterizados por défices de competências. Neste sentido, salienta que as intervenções não se devem centrar no treino de competências, mas na promoção do insight como forma de cada elemento do casal reconhecer os seus medos e as razões de recusa de resolução de problemas, "focusing on taking care of one's self first".

Uma dimensão particularmente importante na intervenção com casais é a comunicação que pode ser vista como preditora da disfuncionalidade, uma vez que reflecte a forma como o casal concebe e mantém esforços para a manutenção da relação. Gilbert, L. & Walker, S. (1999, In Adams & Jones, 1999) salientam a importância da comunicação nas relações conjugais, que assume um papel particularmente relevante na negociação de regras entre o casal e no pedir e receber apoio. Partindo do pressuposto que o investimento e a estabilidade são influenciados pelo género sexual que, por sua vez, reflecte discursos e estereótipos sociais, identificaram dois tipos de discursos: o discurso tipicamente masculino e o discurso igualitário. Neste sentido, um dos focos da intervenção deverá ser a comunicação conjugal, procurando promover alternativas de comunicação que atenuem eventuais estereótipos reflectidos nos discursos dos cônjuges, os quais podem ser geradores de disfuncionalidade.

Salienta-se, também, a importância da promoção de uma visão conjunta da vida e do futuro do casal, baseando-nos em Stanley et al. (1999, In Adams & Jones, 1999). Este autor chama a atenção para o facto de elevados níveis de compromisso e satisfação estarem relacionados com a partilha de histórias, permitindo a formação do "património do casal". Por outro lado, casais infelizes tendem a tomar decisões isoladamente, construindo "guiões" de vida individuais. Neste sentido, os autores salientam a importância da intervenção conjugal encorajar os casais a despendem tempo para contarem histórias um ao outro, construindo um "guião" conjunto, como forma de desenvolvimento de uma visão positiva do futuro, da relação e do crescimento a dois, reduzindo o medo da ruptura conjugal e promovendo o investimento, a satisfação e a estabilidade conjugal. É caso para dizer: "conte-lhe histórias...!".

Os casais com elevada satisfação conjugal parecem ser os que mais solicitam apoio psicoterapêutico, particularmente quando atravessam períodos de conflito ao longo da sua vida conjugal. Estes casais tenderão a desenvolver comportamentos no sentido de uma busca contínua

da satisfação e da melhoria da relação.

Os indivíduos que tendem a perceber a ruptura conjugal de forma negativa, não valorizando os aspectos positivos da relação, talvez sejam os que tendem a sentir mais dificuldades de investimentos futuros numa outra relação e os que tendem a procurar ajuda, seja junto de familiares ou amigos, ou uma ajuda mais especializada como o apoio psicoterapêutico. Nestes casos, o terapeuta deverá começar por promover o investimento na própria terapia, demonstrando ao cliente a sua capacidade de investir em novas relações, representando a intervenção uma forma de ensaio de novas relações e sendo a psicoterapia, em si, uma poderosa arma para promover o investimento em novas relações e em novos contextos, que não o psicoterapêutico.

A necessidade de recorrer a um apoio especializado, tendo em vista a melhoria da relação conjugal, parece estar relacionado com o desejo de compromisso na relação conjugal, ou seja, a procura da terapia pode ser vista como um investimento na própria relação. Isto é, parece-nos que o facto de um casal recorrer a uma terapia pode revelar, por si só, uma forma de investimento na relação.

Alguns estudos indicam que o recurso à terapia conjugal produz efeitos positivos, reduzindo a ansiedade e mal-estar conjugal, produzindo mudanças no comportamento e na satisfação conjugal a curto prazo. Contudo, a terapia conjugal parece também produzir efeitos positivos a longo prazo (Christensen & Heavey, 1999). A terapia conjugal parece ainda ter uma maior eficácia do que a intervenção individualizada com cada cônjuge e há maior probabilidade de êxito se os elementos do casal forem jovens, estiverem emocionalmente comprometidos e apresentarem menor grau de stress no início da intervenção terapêutica (Relvas, 2000).

Para finalizar, importa salientar que o principal objectivo da terapia de casal é ajudar os cônjuges a reencontrarem-se com o "nós" que, por vários motivos e circunstâncias, se perdeu ou diluiu, e não a apaixonarem-se porque o psicólogo não tem "varinhas de condão".

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Balanço de Competências: uma valorização das aprendizagens ao longo da vida

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"O balanço de competências pressupõe que os sujeitos desenvolvam ao longo da sua existência conjuntos de competências - em sentido lato, compreendendo, por isso, saberes, saberes-fazer, saberes-ser e até saberes-tornar-se (...)"
(Imaginário, 1997)

"O balanço de competências constitui a oportunidade para o indivíduo (empregado ou desempregado) para fazer a auto-avaliação do seu percurso profissional, pessoal e social. Tomando como ponto de partida a sua situação profissional actual, o indivíduo terá oportunidade de reflectir sobre o projecto percorrido bem como delinear projectos futuros..." (Imaginário, 1997).

O que é então o balanço de competências? Para compreender esta designação é necessário clarificar os significados das palavras balanço e competência. Desta forma, pode entender-se balanço como um estado de indecisão, em que se analisam os aspectos positivos e negativos de algo, neste caso, da vida pessoal e profissional.

A competência é mais difícil de definir, pois pode entender-se o conceito num sentido mais amplo ou num sentido mais específico. Assim, num sentido mais amplo, a competência pode ser entendida como a capacidade de realizar uma tarefa num determinado contexto e transferir os conhecimentos que lhe estão subjacentes para outros contextos e tarefas. A competência entendida num sentido mais específico é vista como a capacidade de se realizar uma tarefa em particular em condições específicas e pormenorizadas com a exclusão dos conhecimentos e compreensão dos mecanismos que lhe estão associados (Imaginário, 1997).

Posto isto, convém definir o que é um balanço de competências. Assim, tendo em conta o que anteriormente foi referido, poder-se-á afirmar que o balanço de competência é um processo em que se analisam os pontos fortes e pontos fracos de determinadas competências do indivíduo, as quais podem ser gerais ou específicas. O balanço de competências assenta numa atitude voluntária da pessoa e é um processo activo, personalizado e complexo, no qual se articulam as dimensões pessoais e sócio-profissionais. Este processo envolve "profissionais que suscitam a produção de elementos de exploração e análise relacionados com os saberes e as competências adquiridas pelos

sujeitos indispensáveis à construção de projectos profissionais. Nesta intervenção tem-se em conta a adaptação e individualização do processo a cada sujeito, além de ser um processo de valorização de si próprio, que visa um melhor futuro profissional e pessoal. Os objectivos estabelecidos ao longo do processo de balanço de competências vão sendo adequados ao indivíduo e à fase do processo. O objectivo último é a construção/elaboração de uma síntese do balanço, formalizando um plano de acção para a concretização dos projectos profissionais do indivíduo alvo do balanço de competências (Castro, 1998).

O balanço de competências "deve permitir analisar as competências profissionais e pessoais, assim como as aptidões e motivações (de um sujeito) a fim de definir um projecto profissional e, quando for caso disso, um projecto de formação." (Imaginário, 1997).

Em Portugal existe um elevado número de adultos pouco escolarizados ou com défices de habilitações, se apenas tivermos em conta as aprendizagens em contextos formais, o que não significa que muitos deles não desempenhem com êxito as suas tarefas enquanto profissionais. O reconhecimento das suas capacidades, adquiridas formal e informalmente, através de uma certificação com validade social, poderá constituir um incentivo ao prosseguimento da formação, tendo em vista níveis superiores de educação e qualificação profissional.

Antes de mais importa também fazer a distinção entre aprendizagens formais, não formais e informais. Aprendizagens formais são aqui entendidas como ocorrendo em instituições de ensino e formação, levando a diplomas e certificações reconhecidos pelos sistemas de educação e formação. As aprendizagens não formais são todas aquelas que ocorrem em paralelo com os sistemas de ensino e formação, não garantindo uma certificação formal. Por último, as aprendizagens informais são as que decorrem da

vivência quotidiana, podendo não ser imediatamente reconhecidas, por parte dos próprios indivíduos, como contribuindo para o enriquecimento dos conhecimentos e/ou aquisição de novas competências e não são necessariamente intencionais.

"As práticas de BC em Portugal aparecem muito centradas nos activos (empregados ou desempregados) pouco qualificados, escolar e profissionalmente, que demonstram alguma dificuldade na mobilização pessoal para estas acções tão exigentes quão autodirigidas." (Castro, 2002). Neste sentido, apesar do balanço de competências se destinar à população em geral, os adultos pouco escolarizados têm vindo a ser os grandes destinatários deste tipo de intervenção, sobretudo quando os objectivos se centram na certificação profissional. Assim, são geralmente trabalhadores desempregados de longa duração, recém-desempregados ou oriundos de empresas em reestruturação/reorganização correndo risco de desemprego ou de reafecção de outros empregos, na empresa onde trabalham ou noutra.

Devido a um conhecimento reduzido da existência desta metodologia em Portugal por parte da população, parece ter lugar, frequentemente, em casos intervenção remediativa, o que acentua a importância de uma atenção particular à primeira fase do processo, nomeadamente à explicitação do que é e em que consiste o balanço de competências. No caso de adultos pouco escolarizados, o risco de abreviatura das designações e de leituras distorcidas torna-se acrescido, sendo importante ter uma atenção particular a este aspecto, promovendo um conhecimento e divulgação social desta prática de forma o mais rigorosa possível. "O BC, no caso dos seus destinatários, parece estar mais à medida de quem faz (e vende) o fato do que de quem o usa (e compra)...! Esta é provavelmente uma das razões para a dificuldade em "explicar" o BC e envolver activamente os seus destinatários na sua utilização como recurso de gestão de carreira." (Castro 2002).

Quanto mais generalizada for a população-alvo do balanço de competências, mais os indivíduos tenderão a valorizar com os seus saberes, bem como com o seu valor pessoal e papel activo na construção contínua dos seus projectos de vida. Desta forma, promove-se a valorização social de saberes adquiridos não apenas em contextos formais e enfatizando a importância do desenvolvimento dos saberes em geral como forma de adaptação às necessidades sociais.

A educação deve basear-se em quatro pilares fundamentais: aprender a conhecer, aprender a fazer, aprender a viver juntos e aprender a ser. Estas quatro dimensões não se inscrevem numa fase ou lugares, mas ao sujeito como um todo e aos diversos contextos de vida, de forma que o indivíduo tire o melhor proveito de um ambiente educativo em

permanente alargamento (ibid, 1996).

Aprender a conhecer refere-se ao domínio dos instrumentos do conhecimento, proporcionando a compreensão do mundo e o prazer de conhecer, compreender e descobrir. Supõe, assim, "aprender a aprender" desde tenra idade, promovendo o exercício da atenção, memória e pensamento, partindo do pressuposto de que a aprendizagem nunca termina e pode decorrer em qualquer contexto, valorizando a educação ao longo da vida. O indivíduo deverá combinar uma cultura geral vasta com o exercício de um pequeno número de matérias com maior profundidade. Esta dimensão da aprendizagem salienta o facto deste processo estar sempre inacabado, podendo ser enriquecido com as várias experiências, no contexto de trabalho e fora dele.

Aprender a fazer tem uma estreita ligação com a dimensão anterior e remete, de forma geral, para competências que tornem o indivíduo apto à realização de diversas actividades e ao trabalho em equipa. Especificamente tem em vista objectivos de qualificação profissional. Saber desempenhar tarefas não pode ser visto como uma simples transmissão de práticas rotineiras, devendo ir bem além da preparação para a realização de determinadas funções.

Aprender a viver com os outros compreende o desenvolvimento de competências como a compreensão do ponto de vista do outro, a descentração de si próprio, a gestão de conflitos, a valorização da pluralidade dos saberes, sendo um dos maiores desafios da educação de hoje em dia. Será possível uma educação capaz de resolver conflitos de forma pacífica ou até de os evitar, desenvolvendo os conhecimentos dos outros e tolerância, em vez de fomentar a competitividade e rivalidades? As respostas a esta questão parecem relacionar-se com a descoberta do outro, promovendo a tomada de consciência da diversidade, semelhanças e interdependências da espécie humana, e com a elaboração de objectivos comuns, facilitando a participação em projectos conjuntos.

Aprender a ser pressupõe o desenvolvimento da personalidade de cada um, no sentido de agir com autonomia, distinção e responsabilidade, tendo em conta todas as potencialidades do indivíduo, promovendo a sua valorização como um todo.

As aprendizagens formais centram-se essencialmente no aprender a conhecer e, menos significativamente, no aprender a fazer. Aprender a viver e a ser é deixado a cargo, na maioria dos casos, a circunstâncias informais e ao acaso. O balanço de competências é uma forma de reconhecimento destes quatro pilares enquanto um todo, promovendo para o alargamento da aprendizagem e respectivos contextos formativos. Este aspecto contribui para ultrapassar a visão

instrumental da educação enquanto única via de obtenção de saberes-fazer e aquisição de capacidades diversas, com fins de natureza económica.

O progresso científico e tecnológico que levam à mutação constante da sociedade e a crescente competitividade conduzem a uma atenção particular à actualização e aquisição de conhecimentos, destacando a importância da educação ao longo da vida, e não centrada em determinado período desenvolvimental. Já não corresponde à realidade actual a associação da educação aos períodos da infância e juventude, a actividade profissional à fase adulta e a reforma ao idoso. As aquisições formativas que se adquirem na juventude não bastam para a vida, sendo indispensável uma actualização contínua dos saberes. "Não basta, de facto, que cada um acumule no começo da vida uma determinada quantidade de conhecimentos de que possa abastecer-se indefinidamente. É, antes, necessário estar à altura de aproveitar e explorar, do começo ao fim da vida, todas as ocasiões de actualizar, aprofundar e enriquecer estes primeiros acontecimentos, e de se adaptar a um mundo em mudança." (Delors, J. et al., 1996).

A atenção particular à actualização de saberes implica também um desejo de continuar a aprender, enfatizando um papel activo do indivíduo na delineação dos seus percursos formativos, tendo-se em conta que, como já foi referido, qualquer contexto é propício a aprendizagens. "A educação ao longo da vida é uma construção contínua da pessoa humana, do seu saber e das suas aptidões, mas também da sua capacidade de discernir e agir." (Delors, J. et al, 1996).

A educação ao longo da vida assume também um lugar de destaque se tivermos em conta o aumento do tempo livre (devido à precaridade do emprego, à redução do número total de horas de trabalho remunerado, ao prolongamento crescente da vida para além da reforma), o que salienta a importância da realização de actividades extra-profissionais, de forma a promover o desenvolvimento de competências e a actualização de saberes. Neste sentido, o tempo dedicado à aprendizagem confunde-se desejavelmente com o tempo de vida, dada a diversidade dos contextos educativos.

A frequência de um curso poderá já não ser a única forma reconhecida socialmente para a aquisição de determinadas competências, pois estas poderão ser adquiridas nos diversos contextos de vida. Por outro lado, a frequência de determinado curso já não é a única forma de obter uma qualificação. Posto isto, facilmente se compreende a necessidade de desenvolvimento das competências, independentemente dos contextos em que ocorram. Há uma valorização das evidências (provas concretas que o indivíduo apresenta para demonstrar que possui

determinadas competências) tendo em vista a elaboração de um dossier pessoal (carteira de competências), em detrimento do mero diploma que tem inerente a valorização (ou não) da instituição certificadora. Neste sentido, torna-se importante a valorização do conjunto de actividades, situações, relações e acontecimentos enquanto contextos formadores. Os *curricula vitae*, formas por excelência de análise e avaliação das competências dos indivíduos, fornecem indicações acerca dos percursos, contextos e níveis de formação, revelando-se extremamente pobres.

"O balanço de competências procura envolver o sujeito na constituição de uma carteira pessoal dos saberes em uso, reunindo provas desse itinerário, procurando formas (reconhecidas) de validar essas competências, valorizando explicitamente os caminhos já percorridos e potenciando a força necessária para empreender voluntariamente novas aprendizagens" (Castro, 1998).

O reconhecimento das aquisições experienciais do indivíduo é um campo de práticas novas. No entanto, ao nível do reconhecimento dos saberes adquiridos pelo indivíduo, apesar das vantagens que acarreta, poderá dificultar eventuais processos educativos, uma vez que a valorização dos hábitos de fazer e referenciais de pensar poderá tornar os indivíduos pouco flexíveis e pouco disponíveis para novas formas de fazer ou a assimilação de ideias novas. Este aspecto complexifica o acto de formação, dada a importância de adequação às especificidades dos indivíduos, mas poderá tornar mais desafiantes e gratificantes os papéis de formador e formando.

Apesar do balanço de competências visar a identificação, avaliação e reconhecimento das competências do indivíduo, quando os objectivos são a certificação dos saberes experienciais adquiridos, colocam-se também dificuldades ao nível da validação destes saberes. A explicitação das aquisições, por mais fina que seja, permite-se a desvios e as modalidades de validação poderão desencadear graus de subjectividade. Que modalidades de validação serão menos sujeitas a desvios? Situações-teste? Observações em situações reais?

Para concluir, salienta-se que as práticas de balanço de competências são recentes no contexto português, cujo suporte teórico-prático provém dos contributos franceses. Contudo, em Portugal, constata-se a existência de um quadro conceptual enublado, conduzindo a práticas difusas. Este aspecto poderá estar relacionado com o facto desta intervenção não se encontrar legislado, ao contrário do que acontece em França.

"No entanto, a provável necessidade (social) de cristalizar um *modus operandi* para as práticas do BC em Portugal irá sim obrigar a que se percorram ainda mais caminhos de experimentação, para que

se convencionem outros elementos essenciais desta intervenção:

- Que concepção teórica do desenvolvimento humano adoptar?
- Que modelo de orientação vocacional/profissional/carreira considerar?
- Qual o papel e o significado de instrumentos de análise/avaliação psicológica?
- Quais as consequências pessoais, sociais e profissionais da realização de BC?" (Castro, 2002).

Embora os alvos de intervenção tenham vindo a ser adultos pouco escolarizados, parece haver uma tendência para a generalização destas práticas à população em geral, associado à disseminação crescente do balanço de competências. Este aspecto tem repercussões a vários níveis: valorização e rentabilização das aprendizagens ao longo da vida, existência de contextos formativos alargados, papel activo na gestão da carreira profissional.

Cada vez mais a sociedade enfatiza a importância da educação ao longo da vida como sendo indispensável ao desenvolvimento pessoal e profissional. Neste sentido, a educação é valorizada como forma de dar resposta às necessidades de conhecimento ou de desejo de aperfeiçoamento e alargamento das formações. Assim, importa conceber a educação como um todo, e não apenas centrada em determinada fase da vida ou com objectivos específicos.

A valorização dos saberes decorrentes da experiência pode ser visto como um direito e uma rentabilização da formação adquirida ao longo da vida. No entanto, importa salientar que não é a experiência que se vai reconhecer, mas sim a formação adquirida através desta. Contudo, não é de todo fácil a tarefa de reconhecimento social deste conjunto vasto de saberes, de forma a poderem ser alvo de reconhecimento social.

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