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FACULDADE DE PSICOLOGIA



DYADIC COPING AND FAMILY FUNCTIONING

Margarida Pais Duarte

MESTRADO INTEGRADO EM PSICOLOGIA

(Secção de Psicologia Clínica e da Saúde / Núcleo de Psicologia Clínica Sistémica)

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Dissertação orientada pela Professora Doutora Marta Pedro

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“We lean forward to the next crazy venture beneath the skies.”

- Jack Kerouac

Resumo

As famílias são compostas por um agregado complexo de subsistemas que se influenciam mutuamente. Estes sistemas são formados pelos membros familiares, que podem pertencer a mais que um subsistema simultaneamente (Minuchin, 1974). De acordo com o mesmo autor, o subsistema conjugal exerce funções específicas que são vitais para um funcionamento familiar adequado. Este subsistema acumula também, na maioria das vezes, as funções e tarefas do subsistema parental, tornando-se assim o subsistema que mais afectado é pelos factores de stress, tanto internos como externos. A literatura consistentemente tem mostrado que o coping diádico é um factor importante para a qualidade e satisfação conjugais (Bodenmann, 2005; Bodenmann, Pihet & Kayser, 2006; Papp & Witt, 2010; Falconier, Nussbeck & Bodenmann, 2013; Vedes et al., 2013), consideradas como um pilar para o funcionamento adequado da família (Barker & Chang, 2013). Por outro lado, o funcionamento familiar tem sido associado a melhores níveis de ajustamento da família a situações stressantes (Dimitropoulos et al., 2008; Georgiades, 2008; Manor-Binyamini, 2011; Fay et al., 2013; Ye-he et al., 2015). Contudo, a literatura apresenta uma lacuna no que diz respeito à associação entre coping diádico e funcionamento familiar.

O funcionamento familiar pode ser definido como sendo a capacidade que a família tem em completar tarefas que promovem o bem-estar familiar, de se adaptar a novas circunstâncias, e de gerir as necessidades individuais e familiares (Keitner, Heru & Glick, 2010). Do funcionamento familiar parecem surgir três dimensões que descrevem este conceito (Stratton et al., 2014). A dimensão da comunicação descreve os padrões comunicativos familiares; a dimensão de recursos descreve as forças e capacidades que a família possui para se adaptar a novas circunstâncias e gerir as dificuldades que podem surgir no dia-a-dia; e por último, a dimensão das dificuldades descreve as fragilidades que a família possui. O funcionamento familiar tem sido associado a níveis percebidos de bem estar mais elevados (Georgiades, 2008), a níveis mais baixos de sobrecarga do cuidador (Moore, 2010) e a melhores níveis de ajustamento psicossocial dos adolescentes (Shek, 1997). Assim, parece consensual afirmar que o funcionamento familiar exerce impacto, tanto a nível do ajustamento familiar, como do ajustamento dos indivíduos, pelo que se torna importante

compreender melhor que factores influenciam o funcionamento familiar. A literatura mostra também que o funcionamento familiar pode ser afectado por factores de stress, tais como um nível socioeconómico baixo (Georgiades, 2008), ou doença de um membro da família (Dimitropoulos et al., 2008; Manor-Binyamini, 2011; Fay et al., 2013; Wang et al., 2015). A relação conjugal parece surgir como um pilar para a existência de um bom funcionamento familiar (Barker & Chang, 2013), e a sua qualidade parece estar intimamente associada com a adoção de estratégias de coping diádico positivas (Bodenmann, Pihet & Kayser, 2006; Randall & Bodenmann, 2009; Papp & Witt, 2010; Landis et al., 2013; Herzberg, 2013). Apesar das aparentes associações entre a qualidade conjugal e o coping diádico, bem como com o funcionamento familiar, a associação entre estes dois últimos factores não foi estudada.

O coping diádico pode ser entendido como um processo conjunto de adoção de estratégias de coping, em que o casal lida com um evento stressante (Bodenmann, 1995). Este evento stressante é considerado como sendo stress diádico, uma vez que afecta os dois membros do casal, quer diretamente ou indiretamente, e em simultâneo ou em diferido (Bodenmann, 2005). Os casais podem adoptar diversas estratégias de coping diádico, que podem ser classificadas como sendo positivas ou negativas. Esta escolha é influenciada pela forma como os membros do casal percebem o evento stressante, as suas capacidades de coping individuais, os objectivos que têm quanto à própria relação, motivação, e factores contextuais. O coping diádico positivo pode subdividir-se em três tipos: (a) coping diádico apoiante (focado nas emoções ou nos problemas), em que um parceiro ajuda o outro nas suas estratégias de coping, realizando atividades apoiantes, como dar conselhos; (b) coping diádico delegado (focado nos problemas), em que o parceiro menos stressado assume responsabilidades e tarefas que são geralmente desempenhadas pelo outro parceiro, tais como as tarefas domésticas; (c) coping diádico conjunto (focado nas emoções ou nos problemas), em que ambos os parceiros, de forma simétrica ou complementar, assumem estratégias de coping, lidando em conjunto com o evento stressante. Por outro lado, o coping diádico negativo pode subdividir-se em: (a) coping diádico hostil, em que o parceiro que não é afectado diretamente pelo stress ajuda o outro de um modo negativo (e.g. ridiculariza o parceiro stressado); (b) coping diádico ambivalente, em que um parceiro ajuda o outro, mostrando que a sua ajuda não deveria ser necessária; e (c) coping diádico superficial, em que um parceiro presta falso apoio (e.g. questiona o parceiro sobre como ele se sente, mas sem ouvir a resposta). O coping diádico positivo é visto como sendo um

factor protetor do funcionamento conjugal (Bodenmann, 2005; Bodenmann, Pihet & Kayser, 2006; Papp & Witt, 2010), uma vez que favorece a qualidade e o bem-estar conjugal (Bodenmann, Pihet & Kayser, 2006; Papp & Witt, 2010; Falconier, Nussbeck & Bodenmann, 2013; Vedes et al., 2013).

Tendo em conta a perspectiva sistémica, e a ideia de que os subsistemas familiares se influenciam mutuamente, o objectivo principal do presente trabalho é explorar as associações entre o coping diádico positivo, negativo e conjunto, com as dimensões de recursos, comunicação e dificuldades do funcionamento familiar, uma vez que esta associação permanece inexplorada. Por outro lado, este estudo pretende também: (a) analisar as diferenças entre homens e mulheres quanto ao coping diádico; (b) analisar diferenças entre pais e filhos quanto ao funcionamento familiar; e (c) explorar se os efeitos diretos variam conforme o coping diádico reportado por homens e mulheres.

A amostra foi recolhida por método bola de neve e é constituída por 100 famílias portuguesas. Este estudo debruça-se então sobre a avaliação do funcionamento familiar através do inventário SCORE-15 (Stratton et al., 2010; versão portuguesa por Vilaça et al., 2014), e do coping diádico pelo Inventário de Coping Diádico (Bodenmann, 2008; versão portuguesa por Vedes et al., 2013).

Os resultados obtidos mostraram a existência de efeitos diretos significativos ($p < .05$) entre o coping diádico positivo de homens e mulheres nas dimensões de funcionamento familiar reportadas pelos pais (à exceção da dimensão de comunicação, que parecer ser somente afectada pelo coping positivo do pai), entre o coping diádico negativo das mulheres e a dimensão de comunicação reportada pelas crianças, e entre o coping diádico positivo dos homens e a dimensão de forças reportada pelas crianças. As potenciais diferenças entre homens e mulheres em relação ao coping diádico foram analisadas através de *t-test*, que mostrou uma relativa homogeneidade entre homens e mulheres, excepto na dimensão de coping diádico negativo, em que as mulheres reportaram significativamente mais coping diádico negativo que os homens. O mesmo teste foi utilizado para analisar potenciais diferenças entre pais e filhos nas dimensões do funcionamento familiar testadas. À exceção da dimensão de comunicação, em que os pais reportam valores significativamente mais altos que os filhos, pais e filhos mostraram homogeneidade nos valores reportados. Por último, os valores de coping

diádico reportados por homens e mulheres mostraram ter um impacto diferenciado nas dimensões de funcionamento familiar reportadas por pais e filhos.

É importante reconhecer que este estudo apresenta algumas limitações. O valor do índice de RMSEA encontra-se acima do valor de *cutoff* sugerido por Kline (2005), pelo que o modelo precisa de ser reajustado e testado numa amostra maior. Por outro lado, este estudo não tem em conta factores de stress que possam ter influenciado os valores de coping diádico reportados, pelo que se sugere que este modelo seja reformulado tendo em conta esta alteração. Por último, o facto de este ser um estudo pioneiro, faz com que uma grande limitação deste estudo seja a falta de fundamentação teórica para a explicação alguns dos resultados. Apesar das suas várias limitações, este estudo apresenta um importante passo no sentido de compreender de que modo é que a gestão de stress pelo subsistema conjugal influencia os restantes subsistemas e a família como um todo.

Palavras-chave: Coping Diádico, Funcionamento Familiar, ICD, SCORE-15, *Path Analysis*, Efeitos Directos

Abstract

Based on a systemic perspective, this study aims to explore the associations between dyadic coping and family functioning. Literature consistently reports dyadic coping as an important factor for marital quality and satisfaction, which is considered to be an important foundation for proper family functioning.

In this study participated 100 Portuguese families, constituted by the married or cohabitating couple and a child. The participants completed self-report inventories to assess their perceptions of family functioning (SCORE-15) and of dyadic coping strategies (Dyadic Coping Inventory).

The results showed direct effects between fathers' and mothers' negative DC on almost every family functioning dimension reported by the parental subsystem (with the exception of parent's communication dimension, which seems to be solely affected by fathers' negative DC), between mothers' negative DC and the communication dimension reported by children, and between fathers' positive DC and children's perceived strengths. Gender differences regarding reported dyadic coping were only found on negative DC subscale, where mothers reported a significantly higher level of negative DC. Results also showed homogeneous responses between parents and children on two of the three SCORE-15 subscales tested. Lastly, mother's and father's reports of dyadic coping had different effects on family functioning subscales.

The results found have implications on family therapy designs, since a closer look to how couples deal with stress factors might be crucial to understand the family issues that bring couples and families to therapy.

Keywords: Dyadic Coping, Family Functioning, DCI, SCORE-15, Path Analysis, Direct Effects

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Introdução

O presente estudo é fruto de uma investigação mais ampla, denominada *Relações Familiares e Bem-Estar na Adolescência: Factores protetores e riscos em contexto de crise económica*, desenvolvida por Pedro e Francisco (2013), na Faculdade de Psicologia da Universidade de Lisboa.

A família está submetida à influência de um grande número de factores de stress, que influenciam todos os membros que compõem o sistema familiar. O casal parental assume uma grande importância dentro do sistema familiar, ao ser responsável pela gestão de uma maioria das fontes de stress que podem afectar não só o próprio casal, como os seus filhos.

Apesar de a literatura existente indicar que o coping diádico está relacionado com diversas variáveis relacionadas com a relação conjugal, até à data não existem estudos publicados que tenham investigado a relação o coping diádico e o funcionamento familiar. Deste modo, o presente estudo pretende contribuir para colmatar esta lacuna na literatura, tendo por base o paradigma sistémico das relações familiares.

Seguidamente será apresentada a dissertação em formato de artigo científico e em língua inglesa, de modo a que o seu conteúdo se torne acessível a uma população mais vasta, promovendo a transmissão de conhecimento científico.

Dyadic Coping and Family Functioning

Families are formed by an aggregation of multiple complex subsystems that mutually influence each other, and are formed by the family members, which can belong to more than one system (Minuchin, 1974). The marital subsystem has specific functions that are vital to the family functioning (Minuchin, 1974). This subsystem often accumulates the parental subsystem tasks, being the system that is most affected by stressful factors, internal and external. Literature consistently reports dyadic coping as an important factor for marital quality and satisfaction (Bodenmann, 2005; Bodenmann, Pihet & Kayser, 2006; Papp & Witt, 2010; Falconier, Nussbeck & Bodenmann, 2013; Vedes et al., 2013), which is considered to be an important foundation for proper family functioning (Barker & Chang, 2013). On the other hand, family functioning seems to be associated with healthier adjustment of family members to stressful situations (Dimitropoulos et al., 2008; Georgiades, 2008; Manor-Binyamini, 2011; Fay et al., 2013; Ye-he et al., 2015). However, there seems to be a lack of research concerning the possible associations between dyadic coping and family functioning.

Family Functioning

Family functioning has been defined as "the ability to accomplish tasks that are important for the family's well-being, to adapt to changing circumstances, and to balance the needs of the individual and the family system" (Keitner, Heru, & Glick, 2010, p.11). Moreover, Stratton and colleagues (2014) conceptualize family functioning as being based upon "the systemic belief that the ways that relationships operate in the family are central to the welfare of all family members" (p. 4).

Three dimensions of family functioning seem to describe this concept as a whole (Stratton et al., 2014): (a) Communication, which describes communication patterns within the family; (b) Resources, which describes the ability of the family to adapt to new challenges and the strengths they have as a family to face them; and (c) Difficulties, which describes fragilities within the family and problems they face on daily bases.

Healthy levels of family functioning have been associated with individual perception of well being (Georgiades, 2008), lower levels of caregiver burden (Moore, 2010), good adolescent psychosocial adjustment (Shek, 1997), as well as

with healthier attributional styles in families dealing with negative events (Sahin et al., 2010). Considering the impact of family functioning to individual and familiar dimensions, further investigation about family functioning predictors seems to be needed in order to develop more effective family interventions. So far, literature showed that family functioning could be affected by stressful events, such as low socio-economical status (Georgiades, 2008) and illness of family members (Dimitropoulos et al., 2008; Manor-Binyamini, 2011; Fay et al., 2013; Wang et al., 2015). The reviewed literature seems to underline the importance of family functioning to the well being of the different members of the family, and to family as a whole, as well as the effects of stressful events on family functioning quality.

Barker & Chang (2013) consider the marital relationship as a cornerstone for the existence of a well-functioning family, stating that if "the marital relationship is a poor one, the foundations for a successful, well-functioning family unit are lacking, or at least shaky" (p. 25). Dyadic coping has been taken as a fundamental factor behind a good marital relationship (Bodenmann, Pihet & Kayser, 2006; Randall & Bodenmann, 2009; Papp & Witt, 2010; Landis et al., 2013; Herzberg, 2013). In spite of these two associations, the relationship between dyadic coping and family functioning hasn't been studied so far.

Dyadic Coping

Bodenmann (1995) presents a systemic-transactional conceptualization of stress and coping mechanisms in couples, considering "that the process of stress-coping is perceived as a dyadic exchange of action (stress signals of one partner) and reaction (dyadic coping of the other partner) and common dyadic coping efforts" (Bodenmann, 1995, p. 34). The couple is viewed as a system, and dyadic stress is defined as "stressful event or encounter that always concerns both partners, either directly or indirectly" (Bodenmann, 2005, p. 34). Bodenmann (1995), identifies three types of stressful events in close relationships: (a) stressful events that concern only one of the spouses; (b) stress that directly affects one partner and indirectly the other member of the couple; and (c) stress that affects the couple as a unit.

Bodenmann (1995) defines a stress-coping process in dyads composed by two stages of appraisal. In the first stage of appraisal each partner judges the situation individually, evaluating its effects on his own well-being, the partner's well-being, and of the relationship, and evaluates how the other member of the couple is judging

the same situation, based on the knowledge he/she has about the other's values, past behaviours and personal attitudes. Lastly, the couple tries to reach an agreement about the coordination of the coping efforts, resulting in a dyadic appraisal of the stressor. In the second stage of appraisal the couple decides, based on the evaluation of the dyad resources, if they are able to cope with the stressor.

Accordingly, there are multiple forms of coping in which partners can engage and that can be conceptualized in positive and negative dyadic coping (Bodenmann, 2005). Choosing a form of dyadic coping is influenced by the individual and dyadic appraisals, relationship goals, individual skills (e.g. communication and problem-solving skills), motivational skills (e.g. relationship satisfaction), and contextual factors. Therefore, positive forms of dyadic coping include (a) supportive dyadic coping (problem-focused or emotion-focused), which includes one partner assisting the other in his/her coping efforts by showing support through helping activities (e.g. giving advice to the stressed partner or showing empathy); (b) delegated dyadic coping, which is usually used in problem-focused situations and occurs when the less stressed member of the couple supports the other by taking over some responsibilities that belonged to the stressed partner (e.g. assuming house tasks that are usually performed by the other partner); (c) common dyadic coping (problem-focused or emotion-focused) implies that both partners take part on the coping process symmetrically or complementarily, by taking joint actions (e.g. the couple shares feelings and tries to relax together). It should be noted, however, that when the couple engages in delegated dyadic coping, dyadic coping is not a form of altruistic behaviour. When both members of the couple engage in the coping process, they guaranty the satisfaction and well-being of the other partner, and by reducing stress of the other, they also reduce the negative influences that the stressor could have on their relationship (Bodenmann, 2005).

On the other hand, negative forms of dyadic coping include (a) hostile dyadic coping, in which the unstressed partner helps the other but in a negative way (e.g. the partner mocks the stressed partner or doesn't show interest on what he/she feels, minimizing the other's stress); (b) ambivalent dyadic coping, when one helps the stressed partner unwillingly (e.g. the partner helps solving the problem, bluntly saying that his/hers help shouldn't be needed); and (c) superficial dyadic coping, that consists in insincere support (e.g. the partner makes questions, and doesn't pay attention to the answers).

More importantly, positive dyadic coping strategies foster a feeling of we-ness (mutual trust, reliability and commitment, and the perception that the relationship is a supportive resource in difficult circumstances) for the couple, enhances marital quality and stability (Bodenmann, 2000 cit. by Bodenmann 2005), and promotes marital happiness and cohesion (Bodenmann, 2005). Positive dyadic coping is thus seen as a protective factor for marital functioning (Bodenmann, 2005; Bodenmann, Pihet & Kayser, 2006; Papp & Witt, 2010), since it increases relationship quality and well-being (Bodenmann, Pihet & Kayser, 2006; Papp & Witt, 2010; Falconier, Nussbeck & Bodenmann, 2013; Vedes et al., 2013).

Epstein, Bishop & Levin, (1978) suggested that "families who have difficulties in resolving both instrumental and affective problems function least effectively, those who have difficulties in resolving only affective problems are more effective, and families who resolve both types are most effective in their problem-solving functions." To resolve such problems families have to put in practice their coping mechanisms. Dyadic coping might be the most important coping mechanism given that the couple, as the marital and parental subsystem, seems to have a central role in managing the welfare of the family.

The present study

The Ecological Model of Human Development (Bronfenbrenner, 1994) postulates that every person belongs to multiple systems. Families are the first system to which a person belongs, and the same person can take part in more than one of the multiple complex subsystems that form the family. These subsystems mutually influence each other (Minuchin, 1974). Accordingly, behaviours adopted by members of one system shape the behaviour of the members of another system, and the behaviour adopted by the remaining members of the same system.

Considering this perspective, the main goal of this study is to explore the direct effects between positive, negative and common dyadic coping, and three dimensions of family functioning, namely, family's Strengths, Communication, and Difficulties. So far, these variables seem to be unrelated across the literature review. This study aims to fulfil this gap.

Other goals of this study are: (a) to analyse differences between men and women regarding the dyadic copying mechanisms; (b) to analyse differences between

parents and children regarding the dimensions of family functioning examined; and (c) to explore if direct effects vary according to men and women reports of dyadic coping.

Method

Participants

In this study participated 100 Portuguese families, constituted by the mother, the father and a child. The mother's mean age was 44.6 (SD = 5.8), and the father's mean age was 46.3 (SD = 5.7). As to education, 41.8% of the mothers had a college degree, 31.6% had completed high school, and 24.5% had between the 5th and the 9th grade. As for the fathers, 33.7% had a college degree, 32.7% had completed high school, and 31.6% had between the 5th and the 9th grade. 2% of the mothers and 2% of the fathers had less than the 5th grade.

The majority of the parents were married or cohabitating (96%), while 4% were remarried or in a second cohabitation, for at least 3 years. On average, married participants had been married for 20.3 years (SD = 4.7), while cohabitating participants had been living together for 10.3 years (SD = 1.7).

As for the children, 43% were male, and 57% were female. The mean age of the children was 15.2 (SD = 1.9), and 47% frequented between the 7th and 9th grade, while 53% were enrolled on high school (between 10th and 12nd grade). 80.8% of the children had siblings, while 19.2% were only child.

A large majority of the sample was catholic, with 77% of the children and 86% of the mothers and the fathers reporting belief in catholic religion. The remaining sample professed another religion or was atheist.

Measures

DCI (Bodenmann, 2008; Portuguese adaptation by Vedes et al., 2013).

The Dyadic Coping Inventory (DCI) is a 37 items self-report inventory, in which the participants are invited to evaluate their own, partner's, and joint strategies to cope with stress. It was first developed by Guy Bodenmann in 2008, and was validated to Portuguese population in 2013 by Ana Vedes and her colleagues.

The Portuguese adaptation of the DCI has seven subscales (Vedes et al., 2013), that describe Dyadic Coping (DC): Stress Communication, Emotion-Focused Supportive DC, Problem-Focused Supportive DC, Delegated DC, Negative DC,

Emotion-Focused Joint DC, and Problem-Focused Joint DC. Each scale has items towards self, and towards the other, except for Joint DC scales, which only have self items. All subscales are measured in a five-point Likert scale, in which 1 is "very rarely" and 5 is "very frequently".

In this study is used a different set of subscales to evaluate DC, resembling the DC dimensions defined by Bodenmann (2005). The mean of the Emotion-Focused Supportive DC, Problem-Focused Supportive DC and Delegated DC items is used as a measure for Positive DC, and the mean of the Emotion-Focused Joint DC and Problem-Focused Joint DC subscales is used as a measure for Joint DC subscale. The Portuguese adaptation of the Negative DC subscale is used in this study. As for respondents, mothers and fathers were differentiated, in order to explore the existence of different reports regarding dyadic copying mechanisms.

The DCI has shown good reliability in the Portuguese validation study (Vedes et al., 2013).

SCORE-15 (Stratton et al., 2010; Portuguese adaptation by Vilaça et al., 2014)

SCORE-15 is a 15 items self-report inventory that assesses three different dimensions of family functioning: Resources (*Strengths and Adaptability*), Communication (*Disrupted Communication*), and Difficulties (*Overwhelmed by Difficulties*) (Stratton et al., 2010) and can be answered by all family members above age 12. It was first developed by Stratton, Bland, Janes & Lask in 2010, and had a total of 40 items that, after factor analyses and multiple regressions methods, was reduced to a simpler 15 items scale. This measure has three factors with five questions each: (1) Family strengths and adaptability assess important aspects of family functioning for therapeutic change – e.g. "each of us gets listened in our family"; (2) Difficulties assess types of problems and difficulties that are a focus of clinical concern – e.g. "it feels miserable in our family"; and (3) Communication, that assesses family communication style – e.g. "it feels risky to disagree in our family" (Cahill et al., 2010; Stratton et al., 2010).

The Portuguese adaptation of the SCORE-15 was validated to the Portuguese population in 2014, by Vilaça, Silva & Relvas and has the same three subscales to describe Family Functioning: Family Resources (evaluates family's resources and capability to adapt); Family Communication (assesses communication skills within the family system); and Family Problems (family's difficulties and problems). Each

scale has 5 items, measured in a five-point Likert scale, in which 1 is "describes us very well" and 5 is "describes us very badly".

In this study we chose to differentiate children's and parents' reports since parents' reports tend to be different from children's reports (De Los Reyes & Kazdin, 2005; Rescorla et al., 2013).

The SCORE-15 has shown good reliability in the Portuguese validation study (Vilaça et al., 2014).

Procedure

Every participant in this study is part of a snowball sample, recruited by people belonging to student's contact's network, between January and June of 2015. Three envelopes containing the questionnaire were given to each family (one for the child, and one for each parent) and were collected a few weeks later by hand. The family members had instructions to answer their questionnaire independently, and sealed them in the envelopes, in order to maintain one's answers secret from other family members. A coding system was used to identify each family and preserve their anonymity.

Statistical Analysis

The data was analysed with *SPSS Statistics 22*. A Paired Samples Student T-Test was conducted to obtain mean differences between mothers and fathers regarding dyadic coping, and between parents and children regarding family functioning dimensions. Pearson correlations were estimated to analyse correlations between DCI and SCORE-15 subscales.

AMOS 22 software was used to conduct path analysis. This type of analysis was used in order to test if the hypothesized causal model was consistent with the collected data (Kline, 2005) given the small size of the available sample (Scaramella et al., 2008).

To examine the fitness of the path analysis model, four indices were considered: the *Chi-Square Distribution* (X^2), the *Goodness-of-fit Index* (GFI), the *Comparative Fit Index* (CFI), and the *Root Mean Square Error of Approximation* (RMSEA). Values above .95 for GFI and CFI (Hu & Bentler, 1999) and a value below .10 for RMSEA (Kline, 2005) were considered as indicatives of a good

adjustment of the model to the data. The model was improved using the modification indices (MI) suggested by the software, considering previous literature.

Results

Preliminary Analyses

Correlations between the study variables can be seen in Table 1. The association between the types of dyadic coping and family functioning dimensions were calculated with Pearson's correlation (r). The three types of dyadic coping were correlated with each other, as well as between mothers and fathers (except for Mothers Positive DC, which showed no correlation with Fathers Negative DC). In addition, significant and strong inter-correlations between the three family functioning dimensions were also found.

Parents' reports of family functioning dimensions were significantly correlated with children's reports, and these correlations were moderate to strong (except for Parents Difficulties, which showed no correlation with Children Strengths).

Likewise, significant correlations were also found between dyadic coping and family functioning. Parents Strengths is the only dimension that is significantly correlated with all Dyadic Coping subscales. Parents Difficulties seem to be positively correlated only with Negative DC by both Mothers and Fathers, and negatively with Fathers Joint DC. Parents Communication is negatively correlated with Negative DC, and positively correlated with Fathers Joint and Positive DC. Children Strengths are positively correlated with Positive DC subscales and with Mothers Joint DC, and negatively correlated with Mothers Negative DC. Children Problems are positively correlated with Mothers Negative DC, and negatively correlated with Fathers Positive DC. Children Communication is positively correlated with Positive DC subscales and with Fathers Joint DC, and negatively correlated with Mothers Negative DC.

Table 1

Pearson correlations between variables

Variables	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
1. Mothers Positive DC	-											
2. Fathers Positive DC	.47**	-										
3. Mothers Joint DC	.71**	.46**	-									
4. Fathers Joint DC	.39**	.58**	.53**	-								
5. Mothers Negative DC	-.60**	-.29**	-.51**	-.33**	-							
6. Fathers Negative DC	-.13	-.33**	-.21*	-.30**	.31**	-						
7. Children Strengths	.21*	.30**	-.22*	.13	-.25*	.13	-					
8. Parents Strengths	.36**	.39**	.32**	.35**	-.41**	-.38**	.43**	-				
9. Children Difficulties	-.18	-.21*	-.08	-.11	.24*	.06	-.47**	-.31**	-			
10. Parents Difficulties	-.13	-.18	-.14	-.25*	.34**	.34**	-.19	-.62**	.31**	-		
11. Children Communication	.21*	.20*	.18	.23*	-.21*	-.18	-.40**	.37**	-.75**	-.28**	-	
12. Parents Communication	.17	.23*	.19	.29**	-.32**	-.47**	-.26**	.65**	-.36**	-.85**	.39**	-

Notes. *Correlation is significant at $p < .05$; ** Correlation is significant at $p < .01$.

Additionally, a paired samples t-test was conducted to analyse differences between mothers and fathers regarding the types of dyadic coping. Results are shown in Table 2. Only negative DC had a significant difference, with mothers reporting significantly more negative DC than fathers.

Table 2

Mean results in Dyadic Coping Inventory subscales

	Mothers (N = 100)		Fathers (N = 100)		<i>t</i>	<i>p</i>
	M	SD	M	SD		
Positive DC	3.68	.58	3.67	.61	-.15	.879
Joint DC	3.49	.80	3.59	.83	1.31	.193
Negative DC	1.96	.63	1.75	.60	-2.83	.006*

Notes. DC = dyadic coping; * $p < .01$.

A paired samples t-test was also conducted to compare parents and children reports on each family functioning dimension. Results are shown in Table 3. Only Communication had a significant difference, with parents reporting significantly more communication than parents.

Table 3

Mean differences in SCORE-15

	Parents (N = 200)		Children (N = 100)		<i>t</i>	<i>p</i>
	M	SD	M	SD		
Strengths	4.25	.57	4.20	.71	.70	.487
Difficulties	1.82	.74	2.00	.89	-1.80	.075
Communication	4.15	.68	3.95	.87	2.29	.024*

Notes. * $p < .05$.

Direct effects between dyadic coping and family functioning

Figure 1 represents the path analysis model tested in this study, and the standardized coefficients. The results showed a good fit of the model to the data: $\chi^2 (5, N = 100) = 11.450, p < .05$, GFI = .981, CFI = .988, and RMSEA = .114.

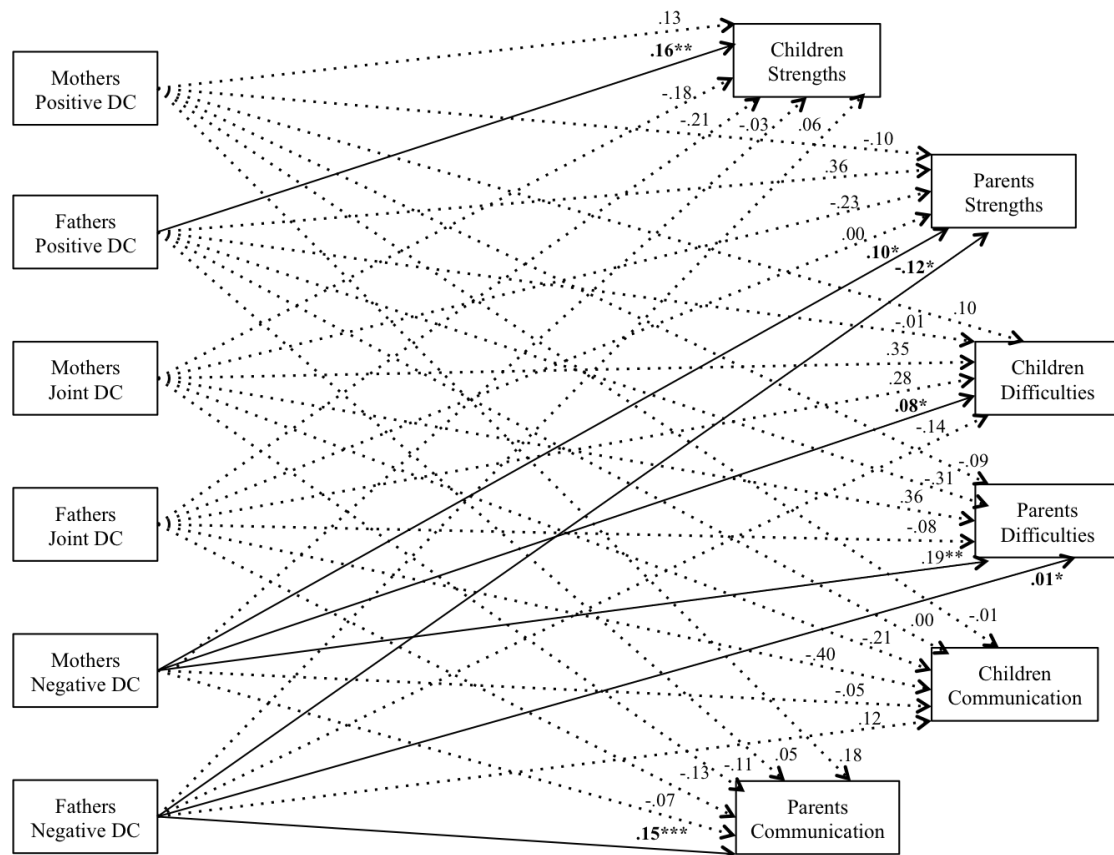


Figure 1. Path Analysis model between DCI variables and SCORE-15 variables. * $p < .05$; ** $p < .01$; *** $p < .001$.

Overall, results indicated seven significant direct effects between variables. For fathers, direct effects were found between fathers' negative DC and parents' Strengths ($\beta = -.23, p < .05$), parents' Difficulties ($\beta = .23, p < .05$), and parents' Communication ($\beta = -.36, p < .001$). Also, a direct effect was found between fathers' Positive DC and children's Strengths ($\beta = .31, p < .05$). For mothers, negative DC showed a direct effect on children's Difficulties ($\beta = .26, p < .05$), on parents' Strengths ($\beta = -.206, p < .05$), and on parents' Difficulties ($\beta = .304, p < .01$).

Discussion

Considering family systems theory, this study sought to explore possible associations between different forms of dyadic coping (positive, negative, and joint) in which the marital subsystem engages, and family functioning dimensions, reported by children and their parents. This association was, so far, unstudied and this study aimed to contribute to fulfil such gap.

The first goal of this study was to explore the direct effects between positive, negative, and joint dyadic coping, and family functioning dimensions of strengths, communication, and difficulties. The conducted path analysis indicated direct effects between dyadic coping and family functioning dimensions. Specifically, fathers' and mothers' negative DC showed a direct effect on almost every family functioning dimension reported by the parental subsystem, with the exception of parent's communication dimension, which seems to be solely affected by fathers' negative DC. As for associations between dyadic coping and family functioning dimensions reported by children, mothers' negative DC presented a direct effect on the communication dimension reported by children, and children's perceived strengths also seemed to be related to fathers' positive DC. The results obtained in this study seem to support the idea of the marital subsystem as the cornerstone of good family functioning (Barker & Chang, 2013), and as being the subsystem that has the most responsibility in promoting a good family functioning, by completing family's fundamental tasks and managing internal and external stressful factors that threaten family's well being (Minuchin, 1974). However, in order to promote a good family functioning, the marital relationship has to be satisfactory (Barker & Chang, 2013), and dyadic coping seems to be an influential factor in good marital functioning and relationship satisfaction (Bodenmann, Pihet & Kayser, 2006; Randall & Bodenmann, 2009; Papp & Witt, 2010; Landis et al., 2013; Herzberg, 2013). This study's results sustain the idea of family's interrelated subsystems, where the quality of the marital relationship favours a proper functioning of the familiar system, as perceived by parental and filial subsystems. In this way, dyadic coping seems to exercise a significant influence on family functioning dimensions.

A secondary goal of this study was to explore significant differences between mothers and fathers regarding dyadic coping. Gender differences were only found on negative DC subscale, where mothers reported a significantly higher level of negative DC. The homogeneity found between mothers and fathers results is consistent with studies that show that men and women tend to report similar levels of dyadic coping when evaluating dyadic coping behaviours adopted by them and their partner (Falconier, Nussbeck & Bodenmann, 2013). However the differences found regarding negative DC, are inconsistent with the results of Papp & Witt (2010), in which males reported higher levels of negative DC, in comparison to females. Such differences

might be related to differences in the sample collected, since the present study sample is mainly composed by married and cohabitating couples, while Papp & Witt's sample was formed by dating couples, who had been together for a shorter period of time. On the other hand, the present results are in line with previous studies showing that women tend to express their stress more often than men (Bodenmann & Cina, 2005), and that when facing disease, such as breast cancer, women also express higher levels negative DC (Rottman et al., 2015), compared to men. In this study, the higher levels of negative DC reported by women might be related to economic pressure. Portugal is going through an economic crisis that has been affecting Portuguese families, increasing their economic pressure. Women's economic strain has previously been associated with increased demanding behaviours, as a result of their need to closeness in romantic relationships, while men tend to be more withdrawing (Falconier & Epstein, 2011). These demanding behaviours, when not corresponded by their partners, might result in higher negative dyadic coping perceptions, since they might feel that their partner's support is superficial or hostile.

Also, this study aimed to analyse differences between parents and children in their reports of family functioning. Results showed homogeneous responses on two of the three subscales tested. These results were somehow unexpected since parents and children reports are usually differentiated (De Los Reyes & Kazdin, 2005; Rescorla et al., 2013). However, in Schwartz (2007) study, lower discrepancies between parents and children were found in societies with catholic traditions. This factor may explain the homogeneity found between parents and children, since a large majority of the sample declared being catholic.

Lastly, this study aimed to explore if men and women reports of dyadic coping had different effects on family functioning subscales. Men and women's reports of negative DC had similar direct effects on strengths and difficulties dimensions as reported by parents. The results obtained suggest that higher levels of negative DC lower parent's perception of strengths, and increase parent's perception of difficulties. From a theoretical point of view these results make sense since dyadic coping mechanisms are needed in order to deal with the difficulties that couples and families face (Bodenmann, 1995; Bodenmann, 2005), and the better they manage stressful events the better they will self evaluate their resources to do so (Chesney et al., 2006).

However, negative DC reported by the mothers and fathers had a different impact on parent's perceived levels of communication. The results seem to support a direct effect of father's negative DC on communication, while mother's negative DC doesn't seem to have an effect on this dimension. Also, the direct effect obtained suggests that the higher the levels of negative DC reported by the father, the lower will be the perception of communication by the parents. This result can be explained by the associations found between constructive patterns of communication in couples with positive forms of dyadic coping (Bodenmann, 2008; Ledermann et al., 2010). However, no explanation was found for this gender difference. Regarding the associations between reported dyadic coping by mothers and fathers and children's reports of family functioning, the results showed associations between father's positive DC with children's perceived strengths, and between mother's negative DC with children's difficulties. The obtained results suggest that father's positive DC has a positive effect on children's strengths, while the positive DC reported by mothers doesn't seem to have a significant effect on this family functioning dimension as reported by children. On the other hand, mother's negative DC seems to have a positive effect on children's perception of difficulties, while father's negative DC doesn't seem to have such effect. Although these results are quite interesting, since they show gender differences on the associations between dyadic coping and perceived family functioning dimensions by children, there seems to be a lack of research associating dyadic coping with children's reports of family functioning.

In sum, this study strength is to present some advances concerning the associations between dyadic coping and family functioning. However, it has some limitations.

Limitations and recommendations for future research

This study's first limitation concerns the model fit values obtained in the tested model. Accordingly to Hu & Bentler (1999) the obtained CFI and GFI values are indicative of a good fit of the model to the data, but RMSEA values were above the suggested cutoff of $< .06$. RMSEA has shown to be sensitive to model size, increasing its value in models with few variables (Breivik & Olsson, 2001 cit. by Kline, 2005) and to sample size (Kline, 2005). This phenomenon is related to the few degrees of freedom available to calculate RMSEA value (Kline, 2005) in small models. The few

degrees of freedom of this model ($df = 5$) and the sample size ($N = 100$) might be explanatory of the high value of RMSEA for this model (Kenny et al., 2014), which may be a false indicator of poor fitting. Future re-testing of the model proposed is necessary with a larger sample, and changes to the model itself might be necessary in order to increase the degrees of freedom.

Another limitation concerns the lack of predictors of dyadic coping variables. Bodenmann (1995) identifies three types of stressful events in close relationships that can influence the use of dyadic coping strategies: (a) stressful events that concern only one of the spouses; (b) stress that directly affects one partner and indirectly the other member of the couple; and (c) stress that affects the couple as a unit – both members of the couple are affected by the stressor at the same time and with similar intensity. How the different types of stress affect the family and influence how couples engage in different types of coping might be relevant for a further understanding of dyadic coping strategies. Also, inconsistencies with previous literature were found concerning gender differences on dyadic coping reports. Further research on gender differences in dyadic coping dimensions might be useful to better understand how males and females report dyadic coping, and what factors lay beneath differences between genders.

Although, one of the strengths of this study is its pioneer nature, the lack of previous research associating dyadic coping with family functioning dimensions, and the lack of studies using children's reports of family functioning, present a huge setback on the explanations of the results obtained. Further investigation associating these variables is needed in order to fulfill this literature gap, and to replicate the results found in the present study.

This study presented some completely new lights on how the way couples deal with stress affects the family as a whole. The results found suggest that lower family functioning levels might be associated with inadequate dyadic coping strategies in which couples engage. These results have implications on family therapy designs, since a closer look to how couples deal with stress factors might be crucial to understand the family issues that bring couples and families to therapy.

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APPENDIXES

APPENDIX A

PROTOCOLO DE INVESTIGAÇÃO – VERSÃO FILHOS

PROTOCOLO DE INVESTIGAÇÃO

Versão Filhos

Por favor escreva no código abaixo:

- No **1º quadrado** escreva: a 1ª letra do seu nome
- No **2º quadrado** escreva: a 1ª letra do nome do seu pai
- No **3º quadrado** escreva: o dia em que nasceu
- No **4º quadrado** escreva: o número da porta da sua casa (se a sua casa não tiver número coloque um zero)

Exemplo: **Código** | J | M | 12 | 4 |

Código | _ | _ | _ | _ |

Consentimento Informado

*“Relações familiares e bem-estar na adolescência:
Factores protectores e de risco em contexto de crise económica”*

A investigação para a qual pedimos a sua colaboração está a ser realizada por investigadores da Faculdade de Psicologia da Universidade de Lisboa (FPUL) (Marta Pedro e Rita Francisco).

Portugal atravessa uma época de dificuldades financeiras que pode aumentar as discussões na maioria das famílias. Este estudo tem como objectivo investigar factores familiares e individuais que contribuam para reduzir o impacto da crise económica nas relações familiares e no bem-estar dos adolescentes.

A participação no estudo é voluntária e os dados disponibilizados são confidenciais, uma vez que os resultados não serão analisados individualmente mas em termos gerais, juntamente com as respostas dos outros participantes. Não haverá quaisquer consequências para quem se recusar participar.

Tomei conhecimento do objectivo do estudo e do que tenho de fazer para participar. Fui informado(a) que tenho o direito a recusar participar e que a minha recusa em fazê-lo não terá consequências para mim.

Assim, declaro que aceito participar na investigação.

Rúbrica (*por favor não indicar o nome ou outro dado que permita a sua identificação*): _____

Data: ____ / ____ / ____

Marta Pedro, Coordenadora e Investigadora principal

Investigadora/Professora Auxiliar Convidada (FP-UL)

Contacto: mmpedro@fp.ul.pt

Rita Francisco, Investigadora principal

Investigadora/Professora Auxiliar Convidada (FP-UL)

Contacto: rmfrancisco@fp.ul.pt

É muito importante que leia atentamente e **responda a todas as questões**. Deixar questões em branco inutiliza todo o questionário e impossibilita que as suas respostas sejam incluídas na investigação.

Quando não tiver a certeza acerca de um valor ou resposta, por favor, responda com dados aproximados.

1. Sexo	2. Idade	3. Ano de escolaridade
---------	----------	------------------------

☐ Feminino ☐ Masculino ____ anos ____ ano

4. Origem étnica

☐ Caucasiana ☐ Africana ☐ Caucasiana-Africana ☐ Asiático ☐ Outra Qual? _____

5. Zona de Residência Habitual

☐ Norte ☐ Centro ☐ Grande Lisboa ☐ Arq. Madeira
☐ Algarve ☐ Alentejo ☐ Arq. Açores ☐ Outra _____

6. Com quem habita?	7. Irmãos
---------------------	-----------

_____ Número de irmãos ____

8. É crente em alguma religião?

☐ Não ☐ Sim Qual? _____ É praticante? ☐ Não ☐ Sim

9. Tem acompanhamento psicológico ou psiquiátrico?
--

☐ Nunca teve ☐ Teve no passado ☐ Tem actualmente

10. Pais – Estado Civil

10.1. Pai

☐ Casado/União de facto
☐ Divorciado/Separado
☐ Viúvo
☐ Solteiro
☐ Não sei

10.2. Mãe

☐ Casada/União de Facto
☐ Divorciada/Separada
☐ Viúva
☐ Solteira
☐ Não sei

11. Profissão dos pais

Profissão do pai _____ Profissão da mãe _____

12. Nível de escolaridade dos pais

Pai

☐ Até 4º ano
☐ 5º a 6º ano
☐ 7º a 9º ano
☐ 10º a 12º ano
☐ Licenciatura
☐ Pós-licenciatura

Mãe

☐ Até 4º ano
☐ 5º a 6º ano
☐ 7º a 9º ano
☐ 10º a 12º ano
☐ Licenciatura
☐ Pós-licenciatura

SCORE – 15 (Stratton et al., 2010; versão portuguesa de Relvas et al., 2010)

Solicitamos que nos descreva a forma como vê a sua família neste momento. Quando dizemos “a sua família” referimo-nos às pessoas que vivem em sua casa. Como diria que cada afirmação **descreve a sua família?**

Descreve-nos Muito bem	Descreve-nos Bem	Descreve-nos Em parte	Descreve-nos Mal	Descreve-nos Muito mal
1	2	3	4	5

1. Na minha família, falamos uns com os outros sobre coisas que têm interesse para nós	1	2	3	4	5
2. Na minha família muitas vezes não se diz a verdade uns aos outros	1	2	3	4	5
3. Todos nós somos ouvidos na nossa família	1	2	3	4	5
4. Sinto que é arriscado discordar na nossa família	1	2	3	4	5
5. Sentimos que é difícil enfrentar os problemas do dia-a-dia	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5

APPENDIX B

PROTOCOLO DE INVESTIGAÇÃO – VERSÃO PAIS

PROTOCOLO DE INVESTIGAÇÃO
Versão Pais

Código | _ | _ | _ | _ |

Consentimento Informado

*“Relações familiares e bem-estar na adolescência:
Factores protectores e de risco em contexto de crise económica”*

A investigação para a qual pedimos a sua colaboração está a ser realizada por investigadores da Faculdade de Psicologia da Universidade de Lisboa (FPUL) (Marta Pedro e Rita Francisco).

Portugal atravessa uma época de dificuldades financeiras que pode aumentar as discussões conjugais na maioria das famílias, tornando mais difícil para os pais evitar discutir quando os filhos estão presentes. Este estudo tem como objectivo investigar factores familiares e individuais que contribuam para minimizar o impacto da crise económica na relação conjugal e no bem-estar dos filhos. Pretende-se ainda identificar estratégias que pais e filhos possam utilizar para fazer face às dificuldades familiares que surjam no contexto actual.

A participação no estudo é voluntária e os dados disponibilizados são confidenciais, uma vez que os resultados não serão analisados individualmente mas em termos gerais, juntamente com as respostas dos outros participantes. Não haverá quaisquer consequências para quem se recusar participar.

Tomei conhecimento do objectivo do estudo e do que tenho de fazer para participar.

Fui informado(a) que tenho o direito a recusar participar e que a minha recusa em fazê-lo não terá consequências para mim.

Assim, declaro que aceito participar na investigação.

Rúbrica (*por favor não indicar o nome ou outro dado que permita a sua identificação*): _____

Data: ____ / ____ / ____

Marta Pedro, Coordenadora e Investigadora principal

Investigadora/Professora Auxiliar Convidada (FP-UL)

Contacto: mmpedro@fp.ul.pt

Rita Francisco, Investigadora principal

Investigadora/Professora Auxiliar Convidada (FP-UL)

Contacto: rmfrancisco@fp.ul.pt

QUESTIONÁRIO GERAL

Data ____ / ____ / ____

É muito importante que leia atentamente e **responda a todas as questões**. Deixar questões em branco inutiliza todo o questionário e impossibilita que as suas respostas sejam incluídas na investigação.

Quando não tiver a certeza acerca de um valor ou resposta, por favor, responda com dados aproximados.

1. Sexo	2. Idade	3. Local de Residência
<input type="checkbox"/> Feminino <input type="checkbox"/> Masculino	____ anos	_____

4. Nível de escolaridade	5. Profissão	
<input type="checkbox"/> Até 4º ano	A) Estatuto ocupacional	B) Situação laboral actual
<input type="checkbox"/> 5º a 6º ano	• Trabalho a tempo inteiro <input type="checkbox"/>	• Desemprego <input type="checkbox"/>
<input type="checkbox"/> 7º a 9º ano	• Trabalho a tempo parcial <input type="checkbox"/>	• Reforma <input type="checkbox"/>
<input type="checkbox"/> 10º a 12º ano		• Trabalhador independente <input type="checkbox"/>
<input type="checkbox"/> Licenciatura		• Trabalhador por conta de outrem <input type="checkbox"/>
<input type="checkbox"/> Pós-licenciatura	Por favor indique a sua profissão _____	

6. Estado Civil	
<input type="checkbox"/> Casado/União de Facto	Há quanto tempo? _____ anos
<input type="checkbox"/> Recasado ou em nova união de facto	Há quanto tempo? _____ anos
<input type="checkbox"/> Divorciado/Separado	
<input type="checkbox"/> Solteiro	
<input type="checkbox"/> Viúvo	

7. Quantos filhos tem, de que idade e de que sexo? Indique se são filhos biológicos ou não.

8. Informação acerca do(a) filho(a) sobre o(a) qual vai responder ao questionário
Idade _____ Sexo _____ Ano de escolaridade _____

9. É crente em alguma religião?	
<input type="checkbox"/> Não <input type="checkbox"/> Sim	Qual? _____
É praticante? <input type="checkbox"/> Não <input type="checkbox"/> Sim	

10. Tem acompanhamento psicológico ou psiquiátrico?		
<input type="checkbox"/> Nunca teve	<input type="checkbox"/> Teve no passado	<input type="checkbox"/> Tem actualmente

11. Qual é, aproximadamente, o rendimento mensal líquido da sua família (ou seja, quanto é que você e o seu cônjuge ganham por mês, em conjunto, após o desconto da segurança social e outros impostos)?
_____ euros por mês

12. O valor de rendimento mensal líquido da sua família, indicado na questão anterior, sofreu alterações no último ano?		
<input type="checkbox"/> O valor diminuiu	<input type="checkbox"/> O valor manteve-se	<input type="checkbox"/> O valor aumentou

Se diminuiu, quanto diminuiu? ☐ Até 10% ☐ Entre 10-20% ☐ Entre 20-30% ☐ Mais de 30%

Se aumentou, quanto aumentou? ☐ Até 10% ☐ Entre 10-20% ☐ Entre 20-30% ☐ Mais de 30%

Esta escala destina-se a avaliar a forma como você e o seu parceiro(a) lidam com o *stress*. Por favor indique a primeira resposta que achar mais adequada. Seja o mais honesto possível e responda a cada item assinalando o caso apropriado, que corresponde à sua situação pessoal.

Muito raramente	Raramente	Às vezes	Com frequência	Com muita frequência
1	2	3	4	5

Esta secção é sobre como comunica ao seu parceiro(a) o seu *stress*.

1. Deixo o meu parceiro(a) aperceber-se que eu aprecio o seu apoio prático, conselhos, ou ajuda.	1	2	3	4	5
[Redacted]	1	2	3	4	5
[Redacted]	1	2	3	4	5
[Redacted]	1	2	3	4	5

Esta secção é sobre o que o seu parceiro(a) faz quando você se está a sentir *stressado(a)*.

5. O meu parceiro(a) mostra-me empatia e compreensão.	1	2	3	4	5
[Redacted]	1	2	3	4	5
[Redacted]	1	2	3	4	5
[Redacted]	1	2	3	4	5
[Redacted]	1	2	3	4	5
[Redacted]	1	2	3	4	5
[Redacted]	1	2	3	4	5
[Redacted]	1	2	3	4	5
[Redacted]	1	2	3	4	5
[Redacted]	1	2	3	4	5

Esta secção é sobre como o seu parceiro(a) comunica quando ele/ela se está a sentir *stressado(a)*

16. O meu parceiro(a) deixa que eu me aperceba que ele/ela aprecia o meu apoio prático, conselhos, ou ajuda.	1	2	3	4	5
[Redacted]	1	2	3	4	5
[Redacted]	1	2	3	4	5
[Redacted]	1	2	3	4	5

Muito raramente	Raramente	Às vezes	Com frequência	Com muita frequência
1	2	3	4	5

Esta secção é sobre o que você faz quando o seu parceiro(a) demonstra que está *stressado(a)*.

20. Sou empático(a) e compreensivo(a) para o meu parceiro(a).	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5

Esta secção é sobre o que você e o seu parceiro(a) fazem quando ambos se estão a sentir stressados.

31. Tentamos lidar juntos com o problema e procurar soluções apropriadas.	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5

Esta secção é sobre como avalia a vossa capacidade, como casal, de lidar com o stress

36. Estou satisfeito com o apoio que recebo do meu parceiro(a) e com a forma como juntos lidamos com o stress.	1	2	3	4	5
	1	2	3	4	5

SCORE-15 (Stratton et al., 2010; versão portuguesa Relvas et al., 2010)

Solicitamos que nos descreva a forma como vê a sua família neste momento. Quando dizemos “a sua família” referimo-nos às pessoas que vivem em sua casa. Como diria que cada afirmação **descreve a sua família?**

Descreve-nos Muito bem	Descreve-nos Bem	Descreve-nos Em parte	Descreve-nos Mal	Descreve-nos Muito mal
1	2	3	4	5

1. Na minha família, falamos uns com os outros sobre coisas que têm interesse para nós	1	2	3	4	5
2. Na minha família muitas vezes não se diz a verdade uns aos outros	1	2	3	4	5
3. Todos nós somos ouvidos na nossa família	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5