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Experiências de vida e sintomatologia psicopatológica (re)contadas na vida adulta:
O que se conta? O que vale o que se conta? E o que conta para se contar?
Vanessa Mourão Ferreira Sampaio Azevedo
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Universidade do Minho
Escola de Psicologia

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agosto de 2016

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Experiências de vida e sintomatologia psicopatológica (re)contadas na vida adulta: O que se conta? O que vale o que se conta? E o que conta para se contar?

Tese de Doutoramento em Psicologia Aplicada

Trabalho efetuado sob a orientação da
Doutora Ângela Maia
e da
Doutora Carla Martins

agosto de 2016

DECLARAÇÃO DE INTEGRIDADE

Declaro ter atuado com integridade na elaboração da presente tese. Confirmo que em todo o trabalho conducente à sua elaboração não recorri à prática de plágio ou a qualquer forma de falsificação de resultados.

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Universidade do Minho, 10 de agosto de 2016

Nome: Vanessa Mourão Ferreira Sampaio Azevedo

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Agradecimentos

> "E voas sobre o mar, com as asas que eu te dou,/e dizes-me a cantar: "É assim que eu sou",/Olhar para ti e ver o que eu vejo,/Olhar-te nos olhos com olhares de desejo, / Eu não tenho nada mais p'ra te dar,/Esta vida são dois dias,/E um é para acordar,/Das histórias de encantar" (P. Abrunhosa, 1994)

Esta tese é o resultado de uma viagem científica individual, mas muito partilhada. É, por isso, justo que reconheça publicamente os que me acompanharam ao longo da mesma, ou em determinadas jornadas.

Em primeiro lugar, o meu eterno obrigada aos meus pais e à minha família, por serem a génese de tudo: das asas, do mar (com vista para o horizonte), das viagens, do ser e do acreditar em histórias de encantar!

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EXPERIÊNCIAS DE VIDA E SINTOMATOLOGIA PSICOPATOLÓGICA (RE)CONTADAS NA VIDA ADULTA: O QUE SE CONTA? O QUE VALE O QUE SE CONTA? E O QUE SE CONTA PARA SE CONTAR?

Resumo

Introdução. As experiências de vida são um tema frequente quer na investigação, quer na prática clínica. Contudo, o atual estado da arte apresenta-se bastante fragmentado e polarizado, o que resulta em lacunas significativas. Mais especificamente, as evidências disponíveis limitam-se a um conjunto restrito de experiências, sobretudo aquelas consideradas negativas, e a fases desenvolvimentais específicas (e.g., infância *vs.* vida adulta). O relato retrospetivo, obtido através de avaliações transversais e do recurso a listas de experiências de vida, é uma das estratégias mais utilizadas para aceder a este tipo de informação, devido às suas vantagens a nível logístico. No entanto, há algumas dúvidas e preocupações relativamente às inconsistências nos relatos sobre experiências de vida. Porém, os estudos empíricos acerca deste assunto são, ainda, escassos. Neste contexto, esta investigação desenvolveu-se em torno de três conceitos-chave, i.e., *experiências de vida*, *relato retrospetivo* e *(in)consistência*.

Objetivos. A presente tese propõe-se a responder a três questões de investigação, i.e, *O que se conta? O que vale o que se conta? E o que conta para se contar?* Decorrentes destas questões, foram definidos seis objetivos gerais, a saber: quantificar, através de relatos retrospetivos, a prevalência de um conjunto abrangente e variado de experiências de vida, considerando quer experiências positivas quer negativas, numa perspetiva de *lifespan*; descrever a forma como as pessoas relatam as componentes mais objetivas e mais subjetivas das suas experiências de vida; explorar padrões de resposta secundários (e.g., "não me lembro" ou não-resposta); determinar o quão (in)consistente é o relato retrospetivo das experiências de vida, atendendo não só às dimensões objetivas, como também às subjetivas; identificar variáveis envolvidas na (in)consistência dos relatos, através de análises estatísticas inferenciais e das percepções individuais. Além disso, o desenvolvimento e validação de instrumento sobre experiências de vida (i.e., Lifetime Experiences Scale) foi outro objetivo da presente tese.

Método. Esta tese inclui seis estudos empíricos, de caráter quantitativo, que se diferenciam quanto aos objetivos e aos aspetos metodológicos. Os participantes desta investigação foram indivíduos da comunidade, de ambos os sexos, com idade igual ou superior a 18 anos. A dimensão e caraterização

das amostras variaram nos diferentes estudos. Quanto ao design, foram realizados estudos transversais e longitudinais, baseados no relato retrospetivo. Os dados foram recolhidos através de entrevistas ou questionários autoadministrados. Relativamente aos instrumentos aplicados, destaca-se a utilização da Lifetime Experiences Scale (LIFES) e da versão portuguesa do Brief-Symptom Inventory (BSI). Mais especificamente, a LIFES avalia a ocorrência, a fase desenvolvimental, a valência e o impacto de 75 experiências de vida, que se organizam em oito domínios (i.e., percurso escolar; percurso profissional; saúde; tempos livres; condições de vida; experiências adversas; realizações; pessoas e relações). A sintomatologia psicopatológica foi avaliada através do BSI, que inclui 53 itens organizados em nove escalas (e.g., depressão, ansiedade) e três índices globais (e.g., índice geral de sintomas).

Resultados. As evidências disponíveis acerca das experiências de vida estão, evidentemente, associadas àquilo que se pergunta. Neste sentido, este estudo proporciona resultados mais ecológicos, abrangentes e compreensivos devido à utilização de um novo instrumento (i.e, LIFES), que avalia experiências de vida positivas e negativas, incluindo diferentes domínios, e assente numa perspetiva de *lifespan*. No que concerne à questão *O que se conta?* genericamente, foram relatadas experiências de frequência variável. Além disso, a maioria das experiências foi avaliada como positiva e como tendo um impacto significativo. Relativamente aos padrões de resposta secundários (i.e., "não me lembro"; não-resposta), importa referir que apresentaram, sobretudo, valores residuais. A resposta à questão *O que vale o que se conta?* parece depender da dimensão considerada. Neste sentido, os relatos sobre a ocorrência e a fase desenvolvimental parecem ser mais consistentes do que os relatos acerca da valência e do impacto. Por fim, a resposta à questão *O que conta para se contar?* baseou-se quer em em dados inferenciais, quer em perceções individuais. Assim, verificou-se que os motivos associados às inconsistências são heterogéneos e complexos, envolvendo variáveis individuais, associadas às experiências e ao design. Adicionalmente, observou-se que a relação entre inconsistências no relato de experiências de vida e humor parece ser sensível a heterogeneidades concetuais e metodológicas, o que impossibilita conclusões robustas.

Conclusão. Atendendo ao estado da arte e às evidências recolhidas, concluímos que apenas poderemos conhecer as histórias pessoais de cada indivíduo através daquilo que este estiver disposto ou capaz de contar, num dado momento e num contexto específico. Neste sentido, é razoável antecipar que alguns indivíduos apresentarão relatos inconsistentes, reconhecendo que os motivos subjacentes são heterogéneos e provavelmente envolvem interações complexas, que ainda não foram totalmente investigadas.

LIFE EXPERIENCES AND PSYCHOPATHOLOGICAL SYMPTOMS (RE)TOLD IN ADULTHOOD: WHAT PEOPLE TELL ABOUT THEM? HOW CONSISTENT ARE THEIR REPORTS? AND WHICH VARIABLES MATTER?

Abstract

Background. Life experiences are a traditional topic for both researchers and clinicians. However, current knowledge is scattered, disconnected and unbalanced. Consequently, many answers remain unanswered. Specifically, available evidences includes only a limited set of life experiences, especially those claimed to be negative, and covered a single developmental stage (e.g., childhood *vs.* adulthood). Due to its pragmatic advantages, retrospective reports, based on cross-sectional assessments and using checklists, is one of the main options to gather data about life experiences. Nonetheless, there are some concerns and doubts about the inconsistency of the reports. Surprisingly, few empirical studies addressed this topic and current knowledge is scarce. Accordingly, this research is rooted on three key-concepts, i.e., life experiences, retrospective reports, and (in)consistency.

Aims. This thesis was designed to fulfil three research questions about life experiences, i.e., *What people tell about them? How consistent are their reports? And which variables matter?* These were the starting points for six general aims, namely: to quantify the prevalence of a comprehensive and varied set of life experiences, including both positive and negative and applying a lifespan perspective; to describe how people report objective and subjective variables related to their life experiences; to explore critical answering patterns(e.g., "not remember" or non-response); to quantify inconsistency on life experiences reports, attending to both subjective and objective related variables; and lastly, to identify variables involved in inconsistent reporting based on inferential analyses and individual perceptions. Furthermore, the development and validation of a measure to assess life experiences (i.e., Lifetime Experiences Scale) was also aimed.

Method. This work includes six quantitative empirical studies, which present different aims and methodological features. Participants were recruited from the community, including males and females aged 18 or older. The dimension and characterization of the samples varied across empirical studies. Data, collected cross-sectionally or longitudinally, was gathered through self-reports or face-to-face interviews. The core variables were assessed using the Lifetime Experiences Scale (LIFES) and the Portuguese version of the Brief Symptom-Inventory (BSI). Specifically, LIFES evaluates occurrence, developmental stage, valence and impact of 75 life experiences, which are organized into eight domains

(i.e., school; job; health, leisure; living conditions; adverse experiences; achievements; people and relationships). Psychological symptoms were assessed through the BSI that comprises nine symptom scales (i.e., depression, anxiety) and three global indices (e.g., global severity index).

Results. Obviously, available evidences cannot be separated from the available measures (and their constraints). Therefore, the inclusion of a new measure (i.e., LIFES) - that assessed a comprehensive and varied set of positive and negative life experiences and that is based on a lifespan perspective - provides more ecological, in-depth, and clarifying results. Our first question was *What people tell about them?* Overall, occurrence of life experiences varied greatly. Additionnaly, most life experiences were rated as positive and as high impact. Critical answering patterns (i.e, "not remember", non-responses) presented mainly residual values. The answer to the question *How consistent are their reports?* seems to depend on the variable assessed. More specifically, reports about occurrence and developmental stage were more consistent than those regarding valence and impact. Lastly, answers about *Which variables matter?* were based on both inferential data and individual perceptions. Overall, results suggested that reasons involved in inconsistent reporting are heterogeneous and complex. Moreover, they included individual, experiences, and design variables. The relationship between mood and inconsistent reporting seems to be affected by conceptual and methodological features, which compromises clear conclusions.

Conclusion. Attending to the current state of art and to the evidences presented, we concluded that knowledge about life experiences cannot be disentangled from the individual and his willingness or capability to talk about them, in a specific context and at a given time. Therefore, it is reasonable to recognize that at least some individuals will provide an inconsistent report, although the associated reasons demands further investigation.

Índice de conteúdos

Parte I. Introdução 19

Apresentação da investigação 21

Conceitos-chave 21
Objetivos gerais 23
Pertinência e aspetos diferenciadores 24
Estrutura 26

Temas transversais 30

Investigação sobre as experiências de vida: Passado e presente 30
Design retrospetivo *versus* Design prospetivo 36
Experiências de vida, memória e humor: Um trinómio de investigação 37
Experiências de vida, temas sensíveis e questões éticas 40

Referências 45

Parte II. Estudos empíricos 55

Estudo 1. Lifetime Experiences Scale (LIFES): Development, Validation and Reliability in Community Samples 56

Abstract 56
Introduction 57
LIFES: What is new? 57
Development 58
Description of LIFES 61
Validation and reliability 62
Discussion 81
References 86

Estudo 2. Life experiences throughout the lifespan: What people tell (or not) about them? 91

Abstract 91
Introduction 92
Method 97
Results 99
Discussion 108
References 118

Estudo 3. Life experiences retold by adults: How consistent are their reports? 122

Abstract 122
Introduction 123
Method 125
Results 130
Discussion 155
References 162

Estudo 4. Comparing and predicting inconsistency on positive and negative life experiences reports: Which variables matter? ... 169
Abstract ... 169
Introduction ... 170
Method ... 172
Results ... 177
Discussion ... 180
References ... 183
Estudo 5. Changes on reports of life experiences and mood: A messy issue ... 187
Abstract ... 187
Introduction ... 188
Method ... 190
Results ... 194
Discussion ... 199
References ... 202
Estudo 6. Inconsistent reporting of life experiences: What people think and how they explain it ... 208
Abstract ... 208
Introduction ... 209
Method ... 210
Results ... 212
Discussion ... 217
References ... 221
Parte III. Discussão integradora ... 225
O que é que se conta? ... 226
O que vale o que se conta? ... 230
O que conta para se contar? ... 233
Referências ... 237
Parte IV. Considerações finais ... 245
Aplicações e Implicações ... 246
Limitações ... 247
Experiências de vida: desafios atuais e futuro ... 248
Nota de conclusão ... 249
Referências ... 250

Índice de ilustrações

Diagrama 1. Organização dos estudos empíricos, em função das questões de investigação 26

Figure 2. Flow of participants chart..... 127

Figure 3. Flow of participants chart..... 173

Figure 4. Flow of participants chart..... 191

Quadro 1. Quadro-síntese dos objetivos e caraterísticas metodológicas dos estudos empíricos..... 28

Quadro 2. Identificação e descrição breve dos instrumentos utilizados..... 30

Graph 1. Kappa values for individual items by occurrence, developmental stage, valence and impact.....153

Graph 2. Percentage of agreement for individual items by occurrence, developmental stage, valence and impact.....154

Índice de tabelas

Table 1. Difference tests and mean ranks for lived and nonlived-experiences, by gender, age, marital status, education, employment status, and psychological distress..... 67

Table 2. Spearman's correlations between LIFES and BSI 69

Table 3. Convergence of comparable items on LIFES and ACE or LES..... 71

Table 4. Temporal, cross-methods, and inter-rater reliability for individual items 77

Table 5. Frequencies as a percentage of occurrence, valence, impact, developmental stage, and chronicity..... 101

Table 6. Percentage of missing answers by individual items and associated features 105

Table 7. Patterns of missing answers by groups and total 108

Table 8. Frequencies of responses, in percentages, and agreement parameters for occcurrence 132

Table 9. Frequencies of responses, in percentages, and agreement parameters for developmental stage 137

Table 10. Frequencies of responses, in percentages, and agreement parameters for valence ... 144

Table 11. Frequencies of responses, in percentages, and agreement parameters for impact 149

Table 12. Means and standard deviations of inconsistency on positive and negative life experiences by groups 178

Table 13. Multiple linear regression analyses predicting inconsistency on positive and negative life experiences..... 179

Table 14. Descriptives and patterns of discrepancy and inconsistency for total, positive, and negative life experiences 195

Table 15. Means ranks and Kruskal-Wallis tests for discrepancy and inconsistency by groups .. 197

Table 16. Percentages and frequencies of individual characteristicas involved in inconsistent reporting..... 213

Table 17. Percentages and frequencies of experiences characteristics involved in inconsistent reporting..... 215

Table 18. Percentages and frequencies of design characteristics involved in inconsistent reporting 216

PARTE I

Introdução

Introdução

Esta dissertação, intitulada *Experiências de vida e sintomatologia psicopatológica (re)contadas na vida adulta: O que se conta? O que vale o que se conta? E o que conta para se contar?,* foi desenvolvida no âmbito do Doutoramento em Psicologia Aplicada e é constituída por quatro partes. Na Parte I, é introduzido e contextualizado o projeto de investigação; na Parte II, são apresentados os estudos empíricos desenvolvidos; na Parte III, discute-se e reflete-se acerca dos principais resultados; e, por fim, na Parte IV, identificam-se as repercussões, limitações e desafios.

Embora reconhecendo que os pontos de partida são, habitualmente, pautados por muitas interrogações, pela vontade de descobrir e pela necessidade de nortear os passos subsequentes, esta introdução é bastante seletiva nos temas abordados e está organizada em duas secções, que se diferenciam quer ao nível dos objetivos, quer ao nível dos conteúdos. Assim, inicialmente, é realizado o enquadramento concetual e antevista a estrutura empírica da investigação. Mais especificamente, apresentam-se os conceitos-chave, os objetivos gerais, a pertinência e aspetos diferenciadores, e a estrutura (i.e., estudos, organização, design, participantes, instrumentos) da mesma. Na segunda secção, são abordados quatro temas transversais no âmbito da investigação sobre as experiências de vida e a consistência do relato, a saber: investigação sobre as experiências de vida: passado e presente; design retrospetivo versus design prospetivo; experiências de vida, memória e humor: um trinómio de investigação; e experiências de vida, temas sensíveis e questões éticas.

Os assuntos abordados nesta primeira parte foram selecionados de forma a minimizar a redundância com os conteúdos incluídos nos diferentes artigos empíricos. Neste sentido, optou-se por apresentar apenas as questões que perpassam a investigação e que preenchem um de dois critérios, nomeadamente o facto de facultarem uma primeira perspetiva sobre o trabalho desenvolvido ou serem temas que não são extensivamente destacadas nos artigos empíricos. Assim sendo, admitimos que não existe um guião pré-estabelecido para a leitura desta tese: o leitor poderá optar por se debruçar inicialmente nos estudos empíricos, inteirar-se da discussão integradora, retroceder aos tópicos introdutórios e, por fim, ler as notas de conclusão; ou, numa lógica mais tradicional, poderá optar por uma leitura respeitante da sequência natural dos conteúdos. Efetivamente, os temas abordados na segunda parte desta introdução poderiam, em alternativa, integrar a discussão ou as notas de conclusão – o que aliás é uma estratégia bastante comum. Não obstante, a sua inclusão nesta parte residiu no facto de considerarmos tratarem-se de aspetos subjacentes a todos os estudos empíricos e por permitirem um enquadramento geral desta tese.

Apresentação da investigação

Conceitos-chave

Esta investigação desenvolveu-se em torno de três conceitos-chave, i.e., *experiências de vida*, *relato retrospetivo* e *(in)consistência*.

Relativamente ao conceito de experiências de vida, numa fase inicial da investigação, deparamo-nos não só com a ausência de uma definição formal, como também com um conjunto de fragilidades, como por exemplo o caráter auto-explicativo, a restrição temática ou a utilização sinonímica. Por isso, uma das primeiras etapas deste projeto consistiu na definição e delimitação do conceito, um processo que será apresentado com mais detalhe no Estudo 1. Neste trabalho definimos experiências de vida como "a set of events (I was born…), conditions (I live/lived…), and perceptions (I feel/felt…) that occur (or not) during a lifetime. (…) Additionally, life experiences are not limited to self; instead they also embrace the individual's environment, other relevant people and the interactions among them. The focus of life experiences is personal and it includes two types of features: an objective (regarding the occurrence and the developmental stage) and a subjective (regarding the valence and the impact)" (Azevedo, Martins, & Maia, 2016).

Esta definição inclui os eventos de vida, que remetem para um conjunto mais restrito de acontecimentos, de caráter mais concreto e temporalmente definido (i.e., início e fim delimitados); contudo, não se limita a estes. Além disso, a definição utilizada assume uma índole marcadamente idiossincrática, pois embora a ocorrência de determinada experiência possa ser partilhada, é pouco provável que duas pessoas a experienciem exatamente da mesma forma e, inclusivamente, a mesma pessoa pode experienciar as componentes subjetivas de forma distinta em diferentes momentos e/ou circunstâncias. Deste modo, este conceito de experiências de vida não só assenta numa lógica pós-positivista (Borsboom, Mellenbergh, & van Heerden, 2004), como supera o problema da variabilidade intracategorial (Dohrenwend, 2006).

Ainda sobre este construto, importa esclarecer que se inclui no modelo formativo (Bollen & Bauldry, 2011), uma vez que preenche os requisitos teóricos e empíricos sintetizados por Coltman, Devinney, Midgley, e Veniak (2008), como por exemplo a formação do conteúdo latente baseada nos itens, a causalidade direcionada dos itens para o construto, a indefinição ao nível das intercorrelações ou a dificuldade em isolar o parâmetro de erro. Como será apresentado e discutido no Estudo 1 e na

Parte IV, esta especificidade influiu significativamente nos procedimentos e no percurso da presente investigação.

Um segundo conceito central é o de relato retrospetivo. Como Tourangeau, Rips, e Rasincki (2009, p.1) enquadram "survey research rests on the age-old practice of finding things out by asking people questions. In this respect, it has much in common with a diverse set of activities ranging from police interrogations and courtroom proceedings to medical interviews and quiz shows". Efetivamente, uma parte muito significativa das questões colocadas, quer no contexto científico, quer noutros contextos, referem-se ao passado (a curto, a médio ou a longo-prazo), pelo que as respostas consistem num relato retrospetivo. Segundo Grotpeter (2008, p.120) este tipo de relato consiste em "(...) thinking about, remembering and reporting events that happened in the past". As estratégias para aceder a relatos retrospetivos sobre experiências de vida variam não só ao nível do design (e.g., transversal *vs.* longitudinal), como também ao nível da estratégia para obtenção dos dados (i.e., autorelato *vs.* heterorelato). Desde já, é essencial enfatizar um pressuposto central e consensual no que concerne ao relato retrospetivo, nomeadamente o facto de que o que a pessoa reporta sobre o seu passado não é apenas produto de efeitos de memória, ou seja, poderão estar envolvidas outras variáveis, que serão abordadas ao longo desta tese.

Por último, destacamos o conceito de consistência do relato. Embora os conceitos de consistência e validade surjam habitualmente associados, representam dimensões distintas do relato, ainda que alguns autores pareçam aplicá-los indiferenciadamente (e.g., Hardt & Rutter, 2004). Segundo Dube, Williamson, Thompson, Felitti, e Anda (2004), os conceitos emanam do desenvolvimento de instrumentos e da psicometria, em que a consistência remete para a estabilidade ao longo do tempo, enquanto a validade apreende a veracidade do relato. Assim sendo, um relato pode ser consistente e não válido, mas um relato válido é necessariamente estável.

Embora a investigação sobre a validade dos relatos seja indiscutivelmente apelativa, na prática depara-se com a limitação da (im)possibilidade de confirmar os relatos, o que constrange significativamente o campo de ação. Por outro lado, a investigação sobre a consistência permite maior flexibilidade e criatividade do ponto de vista do design, como por exemplo estudos teste-reteste baseados no mesmo ou em diferentes métodos de recolha de dados ou estudos de comparação entre fontes de informação (numa lógica de ausência de *gold standards*). Uma diferenciação mais aprofundada dos conceitos será apresentada no Estudo 3; desta feita, importa reter que a questão da consistência do relato proporciona mais oportunidades de investigação, com reflexos óbvios ao nível do estado da arte.

A presente tese aborda exclusivamente a consistência do relato, ainda que o título possa aludir à noção de validade. Para tal, privilegiou-se um design intra-sujeitos, em que participantes foram avaliados em dois momentos temporais distintos, sob as mesmas ou diferentes condições de recolha de dados. Por agora, mais do que descrever os procedimentos metodológicos encetados, é essencial posicionarmo-nos face a dois aspetos pouco consensuais, nomeadamente a designação e o enfoque do conceito. Relativamente ao primeiro, diferentes designações têm sido aplicadas para nomear o mesmo fenómeno. Se numa fase inicial, os autores tendiam a privilegiar designações como *reliability* (e.g., Hardt, Sidor, Bracko, & Egle, 2006; Mills, Teesson, Darke, & Ross, 2007) ou *stability* (e.g., Fergusson, Horwood, & Woodward, 2000; Paivio, 2001); mais recentemente, a designação *consistency* tem surgido com mais frequência (e.g., Ayalon, 2015; Colman et al., 2015; Spinhoven, Bamelis, Haringsma, Molendijk, & Arntz, 2012), provavelmente num esforço de demarcação relativamente aos estudos psicométricos. Não obstante, a opção por uma das designações tende a ser arbitrária e pessoal. Neste contexto, na presente tese privilegiou-se a designação de *consistência do relato*. No que concerne ao segundo aspeto, i.e., o enfoque da variável, os autores ora se centram na consistência, ora abordam o seu oposto (i.e., inconsistência), de forma indiscriminada. Este dualismo complexifica a interpretação dos resultados, exigindo, por vezes, a reconversão dos mesmos. Ainda que se reconheça a existência de alguma alternância, genericamente o presente trabalho privilegiou o estudo da *inconsistência*, opção que está patente quer nos títulos, quer nos objetivos nos estudos empíricos. Esta orientação decorreu do facto de considerarmos que esta é a faceta verdadeiramente relevante e problemática do tema, já que, muito provavelmente, se todos os relatos fossem consistentes não suscitaria interesse, nem preocupação quer ao nível da investigação, quer ao nível da prática.

Objetivos gerais

Do título da tese emanam as três questões centrais que nortearam o projeto de investigação, a saber: *O que se conta? O que vale o que se conta? E o que conta para se contar?* Estas questões de investigação condensam um conjunto de objetivos gerais, que é importante discriminar desde já. Assim, esta investigação realizada com adultos da comunidade, propôs-se a:

1. Quantificar, através de relatos retrospetivos, a prevalência de um conjunto abrangente e variado de experiências de vida, incluindo oito domínios (i.e., percurso escolar; percurso profissional; saúde; tempos livres; condições de vida; experiências adversas; realizações; pessoas e relações), considerando quer experiências positivas quer negativas, numa perspetiva de *lifespan*;

2. Descrever a forma como as pessoas relatam as componentes mais objetivas (i.e., ocorrência e fase desenvolvimental) e mais subjetivas (i.e., valência e impacto) das suas experiências de vida;
3. Explorar padrões de resposta secundários, tais como "não me lembro" ou não-resposta (i.e., *missing*);
4. Determinar o quão (in)consistente é o relato retrospetivo das experiências de vida, atendendo não só às dimensões objetivas (i.e., ocorrência e fase desenvolvimental), como também às subjetivas (i.e., valência e impacto);
5. Identificar variáveis envolvidas na (in)consistência dos relatos, através de análises estatísticas inferenciais, explorando características a vários níveis (i.e., individuais *vs.* experiências *vs.* design);
6. Conhecer a perspetiva pessoal dos participantes relativamente ao tema da inconsistência do relato, captando as perceções e os motivos subjacentes a este comportamento.

Estas questões e os objetivos gerais desdobraram-se em propósitos específicos, abordados individualmente em cada estudo empírico, que serão posteriormente apresentados, de forma mais detalhada, nas respetivas seções.

Para além destes objetivos que integravam o projeto inicial, a constatação de que não estava disponível qualquer instrumento que avaliasse, ao longo de toda a vida, quer experiências de vida positivas quer negativas, exigiu-nos um trabalho adicional, que consistiu em desenvolver e validar um instrumento sobre experiências de vida (Estudo 1). Esta primeira etapa foi fundamental para a prossecução e concretização dos objetivos definidos inicialmente.

Pertinência e aspetos diferenciadores

Embora o relato retrospetivo de experiências de vida não seja um assunto exclusivo da investigação - bem pelo contrário, é um tema transversal não só ao nível das aplicações, como também das implicações – este projeto assume um caráter marcadamente metodológico, representando um contributo para revisitar o passado (i.e., para melhor compreender as evidências disponíveis) e projetar o futuro (i.e., delinear novas questões e estratégias de investigação). Como será demonstrado nos diferentes estudos empíricos, o estado da arte sobre as experiências de vida, em geral, e a inconsistência do relato, em particular, apresentam uma variedade de constrições e limitações, que motivaram a presente investigação. A relevância e a inovação inerentes a cada estudo empírico serão

posteriormente expostas. Apesar disso, nesta parte introdutória é fundamental abordar estes aspetos de uma forma mais global e integradora.

O design transversal retrospetivo, com recurso a listas ou escalas, é a estratégia mais comum para obter informação acerca das experiências de vida, sobretudo ao nível da investigação (e.g., Kendall-Tackett & Becker-Blease, 2004; Paykel, 2001). No entanto, este tipo de design (e, consequentemente, os resultados obtidos) está associado a alguma preocupação (e.g., Hardt et al., 2006; Zimmerman, 1983) ou, em casos mais extremos, a assumido ceticismo (e.g., Widom, Raphael, & DuMont, 2004), relativamente à (in)consistência dos relatos. Por isso, quase invariavelmente esta questão consta das limitações dos estudos empíricos sobre o tema, o que contrasta manifestamente com o número relativamente reduzido de investigações centradas no fenómeno.

De um modo global, as investigações sobre experiências de vida estão circunscritas a uma fase desenvolvimental (i.e., habitualmente a infância/adolescência), abrangem um número reduzido e pouco diversificado de experiências e, na maioria dos casos, limitam-se às experiências negativas. Naturalmente, estas tendências transpõem-se para as investigações sobre a inconsistência do relato. Neste contexto, entre as características diferenciadoras da presente investigação destacam-se a perspetiva de *lifespan* (i.e., avalia experiências na infância, na adolescência e/ou na vida adulta); a inclusão de um conjunto abrangente e variado de experiências de vida (i.e., inclui experiências relativas ao percurso escolar; percurso profissional; saúde; tempos livres; condições de vida; experiências adversas; realizações; pessoas e relações); e a flexibilidade ao nível da valência (i.e., inclui experiências positivas e negativas, classificadas em função da avaliação dos próprios sujeitos). Adicionalmente, esta investigação assenta numa definição original de experiências de vida e baseia-se num novo instrumento para avaliar o construto.

O caráter diferenciador desta tese está ainda patente nos seus objetivos e procedimentos. Mais especificamente, num esforço de ultrapassar omissões e negligências, foram exploradas respostas secundárias (i.e., "não me lembro", não-resposta) e, ao nível da consistência, foram analisadas novas dimensões (e.g., valência, impacto). Acresce a isto o facto de os estudos disponíveis sobre a inconsistência do relato provirem de esforços aparentemente isolados e apresentarem-se, por isso, de forma dispersa e focalizada em certas variáveis (e.g., características sociodemográficas, humor). Pelo contrário, esta investigação privilegia uma perspetiva integradora, abrangente e inclusiva, uma vez que apresenta um conjunto de estudos sobre o fenómeno e explora diferentes variáveis (e.g., associadas ao indivíduo, às experiências ou ao design) potencialmente envolvidas nos relatos inconsistentes. Outra das mais-valias da presente investigação prende-se com a abordagem diferenciadora quer ao nível da

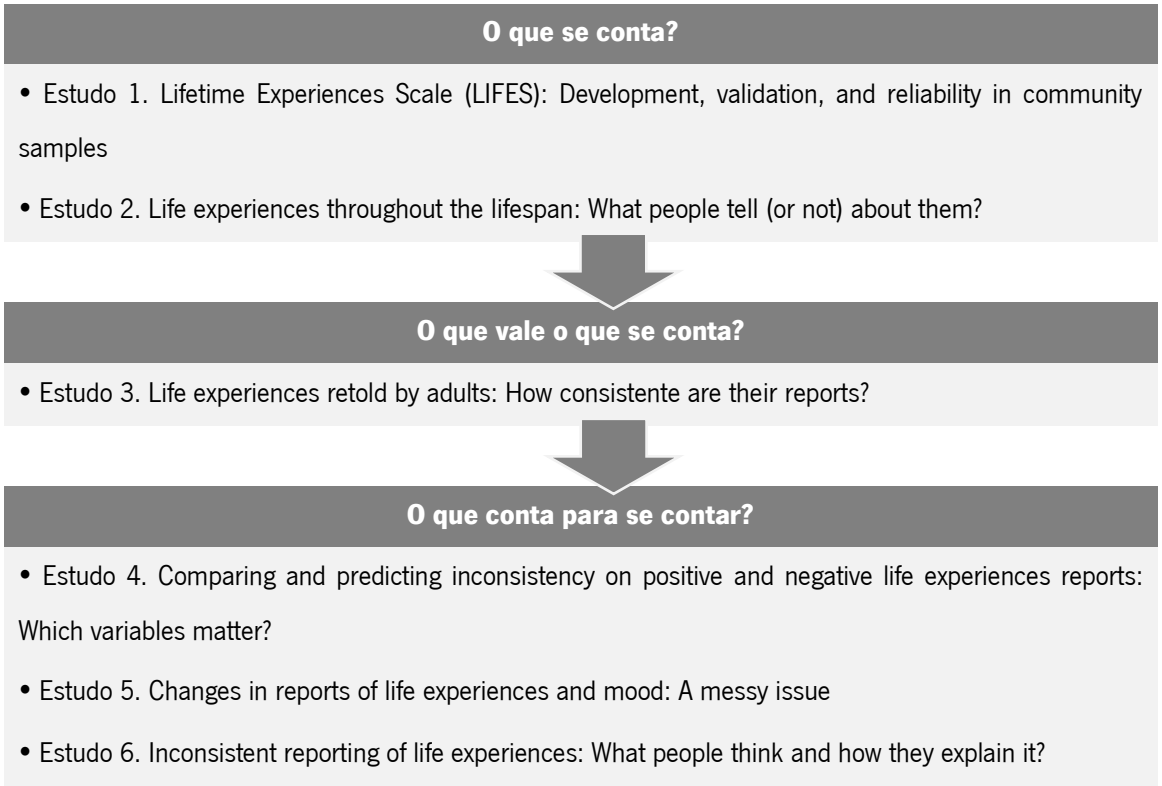
relação entre inconsistência e humor, uma vez que inclui um estudo que problematiza este binómio, quer no que concerne à captação das perceções e motivos atribuídos pelos participantes às inconsistências.

Estrutura

Após definir as variáveis-chave, identificar os objetivos gerais, destacar a pertinência e elencar aspetos diferenciados da presente investigação, torna-se essencial apresentar a sua estrutura, ou seja, a organização, a sequência, os objetivos sumários e os contornos metodológicos dos estudos empíricos que a constituem.

No que concerne à *organização*, esta tese desenvolve-se em seis artigos, que descrevem estudos empíricos, organizados em torno das três questões centrais que nortearam a investigação. Assim sendo, no Diagrama 1 apresenta-se a organização da tese. Importa ainda esclarecer que embora os estudos empíricos privilegiem determinadas questões, proporcionam evidências que poderão esclarecer questões adjacentes, como será demonstrado na Parte III.

Diagrama 1. Organização dos Estudos Empíricos, em Função das Questões de Investigação



Como sugerido pelo Diagrama 1, apostou-se numa perspetiva cumulativa de recolha de evidências, em que os estudos posteriores suplantam lacunas e limitações identificadas anteriormente. Apesar disso, cada artigo é uma entidade independente e distinta e, face a esta opção, os conteúdos abordados foram necessariamente adequados aos objetivos específicos, privilegiando uma abordagem mais micro e mais focada. Neste sentido, foi realizado um esforço para minimizar redundâncias na informação apresentada; contudo, dado o caráter autónomo dos estudos, nem sempre foi exequível omitir conteúdos-chave.

De um modo geral os artigos foram preparados de acordo com as normas *da American Psychological Association* (2010), ainda que apresentem alguns ajustes em função das regras especificadas pelas revistas-alvo. De modo a permitir uma antevisão global dos artigos, o Quadro 1 apresenta de forma sumária os objetivos e características metodológicas dos mesmos, excluindo o Estudo 1 devido às suas especificidades.

Quadro 1. Quadro-Síntese dos Objetivos e Características Metodológicas dos Estudos Empíricos

Título Objetivos	Participantes	Design
Estudo 2. Life experiences throughout the lifespan: What people tell (or not) about them? Descrever a ocorrência, estado desenvolvimental, valência e impacto Explorar padrões de resposta secundários (i.e., "não me lembro" e não-resposta) Conhecer o padrão de não-resposta	*N* = 394 Sexo feminino: 76.4% Idade média: 35.94	Transversal
Estudo 3. Life experiences retold by adults: How consistent are their reports? Descrever a consistência ao nível da ocorrência, fase desenvolvimental, valência e impacto	*N* = 178 Sexo feminino: 81.5% Idade média: 42.86	Longitudinal
Estudo 4. Comparing and predicting inconsistency on positive and negative life experiences reports: Which variables matter? Identificar padrões de relato nas inconsistências nas experiências positivas e negativas Comparar as inconsistências nas experiências positivas e negativas Identificar preditores (sociodemográficos, experiências, design) das inconsistências nas experiências positivas e negativas	*N* = 171 Sexo feminino: 81.9% Idade média: 42.30	Longitudinal
Estudo 5. Changes on reports of life experiences and mood: A messy issue Identificar e comparar diferentes operacionalizações de inconsistência Comparar diferentes estratégias para avaliar a relação entre as variáveis	*N* = 89 Sexo feminino: 79.8% Idade média: 39.22	Longitudinal
Estudo 6. Inconsistent reporting of life experiences: What participants think and how they explain it? Explorar as perceções relativamente à frequência, padrão, impacto e designação Identificar variáveis individuais, associadas às experiências e ao design relacionadas com a inconsistência	*N* = 73 Sexo feminino: 83.6% Idade média: 39.39	Transversal

Relativamente ao *design*, esta investigação incluiu diferentes abordagens quer no que diz respeito aos momentos de avaliação, quer às unidades em análise. Mais especificamente, ancorados numa perspetiva longitudinal, serão apresentadas evidências resultantes quer de um design retrospetivo transversal, que "uses a cross-sectional design, but by the use of retrospective recall methods, gathers longitudinal data. These data are designed to represent attitudes, behaviors, and

events in the respondents' lives across time, despite the fact they are collected at a single point in time"(Grotpeter, 2008, p.120), quer de um design retrospetivo longitudinal, que implica que os "surveys were based on retrospective measurements in the sense that respondents were asked to recall episodes and events of their lives from the day of birth (e.g., place of residence) up to the time of the interview. Longitudinal data was recorded as event sequences (...). In this manner, time-continuous data covering all of past lives is being reconstructed" (Mayer, 2008, p.85). Decorrente desta duplicidade ao nível dos momentos, serão apresentados dados inter e intra-sujeitos.

Os participantes desta investigação foram indivíduos da comunidade, de ambos os sexos, com idade igual ou superior a 18 anos, e capazes de compreender e se exprimir em português. Ainda que não tenham sido definidos outros critérios de exclusão, atendendo ao caráter longitudinal da investigação e às circunstâncias contextuais (e.g., emigração) foi realizado um esforço para recrutar os participantes em locais que sugeriam alguma estabilidade, como por exemplo instituições de ensino. Como se pode observar no Quadro 1, a dimensão das amostras é bastante variável ao longo dos estudos, o que resulta quer dos momentos de avaliação concluídos, quer dos instrumentos aplicados.

Os quatro instrumentos utilizados nesta investigação, a saber: o questionário sociodemográfico (QSD), a Lifetime Experiences Scale (LIFES; Azevedo, Martins, & Maia, 2016), a versão portuguesa do Brief-Symptom Inventory (BSI; Canavarro, 2007; Derogatis, 1993), e o Questionário de Perceções e Motivos associados à Inconsistência (PRIIR; Azevedo, Martins, Carvalho, & Maia, 2014), são sintetizados e associados aos respetivos estudos empíricos no Quadro 2. À exceção do BSI, os restantes instrumentos foram desenvolvidos no âmbito da presente investigação.

Quadro 2. Identificação e Descrição Breve dos Instrumentos Utilizados

Variáveis		Estudos					
Medida	**Descrição breve**	**1**	**2**	**3**	**4**	**5**	**6**
QSD	Idade; género; estado civil; escolaridade; estatuto ocupacional	✓	✓	✓	✓	✓	✓
LIFES	Ocorrência, fase desenvolvimental, valência, e impacto	✓	✓	✓	✓	✓	
	Constituída por 75 itens organizados em oito domínios: percurso escolar; percurso profissional; saúde; tempos livres; condições de vida; experiências adversas; realizações; pessoas e relações						
BSI	Sintomas psicopatológicos	✓				✓	
	Constituída por 53 itens organizados em nove escalas (somatização, obsessões-compulsões, sensibilidade interpessoal, depressão, ansiedade, hostilidade, ansiedade fóbica, ideação paranóide, psicoticismo) e três índices globais (índice geral de sintomas, índice de sintomas positivos, total de sintomas positivos)						
PRIIR	Perceções e motivos subjacentes às inconsistências						✓
	Constituída por 33 itens organizados em perceções (e.g., frequência, padrão, impacto) e motivos de três índoles, nomeadamente características das experiências (e.g., valência), do contexto (e.g., local), e das pessoas (e.g., humor)						

Temas transversais

Investigação sobre as experiências de vida: Passado e presente

O conhecimento atual sobre as experiências de vida não poderá ser verdadeiramente compreendido se se omitir uma perspetiva histórica sobre o tema. Por isso, afigura-se essencial retroceder às origens e revisitar os desenvolvimentos neste campo de investigação. Embora as experiências de vida sejam uma questão quase permanente nas ciências sociais e humanas, em geral, e na Psicologia, em particular, o fim da Segunda Guerra Mundial revelou-se um marco crucial, por colocar o tema definitivamente no campo de ação quer da investigação, quer da prática clínica (Paykel, 2001). Desde então, duas áreas distintas destacam-se na relevância atribuída a este assunto, nomeadamente a psicologia da personalidade e a psicossomática, que se norteiam por diferentes estratégias de concetualização, avaliação, e intervenção.

A psicologia da personalidade está particularmente interessada nas histórias de vida, inspirada no trabalho pioneiro de Henry A. Murray (1893-1988), que revolucionou a psicologia norte-americana introduzindo novas variáveis: "Time, story, the person. Human beings are time-binding, story-telling

creators, whose lives themselves are situated in time, as time-binding narratives – past, present, future" (McAdams, 2001a, p.690). Segundo o mesmo autor, os primeiros estudos basearam-se em estudantes universitários, exclusivamente do sexo masculino, que eram entrevistados em profundidade sobre várias áreas, por diferentes investigadores, num esforço de compreender a pessoa como um todo. Concomitantemente, a psicossomática e a psiquiatria tentavam explicar a etiologia e a evolução dos problemas mentais, físicos e/ou psicossomáticos através dos eventos de vida (Paykel, 2001). Esta linha de investigação privilegiava, sobretudo, casos clínicos e debruçava-se quase exclusivamente sobre os eventos negativos. Apesar destas vincadas diferenças, antes da II Guerra Mundial estas linhas de investigação partilhavam duas características: baseavam-se em estudos de casos e adotavam uma abordagem qualitativa.

Contrariando as expectativas, com o fim da Segunda Guerra muitos problemas tornaram-se visíveis, o que alterou para sempre a psicologia em geral (Goodwin, 2005; Hergenhahn, 2001) e a investigação sobre experiências de vida em particular (McAdams, 2001a; Paykel, 2001). Mais especificamente, os sobreviventes (i.e., os veteranos e as vítimas do Holocausto) confrontavam-se com uma nova realidade: era necessário que se (re)adaptassem à vida normal; contudo, poucas pessoas conseguiam compreender os horrores que haviam passado, vivido e/ou assistido (Hergenhahn, 2001). Deste modo, segundo o mesmo autor, houve um aumento sem precedentes no recurso aos serviços de apoio, que ultrapassou as capacidades da psiquiatria e da psicanálise, permitindo que os psicólogos, pela primeira vez, fossem autorizados a realizar psicoterapia. Além disso, do ponto de vista da investigação, os estudos de casos revelavam-se ineficientes, sendo necessário analisar um elevado número de pessoas. Neste contexto, "psychology departments and research funding agencies tended to favour quantitative, construct-driven research" (McAdams, 2001a, p.692), o que agudizou as diferenças pré-existentes entre psicologia da personalidade e psicossomática. A primeira continuou a favorecer uma abordagem tendencialmente qualitativa, privilegiando a profundidade e centrada no indivíduo. Disto resultou uma espécie de estagnação durante anos e só recentemente parece beneficiar de uma espécie de "renaissance", mantendo as características originais (McAdams, 2001a). Por outro lado, a psicossomática privilegiou uma abordagem quantitativa, mais generalista, focada em grupos e construtos. Além disso, aliou o interesse e o esforço dos psicólogos e dos psiquiatras, tendo-se afirmado como uma ativa área de investigação e intervenção desde então. Uma comparação mais detalhada destas duas linhas de investigação transcende os objetivos desta tese; contudo estas ideias gerais são essenciais para compreender e contextualizar as evidências disponíveis que, tendencialmente, estão enraizadas numa destas duas tradições.

A publicação da *Social Readjusment Rating Scale* (SRRS), por Holmes e Rahe (1967), é considerada por muitos autores (e.g., Paykel, 2001; Zimmerman, 1983) como um impulso fundamental no estudo quantitativo das experiências de vida. Sucintamente, a SRRS avalia 43 eventos bastante heterogéneos e permitiu, pela primeira vez, uma avaliação estruturada e fácil dos mesmos. Apesar destas vantagens, foi (e ainda é) alvo de algumas críticas (Hobson & Delunas, 2001), o que, aliado à relevância do tema, redundou na emergência de várias medidas mais ou menos análogas. Por exemplo, no início dos anos 80, Zimmerman (1983) identificou quase vinte instrumentos (publicados ou não) sobre experiências de vida, que se diferenciavam ao nível do número de itens, das variáveis avaliadas (e.g., mudança *vs.* ameaça *vs.* perturbação), e motivos subjacentes (e.g., refinar ou superar as críticas à SRRS, avaliar experiências específicas).

Em simultâneo, eram encetados os primeiros esforços para identificar e discutir as principais questões concetuais e metodológicas em torno da investigação sobre as experiências de vida, o que se repercutiu na publicação de uma série de trabalhos fundamentais, tais como *Scaling procedures in life events research* (Grant, Sweetwood, Gerst, & Yager, 1978), *A checklist for life event research* (Cleary, 1980), *Problems of internal consistency and scaling in life event schedules* (Cleary, 1981), *Methodological aspects of life event research* (Paykel, 1983), e *Methodological issues in the assessment of life events: A review of issues and research* (Zimmerman, 1983). Globalmente, as preocupações e discussões centravam-se em cinco áreas principais, nomeadamente: *conteúdo*, *variáveis temporais*, *amostras*, *procedimentos*, e *validade e consistência do relato*, que serão seguidamente revisitadas.

No que concerne ao *conteúdo dos instrumentos*, aqueles autores enfatizaram as dúvidas relativamente à inclusão de itens híbridos (e.g., mudança nos hábitos de sono), que tanto podem representar um caso de contaminação de sintomas (i.e., a sintomatologia depressiva inclui perturbações ao nível do sono), como podem representar um antecedente ou um consequente da doença. Provavelmente, a inclusão destes itens decorreu das experiências que os veteranos e os sobreviventes da guerra traziam para a psicoterapia. Além disso, os diferentes autores alertavam para o facto de que nenhum instrumento poderia ser totalmente abrangente, exaustivo e inclusivo. Na verdade, nenhum inclui(u) todas as experiências possíveis, e determinadas áreas têm sido privilegiadas em detrimento de outras. Importa ainda referir que a avaliação das experiências positivas constava também da lista das preocupações iniciais, com algumas (embora muito poucas) medidas a incluir as duas valências (e.g., *Life Experiences Survey* de Sarason, Johnson, & Siegel, 1978). Por fim, foi

também evidente um intenso debate sobre as dimensões a avaliar, sendo particularmente (mas não exclusivamente) relevante a dualidade mudança *vs.* desejabilidade.

As *questões associadas ao tempo* representaram também um tema central de discussão tanto por parte dos investigadores, como dos clínicos. Tendo em atenção que a linha de investigação da psicossomática assentava num pressuposto explicativo, parecia razoável exigir que a experiência de vida antecedesse o quadro clínico. Contudo, nem todas as situações eram claras e/ou lineares. Deste modo, era premente delimitar adequadamente o período de referência, sendo que as medidas iniciais privilegiavam os eventos recentes, cobrindo períodos variáveis de dias ou meses. Numa tentativa de resolução desta dificuldade, Cleary (1980, 202) propôs que "the optimal period probably depends on the health variable being studied".

Uma outra preocupação fundamental remetia para as *amostras* em estudo, sobretudo devido ao interesse em generalizar os resultados. Atendendo às exigências contextuais, não será de estranhar que as amostras clínicas tenham sido o principal foco de atenção quer por parte dos clínicos, quer por parte dos investigadores. Além disso, os parcos estudos centrados em amostras comunitárias pareciam pouco representativos da população, já que incluíam (quase) exclusivamente indivíduos do sexo masculino e estudantes universitários. Como expectável, os diferentes autores consideravam abusivas as conclusões sobre normatividade e alertavam para a necessidade de apresentar descrições muito claras acerca dos participantes analisados.

Os *procedimentos* encetados, a diferentes níveis, foram também alvo de discussão e reflexão. Por exemplo, os autores enfatizavam a necessidade de identificar e justificar a estratégia de recolha de dados (e.g., entrevista, autorrelato), desaconselhando utilizações fortuitas. Além disso, era também pouco consensual a estratégia de cotação dos instrumentos, atendendo à multiplicidade de opções disponíveis (e.g., dados normativos gerais ou por grupos, dados subjetivos, contagem simples). Sobre este assunto, Cleary (1980) recomendou que, por norma, fossem apresentados dois parâmetros: frequência e um método adicional (e.g., normativo). Por fim, os autores discutiam também o tipo de análise estatística mais apropriada. Considerando que pretendiam investigar a relação entre experiências de vida e doença/quadro clínico, aconselhavam sobretudo a realização de correlações, tamanho do efeito e regressões.

Uma última preocupação centrou-se na *consistência e validade dos relatos*, decorrente do caráter pioneiro das medidas e das especificidades do construto, que não permitiam avaliações psicométricas tradicionais. Mais especificamente, os diferentes autores revelavam ceticismo relativamente aos efeitos de memória, sobretudo o esquecimento, e alertavam para o risco dos

indivíduos relatarem as experiências numa estratégia de atribuir significado à sua condição de saúde. De acordo com estes mesmos autores, o recurso a fontes de informação externas (e.g., familiares) poderia minimizar estes vieses.

Decorreram quase sessenta anos após a publicação da SRRS e apesar dos desafios concetuais e metodológicos apresentados acima, o interesse e a investigação sobre o impacto das experiências de vida não diminuíram. Neste contexto, urge colocar duas questões centrais, nomeadamente: *quais as diferenças* e *quais as semelhanças entre o passado e o presente deste campo de investigação?*

Curiosamente, o construto parece ser bastante estável. Por exemplo, Holmes e Rahe (1967, p.213) definiram eventos de vida enfatizando a dimensão de ajustamento social, isto é, a "intensity and length of time necessary to accomodate to a life event, regardless of the desirability of this event", enquanto Sarason et al. (1978) associam as experiências de vida a mudanças, mas salientam as dimensões de desejabilidade e impacto. Pesem embora estas e outras definições, Cleary (1981, p.311) constatou que "the lack of clear, logical criteria as to what constitute an event (as distinct from reaction) still remains a problem" e Paykel (1983) enfatizou a dificuldade em definir um evento. Mais recentemente, Ramos (2004, p.69) reviu as definições disponíveis e identificou "duas componentes fulcrais dos acontecimentos de vida: por um lado, é um fenómeno discreto, descontínuo, transversal à vida do indivíduo e, por outro lado, simboliza uma mudança, uma alteração no curso da vida. Estas alterações afetam o equilíbrio global da pessoa, exigindo-lhe um esforço de readaptação". No entanto, estas definições - pelo menos em parte – não parecem incluir as experiências avaliadas nas medidas mais recentes, nem apreendem a complexidade do construto. Paradoxalmente, o assunto parece ter sido banido da literatura mais recente, até mesmo no que concerne aos artigos sobre o desenvolvimento de novos instrumentos. O conceito apresenta-se, assim, como auto-explicativo, sendo o seu significado claro, partilhado e não carecendo de definição. Num esforço de suplantar estas fragilidades, no âmbito da presente tese, foi proposta uma definição de experiências de vida, que foi apresentada anteriormente e que subjaz a todo o trabalho desenvolvido.

Embora alguns autores alertassem para a relevância das experiências positivas (e.g., Zimmerman, 1983), na verdade esta área de investigação replica o viés negativo que influencia a psicologia em geral, e que foi pela primeira vez, formalmente, contestado no discurso de Martin Seligman, em 1998, enquanto presidente da American Psychological Association (Seligman, 1999). Efetivamente, são escassos os instrumentos que incluam experiências positivas ou, pelo menos, que assumam um caráter não diretivo. Após a revisão das evidências disponíveis, Baumeister, Bratslavsky, Finkenauer, e Vohs (2001, p.326) concluíram que "developmental and clinical observations likewise

suggest that single bad events are far stronger than even the strongest good one". No entanto, esta conclusão pode estar enviesada pelo facto de o número de estudos disponíveis sobre experiências negativas ser muito superior às investigações sobre experiências positivas. Os motivos desta marcada assimetria não são claros: se por um lado pode representar, de facto, um desinteresse espontâneo; por outro lado, pode resultar de um desinteresse intencional e/ou motivado. Mais especificamente, se, como sugerido por Baumeister et al. (2001), o impacto associado às experiências de vida positivas é nulo ou pouco significativo, aliado ao reconhecido favorecimento, por parte das revistas, da publicação de artigos com resultados significativos, os estudos sobre as experiências positivas poderão ter menor probabilidade de ser divulgados. Este cenário pode gerar desinvestimento por parte dos investigadores, com repercussões a curto e a longo-prazo.

Um aspeto diferenciador do passado e do presente da investigação sobre as experiências de vida prende-se com o período de referência temporal. Como referido anteriormente, os primeiros estudos centravam-se nas experiências recentes, isto é, focavam-se na vida adulta. Obviamente este quadro temporal era sensível à sobreposição de ocorrências (i.e., experiências e quadro clínico). Por outro lado, as experiências precoces representam também uma área tradicional de interesse, influenciando significativamente quer a Psicanálise, quer o Comportamentalismo (Pilgrim, Rogers, & Bentall, 2009). Deste modo, será fácil compreender o redirecionamento do período de referência temporal para a infância (i.e., até aos 18 anos). No entanto, alguns autores (e.g., Davis, Matthews, & Twamley, 1999) criticam a restrição a períodos de referência curtos, enfatizando a necessidade de apostar numa perspetiva de *lifespan*.

Por fim, a estratégia mais comum para recolher dados sobre experiências de vida mantém-se: os investigadores tendem a privilegiar os designs retrospetivos e transversais (e.g., Hardt & Rutter, 2004; Paykel, 2001), avaliando os indivíduos numa única sessão, através de questionários de autorrelato ou entrevistas estruturadas, baseadas em listas de experiências de vida (e.g., Hobson & Delunas, 2001; Paykel, 2001). Além disso, a maioria das investigações continua a centrar-se no impacto (sobretudo ao nível da saúde) das experiências de vida, assumindo, por isso, propósitos correlacionais ou explicativos. Consequentemente, as abordagens mais descritivas, exploratórias e aprofundadas não são objetivos centrais na linha de investigação psicossomática. Por outro lado, as dúvidas no que concerne ao sistema de cotação não representam, atualmente, uma preocupação central, sendo que os estudos tendem a reportar sobretudo contagens e frequências. Adicionalmente, talvez associado a isto, observou-se uma significativa diferença nas variáveis avaliadas: se anteriormente se privilegiavam dimensões relacionadas com os significados (e.g., ajustamento,

desejabilidade), atualmente recolhem-se sobretudo aspetos contextuais (e.g., pessoas envolvidas, frequência), o que redunda em informação mais detalhada, mas menos aprofundada.

Estas são as origens, os desenvolvimentos, as ruturas e as continuidades na investigação sobre as experiências de vida; nos estudos empíricos serão apresentadas com mais detalhe as opções metodológicas, as evidências disponíveis, as lacunas e as limitações contemporâneas.

Design retrospetivo *versus* Design prospetivo

O estudo sobre as experiências de vida está intimamente ligado ao impacto das mesmas, sendo particularmente relevante a relação entre experiências na infância e potenciais repercussões na vida adulta. Neste contexto, os investigadores recorrem a dois tipos de design, retrospetivo e prospetivo, que diferem no que concerne ao período de referência. Aliando o período de referência ao período de seguimento, habitualmente os estudos retrospetivos são associados a designs transversais (*cross-sectional*), enquanto os estudos prospetivos são associados a designs longitudinais (Grotpeter, 2008), que podem também ser designados por *follow-up* ou de *cohort* (Tooth, Ware, Bain, Purdie, & Dobson, 2005).

Diferentes autores (e.g., Goodman, Quas, & Ogle, 2010; Grotpeter, 2008; Hardt & Rutter, 2004; Kendall-Tackett & Becker-Blease, 2004; Maughan & Rutter, 1997; Paykel, 2001; Shaffer, Huston, & Egeland, 2008; Widom et al., 2004) têm comparado, de forma mais ou menos sistemática, a aplicação dos dois designs nesta área de investigação. Genericamente, quer o design prospetivo, quer o retrospetivo partilham as vulnerabilidades associadas ao *recall back* (ainda que com intervalos muito discrepantes) e ao *respondent recall* (embora os autores tendam sobretudo a enfatizar este aspecto nos estudos retrospetivos). Além disso, ambas privilegiam o recurso a medidas de avaliação validadas e enfrentam múltiplos constragimentos e desafios éticos. Não obstante estas comunalidades, os designs apresentam maioritariamente características diferenciadoras ao nível da relação de causalidade, da recolha de dados, dos custos envolvidos, das amostras, da estratégia analítica, de aspetos logísticos, entre outros.

Ponderadas as mais-valias e as limitações associadas a cada um dos designs, globalmente, vários autores (e.g., Davidson, Devaney, & Spratt, 2010; Grotpeter, 2008; Hardt & Rutter, 2004; Paykel, 2001) reconhecem que os estudos prospetivos são mais rigorosos e robustos, sobretudo do ponto de vista concetual e analítico. Apesar disso, atendendo principalmente às vantagens logísticas - sobretudo no que concerne à redução de custos temporais, monetários, e de recursos humanos, a maior parte das evidências disponíveis provém de estudos retrospetivos. Pesem embora algumas

críticas contundentes (e.g., Widom et al., 2004), de uma forma geral parece ser consensual que ambos os designs podem coexistir de forma harmoniosa, tendo como derradeiro propósito contribuir para o conhecimento sobre as experiências de vida e impacto (e.g., Hardt & Rutter, 2004; Kendall-Tackett & Becker-Blease, 2004). Em simultâneo, enquanto estratégia de rebatimento das críticas associadas ao design retrospetivo, é também amplamente reconhecida a necessidade de investigar de forma intencional a utilização do mesmo e as potenciais variáveis envolvidas. Em síntese, como refere Maughan e Rutter (1997, p.20) "both now and in the future, we need to be clear about the strenghts and limitations of retrospective reports". Entre estas destaca-se a(s) relação(ões) entre memória, humor e experiências de vida, referida(s) invariavelmente quer nos estudos empíricos, quer em trabalhos de índole mais teórica e que será(ão) seguidamente revisitada(s).

Experiências de vida, memória e humor: Um trinómio de investigação

Quando se questiona acerca das experiências de vida, a principal fonte da informação é a memória (Tourangeau et al., 2009), sobretudo a memória a longo-prazo. Por isso, não será de estranhar que surja, frequentemente, como uma preocupação central neste campo de investigação (e.g., Grotpeter, 2008; Hardt & Rutter, 2004; Mayer, 2008; Paykel, 2001). Contudo, na maior parte dos estudos empíricos o assunto é abordado de forma superficial quer enquanto possível mecanismo subjacente à inconsistência dos relatos, quer enquanto limitação. Face a esta negligência e à relevância, importa identificar as principais implicações da memória neste âmbito de investigação.

A *memória autobiográfica* é particularmente relevante; contudo, é um tipo de memória pouco estudado (Baddeley, 2009). Segundo Fivush (2011, p.560) "autobiographical memory is that uniquely human form of memory that moves beyond the recall of experienced events to integrate perspective, interpretation, and evaluation across self, other, and time to create a personal history". Este tipo de memória, que resulta da combinação de memórias episódicas e semânticas, apresenta um cariz autorreferencial (Waites, 1997). Segundo Williams, Conway, e Cohen (2008) as memórias autobiográficas encerram três funções, a saber: diretiva, social, e de autorrepresentação/*self*, embora alguns autores questionem a rigidez desta tipologia (e.g., Alea & Bluck, 2003; Baddeley, 2009). Num estudo empírico sobre o tema, Rasmussen e Berntsen (2009) associaram diferentes funcionalidades à valência, sendo que as memórias positivas encerrariam sobretudo funções sociais e associadas ao *self*, enquanto as memórias negativas apresentariam principalmente funções diretivas. De acordo com Conway a memória autobiográfica apresenta uma estrutura hierárquica, que organiza temporal e tematicamente a informação (e.g., Conway & Pleydell-Pearce, 2000; Conway, Singer, & Tagini, 2004).

As memórias autobiográficas parecem ser particularmente sensíveis à linguagem e às interações sociais (e.g., Nelson & Fivush, 2004). Por exemplo, Waites (1997) advoga que é através dos diálogos - que incluem conteúdo verbal, gestos e expressões emocionais e comportamentais, que se narram, interpretam e integram as histórias de vida ou narrativas (McAdams, 2001a; McAdams, 2001b). Importa ainda acrescentar que a recetividade e tolerância à partilha de informação parecem variar em função do tipo de experiências, sendo que socialmente estamos motivados para partilhar e ouvir histórias positivas, o que nem sempre acontece relativamente às negativas, muitas vezes evitadas através de pedidos expressos (Harber & Pennebaker, 1992; Pasupathi, 2001; Waites, 1997). Neste sentido, as narrativas são coconstruídas (Pasupathi, 2001), na medida em que aquelas que são reproduzidas e reforçadas socialmente tendem a ser melhor recordadas. Quando acontece o contrário, podem surgir histórias inconsistentes ou o recurso a estratégias de evasão (e.g., "não me lembro"). Nestes casos a partilha das narrativas pode ser moldada por variáveis como a coerção, lealdades, intimidação, vergonha, responsabilização, descredibilização, negação ou culpa (Harber & Pennebaker, 1992; Pasupathi, 2001; Waites, 1997). Em síntese, Bietti (2010, p.500) acrescenta "by communicating memories, people are often attempting to create a positive self-representation, which can be either as hero or victim depending on the situational context".

O tempo é também uma variável central associada às memórias autobiográficas, sendo essencial delimitá-lo quando se investigam experiências de vida (Anderson, 2009c), uma vez que os estudos podem assumir diferentes molduras temporais (presente *vs.* ao longo da vida *vs.* datas específicas *vs.* períodos de referência) (Tourangeau et al., 2009). Além disso, está envolvido em vários fenómenos, como por exemplo o esquecimento, efeito de recência, *reminiscence bump*, amnésia infantil ou *telescoping* (e.g., Anderson, 2009b; Baddeley, 2009; Grotpeter, 2008).

Recordar e esquecer parecem ser duas faces da mesma moeda, ambas adaptativas e essenciais para o indivíduo. Os fenómenos e os mecanismos associados ao esquecimento das memórias autobiográficas são ainda pouco claros (Tourangeau et al., 2009). Por exemplo, as tarefas de reconhecimento parecem ser menos sensíveis ao esquecimento (Anderson, 2009a). Por outro lado, após um trabalho de revisão sobre o esquecimento, Rubin e Wenzel (1996) verificaram que as memórias autobiográficas se diferenciavam das curvas apresentadas por outros tipos de estímulos. No que concerne à recordação, há diferentes teorias para explicar o processo (Anderson, 2009c), embora Nairne (2015) saliente que são mais conhecidos os fenómenos do que os mecanismos envolvidos. Por exemplo, a passagem do tempo (i.e, recuperação espontânea), as tentativas repetidas de recuperação (reminiscência) ou a reinstalação de pistas ou do contexto parecem beneficiar a recordação.

Tourangeau et al. (2009) acrescenta ainda as características associadas às experiências (e.g., impacto) e ao design (e.g., ordem das questões). Em suma, Anderson (2009b, p.242) afirma que "what we remember is not random, and aligns with our motivations, and goals of emotional regulation". Além disso, importa enfatizar que "what people report should always be distinguished from what they remember" (Waites, 1997, p.152). Ainda assim, alguns autores (e.g.,Colman et al., 2015; Jenkins, Hurst, & Rose, 1979) insistem em assumir a omissão de um relato prévio como esquecimento e a inclusão de um novo relato como recordação.

A partir dos anos 80 este trinómio de investigação é rematado com a introdução do humor (Leichtman, Ceci, & Ornstein, 1992), que na literatura apresenta diferentes designações (e.g., *emotional mood*, *affect*, *preference*, *emotional attitudes*, de acordo com Mandler, 1992). De facto, o estado de humor parece afetar quer a codificação, quer a recuperação de informação, o que se traduz em dois fenómenos distintos, nomeadamente a *memória dependente do humor* e a *memória congruente com o humor*. Segundo Anderson (2009c, p.179), a primeira é "a form of context dependent effect whereby what is learnt in a given mood, whether, positive, negative, or neutral, is best recalled in that mood", enquanto a segunda consiste no "bias in the recall of memories such that negative mood makes negative memories more readily available than positive, and vice-versa. Unlike mood-dependency, it does not affect the recall of neutral memories" (p.178). As evidências empíricas disponíveis não permitem ainda generalizar, nem abandonar nenhuma destas hipóteses de investigação. O mesmo se aplica à noção de *mood (a)symmetry* (Georger, 1997; Laird, Cuniff, Sheehan, Shulman, & Strum, 1991; Salovey & Singer, 1991). Em síntese, Leichtman et al. (1992, p.182) advogam que "we fully believe that the relationship between affect and memory is a reciprocal one, in which the character and development of affect is as much influenced by memory processes as these processes are influenced by affect". Este assunto será abordado com mais detalhe no Estudo 5.

Revisitar o estado da arte sobre a memória implica abordar uma controvérsia central, nomeadamente as *memory wars* (Schactter, 1996, Haaken, 1998, Campbell, 2003, citados por Ashmore & Brown, 2010), que opõem memórias recuperadas ao síndrome das memórias falsas. Esta guerra assenta no pressuposto de que há uma verdade sobre o passado, sendo que, por vezes, parece ser mais importante a autoridade e a credibilidade do narrador do que o conteúdo do relato (Robson, 2010). As evidências disponíveis sobre as falsas memórias indicam que não só existem, como são comuns, embora na maior parte das vezes sejam inofensivas (Loftus, 1997). No entanto, uma vez mais, os mecanismos subjacentes não estão ainda suficientemente compreendidos (Bernstein, Godfrey, & Loftus, 2008). Acresce a isto o facto de os estudos sobre confiança e fidelidade

apresentarem resultados inconclusivos (Roediger & DeSoto, 2015). Face ao estado da arte, Campbell (2010, p.176) desafia(-nos):

> I challenge memory theorists to recognize that we have not yet brigded the individual and the social in ways that deal adequately with excessive skepticism about memory. There are obviously many occasions on which it is sensible to distrust the reliability of our recollections. Nevertheless, in order to avoid a destructive scepticism about a fundamental source of knowledge we also need ways to understand the basic compatibility of our memories being true to the past and often shifting interpretations of this past.

Dada a relevância do trinómio, é razoável antecipar que os esforços atuais de investigação, focados no *how, how much, and how accurately people remember their past* (Bluck, Alea, Habermas, & Rubin, 2005, p.91), serão reforçados no futuro, não obstante as especificidades e as dificuldades envolvidas (Baddeley, 2009). Por enquanto, as evidências disponíveis resultam maioritariamente de estudos experimentais provenientes de diferentes áreas (e.g., psicologia cognitiva, psicologia do desenvolvimento), nem sempre fáceis de integrar ou extrapolar para contextos mais ecológicos (e.g., Christianson, 1992; Conway & Pleydell-Pearce, 2000; Waites, 1997). Em síntese, de acordo com Haaken e Reavey (2010), há três consensos em torno da memória autobiográfica: *a recordação é uma atividade humana estruturada socialmente*; *as representações do passado são suscetíveis a interpretações*; e *quer recordar, quer esquecer envolvem aspetos éticos*. De facto, apesar das limitações apresentadas e da necessidade de explorar diferentes estratégias de investigação, importa reconhecer que este trinómio está balizado por constrangimentos éticos (e.g., Christianson, Goodman, & Loftus, 1992; Waites, 1997).

Experiências de vida, temas sensíveis e questões éticas

As questões éticas apresentam-se como uma preocupação consensual e contemporânea no âmbito da investigação, que se materializa em crescentes e variadas exigências. No entanto, o tema tende a ser abordado superficialmente no método ou na discussão, conferindo uma invisibilidade contrastante com a complexidade e morosidade dos esforços e dilemas do quotidiano da investigação (Lee & Renzetti, 1990). Se a ética parece ser indissociável da investigação no geral, esta relação torna-se ainda mais contígua quando o objeto de investigação se centra em questões potencialmente sensíveis (e.g., Draucker, Martsolf, & Poole, 2009; Lensvelt-Mulders, 2008), como será o caso de algumas experiências de vida. Por isso, a primeira pergunta-chave que importa colocar é: *O que é que se entende por questões sensíveis?* Como diferentes autores referem (e.g., Lee & Renzetti, 1990;

Lensvelt-Mulders, 2008) este parece ser um construto auto-explicativo, cujo significado é evidente e amplamente partilhado, ainda que as pessoas não o consigam definir de forma objetiva. Tourangeau et al. (2009) identificam três dimensões habitualmente associadas a questões sensíveis ou ameaçadoras, nomeadamente: *desejabilidade social* (i.e., em que medida se afasta das normas sociais e até que ponto será (des)aprovada), *intrusividade* (i.e., em que medida são ofensivas por invadirem a privacidade), e *revelação a terceiros* (i.e., em que medida é que há riscos de revelação a terceiros e com que consequências). Há ainda uma quarta dimensão que, embora possa estar implícita nas anteriores, importa explicitar, nomeadamente, o potencial de causar ou exacerbar *distress emocional* (Draucker et al., 2009).

A segunda questão-chave essencial é: *Que perguntas poderão ser consideradas sensíveis e/ou ameaçadoras?* Atendendo à variedade de experiências de vida analisadas na presente investigação seria abusivo considerar que, invariavelmente, todas envolvem temas sensíveis. Na verdade, é expectável que, para a maioria dos indivíduos, as questões no âmbito do percurso escolar ou relacionadas com lazer não sejam interpretadas como sensíveis, enquanto as questões associadas às pessoas e relações poderão ser antecipadas como potencialmente sensíveis. Apesar disso e embora as características supracitadas permitam antecipar temas particularmente sensíveis, na realidade este exercício não é linear. Pessalacia, Ribeiro, e Massuia (2013) realizaram um estudo para identificar temáticas potencialmente geradoras de desconforto ($N = 1149$) e concluíram que temas como traições (50%), violência física (43.4%), assédio sexual no local de trabalho (41.9%), abuso sexual (40.7%), violência psicológica (39.8%), morte de alguém próximo (38.1%), questões relacionadas com a vida sexual (50-67.6%), e questões relacionadas com a vida íntima (e.g., relações íntimas) eram particularmente relevantes. Adicionalmente, numa meta-análise sobre o assunto, Lensvelt-Mulders, Hox, Heidjen, e Maas (2005) verificaram que as questões sensíveis se agrupavam em dez temas (i.e, aborto, comportamento sexual, drogas, álcool, ofensas criminais, problemas ou atitudes éticas, caridade, copiar nos exames, ambiente, e miscelânea). Curiosamente, as experiências de vida enquanto construto não constam desta lista, o que poderá estar relacionado com a estratégia de identificação dos estudos. Ainda que estas listas pareçam plausíveis, vários autores (e.g., Lensvelt-Mulders, 2008; Tourangeau et al., 2009) enfatizam a preponderância das idiossincrasias (i.e., a nível individual, étnico, cultural) na definição do que é sensível ou ameaçador, o que complexifica ainda mais este assunto. Neste sentido, Lee e Renzetti (1990) postulam que mais do que assunto em si, o que torna as questões sensíveis é o contexto em que são colocadas. Por outro lado, segundo Fowler (1995, p.29) a sensibilidade não reside nas perguntas, mas sim nas respostas: "it is fundamental to

understand that the problem is not "sensitive questions" but "sensitive answers". Questions tend to be categorized as "sensitive" if a "yes" answer is likely to be judged by society as undesirable behavior. However, for those for whom the answer is "no", questions about any particular behaviour are not sensitive".

Independentemente dos aspetos concetuais ou de operacionalização, importa colocar uma terceira questão: *Quais os riscos envolvidos na participação num estudo sobre experiências de vida, algumas das quais potencialmente sensíveis?* Neste contexto em particular é essencial compreender se questionar ou falar sobre determinados assuntos poderá ser prejudicial para o participante. Numa revisão sobre os riscos associados à investigação das experiências traumáticas Newman e Kaloupek (2004) enfatizaram diferentes potenciais tipos de risco, nomeadamente físicos (e.g., dor, problemas de saúde), legais (e.g., denúncia obrigatória), logísticos (e.g., aborrecimento), económicos (e.g., perda de rendimentos), ou sociais (e.g., rejeição social). Contudo, os riscos mais referidos prendem-se com aspetos psicológicos ou mentais, tais como exacerbação do estado mental, ativação de memórias dolorosas, desencadeamento de reações emocionais e cognitivas muito negativas (e.g., *distress*, medo, raiva, vergonha, embaraço), bem como de comportamentos autodestrutivos (e.g., suicídio). Segundo Kopelman (2004), o conceito de *risco mínimo* é adotado por muitas regulamentações e comités de ética como delimitador do impacto da participação em investigações. Embora o autor apresente diferentes interpretações, habitualmente os investigadores definem-no de acordo com a proposta da National Comission for the Protection of Human Subjects of Biomedical and Behavioral Research (1979), que postula que as estimativas antecipadas da magnitude do dano ou desconforto decorrente da investigação não podem superar aquelas que os indivíduos encontram no dia-a-dia ou durante a realização de exames físicos ou psicológicos de rotina. O conceito de risco mínimo parece ser influenciado pela amostra em estudo. Neste sentido, as amostras não clínicas poderão estar menos habituadas a abordar determinados assuntos e, como tal, percecionar a tarefa como mais ofensiva e desagradável (Agar & Read, 2002; Becker-Blease & Freyd, 2006; Jorm, Kelly, & Morgan, 2007).

As evidências empíricas sobre o impacto de participar em estudos sobre experiências de vida são ainda relativamente escassas e metodologicamente limitadas (Jorm et al., 2007; Labott, Johnson, Feeny, & Fendrich, 2016; Newman & Kaloupek, 2004; Rojas & Kinder, 2007; Savell, Kinder, & Young, 2006). Cromer et al. (2006) compararam o grau de *distress* associado ao preenchimento de questionários sobre experiências traumáticas (e.g., maltrato emocional, sexual) *versus* outras questões (e.g., imagem corporal, etnia, identidade sexual, rendimentos familiares, notas escolares) em duas amostras distintas de estudantes universitários. Numa das amostras (N = 240) verificaram não haver

diferenças significativas ao nível do *distress* quando compararam notas escolares, imagem corporal, abuso emocional e abuso sexual, sendo que neste estudo a maior parte dos participantes considerou a tarefa como *somewhat less distressing than other things encountered in day-to-day life*. Na outra amostra (*N* = 277), os participantes consideraram que responder sobre abuso sexual envolvia um grau de *distress* semelhante às questões sobre etnia, mas superior relativamente às questões sobre a orientação sexual ou os rendimentos familiares. Por outro lado, em ambas as amostras a importância atribuída às questões traumáticas, assim como a perceção de custo-benefício foram consensualmente superiores. Assim, os autores concluíram que "these samples demonstrated that trauma questions cause relatively minimal distress and perceived greater importance and greater cost-benefit ratings compared to other kinds of psychological research in a human subjects pool population" (p.359). Esta conclusão é partilhada por vários autores (e.g., Becker-Blease & Freyd, 2006; Labott et al., 2016; Maia et al., 2008; Newman & Kaloupek, 2004; Rojas & Kinder, 2007; Savell et al., 2006).

Neste contexto, impõe-se aprofundar uma quarta questão: *Quais são os benefícios associados à participação neste tipo de estudos?* Sucintamente, Newman e Kaloupek (2004) destacam enquanto benefícios o acesso a recursos materiais (e.g., dinheiro) e a serviços de saúde, a promoção do *empowerment*, a oportunidade de autodescoberta e de *insight* (associadas à redução do estigma, à normalização de reações, à quebra de silêncios/revelações num contexto seguro, à identificação com outros semelhantes), a perceção de mais-valia pessoal, e a atenção recebida por parte do investigador. Acrescem a estes, mais-valias de índole marcadamente social, tais como o altruísmo. De acordo com Lakeman, Mcandrew, Macgabhann, e Warne (2013), um possível mecanismo subjacente aos benefícios da participação reside na similaridade com o contexto terapêutico (e.g., atenção, *safe place*). Em síntese, os autores argumentam que "the telling of personal stories as part of the research process can in itself be a therapeutic activity, as participants are offered the opportunity to make sense of their experience" (p.6).

A apreensão geral (e em particular dos comités de ética) sobre o impacto negativo de abordar questões potencialmente sensíveis parece traduzir-se na sobrevalorização dos riscos e subvalorização dos benefícios (Becker-Blease & Freyd, 2007; Lakeman et al., 2013; Savell et al., 2006). Na verdade, as evidências disponíveis sugerem que participar neste tipo de estudo não é inócuo e acarreta quer riscos, quer benefícios. Numa revisão sistemática sobre distress psicológico no âmbito da investigação psiquiátrica, Jorm et al. (2007) verificaram que apenas cerca de 10% dos participantes experienciava *distress*, embora os valores fossem superiores quando se analisavam apenas estudos sobre trauma e outras experiências adversas. Além disso, os mesmos autores concluíram que os participantes não só

apresentavam igualmente benefícios associados à participação, como estes superavam os riscos. Outro resultado interessante prende-se com a baixa correlação entre riscos e benefícios. Face aos resultados, os autores concluíram que "there is no evidence that participation causes harm, including when suicidality is the focus of investigation" (p.923). Além disso, outros autores (Becker-Blease & Freyd, 2006; Lakeman et al., 2013) advogam que mesmo as reações negativas ou de distress podem ser importantes, e não necessariamente nocivas, enquanto resposta transitória e adequada à situação. No entanto, há um grupo que parece ser particularmente vulnerável, nomeadamente os indivíduos que apresentam sintomatologia ou um quadro clínico grave, como por exemplo pessoas com perturbação de stress pós-traumático (e.g., Labott et al., 2016; Maia et al., 2008; Newman & Kaloupek, 2004).

Por fim, reconhecendo a importância de antecipar e salvaguardar as questões éticas (Lakeman et al., 2013; Newman & Kaloupek, 2004; Pessalacia et al., 2013), torna-se essencial colocar uma quinta questão: *Que procedimentos foram encetados para minimizar riscos, incómodos e/ou custos e para promover a perceção de controlo e competência dos participantes?* Como Lensvelt-Mulders (2008, p.477) enfatizou "everything that holds for regular surveys in every step of the survey process also holds for sensitive surveys, but you have to go the extra mile". Diversos autores (Becker-Blease & Freyd, 2006; Becker-Blease & Freyd, 2007; Courtois, 1997; Draucker et al., 2009; Jorm et al., 2007; Krumpal, 2013; Labott et al., 2016; Lensvelt-Mulders, 2008; Newman & Kaloupek, 2004; Pessalacia et al., 2013; Taris, 2008; Tourangeau et al., 2009; Tourangeau & Yan, 2007; Young, Read, Barker-Collo, & Harrison, 2001) apresentam orientações para nortear o processo, que foram fundamentais para este estudo. Reconhecendo que as questões de ética se colocam em todas as fases (e.g., Lee & Renzetti, 1990; Lensvelt-Mulders, 2008), na presente investigação foram particularmente salvaguardas ao nível do recrutamento dos participantes, do consentimento informado, da organização e contextualização das questões, da recolha e análise de dados e da divulgação dos resultados. Importa, ainda, referir que este estudo foi aprovado pela Comissão Ética interna (CA_CIPsi_082012.1) e pela Comissão Nacional de Proteção de Dados (Autorização n.º7665/2012).

Após a apresentação geral da investigação e da exposição dos temas introdutórios, prossegue-se para a Parte II, que versa sobre os estudos empíricos realizados no âmbito desta tese.

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PARTE II

Estudos empíricos

ESTUDO 1

Lifetime Experiences Scale (LIFES): Development, validation and reliability in community Samples

Abstract

This paper describes the development, validation, and reliability of a new measure to assess life experiences reported by adults, the Lifetime Experiences Scale (LIFES). This scale fills in an important gap as no available measure focuses on both positive and negative life experiences and covers childhood, adolescence, and adulthood. LIFES is a self-report measure consisting of two sections: 75 items (organized into eight domains: school, work, health, leisure, life conditions, adverse experiences, achievements, and people and relationships) regarding lived experiences and blank spaces for non-lived (but desired) experiences. The procedures involved in the development of LIFES are described in detail (e.g., construct, generation of items and questions). Moreover, evidence based on test content, response processes, relations to other variables, and different classes of reliability for community samples are presented. Overall, the results suggest that LIFES presented good evidence throughout the evaluation process and can be a valuable tool for research and clinical purposes.

Keywords: life events, reliability, lifespan, retrospective, self-report

Introduction

Although life experiences are not a new topic of research or clinical interest (Paykel, 2001), they remain a relevant issue crossing different fields of psychology. After reviewing and analyzing the currently available measures, such as the Life *Events Checklist* (Gray, Litz, Hsu, & Lombardo, 2004), we drew several important conclusions about the conceptual and technical challenges in this field of assessment.

First, there is a clear imbalance between the assessment of positive and negative life experiences, which consequently affects the availability of empirical results. Research on negative life experiences, which are also labeled traumatic or stressful events (depending on the theoretical perspective), has a long tradition and a rich variety of published studies and available self-report measures; the opposite is true for positive life experiences (with a few exceptions, such as the Life Experiences Survey by Sarason, Johnson, & Siegel, 1978). This trend affects psychology in general (Bausmeister, Bratslavsky, Finkenauer, & Vohs, 2001) and this research line in particular (Zimmerman, 1983). Second, we realized that no scientific definition of life experiences exists; rather, this term appears to refer to a shared concept that does not require an objective, clear definition. Additionally, we noticed that the labels life experiences and life events are used interchangeably. Another problem was the scarcity of a lifespan perspective (Dohrenwend, 2006), evidenced by the absence of measures covering lifetime experiences using a temporally organized schema. For instance, some instruments were organized around developmental stages (i.e., childhood and/or adolescence), whereas others focused on events throughout the lifespan (but did not collect data concerning when these events occurred). We further concluded that most measures did not allow individuals to reflect on their own life experiences; instead, these instruments established a valence (positive or negative) based on general consensus while ignoring personal experiences (e.g., the birth of a child is a positive event for most people but not necessarily for all). This was the starting point for the development and evaluation of the Lifetime Experiences Scale (LIFES).

LIFES: What is new?

LIFES was designed to overcome previous limitations and to assess personal life experiences, both positive and negative, that occurs throughout the lifespan while independently considering childhood, adolescence, and adulthood. Moreover, LIFES, whose target population is adults, is a self-report measure that presents singular advantages: It is rooted in a clearly defined construct of life experiences (presented below), covers a comprehensive and varied set of life experiences (which can be

assessed as a whole or by specific domains, according to specific aims); it allows the realization of (dis)continuity in patterns of life experiences (e.g., if sexual abuse occurred only in childhood or also throughout adulthood); and it includes a section devoted to non-lived (but desired) experiences. Furthermore, LIFES differs from other available measures due to its nonjudgmental style (allowing participants to freely evaluate their own experiences) and greater flexibility (e.g., two unusual answers are available, i.e., *not remember* regarding occurrence and *neutral* regarding valence).

This measure allows the easy and detailed collection of life experiences in a less threatening manner[1]; therefore, it is promising for research and clinical purposes in different fields of psychology (e.g., clinical, health, justice). This paper describes the development and evidence of the validation and reliability of LIFES in community samples.

Development

Definition of Construct

As previously mentioned, LIFES was developed to assess lifetime experiences, both positive and negative, from all developmental stages, with adults as the target population. The construct being studied was life experiences, which, in the absence of a formal scientific definition, was defined as a set of events (I was born...), conditions (I live/lived...), and perceptions (I feel/felt...) that occur (or not) during a lifetime. According to this definition, life experiences include, but are not limited to, life events[2]. Additionally, life experiences are not limited to self; instead they also embrace the individual's environment, other relevant people and the interactions among them. The focus of life experiences is personal and it includes two types of features: an objective (regarding the occurrence and the developmental stage) and a subjective (regarding the valence and the impact). Consequently, although the occurrence of life events, conditions, and perceptions can be shared, it is unlikely that two people experience them in exactly the same way and even the same individual can change the subjective features throughout the lifespan.

Generation and Selection of Items

After the operational definition of life experiences was established, we assembled a pool of items (N = 967) based on an extensive literature review; an analysis of preexisting measures of life

[1] Comparing our past experience using other measures with LIFES, we noticed that participants tended to be less reluctant to answer a measure that included both positive and negative experiences (*vs.* only negative).

[2] Indeed, life events seem to represent a narrower set of single, concrete and highly temporally defined (e.g., marked beginning and ending) events.

event; brainstorming exercises with psychology graduate students; interviews with children, adolescents, and adults concerning positive and negative life experiences; and researchers' proposals. This pool of items constituted a comprehensive set of life experiences that occur, with heterogeneous frequency, in a community population throughout the lifespan. This initial set of items was organized by category (relationships; health/illness; care/abuse experiences; school/job; legal problems; life conditions; leisure; spirituality; accidents; perceptions about the self; awards and acknowledgments; learning; gifts and acquisitions; and historical events). Repeated items were then removed, and the remaining items were organized according to the likely period of occurrence (e.g., pregnancy can occur during adolescence or adulthood).

Items were selected based on their frequency in the initial pool: We identified the most frequently reported life experiences (positive and negative) in each category. Additionally, we included life experiences that were reported less often but were nonetheless quite relevant (e.g., sexual abuse). Lastly, some unusual items were excluded (e.g., drinking hot chocolate, which was a positive life experience for one participant).

The wording of items was a concern at this step; once again, the available measures were reviewed. Because the initial, "first-generation" (Zimmerman, 1983) of measures included broad, unspecific items and the attendant problem of intracategory variability (Dohrenwend, 2006), a "second-generation" of measures emerged that included more descriptive and specific items (Zimmerman, 1983). To avoid the limitations of the "first-generation" measures and to improve accuracy, the LIFES items were worded in a descriptive, specific, nonjudgmental, and (whenever possible[3]) behavioral manner (e.g., "receiving affection" was replaced by "to be hugged, kissed").

Selection of Questions and Answers

The selection of questions and the measure scales were based on the purposes of the current study and on a literature review (Casey, Masuda, & Holmes, 1967; Dohrenwend, 2006; Paykel, 1983; Zimmerman, 1983). After discussing other characteristics of life experiences (e.g., desirability and predictability) and considering the need to prevent LIFES from becoming overwhelming, we selected four questions associated with an appropriate answer scale. LIFES included questions about the following types of issues:

[3] Considering the proposed construct of life experiences, which includes perceptions, some items can include a higher degree of subjectivity.

a) Occurrence: *Did you live?* with three options (*yes*; *no*; *do not remember*[4]);

b) Developmental stage: *When?* with three, not mutually exclusive, options (*childhood*; *adolescence*; *adulthood*);

c) Valence: *For me it was a* ... experience, with three options (*positive*; *negative*; *neutral*);

d) Impact: *How much did it affect/influence your life?* with a 5-point Likert scale ranging from 0 (*not at all*) to 4 (*absolutely*).

Organization of Items

After the items and questions were selected, a preliminary version of LIFES was developed. This version included three independent sections – childhood, adolescence, and adulthood – in an effort to facilitate the cognitive tasks involved, such as memory and attention (Fowler, 1995). However, the temporal frame implied that some items were presented in more than one section (sometimes in all of the sections). To test this version of LIFES, a pilot study was conducted to analyze the participants' tolerance for its length. According to the feedback received, the repetition present in the measure caused it to be too long. To overcome this problem, a new version of LIFES was proposed in which the temporal framework was replaced by a thematic organization. According to the work of Conway et al. (e.g., Burt, Kemp, & Conway, 2003; Conway, 2005; Conway & Pleydell-Pearce, 2000), autobiographical memory is organized by themes; therefore, we hypothesized that the task would be easier for participants if the items were grouped. In the second version, the items were grouped into themes (e.g., school), which significantly reduced the length of LIFES without increasing the difficulty level.

The assessment of lived experiences and non-lived experiences was another organizational feature that was discussed. At an initial proposal, we requested that the participants answer the same items in terms of both lived and non-lived experiences; however, this task was perceived as quite confusing and difficult. Because the concept of life experiences includes non-occurrences (e.g., the birth of a child) and because some authors claim that non-lived experiences can be relevant (e.g., Gersten, Langner, Eisenberg, & Orzek, 1974), we included lived experiences and non-lived experiences as two distinct sections.

[4] Traditionally, life event measures use binary responses (yes *vs.* no) to collect data about occurrence; nevertheless, during the development of LIFES, it was realized that a third option (*do not remember*) should also be available to include all natural responses.

Description of LIFES

LIFES is composed of two sections: *lived experiences* and *non-lived (but desired) experiences*; due to the inclusion of several sex-specific items (e.g., pregnancy), LIFES is available in female and male versions. Its paper-and-pencil completion requires 30 minutes on average.

The lived experiences section includes 75 items (70 concerning life experiences plus five filter items), which are organized into the following eight domains: *school* (one filter item plus seven items), *work* (one filter item plus three items), *health* (eight items), *leisure* (six items), *life conditions* (seven items), *adverse experiences* (five items), *achievements* (four items), and *people and relationships* (three filter items plus 29 items). Because not all items apply to everyone, the filter items were included to determine whether the remaining items were meaningful to a given participant; for instance, it was not reasonable to ask a single person about divorce. Because no measure can include all possible experiences (e.g., Cleary, 1980), LIFES includes three blank spaces, where participants can add other relevant life experiences. The instructions direct participants to complete the first question (occurrence) on all of the items; they then complete the remaining questions (i.e., developmental stage, valence, and impact) only if they chose the yes option for occurrence. Note that for each item, the participant can select one or more developmental stages[5]; additionally, valence and impact can be rated separately for each developmental stage. According to this structure, the occurrence of lived experiences ranges from 0 to 78.

Despite the existence of alternative scoring options (depending on the purposes of the study), for the lived experiences section, we considered that combining valence and impact generate the most informative score, based on the participant's self-ratings. The total positive lived experiences is obtained by counting the experiences with valence rated as positive and impact rated as some, quite, or absolutely. The same procedure is followed to obtain the total negative lived experiences (when valence is rated as negative) and the total neutral lived experiences (when valence is rated as neutral). Summing these totals (positive, negative, and neutral lived experiences) provides the total lived experiences. The mean positive lived experiences and the mean negative lived experiences are derived by dividing the appropriate total by the total lived experiences[6].

[5] The following reference periods were presented to participants in the instructions section: childhood (up to 12 years of age), adolescence (13-17 years of age), or adulthood (18 years of age and older).

[6] Although the neutral option is a major novelty and advantage of LIFES (participants are not forced to rate experiences as negative or positive), neutral lived experiences were not further analyzed because usually they were evaluated to have little or no impact.

In the non-lived experiences section, the participants are asked if they have any non-lived experience that was deeply desired (followed by the example of someone with an incurable disease who deeply desires the development of an effective treatment). If the participant answers negatively (*no* option), the section is complete; if the participant answers positively (*yes* option), they are directed to identify the non-lived experiences in blank spaces organized by developmental stage, i.e., childhood, adolescence, or adulthood. Additionally, the participant must rate the impact of each non-lived experience using the same question-and-answer scale applied to the lived experiences. The scoring consists of deriving the total non-lived experiences by summing the experiences reported in childhood, adolescence, and adulthood rated with some, quite, or absolute impact.

Validation and reliability

Specificities of life experience measures

To avoid misconceptions about the analytical approach applied, before the presentation of evidence, it is important to clarify some particularities of life experience measures, which have a critical effect on their development and evaluation. Although psychological measures are traditionally rooted in the reflective model (e.g., Coltman, Devinney, Midgley, & Venaik, 2008), life experience measures seem to be nested in the formative model (Bollen & Bauldry, 2011). A detailed comparison between the models is beyond the scope of this manuscript - an explanation and exemplification can be found in Edwards and Bagozzi (2000) - but it is noteworthy to revisit some considerations of the framework proposed by Coltman et al. (2008). Theoretically, in a formative model items do not need to share a common theme; furthermore, according to Netland (2005), life experiences' categorization should be conceptual and they are not interchangeable. The absence of assumptions regarding item intercorrelation and the difficulties in measuring error are highlighted in Coltman et al. (2008) empirical considerations. Consequently, as claimed by other researchers (e.g., Hooper, Stockton, Krupnick, & Green, 2011), traditional procedures that used to be essential when a new measure was developed and tested, such as internal reliability and factorial analysis, are not appropriate methods for measures of life experience.

Attending to these specificities, the process of gathering data about the validation and reliability of LIFES consisted of several steps and six empirical studies, the aims, methods, and results of which are described below. According to the standards for educational and psychological testing proposed by the American Educational Research Association (AERA), the American Psychological Association (APA), and the National Council on Measurement in Education (NCME, 2002), we present results from the

evidence based on test content (Study 1), on response processes (Study 2), on relations to other variables (Study 3), and on reliability (Study 4).

Study 1. Evidence Based on Test Content

A preliminary version of LIFES was evaluated by a panel of junior and senior experts ($N = 9$, age ranging from 25 to 51, 100% female), from both practice and research fields, who worked with different target populations (children, adolescents or adults) in different areas (e.g., clinical, health, development, justice). Individually, they were directed to evaluate the appropriateness (e.g., *Do you agree that the items typify the construct under investigation?*), representativeness (e.g., *Attending to childhood/adolescent/adulthood, do you agree that the items are representative?*), and clarity (e.g., *Do you agree that the questions are clear?)* of the items and questions on a dichotomous scale (yes *vs.* no) and blank spaces to justify disagreement. Then, an overview of individual feedback was shared and discussed between the researchers and the experts; overall, there was an agreement that the items and questions were appropriate, relevant, and clear. Nevertheless, some suggestions (e.g., rewording, inclusion/exclusion of items, and organization of domains) were integrated into the final version. This strategy constitutes an initial effort to explore validation because it allows the collection of information about content validity; nevertheless, this is the most rudimentary strategy, and it has no empirical category of validity (e.g., Cook & Beckman, 2006).

Study 2. Evidence Based on Response Processes

To gather information about response processes (i.e., the meaning and interpretation of items, performance strategies, and responses to particular items) during the development of LIFES, several sessions that employed the thinking-aloud method and focus groups were implemented with different participants from the community (males and females differing in age, education, and marital status; the only inclusion criterion was being 18 years or older). Evidence based on response processes was generated from a circular process; specifically, the feedback obtained was included in advanced versions, which were rechecked (by the same and new participants) until we were confident that there was a "fit between the construct and the detailed nature of performance or response actually engaged in by examinees" (AERA, APA, & NCME, 2002, p.12). This process resulted primarily in changes at the items level, i.e., the rewording and refinement of experiences through the inclusion of examples or boundaries (e.g., I retired including due to incapability).

Study 3. Evidence Based on Relations to Other Variables

According to AERA, APA, and NCME (2002, p. 13), "analyses of the relationship of test scores to variables external to the test provide another important source of validity evidence". To gather data about this type of evidence, three empirical studies were conducted to investigate the relations between LIFES and other relevant variables, i.e., sociodemographic and clinical variables (Study 3.1), psychological symptoms (3.2), and comparable measures of life events (Study 3.3).

3.1) Convergent and discriminant evidence: Comparing groups

Aims. This study was designed to collect convergent and discriminant evidence, exploring similarities and differences in LIFES scores across five sociodemographic variables (i.e., gender, age, marital status, education, and employment status) and one clinical variable (i.e., psychological distress).

Participants. The study included 350 individuals from the community[7], most being female (76.6%), ranging in age from 18 to 92 years (M = 35.49, SD = 19.49). Regarding marital status, 59.0% were single, 29.8% were married or cohabiting, 7.2% were widowed, and the remaining 4% were divorced or separated. Participants tended to be well educated, considering that the majority had completed high school (46%) or 37.3% had a college degree; however, 11.4% had four or fewer years of schooling. Concerning employment status, 43.1% were employed, 38.0% were students, 11.7% were retired, 5.1% were unemployed, and 2% presented another status (e.g., homemaker). More than one-fourth of participants (28.5%) presented clinical levels of psychological distress.

Measures and procedures. According to our aims, in addition to LIFES (described previously), two additional measures were administered, i.e., a sociodemographic questionnaire and the Brief Symptom Inventory (BSI; Derogatis, 1993; we used the Portuguese version by Canavarro, 2007). Sociodemographic variables were assessed in a specific questionnaire, which included questions about gender, age, marital status, education (corresponding to the highest level of school completed), and current employment status. BSI assesses the frequency of 53 symptoms, which can be grouped in nine psychological symptoms scales and three global indices. A detailed description of BSI is presented in Study 3.2. The current study relied only on the clinical cut-off for the Portuguese population, i.e., 1.7 on the positive symptom distress index, which distinguished individuals clinically distressed from those not distressed. The study was submitted and approved by the Institutional Review Board and the National Commission for Data Protection. Two inclusion criteria were established, i.e., age (at least 18 years) and ability to read and understand written contents. In this study, a multi-site recruitment was

[7] Participants presented in Studies 3.2 and 4.1-4.3 are subsamples of this initial sample

conducted to promote heterogeneity in sociodemographic characteristics; more specifically, individuals were recruited through schools, institutions, and an adult care day center. Individuals were personally invited to participate in a study about health and positive and negative life experiences and were informed in detail about the conditions (e.g., non-payment, confidentiality). Individuals who agreed to participate were requested to sign an informed consent before completing a demographic questionnaire, LIFES and BSI in a pencil-and-paper format. The data were collected individually or in small groups, and there were no cases of distress during the administration of the booklet.

Statistical analysis. The data were analyzed using descriptive and inferential tests, through the IBM Statistical Package of Social Sciences Software (IBM SPSS; version 20 for Windows). Because the assumptions of parametric data were not met, non-parametric difference tests were performed to compare groups: Mann-Whitney tests were used to test differences between two groups (i.e., related to gender and psychological distress), and Kruskal-Wallis tests were applied when more than two groups were compared (i.e., in marital status, education, and employment status). To clarify the differences suggested by Kruskal-Wallis analyses, Mann-Whitney tests were used, and based on a Bonferroni correction, all effects were tested at a .0167 level of significance. Regarding age, a Jonckheere-Terpstra test was performed to test for trends.

Results. As displayed in Table 1, lived experiences did not differ based on gender or marital status, but they were significantly affected by education, employment status, age and psychological distress. To clarify these differences, Mann-Whitney analyses were computed, applying a Bonferroni correction. Regarding education, individuals who completed graduate education seemed to report more experiences than those with a basic education, U = 2775.00, z = -3.04, p =.002, and a high school education, U = 7901.00, z = -3.60, p < .001. Additionally, it appeared that individuals with a basic education reported high values on negative experiences than individuals with a high school education, U = 3384.50, z = -3.16, p = .002, and there were no significant differences in other group comparisons. Students and individuals with other employment status significantly differed in the negative experiences reported, U = 3295.00, z = -2.79, p = .005, suggesting that students presented fewer negative experiences. Concerning age, Jonckheere's test revealed a significant trend in the data, suggesting that the number of experiences reported increased with age, J =.17945, z = 1.68, r =.09. Lastly, psychological distress did not differ in the total of lived experiences, but distressed individuals presented significantly fewer positive experiences and more negative experiences than non-distress individuals. In contrast, non-lived experiences were not significantly affected by any of the analyzed variables, except for education. To clarify the effect of education, Mann-Whitney tests were performed with a Bonferroni

correction, and any comparison achieved statistical significance. However, it is noteworthy that older, less educated and non-distressed individuals presented the lowest mean ranks.

Table 1

Difference Tests and Mean Ranks for Lived and Non-Lived Experiences, by Gender, Age, Marital Status, Education, Employment Status, and Psychological Distresss

	Lived experiences							
	Total		Positive		Negative		Nonlived experiences	
Groups	Difference test	Mean rank	Difference test	Mean rank	Difference test	Mean rank	Difference test	Mean rank
Gender	U = 10310.50, z = -.85, p = .389		U = 10891.00, z = -.02, p = .985		U = 9591.00, z = -1.65, p = .099		U = 4572.00, z = -.41, p = .684	
Males (n = 82)		167.24		174.68		158.46		120.54
Females (n = 268)		178.03		174.44		179.44		124.26
Age (years)	H(2) = 8.03, p = .018		H (2) = 2.54, p = .281		H(2) = 5.12, p = .078		H(2) = 4.70, p = .095	
18-24 (n = 149)		159.78		178.98		161.30		121.01
25-64 (n = 160)		191.02		164.73		178.66		121.83
≥ 65 (n = 39)		162.97		188.45		198.73		106.76
Marital status	H(2) = 4.52, p = .104		H (2) = 2.58, p = .275		H(2) = 2.06, p = .357		H(2) = 1.93, p = .380	
Single (n = 206)		165.68		177.68		167.70		122.39
Married (n = 104)		185.95		161.64		181.29		128.56
Other (n = 39)		195.00		187.73		187.50		112.57
Education	H(2) = 15.77, p < .001		H(2) = 1.86, p = .394		H(2) = 10.27, p = .006		H(2) = 6.04, p = .049	
Basic (n = 59)		156.57		164.03		210.58		105.03
High school (n = 159)		159.93		182.23		161.47		126.93
Graduate (n = 130)		203.38		169.80		174.06		129.03
Employment status	H(2) = 2.82, p = .244		H(2) = 1.91, p = .385		H(2) = 8.77, p = .012		H(2) = 1.12, p = 571	
Student (n = 133)		167.83		181.92		158.47		123.34
Employed (n = 151)		185.92		173.89		175.96		126.94
Other (n = 66)		167.11		161.03		203.23		116.49
Psychological distress	U = 10585.50, z = -.05, p = .957		U = 8603.50, z = -2.57, p = .010		U = 7386.50, z = -4.19, p <.001		U = 5055.00, z = -.97, p =.333	
Absence (n = 231)		161.82		169.43		147.26		111.79
Presence (n = 92)		162.44		140.02		195.21		119.16

Study 3.2) Relation between LIFES and psychological symptoms

Aims. This study aimed to investigate the association between LIFES and a negative health variable, i.e., psychological symptoms, that has been widely investigated in this field of research. Based on previous studies (e.g., Silva & Maia, 2008), although we used different measures to assess life experiences, we hypothesized that psychological symptoms were significantly associated with life experiences. We expected that individuals with a higher number of negative life experiences would report more psychological symptoms, and individuals with a higher number of positive life experiences would report fewer psychological symptoms.

Participants. This study relied on the same sample presented on Study 3.1; one participant did not answer BSI, resulting in a sample of 349. This exclusion did not significantly affect modal categories on sociodemographic characteristics, i.e., female (76.5%), single (59.2%), employed (43.0%), high school education (43.6%) and aged (in average) 35.51 years.

Materials and procedures. Participants completed LIFES (described above) and the BSI to assess psychological symptoms. BSI comprises nine symptom scales (i.e., somatization, obsessive-compulsion, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism) and the following three global indices: the global severity index (GSI: an indicator of the overall psychological distress level), the positive symptom distress index (PSI: an indicator of the intensity of symptoms), and the positive symptom total (PST: the number of self-reported symptoms). This measure directs participants to evaluate the frequency of 53 psychological symptoms during the previous week. In Portugal, BSI is validated for both clinical and community populations (Canavarro, 2007) and its internal consistency, assessed through Cronbach's alpha, for the present sample was .96. Procedures applied were detailed described in Study 3.1.

Statistical analysis. Associations between the measures were calculated through Spearman's correlation because the variables were not normally distributed. The IBM Statistical Package for Social Sciences software (IBM SPSS; version 20 for Windows) was used for the data analysis.

Results. According to Table 2, the mean of positive lived experiences was negatively associated with symptom scales and global indices, suggesting that individuals who reported a higher number of positive lived experiences exhibited fewer psychological symptoms. Conversely, a mean of negative lived experiences was positively correlated with BSI, indicating that individuals with a higher number of negative lived experiences showed higher levels of psychological symptoms. Concerning non-

lived experiences, only obsessive-compulsion and psychoticism presented significant correlations with LIFES, suggesting that participants with larger numbers of non-lived experiences reported higher levels of psychological symptoms.

Table 2

Spearman's Correlations Between LIFES and BSI

	LIFES			
	Lived experiences			
BSI	Positive	Negative	Total	Non-lived experiences
Scales				
Somatisation	-.21***	.28***	.04	.08
Obsessive-compulsion	-.22***	.19**	.04	.15·
Interpersonal sensitivity	-.25***	.25***	.02	.07
Depression	-.32***	.33***	-.01	.08
Anxiety	-.19***	.21***	.10·	.09
Hostility	-.20***	.20***	.01	.01
Phobic anxiety	-.16**	.16**	.04	-.04
Paranoid ideation	-.28***	.27***	.01	.07
Psychoticism	-.24***	.20***	-.06	.11*
Global indices				
GSI	-.28***	.30***	.05	.10·
PSI	-.24***	.22***	.03	.09
PST	-.22***	.32***	-.01	.05

·$p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$.

Study 3.3) Convergent evidence: Comparing measures

Aims. This study addressed convergent validity, a main procedure for the validation of a new measure, which consists of the comparison between a new measure and a well-validated questionnaire, assessing a similar construct (AERA, APA, & NCME, 2002). Due to LIFES's specificities, there is no single similar measure available; therefore, it was compared with two distinct measures, one covering childhood/adolescence and another covering adulthood.

Participants. Of the 258 adults from the community who answered an online questionnaire, 24 were excluded due to the high number of missing answers, due to concerns about duplicated answers or because they represented outliers. Consequently, 234 participants were further analyzed. The mean age was 31.15 years (*SD* = 8.41, *min* = 18; *max* = 67), 74.4% were female, and most participants were single (63.5%) or married/cohabitating (33.9%). Regarding education, 46.1% reported

completing graduate or undergraduate studies, 37.1% reported completing a technical course, and 13.4% reported completing secondary school. The majority were employed (60.6%), 21.7% were students, and 10.4% were unemployed.

Materials and procedures. To analyze a comprehensive set of life experiences, we compared LIFES with two different and unrelated measures, that had been previously validated to our population, i.e., the ACE Study Questionnaire (ACE; Felitti et al. 1998, Portuguese version by Silva and Maia, 2008) to assess life experiences throughout childhood/adolescence, and the Life Experiences Survey (LES; Sarason et al., 1978; we used the Portuguese version by Pedro & Pinto, 2013) to assess life experiences throughout adulthood. Attending to our aim, a careful selection of expectable matching items between LIFES and ACE or LES preceded the data collection; this selection was made by two independent researchers, resulting in 19 pairs of common items (9 comparing LIFES/ACE and 10 comparing LIFES/LES)[8]. For LIFES items, participants were asked about the occurrence of specific life experiences and to specify the developmental stage of occurrence, using four answering options (no *vs.* yes, throughout childhood/adolescence *vs.* yes, throughout adulthood *vs.* yes, throughout childhood/adolescence and adulthood). For ACE and LES items, participants were instructed to answer only about the occurrence throughout childhood/adolescence and adulthood, respectively, using a dichotomized scale (no *vs.* yes). Some items required a more detailed comparison to guarantee a proper assessment; consequently, other variables (e.g., people involved, desirability) were also included. An e-mail invitation was sent to formal and informal networks, asking people aged 18 or older to participate in a study about life experiences. For those who were willing to collaborate informed consent was presented, preceding sociodemographic and life experiences questions. After data collection, to have meaningful comparisons, LIFES was recoded. Those items that were compared with ACE were converted into presence if the participant reported the experience throughout childhood/adolescence and into absence if the participant did not report the experience or if the participant reported that it happened throughout adulthood. The same conversion was applied to those items compared with LES, changing the occurrence's focus to adulthood.

Statistical analysis. To assess convergence between measures, the percentage of agreement and Cohen's kappa (Cohen, 1960) were computed for each item; the benchmarks suggested by Landis and Koch (1977) were used to interpret the results, i.e., *poor* (<.00), *slight* (.00-.20), *fair* (.21-.40), *moderate* (.41-.60), *substantial* (.61-.80), and *almost perfect* (.81-1.00). For a global comparison, Pearson's correlations between LIFES and ACE and between LIFES and LES total scores were also

[8] Some comparisons required collapsing items into singular categories (e.g., physical abuse).

computed. The IBM Statistical Package for Social Sciences software (IBM SPSS; version 20 for Windows) was used for data analysis.

Results. Overall, the comparison of LIFES and ACE presented a substantial kappa, κ = .75, *SE* = .02, 95% CI = [.72, .78], and 88.73% agreement for childhood/adolescence experiences. The two measures were significantly correlated, $r = .59$, $p < .001$. As shown in Table 3, the kappa values for individual items ranged from fair to substantial and the percentages of agreement ranged from 72.65 to 94.85. Concerning the comparison between LIFES and LES, the overall percentage of agreement was 93.01, and the Cohen's kappa was almost perfect, κ = .81, *SE* = .02, 95% CI = [.78, .84]. Additionally, LIFES and LES were positively correlated, $r = .83$, $p < .001$. Individual items from adulthood ranged from moderate to substantial values of kappa, and the percentage of agreement was above 80.

Table 3

Convergence of Comparable Items on the LIFES and ACE or LES

		LIFES *vs.* ACE				LIFES *vs.* LES			
Life Experiences	*N*	% Agr	κ	*SE*	95% CI	% Agr	κ	*SE*	95% CI
Childhood/Adolescence									
Verbal violence	234	72.6	.45	.06	[.33, .56]	na	na	na	na
Physical violence	234	77.4	.34	.06	[.21, .46]	na	na	na	na
Interparental violence	234	87.2	.47	.08	[.31, .62]	na	na	na	na
Sexual violence	234	93.2	.54	.10	[.34, .74]	na	na	na	na
Care and protection	234	93.6	.37	.13	[.13, .62]	na	na	na	na
Parental divorce or separation	230	93.9	.72	-07	[.58, .86]	na	na	na	na
Love and affection by family	234	94.0	.39	.13	[.14, .64]	na	na	na	na
Physical neglect (feeding)	233	94.9	.37	.14	[.09, .65]	na	na	na	na
Rejection by family members	200	92.5	.25	.13	[-.01, .51]	na	na	na	na
Adulthood									
House changing	231	na	na	na	na	81	.56	.06	[.45, .67]
Death of a close one	231	na	na	na	na	85.3	.66	.06	[.56, .76]
Physical or mental illness	231	na	na	na	na	84.9	.57	.06	[.45, .70]
Marriage/cohabitating	232	na	na	na	na	90.5	.79	.04	[.71, .87]
Divorce or separation	230	na	na	na	na	94.8	.58	.11	[.36, .79]
Pregnancy	232	na	na	na	na	97.4	.93	.03	[.87, .98]
Son/daughter left home	230	na	na	na	na	97.8	.70	.13	[.44, .95]
Abortion	231	na	na	na	na	98.7	.90	.06	[.79, 1]
Detention	226	na	na	na	na	100	[a]	[a]	[a]
Retirement	228	na	na	na	na	100	1	.00	[1, 1]

Note. % Agre = percentage of agreement. κ = Cohen's kappa. *SE* = standard error. CI = confidence interval. na = not applicable.

[a]No statistics were computed because the variable was a constant.

Study 4. Evidence Based on Reliability

According to APA (2016, based on Gerrig and Zimbardo, 2002), reliability refers to "the degree to which a test produces similar scores each time it is used; stability or consistency of the scores produced by an instrument". It is usually presented as internal consistency (through Cronbach's alpha). Due to the specificities described above, item intercorrelation is not expectable in LIFES; consequently, internal consistency is not a suitable parameter to compute. Instead, three alternative classes of reliability were estimated, (i.e., temporal, cross-method and inter-rater reliability), the aims, participants, procedures and results of which will be detailed described below. To avoid unnecessary repetition, it should be noted that in general, the data and statistical analyses applied were the same: Data were analyzed using the IBM Statistical Package for Social Sciences Software (IBM SPSS; version 20 for Windows) and Excel for Windows. Cohen's kappa (Cohen, 1960), standard errors, confidence intervals, and the percentage of agreement were calculated by individual items, by domains, and as whole (overall reliability). To interpret Cohen's kappa, Landis and Koch (1977) proposed the following benchmarks: *poor* (<.00), *slight* (.00-.20), *fair* (.21-.40), *moderate* (.41-.60), *substantial* (.61-.80), and *almost perfect* (.81-1.00).

4.1) Temporal reliability

Aims. This study was designed to assess the temporal reliability of LIFES using a test-retest design, i.e., the same individuals were assessed twice with the same measure and under the same conditions.

Participants. Temporal reliability was analyzed based on responses from 78 individuals from the community. The mean age at initial assessment was 29.21 years (*SD* = 12.95, *range* = 18-61), and 87.2 % of participants were female. The majority was single (65.4%) or married (30.8%); only 2.6% and 1.3% reported being divorced or widowed, respectively. Globally, participants were well educated: 92.2% had completed high school education; of those, 32% had a college degree. At the time of data collection, most participants were students (59%), 39.7% were employed, and 1.3% were unemployed.

Procedures. After institutional approvals were obtained, individuals[9] were invited to collaborate in a two-phase study about life experiences and health. Informed written consent was obtained for all participants during the first data collection (T1). To assess temporal reliability, LIFES (described above) was administered on two different occasions; the mean elapsed time between the test and retest was

[9] Participants from Studies 4.1 and 4.2 were recruited in the same data collection and were randomly allocated at one of the conditions at T2.

154.58 days (*SD* = 121.57). Although they were aware of the second data collection (T2), participants were not informed that LIFES would be applied twice. Participants answered LIFES using a self-report method, individually or in small groups to guarantee privacy and were asked to mark differently "new experiences" (those that happened between T1 and T2). In addition to the statistical analyses mentioned previously, Pearson's correlations were computed to analyze the associations between the total numbers of lived and non-lived experiences reported in the test and retest.

Results. Regarding lived experiences, according to the benchmarks proposed by Landis and Koch (1977), the overall kappa of LIFES was almost perfect, κ = .82, *SE* = .01, 95% CI = [.80, .83], 90.59% agreement. Additionally, there was a significant Pearson's correlation between the lived experiences reported at T1 and T2 (r = .82, p <.001), suggesting that participants who reported a higher number of life experiences in the test also reported a higher number of life experiences in the retest. At the domain level, an almost perfect kappa was also presented by school, κ = .90, *SE* = .02, 95% CI = [.86, .93], 94.80% of agreements; job, κ = .81, *SE* = .04, 95% CI = [.73, .89], 91.04% agreement; health, κ = .85, *SE* = .03, 95% CI = [.80, .91], 92.55% agreement; life conditions, κ = .86, *SE* = .02, 95% CI = [.81, .90], 92.93% agreement; and people and relationships, κ = .82, *SE* = .01, 95% CI = [.80, .85], 90.76% agreement. Leisure and adverse experiences presented a substantial kappa, κ = .67, *SE* = .04, 95% CI = [.60, .74], 84.75% agreement and κ = .63, *SE* = .08, 95% CI = [.47, .79], 95.47% agreement, respectively. A moderate kappa was achieved by accomplishments, κ = .57, *SE* = .04, 95% CI = [.49, .66], 77.67% agreement. Agreement parameters for individual items are shown in Table 4.

Regarding the occurrence of non-lived experiences, the percentage of agreement was 82 and Cohen's kappa was substantial for temporal reliability, κ = .62, *SE* = .09, 95% CI = [.44, .81]. Specifically, 51.4% of participants did not report non-lived experiences at either assessment, 30.6% reported non-lived experiences at both assessments, 11.1% did not report at T1 but reported at T2, and 6.9% reported at T1 but not at T2. The mean of non-lived experiences was .60 (*SD* = 1.20, range = 0 - 5) at T1 and .73 (*SD* = 1.22; range = 0 - 6) at T2; the Pearson's correlation between the number of non-lived experiences reported at T1 and T2 was significant, r = .69, p < .001.

4.2) Cross-method reliability

Aims. This study was designed to assess the cross-method reliability of LIFES using again a test-retest design to evaluate whether reports were consistent when the same individuals were assessed twice under different conditions, i.e., comparing a self-report condition with an interview condition.

Participants. Cross-method reliability was analyzed based on responses from 69 participants, who were recruited from the community. At T1, the mean age was 38.61 years (*SD* = 14.27, range = 18-64), and 77.4% were female. Regarding marital status, 50% were married, 43.5% were single, 4.8% were divorced, and 1.6% were widowed. Most participants had a high school education (40.3%) or a college degree (51.6%); the remaining 8% had a basic education. Additionally, 58.1% of participants were employed, 35.5% were students, 3.2% reported being retired, and 3.2% presented another employment status.

Procedures. Similar procedures of those described in Study 4.1 were applied, with a major distinction: At T1 participants answered LIFES using a self-report method, but at T2, participants were face-to-face interviewed. All interviews were conducted by trained interviewers, who were blind to the results from T1. Again, although aware of the second data collection, participants were not informed that LIFES would be applied twice or that it would be applied using an interview inquiry. The mean elapsed time between the self-report condition and interview condition was 199.26 days (*SD* = 103.82). Similarly to Study 4.1, agreement measures and Pearson's correlations were computed.

Results. Table 4 presents the agreement parameters for individual items on lived experiences. Concerning cross-method reliability, the overall kappa value for LIFES was substantial, κ = .78, *SE* = .01, 95% CI = [.77, .80], 88.94% agreement. There was a significant correlation between the lived experiences reported in the self-report condition and the interview condition, r = .83, p <.001, suggesting that participants who reported a high number of lived experiences in the self-report condition also reported high values in the interview condition. The majority of domains presented an almost perfect kappa (school: κ = .86, *SE* = .02, 95% CI = [.81, .91], 93.13% agreement; life conditions: κ = .92, *SE* = .02, 95% CI = [.88, .95], 95.79% agreement) or a substantial kappa (job: κ = .77, *SE* = .05, 95% CI = [.66, .87], 88.31% agreement; health: κ = .77, *SE* = .04, 95% CI = [.70, .85], 88.81% agreement; leisure: κ = .63, *SE* = .04, 95% CI = [.55, .71], 84.75% agreement; and people and relationships: κ = .79, *SE* = .02, 95% CI = [.76, .82], 89.15% agreement). Adverse experiences and accomplishments achieved moderate kappa values, κ = .49, *SE* = .09, 95% CI = [.32, .66], 92.11% agreement and κ = .43, *SE* = .05, 95% CI = [.32, .54], 73.03% agreement, respectively.

Regarding non-lived experiences, Cohen's kappa was slight, κ = .15, *SE* = .10, 95% CI = [0, .35], and the percentage of agreement was 53.5%. Moreover, 32.1% of participants reported non-lived experiences in the self-report condition and in the interview condition, 21.4% did not report non-lived experiences in either condition, and 46.4% reported non-lived experiences in only one of the conditions. In the self-report condition, the mean of non-lived experiences was 0.81 (*SD* = 1.29, range = 0-5), and

that of the interview condition was 0.90 (*SD* = .99, range = 0-4); Pearson's correlation was statistically significant, $r = .28$, $p = .027$.

4.3) Inter-rater reliability

Aims. Comparing self-reports with a gold standard is an advisable strategy. However, in many situations, it is not possible for a myriad of reasons, such as difficulties to access gold standards (which usually require multiple authorizations from institutions and individuals) and to gather data; they are limited to specific groups and sensitive to missing data or errors; it could be different to pair gold standards with individual responses; or, in extreme cases, there is no gold standard (Kreuter, Yan, & Tourangeau, 2008). Considering these problems, and due to the comprehensive and extensive list of life experiences included in LIFES, it was not feasible to compare it with gold standards. Consequently, an alternative approach was applied, i.e., the comparison between self-reports and external sources of information, as suggested by Hardt and Rutter(2004). More specifically, this study aimed to clarify whether answers provided on the self-report were confirmed by collateral informants.

Participants. The participants were 94 twins, organized in 47 pairs, who enrolled in a study about life experiences and health complains. After an initial analysis, ten participants were excluded due to the high discrepancy between the self and collateral reports; therefore, the data from 84 participants were further analyzed. The mean age was 25.82 years (*SD* = 8.47, range = 18-50), and 71.4% were female. Most participants were students (45.2%) or were employed (40.5%), 10.7% were unemployed, and 3.6% presented another employment status. Regarding marital status, 79.8% of participants were single, 16.7% were married, and 3.6% were divorced. The majority of participants were well educated, considering that 53.6% had completed high school education and 35.7% had a graduate degree; the remaining 10.8% finished only basic education. Most participants (70.4%) cohabited with the twin throughout childhood and adolescence, 22.2% always lived with the twin, and 2.5% reported living with their twin only throughout adolescence. Regarding the relationship, 90.5% of participants rated it as good or very good.

Materials and procedures. In addition to the version of LIFES described previously (corresponding to the self-report), the booklet contained an additional set of items from LIFES, focusing on the other twin's experiences (corresponding to the collateral report). To gather data about corroboration, participants were asked only about the occurrence (using a yes or no dichotomous scale) of the experiences to their twins. This subset of 57 items, which was selected independently by three raters, contained experiences that were concrete in the sense that their occurrences were verifiable and independent of subjects' interpretations of the feeling. After institutional approvals, participants were

recruited through snowball sampling and advertisements in formal and informal networks. After the presentation of the study and the provision of informed consent, participants completed the booklet individually in a paper-and-pencil format and provided data on demographics and the twins' relationship. To avoid contamination, participants were directly asked to not share or talk about their answers with their twin during the data collection. Regarding data analysis, as described above, the parameters of agreement were computed, comparing in this study the self-report with the collateral report. A special case was made for parents' relationship (items 43-49) because twins shared parents; regarding those items, self-reports from pairs were compared.

Results. Overall, 94.94% of the self-reported answers were corroborated by the twin, and the agreement was almost perfect, κ = .89, *SE* = .01, 95% CI = [.87, .90]. At the domain level, Cohen's kappa ranged from substantial to almost perfect, and the percentage of agreement was above 85 in all domains, i.e.,: κ = .91, *SE* = .02, 95% CI = [.88, .95], 95.72% agreement for school; κ = .87, *SE* = .03, 95% CI = [.81, .93], 93.73% agreement for job; κ = .79, *SE* = .04, 95% CI = [.71, .87], 92.74% agreement for health; κ = .76, *SE* = .04, 95% CI = [.67, .84], 88.26% agreement for leisure; κ = .93, *SE* = .02, 95% CI = [.90, .97], 97.22% agreement for life conditions; κ = .74, *SE* = .08, 95% CI = [.60, .89], 97.34% agreement for adverse experiences; κ = .71, *SE* = .08, 95% CI = [.55, .87], 85.53% agreement for accomplishments; and κ = .91, *SE* = .01, 95% CI = [.89, .93], 95.67% agreement for people and relationships. Descriptive and inferential statistics for individual items are presented in Table 4.

Table 4

Temporal, Cross-Methods, and Inter-Rater Reliability for Individual Items

Items	Reliability														
	Temporal					Cross-Methods					Inter-rater				
	N	% Agre	*K*	*SE*	95% CI	*N*	% Agre	κ	*SE*	95% CI	*N*	% Agre	κ	*SE*	95% CI
School															
1. I began elementary school.[b]	78	98.7	[a]	[a]	[a]	62	100	[a]	[a]	[a]	84	100	[a]	[a]	[a]
2. I changed schools due to progress of academic level.	75	88	.24	.18	[-0.10, .59]	59	89.8	.45	.19	[.07, .82]	82	90.2	.59	.13	[.33, .84]
3. I changed schools at the same academic level.	68	91.2	.41	.15	[.13, .70]	50	78.0	.41	.15	[.13, .70]	80	88.8	.60	.12	[.37, .83]
4. I began a professional program or university degree.[b]	62	100	1	0	[1]	50	98.0	.85	.15	[.55, 1.14]	83	96.4	.85	.09	[.68, 1.02]
5. I finished a professional program or university degree.	62	93.5	.86	.07	[.73, .99]	44	93.2	.86	.08	[.71, 1.01]	76	96.1	.92	.05	[.83, 1.01]
6. I failed a school year.	75	93.3	.79	.09	[.61, .97]	56	98.2	.96	.04	[.88, 1.04]	83	95.2	.88	.06	[.77, .99]
7. I abandoned school.	70	97.1	.84	.11	[.63, 1.06]	52	86.5	.55	.15	[.26, .84]	83	98.8	.93	.07	[.78, 1.07]
8. I was expelled from school.	68	97.1	-.02	.01	[-.04, .01]	49	100.0	1	0	[1]	83	100	[a]	[a]	[a]
Job															
9. I have some work experience.[b]	77	89.6	.75	.08	[.59, .91]	58	84.5	.57	.13	[.32, .82]	84	95.2	.88	.06	[.77, .99]
10. I became unemployed.	41	95.1	.86	.10	[.67, 1.05]	32	84.4	.66	.14	[.39, .93]	59	84.7	.69	.09	[.51, .88]
11. I was promoted.	41	80.5	.55	.14	[.28, .81]	35	88.6	.77	.10	[.57, .98]	54	94.4	.86	.08	[.72, 1.01]
12. I retired.	42	100	[a]	[a]	[a]	29	100	1	0	[1]	58	100	[a]	[a]	[a]
Health															
13. Most of the time I felt healthy.	75	93.3	.42	.20	[.02, .82]	61	83.6	.24	.14	[-.04, .52]	na	na	na	na	na
14. I was admitted to the hospital.	76	85.5	.72	.08	(.58, .87]	57	91.2	.81	.08	[.66, .97]	83	86.7	.73	.08	[.59, .88]
15. I had a psychiatric disease.[b]	62	96.8	.91	.06	[.79, 1.03]	47	83.0	.53	.14	[.25, .81]	84	94	.51	.19	[.14, .89]
16. I recovered from a psychiatric disease.	14	78.6	-.08	.06	[-.19, .04]	5	100	[a]	[a]	[a]	2	50	[a]	[a]	[a]
17. I had a serious physical disease/problem.[b]	59	89.8	.64	.13	[.38, .90]	43	90.7	.74	.12	[.50, .98]	84	90.5	.64	.12	[.40, .87]
18. I recovered from a serious physical disease/problem.	7	100	[a]	[a]	[a]	8	87.5	[a]	[a]	[a]	9	88.9	.61	.34	[-.06, 1.28]
19. I became pregnant.[b]	64	100	1	0	[1]	53	94.3	.89	.06	[.76, 1.01]	84	100	1	0	[1]
20. I had an abortion.	19	94.7	.89	.10	[.69, 1.10]	21	90.5	.80	.14	[.53, 1.06]	12	100	1	0	[1]

Items	Reliability														
	Temporal					Cross-Methods					Inter-rater				
	N	% Agre	*K*	*SE*	95% CI	*N*	% Agre	κ	*SE*	95% CI	*N*	% Agre	κ	*SE*	95% CI
Leisure															
21. I belonged to a sport team.	76	88.2	.76	.07	[.61, .91]	61	82	.65	.10	[.46, .83]	83	91.6	.83	.61	[-.36, 2.03]
22. I belonged to religious group.	77	81.8	.63	.09	[.46, .81]	60	88.3	.77	.08	[.60, .93]	82	84.1	.68	.82	[-.93, 2.28]
23. I belonged to a recreational/cultural group.	76	88.2	.75	.08	[.60, .90]	58	86.2	.73	.09	[.56, .90]	82	89	.70	.94	[1.15, 2.54]
24. I had leisure time, having fun with myself.	76	71.1	.47	.09	[.30, .64]	60	55	.18	.09	[0, .36]	na	na	na	na	na
25. I had leisure time, having fun with my family.	77	87	.41	.15	[.12, .70]	61	91.8	.25	.23	[-.20, .70]	na	na	na	na	na
26. I had leisure time, having fun with my friends/colleagues.	77	92.2	.22	.21	[-.19, .62]	62	96.8	-.02	.01	[-.04, .01]	na	na	na	na	na
Life conditions															
27. The food available for my meals was insufficient.	76	89.5	.23	.16	[-.08, .54]	62	95.2	.75	.14	[.48, 1.02]	83	95.2	.58	.19	[.20, .95]
28. I changed residences.	76	93.4	.79	.09	[.61, .97]	62	93.5	.70	.13	[-.44, .96]	84	98.8	.98	.02	[.93, 1.02]
29. I felt safe in the place where I lived.	73	87.7	.31	.15	[.02, .60]	62	95.2	.55	.23	[.09, 1]	na	na	na	na	na
30. I became economically independent.	76	96.1	.92	.05	[.83, 1.01]	62	96.8	.93	.05	[.84, 1.02]	84	96.4	.93	.04	[.85, 1.01]
31. I bought/received my own house.	75	96	.91	.05	(.81, 1.01]	61	95.1	.90	.06	[.79, 1.01]	84	97.6	.92	.06	[.81, 1.03]
32. I bought/received a vehicle.	74	90.5	.81	.07	[.68, .94]	60	100.0	1	0	[1]	84	95.2	.91	.05	[.81, 1]
33. I lost my house or my belongings.	73	97.3	-.01	.01	[-.03, .01]	59	94.9	-.02	.02	[-.05, .01]	84	100	1	0	[1]
Adverse experiences															
34. I was involved in a serious accident with a vehicle.	75	92	.66	.13	[.41, .91]	61	85.2	.45	.15	[.15, .74]	81	95.1	0.64	0.17	[.31, .97]
35. I was involved in a fire.	75	100	1	0	[1]	61	88.5	.25	.17	[-.08, .58]	83	97.6	.79	.15	[.50, 1.07]
36. I was involved in a robbery.	76	88.2	.41	.16	[.10, .72]	60	93.3	.74	.12	[.50, .98]	83	94	.70	.13	[.46, .95]
37. I was involved in a crime.	74	97.3	-.01	.01	[-.03, .01]	61	93.4	-.02	.02	[-.05, .01]	83	100	1	0	[1]
38. I was arrested.	75	100	[a]	[a]	[a]	61	100	[a]	[a]	[a]	83	100	[a]	[a]	[a]
Accomplishments															
39. I earned a prize or I was recognized for something that I did.	74	78.4	.57	.09	[.40, .75]	59	79.7	.60	.10	[-.41, .80]	76	85.5	.71	.08	[.55, .87]
40. I made a journey or visited a place that I really wanted to see.	75	84	.66	.09	[.50, .83]	61	78.7	.52	.11	[.31, .72]	na	na	na	na	na

Items	Reliability														
	Temporal					Cross-Methods					Inter-rater				
	N	% Agre	*K*	*SE*	95% CI	*N*	% Agre	κ	*SE*	95% CI	*N*	% Agre	κ	*SE*	95% CI
Accomplishments															
41. I accomplished a project/ fulfilled a dream that I really wanted.	76	69.7	.48	.09	[.31, .64]	60	60	.19	.11	[-.03, .41]	na	na	na	na	na
42. I felt I was contributing to a better world/I am proud of my legacy.	75	78.7	.56	.09	[.38, .74]	61	73.8	.12	.11	[-.10, .34]	na	na	na	na	na
People and relationships															
43. I knew about my parents' relationship.[b]	77	89.6	.37	.18	[.03, .72]	61	90.2	.35	.21	[-.05, .75]	38	100	1	0	[1]
44. My parents divorced.	65	100	1	0	[1]	53	98.1	.79	.20	[.39, 1.19]	40	100	1	0	[1]
45. My parents used to shout at each other.	65	90.8	.81	.07	[.68, .95]	51	68.6	.36	.12	[.12, .60]	39	97.4	.94	.06	[.82, 1.06]
46. My parents used to physically attack each other.	65	93.8	.69	.15	[.40, .97]	53	94.3	.64	.19	[.26, 1.01]	39	97.4	.66	.32	[.03, 1.28]
47. My parents used to insult each other.	65	86.2	.67	.10	[.48, .86]	52	92.3	.75	.12	[.52, .98]	39	94.9	.83	.12	[.60, 1.06]
48. My parents used to be physically affectionate with each other.	65	80	.60	.10	[.41, .78]	52	73.1	.49	.11	[.28, .70]	30	93.3	.85	.10	[.65, 1.05]
49. My parents used to exchange words of affection.	65	73.8	.56	.09	[.38, .74]	52	65.4	.43	.09	[.25, .60]	27	92.6	.85	.10	[.64, 1.05]
50. I was involved in an intimate relationship.[b]	76	97.4	.87	.09	[.70, 1.04]	60	95	.74	.14	[.46, 1.02]	84	94	.82	.08	[.67, .97]
51. I got married or lived in cohabitation.[b]	53	98.1	.96	.04	[.88, 1.04]	45	97.8	.95	.05	[.85, 1.05]	84	100	1	0	[1]
52. I divorced or separated.	15	93.3	.82	.18	[.47, 1.16]	27	100	1	0	[1]	17	94.1	.85	.14	[.57, 1.13]
53. I had a child.[b]	70	97.1	.94	.04	[.85, 1.02]	58	100	1	0	[1]	83	100	1	0	[1]
54. I wished to have a child of a different gender.	21	90.5	.80	.13	[.54, 1.06]	29	96.6	.87	.13	[.62, 1.12]	na	na	na	na	na
55. I was forced to leave my child.	23	100	[a]	[a]	[a]	32	100	[a]	[a]	[a]	12	100	[a]	[a]	[a]
56. My child had a serious disease or had severe incapability.	23	95.7	[a]	[a]	[a]	32	100	[a]	[a]	[a]	12	100	[a]	[a]	[a]
57. I lived or had contact with my child.[b]	22	95.5	[a]	[a]	[a]	32	96.9	[a]	[a]	[a]	10	100	[a]	[a]	[a]
58. Most of the time, I felt I did not know what to do regarding my child.	22	68.2	-.15	.08	[-.31, .01]	30	63.3	.06	.14	[-.21, .33]	na	na	na	na	na
59. I experienced pleasure when taking care of my child.	20	90	-.05	.04	[-.13, .02]	27	96.3	[a]	[a]	[a]	na	na	na	na	na
60. My child left home for the first time.	12	91.7	.75	.23	[.30, 1.20]	23	87.0	.50	.25	[.01, .99]	11	100	[a]	[a]	[a]
61. My child returned home after prolonged absence.	2	50	[a]	[a]	[a]	4	25.0	-.50	.38	[-1.24, .24]	1	100	[a]	[a]	[a]

Items	Reliability													
	Temporal					Cross-Methods					Inter-rater			
	N	% Agre	*K*	*SE*	95% CI	*N*	% Agre	κ	*SE*	95% CI	*N*	% Agre	κ	*SE*	95% CI
People and relationships														
62. I felt I was a good father.	22	95.5	[a]	[a]	[a]	30	86.7	-.07	.04	[-.14, 0]	na	na	na	na	na
63. I was forced to leave my family.	77	96.1	.55	.23	[.10, 1]	57	94.7	-.02	.02	[-.06, .01]	84	97.6	-.01	.01	[-.03, .01]
64. I had a pet.[b]	64	93.8	.74	.12	[.50, .98]	52	82.7	.53	.14	[.26, .80]	84	96.4	.89	.06	[.77, 1.01]
65. I lost a pet.	53	90.6	.65	.14	[.38, .93]	39	89.7	.61	.17	[.27, .95]	67	95.5	.70	.16	[.39, 1.02]
66. I did volunteer work.	75	84	.69	.08	[.54, .85]	61	88.5	.77	.08	[.61, .93]	78	91	.82	.07	[.69, .95]
67. I was slapped, spanked, kicked or otherwise physically attacked, leaving me with marks.	77	87	.43	.15	[.15, .72]	62	90.3	.52	.17	[.18, .85]	84	88.1	.51	.13	[.25, .78]
68. I felt loved and cherished.	78	97.4	-.01	.01	[-.02, 0]	60	100	[a]	[a]	[a]	na	na	na	na	na
69. Someone made fun of me and insulted me in a way that hurt me.	77	80.5	.63	.09	[.46, .79]	61	78.7	.57	.10	[.37, .77]	na	na	na	na	na
70. Besides greeting situations, I received kisses. hugs and endearments.	76	94.7	.18	.14	[-.09, .46]	60	91.7	-.03	.02	[-.07, 0]	84	97.6	.74	.18	[.39, 1.09]
71. I felt supported in my important decisions.	76	96.1	.65	.19	[.28, 1.02]	60	91.7	-.04	.02	[-.08, 0]	na	na	na	na	na
72. I felt that someone cared about me and about my well-being.	77	98.7	.75	.18	[.39, 1.10]	58	100	[a]	[a]	[a]	na	na	na	na	na
73. I had any unwanted sexual contact.	76	93.4	.63	.15	[.34, .93]	62	93.5	.57	.19	[.19, .94]	84	90.5	.51	.15	[.22, .80]
74. I felt someone hated me.	76	76.3	.53	.09	[.35, .71]	62	74.2	.34	.12	[.10, .58]	na	na	na	na	na
75. Someone important to me died.	78	92.3	.68	.12	[.44, .92]	60	88.3	.62	.13	[.37, .88]	na	na	na	na	na

Note. % Agre = percentage of agreement. κ = Cohen's kappa. *SE* = standard error. CI = confidence interval. na = not applicable.

[a]No statistics were computed because the variable was a constant or the crosstabs were empty.

[b]Contingency item.

Discussion

This paper provides a comprehensive overview of the development of LIFES, and it describes the validation and reliability of this measure in community samples, providing evidence based on test content, on response processes, on relations to other variables, and on different types of reliability (AERA, APA, & NCME, 2002). Overall, attending to our several studies, we considered that LIFES presented sound evidence of validation and reliability, which will be summarized and discussed next, independently for lived and non-lived experiences. Once again, it must be stressed that this process was methodologically oriented by life events research, which presents several special characteristics (e.g., Cleary, 1981), resulting in a real challenge (Gray et al., 2004). Indeed, in this case, statistical tests that are a function of item inter-correlations, such as Cronbach's alpha or latent class analysis[10] - as recently applied by Kreuter et al. (2008) and Cloitre, Garvert, Weiss, Carlson, and Bryant (2014), are not informative.

Regarding lived experiences, a comprehensive and cohesive set of evidence was collected. Experiences assessed in this section emerged from a complex network of sources (e.g., interviews, existing measures) and were well qualified for both experts (evidence based on test content) and participants (evidence based on response processes).

Additionally, empirical evidence provided positive results. For instance, there were no gender differences, but education seemed to affect the reporting of lived experiences; the same patterns were observed by Sarason, Johnson, and Siegel (1978) during the development of the *Life Experiences Survey*. The findings also confirmed a commonly accepted notion of age, suggesting that older individuals reported more lived experiences. Moreover, there were no differences in the total of lived experiences based on psychological distress, but distressed individuals presented significantly more negative experiences and fewer positive experiences than those who were not distressed. In the same direction, concerning the association between LIFES and BSI, the results were clear and conformed to our expectations: Participants with a larger number of negative lived experiences reported higher levels of psychological symptoms, whereas the opposite was observed for positive lived experiences. The literature about negative life events and their psychological effects (e.g., depression and anxiety) is extensive and supports our findings (e.g., Edwards, Holden, Anda, & Felitti, 2003). The small number of studies about positive experiences and their inconclusive results make the appropriate comparisons difficult. For instance, Overbeek et al. (2010) observed that individuals with mood disorders reported

[10] Applied to categorical variables as an alternative to factorial analysis.

more positive experiences; however, Swearingen and Cohen (1985) found negative (but nonsignificant) correlations between the number of positive events and depression and state anxiety.

Despite the difficulty to compare LIFES with similar measures, evidence based on convergent validity is encouraging and clear: Overall, the levels of agreement and correlations were good when LIFES was compared with ACE and LES. A deeper analysis of the data revealed that disagreements were associated with a mismatching of the developmental stage of occurrence or of the third parties involved. The convergent validity of LIFES and LES was higher than of LIFES and ACE, suggesting that life experiences that occurred in adulthood were reported similarly in the two measures. These results can be explained by the greater similarity between LIFES and LES (e.g., wording), the type of experiences assessed in childhood/adolescence and adulthood (more concrete and time limited in adulthood), and the fact that LIFES is more comprehensive than ACE regarding the people involved. For instance, whereas LIFES considered interparental violence from father to mother and vice-versa, ACE asked only father-to-mother violence. Lastly, a slightly higher overall value of agreement was achieved by temporal reliability than by cross-method reliability, with an increasing number of reported experiences at T2 in both conditions. Generally, percentages of agreement in temporal and in inter-method reliability were similar across items, and the data did not show a clear advantage of a singular design (i.e., some items presented a high agreement on temporal design, whereas others presented a high agreement on inter-method design). Due to the low number of participants analyzed, these results should be further extended, although it is reasonable to suspect that some items benefit from the advantages of self-reports (e.g., privacy), whereas others benefit from the interviews' advantages (e.g., clarification of questions). Nevertheless, our results are not surprising or exclusive of LIFES; indeed, Goodman, Corcoran, Turner, Yuan, and Green (1998) reported a similar trend when they studied the psychometric properties of the *Stressful Life Events Screening Questionnaire*, and Krinsley, Gallagher, Weathers, Kutter, and Kaloupek (2003) achieved the same conclusions regarding the *Evaluation of Lifetime Stressors.* Collateral reporting is also a strategy to assess reliability, particularly when it is difficult (or impossible, as happens in many LIFES items) to check against gold standards. Despite some concerns regarding the information provided in some situations (Fisher, Bunn, Jacobs, Moran, & Bifulco, 2011), family members seem to be preferential collaterals in this field of research (Hardt & Rutter, 2004). Our inter-rater study analyzed twins, and almost 95% of the responses from self-reports were confirmed by the collateral; in a similar study comparing sisters and childhood/adolescence experiences, Bifulco, Brown, Lillie, and Jarvis (1997) also found substantial agreement, concluding that the results supported the confidence about retrospective data collection.

To the best of our knowledge, non-lived experiences are not included in any similar measure but are a major characteristic of LIFES, and they deserve comment. First, less evidence was gathered regarding this section than lived experiences; indeed, comparing against a similar measure was not possible, and asking for collateral about others' non-lived experiences seems odd. Second, the empirical results seem not to be as clear as those from the first section. Regarding convergent and discriminant evidence, only education significantly affected the number of non-lived experiences, but differences disappeared at the group level. An analysis of the descriptive data suggested that older, less educated and non-distressed participants reported fewer non-lived experiences. Additionally, there were no significant correlations between non-lived experiences and BSI; however, based on the directions; a high number of non-lived experiences seemed to be associated with high levels of psychological symptoms. Similarly, the results regarding reliability were ambiguous: Whereas temporal reliability achieved a substantial kappa, cross-method reliability presented only a slight kappa. Notwithstanding, the number of non-lived experiences increased in both studies at T2.

Overall, these results sound reasonable for a myriad of reasons and should not be discouraging. First, as mentioned previously, non-lived experiences are described in blank spaces for each developmental stage, whereas lived experiences are represented by an established list of items. Research focused on methodological issues has found that open- and closed-ended questions present both advantages and disadvantages, and they can produce different results, with open-ended being more flexible (Fowler, 1995; Tourangeau, Rips, & Rasinski, 2000). Second, the results seemed cohesive when we thought about the construct of life experiences (not lived but desired) and the correlations presented regarding the first section (such as age, education, and psychological disturbance). In this line of thought, Segal, Wood, DeMeis, and Smith (2003) found a positive correlation between depression and future negative events when they evaluated a sample of young adults using the Anticipated Life History. Almeida, Wethington, and Kessler (2002) concluded that daily stressors appraised as interfering with plans for the future predicted negative mood. Additionally, it should be noted that most people are not used to being asked about non-lived experiences; therefore, it is reasonable to think that an increased familiarity with the task would produce clearer results.

A special remark should be made regarding Cohen's kappa, the statistical analysis computed to assess reliability (temporal, inter-method, and inter-rater) and the convergent validity. Although Cohen's kappa is the most common statistical test to assess the psychometric properties of life experience measures, it tends to reveal a well-documented pitfall (Feinstein & Cicchetti, 1990): Some items presented very low kappa values, although the percentages of agreement were high. This phenomenon,

which was evidenced in some individual items and domains of LIFES and have also been reported by other researchers (e.g., Gray et al., 2004), can be observed in infrequent phenomena (e.g., Viera & Garrett, 2005) or due to a marginal distribution (Lantz & Nebenzahl, 1996; Feinstein & Cicchetti, 1990; Cicchetti & Feinstein, 1990). As far as we know, there is no option to replace Cohen's kappa when variables under study are nominal; therefore, as suggested by Fleiss, Levin, and Paik (2003), and according to the guidelines proposed by Kottner et al. (2011), we presented several parameters (i.e., percentage of agreement, Cohen's kappa, standard error, and confidence intervals) to allow for a deeper knowledge about our data.

Recognizing that no measure or evaluating process is perfect, some limitations should be acknowledged. First, according to Zimmerman (1983, p.347), "any life event scale, regardless of its length, contains only a subset of the universe of possibly life situations, and no list is likely to be comprehensive for all individuals"; the same applies to LIFES. Although it covers a comprehensive set of life experiences, LIFES fails to include others that occur specifically in some populations (e.g., inmates); therefore, when applied to other target populations, this type of measure will benefit from adaptations, as recommended by Cleary (1981). Second, the dimension and the composition of the samples are also a major concern, particularly regarding reliability studies and non-lived experiences. For instance, Schönbrodt and Perugini (2013) recommended a minimum sample of 250 for typical studies, admitting fewer participants when the expected correlation was greater (as happens in the case of the reliability studies and when the construct under study is expected to be stable[11]). Although there is some guidance for sample-size calculations for kappa (e.g., Cantor, 1996), as Hadzi-Pavlovic (2010, p.199) noted, "power estimation for kappa is not as firmly developed as it is for some other commonly used statistics and the estimates are more approximate", and it usually involves a priori estimates about the expected proportions of answers and marginal frequencies, which are difficult to establish if we are evaluating a new measure. Adults from the community were our target population, and few exclusion criteria were established; however, our samples reflected a common pattern in scientific research composed primarily of female, younger, educated and employed individuals (Patel, Doku, & Tennakoon, 2003). Although the inclusion of non-lived experiences fulfills a gap, the results obtained are clearly exploratory; indeed, few participants reported non-lived experiences, which compromised sound conclusions about this section. Lastly, LIFES may also be influenced by other well-known variables that affect self-reports in general and life experience measures in particular, such as memory

[11] Although life experiences reported can change, due to new experiences or memory issues, they are not expected to be as prone to change as other constructs involving attitudes or opinions.

issues (minimized by the inclusion of the not remember option), mood or willingness to report (e.g., Hardt & Rutter, 2004).

We are aware that collecting sound psychometric evidence is a process of accumulating evidence (AERA, APA, & NCME, 2002); consequently, future studies are highly recommended. Due to our concerns about sampling, future studies should be designed to increase the number and heterogeneity of participants; moreover, clinical samples and specific groups (e.g., elderly, ethnic minorities) should be studied to replicate and extend the findings presented here. Additionally, we recommend that research continue to examine the cross-cultural and linguistic relevance of LIFES in other languages and cultures. According to our experience throughout this process, as noted by Patel et al. (2003), difficulties in recruitment (particularly for longitudinal studies) and flexibility regarding data collection methods would be the greatest challenges for these studies. Regarding non-lived experiences, considering that both experts and participants noted its relevance and meaningfulness, this section deserves further attention and should be deeply explored in future studies. Furthermore, it would be useful to collect additional evidence through a different approach of temporal reliability, using interviews at both assessments, or to include other informants on inter-rater reliability. Consequently, despite being promising, the analyses presented can be considered preliminary, and a continuing effort should be made to gather more data about LIFES.

Lastly, a comment should be made about the implications and applications of LIFES. Being an old concern (Paykel, 2001), life experiences are still embedded across almost all fields of psychology. Usually, life experience measures are widely used for years before their psychometric evidence is gathered, likely due to the specificities and difficulties involved. In an effort to reverse this trend, we presented comprehensive evidence about a new measure, which fulfills a gap in this field of research. Due to LIFES's strengths and characteristics, it is a valuable and useful tool not only for research but also for practical purposes. It allows simply and effectively gathering a comprehensive picture of what occurred during an individual's life.

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ESTUDO 2

Life experiences throughout the lifespan: What people tell (or not) about them?

Abstract

Life experiences have been a topic of interest for researchers and clinicians for decades. Current knowledge is rooted on two distinct approaches, i.e., personality psychology and psychosomatics. Whereas, the first is interested in ordinary life stories of nonclinical individuals, based on a more qualitative, in-depth, and person-driven approach; psychosomatics stresses negative events, mainly on clinical samples, and presentes a more quantitative, general, and construct-drive approach. Consequently, available evidence is dispersed and unrelated and many basic questions remain unanswered. This study aimed to explore occurrence, developmental stage, valence and impact of life experiences and to analyse critical answering patterns (i.e., "I don't remember", missingness). Through a cross-sectional retrospective design, 394 adults from the community answered the Lifetime Experiences Scale, which covers 75 life experiences organized in eight domains (i.e., school, job, health, leisure, living conditions, adverse experiences, achievements, and people and relationships). Occurrence of life experiences varied greatly and the mean of experiences reported was around 30. Regarding developmental stage, most experiences were reported in just one stage – mainly adulthood, but some can be considered chronic. Globally, life experiences tended to be clearly rated as positive or as negative by most participants; besides assessed experiences were mainly appraised as being positive. Moreover, participants presented their experiences as significant, rating them with high impact. Overall, critical answering patterns were not very expressive: "I don't remember" and missing answers were below 2% and 5%, respectively, on the majority of experiences. These findings offer several important new insights, suggesting that life experiences are mainly an idiosyncratic topic.

Keywords: life events, retrospective recall, self-report, personal meanings, lifespan

Introduction

Although life experiences seem to be an implicit ever-present scientific topic, the end of the Second World War established a major turning point putting it definitively on clinicians and researchers' agenda (Paykel, 2001). Since then, this topic is rooted on two distinct approaches, namely personality psychology and psychosomatics, which presented their own strategies to conceptualize and to assess it. More specifically, personality psychology seems to be particularly interested in life stories of nonclinical subjects, inspired by the pioneer work of Henry A. Murray (1893-1988) at the Harvard Psychological Clinic, who revolutionized psychology focusing on new variables: "Time, story, the person. Human beings are time-binding, story-telling creators, whose lives themselves are situated in time, as time-binding narratives – past, present, future" (McAdams, 2001, p.690). Concomitantly, psychosomatics attempts to explain the etiology and course of mental, physical and/or psychosomatic problems through life events (Paykel, 2001); this line of research focused primarily on clinical cases and stressed negative events. Moreover, whereas personality psychology favoured more qualitative, in-depth, person-driven approaches, which resulted in a kind of stagnation for years and only recently "is enjoying something of a renaissance" (McAdams, 2001, p. 692); psychosomatics applied a more quantitative, general, and construct-driven approach, becoming a flourishing topic. A detailed comparison between the two approaches is beyond the scope of this paper; however, these general ideas are crucial to understand the current state of art.

In a previous work (Azevedo, Martins, & Maia, 2016), we defined life experience as

> a set of events (I was born...), conditions (I live/lived...), and perceptions (I feel/felt...) that occur (or not) during a lifetime. According to this definition, life experiences include, but are not limited to, life events. Additionally, life experiences are not limited to self; instead they also embrace the individual's environment, other relevant people and the interactions among them. The focus of life experiences is personal and it includes two types of features: an objective (involving factual data) and a subjective (involving meanings). Consequently, although the occurrence of life events, conditions, and perceptions can be shared, it is unlikely that two people experience them in exactly the same way and even the same individual can change the subjective features throughout the lifespan.

Briefly, four trends characterized current knowledge about life experiences. First, despite of the calls about the relevance of positive experiences (e.g., Scully, Tosi, & Banning, 2000; Zimmerman, 1983), this field of research replicated a general trend in Psychology toward the negative (e.g.,

Baumeister, Bratslavski, Finkenauer, & Vohs, 2001; Suh, Diener, & Fujita, 1996). Indeed, few of the available measures assessed positive experiences - the *Life Experiences Survey* by Sarason, Johnson, & Siegel (1978) is one of the exceptions, and few studies addressed both valences (Overbeek et al., 2010). After reviewing data available, Baumeister et al. (2001, p.326) concluded that "developmental and clinical observations likewise suggest that single bad events are far stronger than even the strongest good one", but this conclusion can be biased by an obvious trend: there are much more results about negative experiences than positive ones and many reasons may underlie this asymmetry (e.g., disinterest, grey data). Second, usually reference periods are quite restrained, focusing on childhood/adolescence or adulthood experiences. Therefore, some authors (e.g., Davis, Matthews, & Twamley, 1999; Dohrenwend, 2006) argued about the relevance of adopting a lifespan perspective, instead of short limited reference-periods. Third, most studies relied on cross-sectional retrospective design[12], due to its advantages, such as being less expensive, faster data collection, and less demanding for both researchers and participants (e.g., Beckett, Vanzo, Sastry, Panis, & Peterson, 2001; Hardt & Rutter, 2004; Kendall-Tackett & Becker-Blease, 2004; Shaffer, Huston, & Egeland, 2008) and collected data based on life experiences lists through self-report or structured interviews (e.g., Davis et al., 1999; Dohrenwend, 2006; Hobson & Delunas, 2001; Paykel, 2001). Fourth, most studies still focused on life experiences and health, presenting correlational and/or explanatory purposes. Consequently, a descriptive in-depth approach regarding life experiences is not a central aim, being dismissed by most researches. Moreover, data about occurrence, followed by probes (e.g., people involved, frequency), is the most common way of reporting life experiences, whereas data about meanings is scarcer; as a result, available information is mainly descriptive and less comprehensible.

Attending to this state of the art, it is not so hard to understand why, at this point, some basic questions remain unanswered. What are the most common and the most infrequent experiences throughout the lifespan? When do they happen: in childhood, adolescence, and/or adulthood? Do they tend to be stage development limited or tend to remain across stages? What is the valence – positive, negative or neutral – of different life experiences? How do people rate the impact of different life experiences? Although common sense probably would provide easy answers to these questions, few empirical studies addressed them (some of them will be presented below), and to our best knowledge no previous study included such a comprehensive analysis, which can be quite useful and informative for both researchers and clinicians.

[12]According to Grotpeter (2008, p.120), cross-sectional research design is a "research that uses a cross-sectional design, but by use of retrospective recall methods, gathers longitudinal data. These data are designed to represent attitudes, behaviour, and events in the respondents' lives across time, despite the fact they are collected at a single point in time".

A remarkable research about childhood abuse and neglect is CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study, conducted by Kaiser Permanente health maintenance organization and the Centers for Disease Control and Prevention (CDC). Between 1995 and 1997, ACE Study assessed the childhood experiences of 17337 participants, through a mailed questionnaire. According to the available data on their website (2016), 46% of the participants were males, 46.4% aged 60 or older, in 19.9% of the participants the age ranged from 50 to 59, and 5.3% aged between 19-29 years old. Overall, 36.1% did not report any ACE and 12.5% reported four or more ACE's. Besides the counting of ACE's, they can be grouped on three categories: abuse, household challenges, and neglect. The prevalence of physical abuse was 28.3%, sexual abuse was reported by 20.7% of the participants, and emotional abuse by 10.6%. Additionally, emotional and physical neglect were reported, respectively, by 14.8% and 9.9% of the participants. Concerning household challenges, the more prevalent were household substance abuse (26.9%), parental separation or divorce (23.3%), and household mental illness (19.4%). Moreover, 12.7% of the participants reported that mother was treated violently and 4.7% reported an incarcerated household member. Attending to the fact that ACE Study is introduced as "one of the largest investigations of childhood abuse and neglect and later-life health and well-being", their main focus on the relation life experiences and long-term impact is obvious. Indeed, researchers not only collected data about mental and physical health (i.e., depression, ischemic disease, sexually transmitted diseases, suicide attempts), but also on other domains, such as finances and academic achievement.

Social Readjustment Rating Scale (SRRS), by Holmes and Rahe (1967), was a pioneer measure (e.g., Paykel, 2001; Zimmerman, 1983) and since it still remains as one of the most widely used measure for both research and clinical purposes, recently Scully et al. (2000) analysed main criticism and re-examined the original findings, in a two-phases study, presenting an updated outlook of main results. Initial analyses were based on responses from 200 adults; their mean age was 41.48 (*SD* = 15.96) and 42% were males. Through telephone interviews, participants were asked to rate the relative degree of readjustment necessary for each life event, considering that an arbitrary value of 500 was associated with marriage. The comparison of the recent data with those from the original publication concluded that the two experiences that required higher adjustment were stable, i.e., death of a spouse and divorce. Additionally, there was a general trend of decreasing of weights among the 43 experiences assessed, except in 10 items (i.e., personal injury or illness; change in health of family member; change in financial state; foreclosure of mortgage or loan; change in living condition; change in work hours and conditions; change in social activities; change in sleep habits; change in number of family get-

togethers; and minor violations of law). The second phase of their study assessed, through self-report, 188 participants from a convenience sample, that includes college students, business executives, and stress seminar participants; the mean age was 37.05 (*SD* = 9.09) and 56% were males. Although participants were asked about the occurrence of life events, assessing two reference periods (i.e, in the last 12 months and lifetime), these descriptive data was not present. Instead, authors reported commonality analyses to predict stress-related symptoms, based on raters judgments about the (un)desirability of the experiences (for instance, *marriage* and *vacation* were rated as desirable; *divorce* and *death of a close family member* were rated as undesirable; and *changes in working conditions or in living conditions* as neutral).

Schroots and Assink (2005) also provided some interesting evidences about life experiences, presenting a different point of view – both conceptually (i.e., phenomenon centered approach) and methodologically (i.e., *Life-Line Interview Method* and metaphors). Authors interviewed 98 participants (48% males), divided by three age groups, i.e. early adulthood from 18 to 30 years old; middle adulthood from 31 to 55 years old; and later adulthood from 56 to 84 years old, to identify portraits of life, that are a compression of patterns of events, conveniently arranged in tables serving the composition of simplified life stories. Briefly, participants are shown a board with a blank piece of paper, on which a grid is printed. After the explanation and exemplification of the procedures, participants are asked to draw their life-line from birth to calendar-age, and then they are

> asked to label each peak (positive affect) and each dip (negative affect) by chronological age and to tell briefly what happened at a certain moment or during an indicated period. At the same time iter [interviewer] makes a verbatim report of what itee [interviewee] sees as the most important events in his/her life (p.185).

Data analysis was based on life events as the basic unit, organized in nine pre-specified categories (i.e., relations, school, work, health, home, birth, death, growth, and other) and by decade; results are presented based on the number of events per (sub)category and the most frequent categories by decade were selected. Overall, participants reported a mean of 4.96 past experiences (*SD* = 2.46); this value was significantly affected by age groups (young = 3.76 *vs.* middle = 5.06 *vs.* old = 6.24). The modal category was relations, while birth and other represented the lowest frequent; there were gender differences (males reported more events about work *vs.* females reported more events about health and birth) and age differences (i.e., young reported more events included in school and growth and fewer on work and health). Moreover, experiences such as births (i.e., child, grandchild), individual growth, leaving home, commitment, beginning and changing work was evaluated as positive;

contrary, work problems, health of others, growth problems, deaths (i.e., parents, family), and ending of relations were rated as negative. In sum, authors concluded that prototypical life stories or portraits are "a global picture of life in which childhood is characterized by school and home, young adulthood by relations, middle adulthood by work, and late adulthood by health and death" (p. 188), including both positive and negative experiences. Despite of the merits and useful findings provided by this work, a limitation should be stressed: attending to the criterion applied, i.e., high frequency, some relevant, but unusual or rare experiences probably were dismissed.

At this point, it is clear that we had merely scarce and sparse knowledge about life experiences and their personal meanings, being hard to answer the question what people tell about their life experiences. However, more doubts even remain regarding potential strategies to not tell about life experiences. Indeed, missingness is a concern among researchers (Graham, 2009), usually associated to threats to both internal and external validity of research (Foster & Krivelyova, 2008) and challenges associated with data analysis (Schafer & Graham, 2002); unfortunately, this scenario also applied to life experiences research. The concept of missingness included two distinct phenomena, i.e., unit nonresponse ("occurs when the entire data collection procedure fails (because the sampled person is not at home, refuses to participate, etc.") and item nonresponse ("means that partial data are available (i.e., the person participates but does not respond to certain individual items)", according to the definitions provided by these authors (p.149). Therefore, longitudinal studies tend to be particularly sensitive to unit nonresponse (including dropout), while item nonresponse affects all designs. Despite the relevance and the recommendations of the American Psychological Association (e.g., APA Publications and Communications Board - Working Group on Journal Article Reporting, 2008), usually missingness is not the main focus of inquiry (Schafer & Graham, 2002), nor properly reported (e.g., Enders & Gottschall, 2011); instead, it seems to be an implicit topic useful for the discussion (as an explanation or as a limitation) that demands further attention. Although there are a common opinion that "sensitive questions probably yield more missing data then other questions" (Tourangeau et al. 2009, p.260), to our best knowledge, no previous research on life experiences addressed clearly item nonresponse missingness, exploring its frequency and patterns. In the absence of such basic knowledge, it would be difficult (if not impossible) to address more complex issues regarding missing data theory.

To overcome current limitations, allying features from both personality psychology and psychosomatics, we designed a descriptive study that presents several novelties: It is rooted on a well-defined concept of life experiences, covering a wide range of domains. Additionally, it is rooted on a

lifespan perspective, allowing participants to specific when the experiences occurred (i.e., childhood, adolescence and/or adulthood. Moreover, instead of establishing a priori the valence and impact, these meanings are directly collected from participants. Lastly, it explored a common, but highly neglected concern in this field of research, i.e., missingness and its patterns. In sum, through a cross-sectional retrospective design, based on a community sample, this study aimed to identify the occurrence of a variety of life experiences, in order to established those that are more and less frequent; to link the occurrence of life experiences to specific development stages, namely childhood, adolescence, and adulthood; to explore how participants experienced them, more specifically regarding their valence and impact; to identify which life experiences were more prone to critical answering patterns (i.e., "I don't remember", missings); and to examine missingness, namely its patterns, the associated features (e.g., valence, developmental stage), and groups characteristics (e.g., gender, education).

Method

Participants

Participants from the community aged 18 or above, were recruited to enrol a study about positive and negative life experiences. An inability to read or to understand Portuguese was the single exclusion criterion used to select participants; additionally, due to our aims, any exclusion was made based on the number of missings.

This study consisted of 394 individuals, mainly females (76.4%), with a mean age of 35.94 years (*SD* = 19.08, range = 18-92). Most were single (56.0%), 32.8% were married or cohabiting, 6.9% were widowed and 4.3% were separated or divorced. Regarding education, 44.4% of the participants finished secondary education or had a professional course, 38.4% finished a graduate or undergraduate programme, 11.7% finished the first, the second or the third cycle of basic education, and 5.6% never attended school. When data was collected, 46.2% of the participants were employed, 35.3% were student, 10.7% were retired, 6.1% were unemployed, and 1.8% reported other labour force status.

Measures and Procedures

A sociodemographic questionnaire, including questions about age, gender, marital status, education, and employment status, was used to characterize participants. Data about life experiences was collected using Lifetime Experiences Scale (LIFES, Azevedo et al., 2016), a measure that covers 75 life experiences organized in eight domains, i.e., school, job, health, leisure, living conditions, adverse experiences, achievements, and people and relationships. For each item, except in the filter items, participants were asked about occurrence - yes *vs.* no *vs.* not remember, the developmental stage -

childhood, adolescence, and adulthood, valence - negative *vs.* neutral *vs.* positive, and impact - using a five-point Likert scale ranging from 0 (*not at all*) to 4 (*absolutely*). When participants answered positively on occurrence, they could select one or more than one developmental stage and rated valence and impact for each selection.

After the ethical approval from the Institutional Review Board and the National Commission for Data Protection, a multi-source recruitment was conducted (e.g., schools, institutions, retirement homes), in order to maximize the sociodemographic heterogeneity of the sample. Individuals were personally invited to participate in a study about positive and negative life experiences and they were fully explained about study's terms and conditions (such as aims, procedures, potential risks and benefits, confidentiality/anonymity, and refusal or withdrawal). For those who agreed to collaborate, a written informed consent was obtained before data collection. Initially, participants answered the sociodemographic questionnaire and then LIFES; the package took 20 to 30 minutes to be filled out. Data was collected individually using self-reports (in 90.4% of the cases) or through interviews (9.6%), between January 2013 and April 2015.

Statistical Analysis

Data was analyzed through the software IBM Statistical Package for Social Sciences (IBM SPSS, version 22 for Windows). According to our aims, univariate descriptive statistics were computed for occurrence, developmental stage, chronicity, valence, and impact. All life experiences were analysed for occurrence, but seven items were excluded from further analyses for one of two reasons (i.e., absence of responses or filter item). To evaluate chronicity a new variable was created based on counts of occurrences on the three developmental stages, which results in three categories (one *vs.* two *vs.* three developmental stages). Since participants could rate separately the valence and impact for the three developmental stages, global scores were computed through sums. Besides, the original ratings for impact were recoded in three categories (0 and 1 = *low impact*; 2 = *medium impact*; 3 and 4 = *high impact*). The classification of life experiences regarding their developmental stage, chronicity, valence and impact was based on majority criterion, which means that at least 51% of the participants reported or rated a specific category; when a trend was not clear items were classified as *undefined*.

In order to explore missingness, a missing analysis based on the occurrence of life experiences was also performed, using descriptive statistics and pattern analysis through multiple imputation. More specifically, the percentage of missing variables, cases, and individuals was computed for the total sample and for different groups (gender, age, education, marital status, and labour force status).

Results

Occurrence. The number of experiences reported ranged from 0 to 48 (*M* = 29.71 experiences, *SD* = 7.09). According to Table 5, the frequency of occurrence of each life experiences ranged from 0 to 99%. The most reported experiences were: *I felt loved and cherished*; *I felt that someone cared about me and about my well-being*; *I experienced pleasure when taking care of my child*. Oppositely, the experiences *I was arrested*, *I was expelled from school* and *I was involved in a crime* were the less reported by our participants. An analysis by domains revealed a global trend to include both high and less frequent experiences, with two exceptions, namely *adverse experiences* (that covered uncommon experiences) and *accomplishments* (that covered frequent experiences).

Developmental stage and chronicity. Only two items - *I changed schools at the same academic level* and *I had any unwanted sexual contact* – were selected by most participants only in childhood. Four items – *I failed a school year*, *I abandoned school*, *I was expelled from school and I was involved in a crime* – were limited to adolescence by the majority of the participants. Moreover, 30 life experiences, associated mainly with *job*, *health*, *living conditions* and *intimate relationship and children issues*, were restricted to adulthood. Although all items could be reported in more than one developmental stage, most life experiences, from all domains - with some exceptions on *leisure* and *parents relationship*, tended to be reported as limited to just one stage. Regarding experiences that occurred across different developmental stages, 6 life experiences were reported both on childhood and adolescence (including *physical and psychological abuse*), 9 life experiences occurred both on adolescence and adulthood (specially involving *accomplishments* and *people and relationships*), and 15 were reported on all the developmental stages (usually experiences associated with *leisure*, *parents relationship*, and *care and affection*).

Valence. As displayed in Table 5, life experiences tended to be clearly rated as positive or as negative by most participants, except in items *I was admitted to the hospital*, *I got divorced or separated*, and *I felt I did not know what to do regarding my child*. Overall 37 items were rated as positive by most participants, while 23 life experiences were rated mainly as negative. The experiences *I accomplished a project/fulfilled a dream that I really wanted*, *I felt I was a good mother*, and *I experienced pleasure when taking care of my child* were the experiences highly rated as positive. Inversely, experiences rated as negative by all participants were *I lost my house or my belongings*, *I was forced to leave my child*, and *my child had a serious disease or had severe incapability*.

Impact. Only three items were rated by the majority of the participants as having little impact (i.e*, I was involved in a fire*, *I was expelled from school* and *I was involved in a crime*), while 59 items, belonging to all domains assessed, were rated by at least 51% of the participants as high impact experiences. More specifically, more than 90% of the participants rated the following experiences as high impact: *I experienced pleasure when taking care of my child*, *I accomplished a project/ fulfilled a dream that I really wanted*, *I felt I was a good mother/father*, *I bought/received a vehicle*, *I got married or lived in cohabitation*, *I had and recovered from a psychiatric disease*, *I become economically independent*, *I felt loved and cherished*, *I bought/received my own house*, *I felt that someone cared about me and about my well-being*, and *I began a professional program or university degree*.

I don't remember. As can be seen in Table 5, *I don't remember* option represents less than 2% on 56 of the experiences assessed. Conversely, the items *my parents used to exchange words of affection*, *my parents used to be physically affectionate with each other*, and *I had leisure time, having fun with myself* presented the highest rate of *I don't remember* answers.

Table 5

Frequencies as a Percentage of Occurrence, Valence, Impact, Developmental Stage, and Chronicity

Items	Occurrence			Valence			Impact			Developmental Stage			Chronicity		
	Y	N	NR	-	?	+	L	M	H	Chi	Ado	Adu	1	2	3
School															
1. I began elementary school.[a]	**97.4**	2.6	na	na	na	na	na	na	na	na	na	na	na	na	na
2. I changed schools due to progress of academic level.	**82.6**	17.1	0.3	6.1	19.1	**74.8**	16.5	20.6	**62.9**	**84**	**73.6**	30.3	**54.2**	27.8	18.1
3. I changed schools at the same academic level.	21.1	**78.6**	0.3	30	24.3	45.7	25.7	21.4	**52.9**	**69**	43.3	3.7	**95.3**	3.1	1.6
4. I began a professional program or university degree.	**83.7**	16.3	0	4.2	4.6	**91.2**	3.9	6	**90.1**	na	**57.5**	**74.6**	**94.4**	5.6	na
5. I finished a professional program or university degree.	**56.6**	43.4	0	2.6	2.6	**94.8**	4.4	19.6	**76.1**	na	24.6	**89.4**	**95.3**	4.7	na
6. I failed a school year.	28.7	**71.0**	0.3	**61.7**	26.6	11.7	16	20.2	**63.8**	23.9	**76.0**	23.9	**90.7**	9.3	0
7. I abandoned school.	20.1	**79.9**	0	39.4	31.8	28.8	27.3	15.2	**57.6**	33.9	**51.6**	27.7	**100**	0	0
8. I was expelled from school.	0.9	**99.1**	0	**66.7**	33.3	0	**66.7**	0	33.3	0	**100**	0	**100**	0	0
Work															
9. I have some work experience.[a]	**77.2**	22.8	na	na	na	na	na	na	na	na	na	na	na	na	na
10. I became unemployed.	29.2	**70.4**	0.4	**79.8**	16.5	3.8	13.9	16.5	**69.6**	na	12.5	**93.5**	**97.4**	2.6	na
11. I was promoted.	31.6	**68.0**	0.4	2.3	1.2	**96.5**	3.5	12.8	**83.7**	na	11.1	**98.8**	**95.1**	4.9	na
12. I retired (including due to incapability).	13.6	**86.4**	0	18	10.3	**71.8**	28.2	20.5	**51.3**	na	0	**100**	**100**	0	na
Health															
13. Most of the time I felt healthy.	**91.5**	7.0	1.6	1.6	12.1	**86.3**	9.3	14.7	**76**	**88**	**95.8**	**89.2**	14.4	13.4	**72.3**
14. I was admitted to the hospital.	**53.8**	45.1	1.1	39.1	43.1	17.8	42.7	22.7	34.7	46.5	27.2	**62.6**	**75.3**	24	0.7
15. I had a psychiatric disease.	21.3	**78.7**	0	**88.9**	6.9	4.2	4.2	5.6	**90.3**	3.7	42.9	**75.4**	**87.3**	11.1	1.6
16. I recovered from a psychiatric disease.	**72.9**	25.7	1.4	14.8	9.3	**75.9**	1.9	5.6	**92.6**	2.3	40.9	**74.5**	**89.6**	8.3	2.1
17. I had a serious physical disease/problem.	29.3	**70.7**	0	**89.7**	4.7	5.6	15	10.3	**74.8**	28.7	28.6	**67.4**	**90.4**	5.3	4.3
18. I recovered from a serious physical disease/problem.	**79.4**	20.6	0	16.5	12.9	**70.6**	15.3	8.3	**76.5**	27.4	27.1	**63**	**95**	3.8	1.3
19. I became pregnant.	42.6	**57.4**	0	6.2	2.1	**91.8**	10.3	6.9	**82.9**	na	3.2	**99.3**	**97.9**	2.1	na
20. I had an abortion.	33.6	**66.4**	0	**76.2**	14.3	9.5	28.6	28.6	42.9	na	4.7	**97.6**	**100**	0	na

Items	Occurrence			Valence			Impact			Developmental Stage			Chronicity		
	Y	N	NR	-	?	+	L	M	H	Chi	Ado	Adu	1	2	3
Leisure															
21. I belonged to a sport team.	49.4	**50.4**	0.3	2.1	5.3	**92.6**	11.4	19.5	**69.2**	**50.9**	**86.8**	32	**58**	34	8
22. I belonged to a religious group.	47.3	**52.7**	0	2.4	14.8	**82.8**	17.2	16.8	**66**	**55.1**	**83.9**	45.4	50	33.1	16.9
23. I belonged to a recreational or cultural group.	31.9	**67.4**	0.8	3.5	5.2	**91.4**	6.3	20.1	**73.6**	34.3	**74.8**	**56.9**	**58.6**	32.8	8.6
24. I had leisure time, having fun with myself.	**52.3**	36.3	11.4	3.9	12.3	**83.8**	15	26.7	**58.3**	**78.9**	**77.3**	**67**	32.8	21.9	45.3
25. I had leisure time, having fun with my family.	**87.7**	9.5	2.8	1.6	2.7	**95.7**	5.1	8.6	**86.3**	**91.1**	**88.6**	**79.3**	18.2	13.6	**68.2**
26. I had leisure time, having fun with my friends/colleagues.	**95.2**	4.3	5	1.4	2.8	**95.9**	6.2	10.1	**83.6**	**74.2**	**95.2**	**83.1**	17.4	22.1	**60.5**
Living conditions															
27. The food available for my meals was insufficient.	9.5	**89.3**	1.3	42.7	16.2	41.2	16.2	16.2	**67.7**	**78.8**	**72.7**	54.6	47.1	5.9	47.1
28. I changed residences.	**76.7**	23.3	0	8.2	21.9	**69.9**	14	19.5	**66.5**	47.4	39.2	**72.3**	**69**	19	12.1
29. I felt safe in the place where I lived.	**90.7**	9	0.3	1.5	6.4	**92.1**	12.2	15.6	**72.2**	**88.4**	**92.3**	**92.8**	11.1	9.5	**79.4**
30. I became economically independent.	**57.8**	42.2	0	1.3	1.8	**96.9**	3.9	4.3	**91.8**	1.7	12.2	**96.2**	**92.9**	6.1	0.9
31. I bought/received my own house.	39.3	**60.7**	0	0	2.8	**97.2**	5.6	4.2	**90.2**	0	1.6	**99.3**	**99.3**	0.7	0
32. I bought/received a vehicle.	**60.5**	39.5	0	1.3	1.3	**97.4**	1.8	4	**94.3**	0.6	8.8	**97.2**	**96.8**	3.2	0
33. I lost my house or my belongings.	2.6	**97.1**	0.3	**100**	0	0	20	20	**60**	0	0	**100**	**100**	0	0
Adverse experiences															
34. I was involved in a serious accident with a vehicle.	1.5	**84.5**	0.5	**84.1**	12.7	3.2	23.8	25.4	**50.8**	22.2	31.5	**65.4**	**93.1**	5.2	1.7
35. I was involved in a fire.	7.8	**92**	0.3	**62.2**	29.7	8.1	**67.6**	16.2	16.2	44	**55.6**	**51.9**	**83.3**	10	6.7
36. I was involved in a robbery.	13.7	**86**	0.3	**71.7**	23.3	5	48.3	16.7	35	7.3	42.6	**75.5**	**86.5**	11.5	1.9
37. I was involved in a crime.	1.8	**97.9**	0.3	33.3	22.2	44.4	**66.7**	0	33	40	**57.1**	42.9	**71.4**	28.6	0
38. I was arrested.	0	**100**	0	0	0	0	0	0	0	0	0	0	0	0	0
Accomplishments															
39. I earned a prize/I was recognized for something that I did.	47.9	**48.4**	3.6	0.8	2.2	**97**	8.6	17.9	**73.5**	39	**77.5**	**51.3**	**64.5**	24.6	10.9
40. I made a journey/visited a place that I really wanted to see.	**68.4**	29.3	2.3	1.3	0.9	**97.8**	9	16.2	**74.8**	12.3	43.9	**80.3**	**81.1**	13.9	5
41. I accomplished a project that I really wanted.	**50.3**	44.5	5.2	0	0.5	**99.5**	1.5	2.5	**96**	2.1	23.8	**87.2**	**94.2**	4.8	1.1
42. I felt I was contributing to a better world.	**71.1**	23.7	5.2	0.5	3.5	**96**	4.7	7.4	**87.8**	20.3	**53.9**	**90.7**	**61.5**	24.9	13.6

Items	Occurrence			Valence			Impact			Developmental Stage			Chronicity		
	Y	N	NR	-	?	+	L	M	H	Chi	Ado	Adu	1	2	3
People and relationships															
43. I knew about my parents' relationship.[a]	**91.7**	8.3	na	na	na	na	na	na	Na	na	na	na	na	na	na
44. My parents got divorced.	6.4	**93.6**	0	**65.2**	21.7	13	4.4	17.4	**78.3**	34.8	38.1	33.3	**100**	0	0
45. My parents used to shout at each other.	29.7	**65.3**	5.8	**81.4**	12.8	5.9	22.1	22.6	**55.4**	**76.6**	**85.4**	**57.5**	32.3	29.3	38.4
46. My parents used to physically attack each other.	7	**92.2**	8	**85**	10	5	17.5	15	**67.5**	**81**	**75**	40	50	18.3	31.8
47. My parents used to insult each other.	20.4	**77.4**	2.2	**83.3**	12.1	4.6	14.4	16.7	**68.9**	**73**	**81.8**	**51.6**	36.4	27.3	36.4
48. My parents used to be physically affectionate with each other.	**52.8**	31.3	15.9	0.2	9.9	**89.9**	12	13.4	**74.6**	**93.3**	**89.7**	**78.1**	16.5	17.1	**66.5**
49. My parents used to exchange words of affection.	**44.8**	35.4	19.8	0.3	10.6	**89.2**	13.3	15.8	**70.8**	**91**	**94.2**	**82.6**	13.4	19.7	**66.9**
50. I was involved in an intimate relationship, including dating or marriage.[a]	**87.7**	12.3	na	na	na	na	na	na	na	na	na	na	na	na	na
51. I got married or lived in cohabitation.	**51.1**	48.9	0	10	7.3	**82.7**	2	5.3	**92.7**	na	8.3	**95.2**	**98**	2	na
52. I divorced or separated.	16.6	**83.4**	0	39.1	21.7	39.1	13	8.7	**78.3**	na	5.6	**95.7**	**100**	0	na
53. I had a child.[a]	41	**59**	na	na	na	na	na	na	na	na	na	na	na	na	na
54. I wished to have a child of a different gender.	20.7	**78.6**	0.7	11.1	37	**51.9**	37	22.2	40.7	na	4	**96.3**	**100**	0	na
55. I was forced to leave my child.	3.9	**95.4**	0.7	**100**	0	0	40	0	**60**	na	0	**100**	**100**	0	na
56. My child had a serious disease or had severe incapability.	10.5	**89.5**	0	**100**	0	0	12.5	25	**62.5**	na	13.3	**87.5**	**100**	0	na
57. I lived or had contact with my child.[a]	**97.3**	2.7	na	na	na	na	na	na	na	na	na	na	na	na	na
58. Most of the time, I felt I did not know what to do regarding my child.	6.2	**92.5**	1.4	50	0	50	12.5	12.5	**75**	na	0	**100**	**100**	0	na
59. I experienced pleasure when taking care of my child.	**97.8**	1.4	0.7	0.8	0.8	**98.5**	3.1	0	**96.9**	na	4.4	**97.6**	**98.4**	1.6	na
60. My child left home for the first time.	34.2	**65.8**	0	32.4	32.4	35.1	43.2	27	29.7	na	5.6	**94.6**	**100**	0	na
61. My child returned home after prolonged absence.	18	**82**	0	11.1	22.2	**66.7**	22.2	11.1	**66.7**	na	0	**100**	**100**	0	na
62. I felt I was a good mother.	**96.6**	3.4	0	0	0.8	**99.2**	4	0.8	**95.2**	na	0.9	**100**	**99.2**	0.8	na
63. I was forced to leave my family.	3.2	**96.8**	0	**60**	13.3	26.7	13.3	6.7	**80**	40	50	50	**75**	25	0
64. I had a pet.	**81.6**	18.4	0	0.9	8.3	**90.8**	15.7	19.7	**64.6**	**69**	**68.6**	**75.5**	40.3	24.1	35.6
65. I lost a pet (including due to death).	**84.2**	14.8	1	**77.4**	14.3	8.3	42.7	21.5	35.8	**60.5**	**60.1**	**51.8**	**64**	21.5	14.6

Items	Occurrence			Valence			Impact			Developmental Stage			Chronicity		
	Y	N	NR	-	?	+	L	M	H	Chi	Ado	Adu	1	2	3
66. I did volunteer work.	38.5	**60.5**	1	2	2	**96**	4.6	12.1	**83.3**	4.6	**74.4**	**73.4**	**67.3**	30.6	2
67. I was slapped, spanked, kicked or otherwise physically attacked, leaving me with marks.	13.6	**85.9**	0.5	**87.7**	9.6	2.7	30.1	12.3	**57.5**	**65.2**	**62.5**	34.2	**63.5**	32.7	3.8
68. I felt loved and cherished.	**99**	0.3	0.8	0.2	2.1	**97.7**	2.9	6	**91.1**	**92.7**	**93.2**	**98.2**	7.1	9.7	**83.1**
69. Someone made fun of me and insulted me in a way that hurt me.	35.5	**60.9**	3.6	**88.8**	7.5	3.7	20.2	20.2	**59.6**	**62.3**	**59.5**	26.9	**68.4**	25	6.6
70. Besides greeting situations, I received kisses, hugs and endearments.	**94**	4.4	1.6	0.1	3.3	**96.6**	4.5	11.2	**84.3**	**86.1**	**87.5**	**95**	9.6	20.4	**70**
71. I felt supported in my important decisions.	**94.8**	4.4	0.8	0.5	3.9	**95.6**	3.9	7.0	**89**	na	**87.2**	**98.8**	17.6	**82.4**	na
72. I felt that someone cared about me and about my well-being.	**98.7**	0.8	0.5	0	3.8	**96.2**	3.4	6.5	**90.2**	**91.5**	**92.7**	**98.5**	6.4	10.4	**83.2**
73. I had any unwanted sexual contact (including anal, genital or oral sex or touching).	8.2	**91.3**	0.5	**72.7**	12.1	15.2	15.2	18.2	**66.7**	**64.3**	41.7	21.7	**85.7**	10.7	3.6
74. I felt someone hated me.	25.7	**69.7**	4.6	**75.4**	23.1	1.5	24.6	22.3	**53.1**	28.2	**60.9**	**62.4**	**67**	27.7	5.3
75. Someone important to me died.	**83.3**	16.7	0	**86.9**	8.2	4.9	13.3	17.1	**69.6**	48.9	**55.4**	**78.5**	48.6	36.1	15.3

Note. Y = yes; N= no; NR = not remember. - = negative; ? = neutral; + = positive; L = low; M = medium; H = high; Chi = childhood; Ado= adolescence; Adu = adulthood; na = not applicable.

[a] Filter items.

Missingness. As displayed in Table 6, the majority of life experiences presented a percentage of missings below 5% (range = 0.5 - 17%). Life experiences associated with *health* showed the highest percentages; additionally, participants tended to not answer about life experiences associated with *school*, *job*, *marriage* and *children*. Oppositely, three items included in *living conditions* and one about *leisure* presented the lowest values of missings. Moreover, those items involving *physical abuse*, *psychological abuse*, and *sexual abuse* presented very low values of missing answers. When we compared the associated features of the ten items with the highest and the lowest values of missings, there were no marked pattern regarding valence, impact and chronicity. Inversely, regarding developmental stage, the highest values of missings were associated with life experiences from adulthood, while items with fewer missing cannot be included in a single developmental stage.

Table 6

Percentage of Missing Answers by Individual Items and Associated Features

Items	Missings	Valence	Impact	Develp. stage	Chronicity
With a percentage of missings higher than 10					
I had a serious physical disease/problem.	17	-	H	Adu	U
I recovered from a serious physical disease/problem.	17	+	H	Adu	U
I recovered from a psychiatric disease.	16	+	H	Adu	U
I had a psychiatric disease.	15.2	-	H	Adu	U
I finished a professional program or university degree.	14	+	H	Adu	U
I had an abortion.	14	-	und	Adu	U
My child left home for the first time.	14	und	und	Adu	U
I began a professional program or university degree.	13.2	+	H	Ado, Adu	U
My child returned home after prolonged absence.	11.9	+	H	Adu	U
I divorced or separated.	11.4	und	H	Adu	U
I retired (including due to incapability).	10.9	+	H	Adu	U
With a percentage of missings between 10 and 5					
I changed schools at the same academic level.	9.6	und	H	Chi	U
I was expelled from school.	9.6	-	L	Ado	U
I became pregnant.	9.4	+	H	Adu	U
I got married or lived in cohabitation.	9.1	+	H	Adu	U
I was promoted.	8.9	+	H	Adu	U
I had a pet.	8.9	+	H	Chi, Ado, Adu	R
I abandoned school.	7.9	und	H	Ado	U
I became unemployed.	7.9	-	H	Adu	U
I experienced pleasure when taking care of my child.	7.1	+	H	Adu	U
I lost a pet (including due to death).	6.9	-	Und	Chi, Ado, Adu	U

Items	Missings	Valence	Impact	Develp. stage	Chronicity
With a percentage of missings between 10 and 5					
I wished to have a child of a different gender.	6.3	+	Und	Adu	U
I lived or had contact with my child.	5.3	na	na	na	na
I felt I did not know what to do regarding my child.	5.1	und	H	Adu	U
With a percentage of missings below 5					
I felt I was a good mother.	4.8	+	H	Adu	U
My child had a serious disease or had severe incapability.	4.6	-	H	Adu	U
I failed a school year.	4.3	-	H	Ado	U
I had a child.[a]	4.3	na	na	na	na
I was forced to leave my child.	4.1	-	H	Adu	U
I was admitted to the hospital.	3.8	und	und	Adu	U
I was forced to leave my family.	3.6	-	H	und	U
I accomplished a project/fulfilled a dream that I really wanted.	3	+	H	Adu	U
I belonged to a recreational or cultural group.	2.8	+	H	Ado, Adu	U
I was involved in an intimate relationship, including dating or marriage.[a]	2.8	na	Na	na	na
I changed schools due to progress of academic level.	2.5	+	H	Chi, Ado	U
I earned a prize or I was recognized for something that I did (e.g., school, sport, job).	2.5	+	H	Ado, Adu	U
I felt I was contributing to a better world/I am proud of my legacy.	2.5	+	H	Ado, Adu	U
I lost my house or my belongings.	2.3	-	H	Adu	U
Besides greeting situations, I received kisses, hugs and endearments.	2.3	+	H	Chi, Ado, Adu	R
have some work experience.[a]	2	na	na	na	na
I had leisure time, having fun with myself.	2	+	H	Chi, Ado, Adu	R
I was involved in a crime.	2	und	L	Ado	U
I was arrested.	2	[b]	[b]	[b]	[b]
I made a journey or visited a place that I really wanted to see.	2	+	H	Adu	U
I felt supported in my important decisions.	2	+	H	Ado, Adu	R
I felt that someone cared about me and about my well-being.	2	+	H	Chi, Ado, Adu	R
Most of the time I felt healthy.	1.8	+	H	Chi, Ado, Adu	R
I belonged to a sport team.	1.8	+	H	Chi, Ado	U
I was involved in a serious accident with a vehicle.	1.8	-	H	Adu	U
I was involved in a fire.	1.8	-	L	Ado, Adu	U
I was involved in a robbery.	1.8	-	und	Adu	U
knew about my parents' relationship.[a]	1.8	na	na	na	na
I did volunteer work.	1.8	+	H	Ado, Adu	U
My parents got divorced.	1.5	-	H	und	U
My parents used to shout at each other.	1.5	-	H	Chi, Ado, Adu	R
I felt loved and cherished.	1.5	+	H	Chi, Ado, Adu	R
I began elementary school.[a]	1.3	na	na	na	na

Items	Missings	Valence	Impact	Develp. stage	Chronicity
With a percentage of missings below 5					
I belonged to a religious group.	1.3	+	H	Chi, Ado	und
I had leisure time, having fun with my family.	1.3	+	H	Chi, Ado, Adu	R
I felt safe in the place where I lived.	1.3	+	H	Chi, Ado, Adul	R
I bought/received my own house.	1.3	+	H	Adu	U
I bought/received a vehicle.	1.3	+	H	Adu	U
My parents used to physically attack each other.	1.3	-	H	Chi, Ado	und
My parents used to insult each other.	1.3	-	H	Chi, Ado, Adu	R
My parents used to be physically affectionate with each other.	1.3	+	H	Chi, Ado, Adu	R
I was slapped, spanked, kicked or otherwise physically attacked, leaving me with marks.	1.3	-	H	Chi, Ado	U
Someone made fun of me and insulted me in a way that hurt me.	1.3	-	H	Chi, Ado	U
I had any unwanted sexual contact (including anal, genital or oral sex or touching).	1.3	-	H	Chi	U
I felt someone hated me.	1.3	-	H	Ado, Adu	U
My parents used to exchange words of affection.	1	+	H	Chi, Ado, Adu	R
Someone important to me died.	1	-	H	Ado, Adu	R
The food available for my meals was insufficient.	0.8	und	H	Chi, Ado	R
I changed residences.	0.8	+	H	Adu	U
I became economically independent.	0.8	+	H	Adu	U
I had leisure time, having fun with my friends/colleagues.	0.5	+	H	Chi, Ado, Adu	R

Note. - = negative; + = positive; L = low; H = high; C = childhood; Ado= adolescence; Adu = adulthood; U = unique; R = repetitive; na = not applicable; und = undefined

[a] Filter items. [b] Ratings not available.

According to Table 7, participants that were males, aged 41 - 64 years, married, employed and had secondary or professional education exhibited a higher percentage of missing variables, cases and individuals, with a few exceptions (i.e., females had greater missing cases and participants with the second or third cycle of education presented higher percentages of missing cases and individuals). Although the main core of missing items is shared by all groups, some missing patterns seemed to be quite specific: for instance, *I/my partner became pregnant* was a common missing when participants were single, students and aged 18-24 years; and *I belonged to a sport team* was only a critical missing item for those aged 65 or above.

Table 7

Patterns of Missing Answers by Groups and Total

Groups		Percentage of missing			Top 10 of items with the highest frequency of missings[a]
		Variables	Cases	Individuals	
Gender	Female	98.7	42.2	4.7	17, 18, 16, 15, 5, 20, 60, 4, 52, 61
	Male	100	36.6	5.2	18, 16, 60, 17, 15, 12, 10, 4, 61, 20
Age (years)	18 – 24	56	22	2	51, 19, 20, 52, 18, 17, 16, 15, 54, 53, 5
	25 - 40	85.3	48.7	5.3	60, 17, 4, 18, 16, 5, 61, 15, 20, 3
	41- 64	100	76.8	9.3	18, 17, 16, 15, 12, 5, 11, 8, 60, 10
	65 or above	81.33	13.2	2.4	11, 10, 58, 21, 18, 4
Marital status	Single	73.3	26.4	2.6	19, 20, 51, 52, 18, 17, 16, 15, 5, 4
	Married	100	65.9	8.6	17, 18, 60, 16, 5, 15, 4, 12, 61, 8
	Divorced	32	58.8	5.2	61, 60, 18, 17, 16, 15, 12, 3, 64, 20
	Widowed	84	29.6	4.7	18, 17, 15, 11, 10, 8, 7, 6, 4, 3
Labour force status	Student	54.7	23.0	1.9	19, 51, 20, 52, 18, 17, 16, 15, 5
	Employed	100	58.8	7.3	17, 18, 16, 15, 5, 60, 4, 12, 20, 61
	Unemployed	48	45.8	6.9	61, 60, 62, 59, 58, 57, 56, 55, 54, 4
	Retired	84	19.1	2.6	10, 16, 15, 11
	Homemaker	8	0	8	18, 17, 16, 15, 5, 4
Education	4 or less years	81.3	17.1	2.5	18, 16, 15, 11, 10, 4
	2nd and 3rd cycle	94.7	63	11.4	5, 4, 16, 60, 20, 15, 12, 17, 8, 18
	High	100	33.1	4.2	18, 17, 60, 5, 16, 15, 61, 20, 4, 52
	Graduated	93.3	52.3	5	18, 17, 16, 15, 20, 60, 8, 3, 61, 52
Total		100	40.9	4.8	18, 17, 16, 15, 60, 20, 5, 4, 61, 52

[a] Items identified through theirs numbers.

Discussion

The current study presents some conceptual (i.e., a new definition, new domains) and methodological advances (i.e., answering options available, missingness) in the field of life experience research, which highly compromises the comparison among studies – a difficulty also noticed by other authors (e.g., Schroots & Assink, 2005; Sobell, Toneatto, Sobell, Schuller, & Maxwell, 1990). Previously, we presented independent data for several variables and this schema will remain in discussion: for each topic the main findings will be summarized, discussed and interpreted. Next, the implications, and applications of our work will be presented adopting a general perspective. Lastly, we identified and discussed the main limitations of the study, suggesting future directions of research.

Occurrence

Despite the common trend to rely on very limited time-references, our results are based on a lifetime perspective, which allows covering human life course and, consequently, high frequencies of occurrence were reasonable. A pattern in our findings indicated that all domains included both high and low frequent experiences, except adverse experiences and accomplishments that presented only low

and high frequencies, respectively. Overall, participants reported a higher mean value of life experiences than those achieved by Reynolds and Turner (2008). The same authors excluded from their analyses almost a fifth of the participants because they reported no lifetime exposure to any major events, while in our sample only one participant did not reported any experience. These notable differences can be explained by the conceptual and methodological specificities: whereas, we assessed life experiences both potential positive and negative and covering different domains, Reynolds and Turner (2008) included only items labelled as major eventful stressors. Another study was conducted by Hobson and Delunas (2001), which applied a revised version of the SRRS to identify the frequency of life-events on the past 12 months. Experiences associated with *death* were frequently reported by their participants, similarly to ours. Oppositely, the same authors concluded that the most frequent experiences were devoted to *work*, which was not corroborated on our results. This could be explained by the types of experiences included, since SRRS included items such as changing work responsibilities, changing employers/careers, employer reorganization/downsizing, or major disagreement with boss/co-worker, that were not assessed here. However, there are some similarities. between the studies when we compared the less frequent experiences, namely *law issues* (i.e., being involved in a crime or being arrested), *abortion*, *abuse experiences* or *divorce*.

In our study, experiences included on *people and relationships* were the most and the less frequent reported, probably due to the number and type of items assessed in this domain. This kind of pattern was also observed by Schroots and Assink (2005), which found that *relations* were the modal category on the portraits of their participants, while *births* were the most infrequent.

It is reasonable to suspect that the occurrence of life experiences is highly affected by other variables, such as age or contextual factors. More specifically, attending to the reference-period covered, i.e., lifetime, a cumulative effect is expected, that probably reflects not only the increasing in the number of experiences lived, but also a diversification (by domains) of the experiences. The relevance of contextual factors was also stressed by Schroots and Assink (2005) that concluded, for instance, that war dominates childhood experiences of the older participants, but not the young or middle groups; contrary, young participants reported more experiences related to school than the other two groups. Therefore, any result regarding occurrence cannot be disentangle from potential associated variables.

Development stage and chronicity

Although we assessed lifetime experiences, we also collected data about the developmental stage(s) of occurrence. This strategy allowed not only to organize experiences by developmental stage,

but also to explore (dis)continuity patterns, i.e., if the experience was unique or crossed different stages. Globally, the majority of the assessed life experiences seemed to be developmental stage limited, instead of chronic. Domains as *school*, *leisure*, and *people and relationship* included experiences throughout the childhood, adolescence, and adulthood; *adverse experiences* and *accomplishments* tended to occur on adolescence and adulthood; and *work*, *health*, and *living conditions* represented experiences mainly lived on adulthood. Schroots and Assink (2005), when compared adults from different age groups, also noticed similar patterns; for instance, younger subjects reported mainly experiences devoted to school and less about work and health.

At least partially, our results can also be compared with those from Hobson and Delunas (2001) tthat assessed the number of incidences of each life event in the past twelve months. According to their results, the lower number of incidents was observed in a constellation of experiences: dealing with infertility/miscarriage, pregnancy, divorce, get married/remarried, death of a spouse. Contrary, the number of incidents relating to the death of a close friend or family member was above 1, corroborating our results that *deaths* are repetitive experiences.

Once again, descriptive results presented are not surprising, nor counterintuitive, which not lessen their usefulness. For instance, although, traditionally, life experiences are assessed on a dual approach (childhood and adolescence *vs.* adulthood), our results revealed that adolescence is a bidirectional intermediary, that in some cases benefit of grouping with childhood and in other cases with adulthood. Moreover, the description of common patterns clarifies the potential criteria for the identification of unusual experiences (i.e., an experience occurring on adulthood when it usually happens in childhood or repetitive experiences that usually are presented as unique).

Valence

There was a notable trend of agreement on valence, suggesting that most participants rated each individual item as either negative or positive, which can be seen as an evidence in favour of objective or external (i.e., raters) norms. Nevertheless, some exceptions are also notable: for instance, *I was admitted on a hospital* was rated by 43.1% as neutral, 39.1% as negative, and 17.8% as positive; and *I got divorced or separated* achieved a tie between positive and negative ratings (39.1% for each) and it was rated as neutral for 21.7%. Traditionally, these items are labelled as negative (e.g., Scully et al., 2000; Voorpostel, Lippe, & Flap, 2012). Based on these results, the adoption of normative labels – at least for some experiences – can be misleading. Indeed, as Zimmerman (1983, p.350) argued "it may be necessary to assess individual perceptions (...), with both the positive and negative feelings taken into account when attempting to understand a person's experience with life events".

Moreover, our results enlightened an asymmetry on valence ratings: the majority of life experiences were rated as positive; suggesting that the measure applied contradicts the common negative bias on life events assessment (e.g., Baumeister et al., 2001; Zimmerman, 1983). Due to the low number of studies including positive experiences, these results are exploratory, but not intriguing. Indeed, Schroots and Assink (2005) concluded that overall participants recall both positive and negative experiences; moreover, middle aged participants reported exclusively positive memories, while older adults presented equally positive and negative memories. Overbeek et al. (2010) explored separately positive and negative experiences and concluded that participants reported a high number of positive ones; more specifically, 20.4% of the participants presented three or more life experiences, while only 9.5% reported similar values on negative experiences. Zimmerman (1983) also claimed about the co-occurrence of both experiences, and argued that some negative experiences may precede positive ones and vice-versa (e.g., abortion and pregnancy).

In sum, Baumeister et al. (2001, p.359) argued that "the lives of American and Western European citizens (from whom the majority of data are collected) are exceptional in the disproportionately high frequency of good events"; nevertheless, meanings of valence may constitute a more complex phenomena than usually thought. As Overbeek et al. (2010) suggested, valence is not a consensual (i.e., a divorce can be either positive or negative), nor isolated (i.e., birth of a child after a divorce) appraisal.

Impact

Globally, life experiences tended to be rated as highly impacted, suggesting that participants presented their experiences as significant. This pattern is even more evident on experiences associate with *people and relationships*, which can be an evidence of the centrality of personal relationships found by Pilgrim, Rogers, and Bentall (2009). In line with that result, Reynolds and Turner (2008) concluded that events rated as crisis involved mainly experiences of *emotional and physical abuse*. On an effort to establish updated norms to SRRS, Hobson and Delunas (2001) provided an index of significance based on the frequency and perceived stressfulness. Similarly to our results, they concluded that the most significant life-events were associated with family and personal themes. Oppositely, only three experiences were rated by most participants as low impact, i.e., *I was involved in a fire*, *I was expelled from school* and *I was involved in a crime*. *School* and *law issues* also emerged among the less significant experiences on Hobson and Delunas (2001) study, although they assessed different experiences.

Scully et al. (2000) found that the mean of readjustment range from 8 to 58 across almost all the experiences assessed; the only exception was death of the spouse. When we focused only on the experiences mainly rated as high impact, the percentages of ratings ranged from 51 to 97. These results suggested a remarkable degree of variability among items when dimensions as impact or readjustment are assessed, which can be interpreted as the distinction between minor and major experiences. Consequently, an unavoidable question arises: should all experiences be treated equally? If the answer is yes, then a simple count of experiences will be enough; if the answer is no, a more complex scoring should be used, which can include normative or subjective ratings. Different scoring options presented specific vantages and disadvantages, which will be addressed below; nonetheless, it seems unreasonable to absolutely dismiss this meaning.

I don't remember

Usually memory is one of the main challenges faced in this field of research; paradoxically, it tends to be a side-issue confined to discussion section, especially on limitations. Traditionally, life experience measure do not allow for ordinary *not remember* responses; moreover, studies about remembering and life events rely mainly on experimental design and free or cued-recall. Attending to this state of the art, our results are quite pioneering and informative.

Embedded on the euphoric and sceptic statements towards SRRS, Jenkins, Hurst, and Rose (1979) presented an appealing work entitled *Life changes: Do people really remember?* comparing life change scores provided by 341 males, who were assessed twice on a nine months interval. Authors concluded life change scores remained identical only on 26.2% of the participants and the majority omitted at second assessment experiences reported previously. According to the researchers this discrepancy on responses was due to forgetting. A recent study by Langeland et al. (2014) explored memory as a potential reason involved in inconsistent reporting about childhood sexual abuse. Authors assessed twice 2462 adults, who answered an online questionnaire including questions about demographics, psychiatric symptoms and sexual abuse. Later, on a third assessment, participants were asked to justify their response changes from the first to the second assessment. Langeland et al. (2014) concluded that memory was not endorsed as a main reason; moreover, *I cannot remember* was reported by 13.2% of the participants that changed their responses from yes-to-no and by 5.3% by those changed from no-to-yes. Being distinct from these studies in many features, our results seem to favour less pessimistic perspectives regarding memory: indeed, the frequency of *I don't remember* responses was below 2% on the majority of the experiences assessed. The type of task performed by our

participants may be one of the reasons to explain this result, attending to the fact that recognition tasks seem to be less sensitive to forgetting than recall tasks (e.g., Anderson, 2009).

Contrary, a major exception was observed on items devoted to *parents' relationship*, especially those experiences involving positive interactions among them, which seems plausible attending to the kind of experiences assessed, i.e., witnessed and potential private experiences. In some sense, Dube, Williamson, Thompson, Felitti, and Anda (2004) study corroborated these results: when they compared questions from the *Conflict Tactics Scale* focused on the self *vs.* on parents, on two distinct assessments, kappa values of agreement were slightly higher on experiences devoted to parents' relationship, but standard-errors were also higher, suggesting less stable responses.

Taking as a whole, available evidence suggests that memory certainly affects reports of life experiences (e.g., Goodman, Quas, & Ogle, 2010; Jenkins et al., 1979; Lotterman & Bonanno, 2013), however how much and in what way in cross-sectional retrospective designs remains strongly unknown. At this point, however, it is clear that the topic encompasses significant complexity and inter-dependency; as Fivush and Shukat (1995, p.14) argued

> to tell a coherent story, one must go beyond reporting what happened (referential information). One also must place the event in context by telling when and where it occurred and who was present (orientation). Most important, one must provide an evaluative framework for understanding the story (evaluation).

Missingness

Applying Graham (2009) benchmark, we can conclude that in the majority of life experiences the number of missing answers is not overwhelming. Moreover, those items that could be considered more sensitive (i.e., involving *abuse experiences*) achieved low values of missingness. Although this pattern contradicts general opinion, is not unexpected: as Tourangeau et al. (2009, p.260) claimed "the relation between sensitivity and the rate of missing data is not so striking". Remarkably, *health* experiences seem to be particularly prone to missingness, which may be inflated by the number of filter items (i.e., health problem/recovery; pregnancy/abortion).

In the absence of clear patterns, valence, impact, and chronicity did not seem to affect missingness; contrariwise, higher values of missingness were observed on life experiences from adulthood, suggesting an influence of developmental stage. Overall, participants that presented higher missing answers tended to be male, aged 41-64, employed, married, and educated. This profile has some similarities (i.e., gender, age) and some differences (i.e., employment status, education) when

compared to the profile presented by Patel, Doku, and Tennakoon (2003) regarding the main factors adversely affecting unit nonresponse.

These results are noteworthy, since no previous study about life experiences addressed this issue. The full and deep knowledge of reasons about missingness is difficult if not impossible (e.g., Enders & Gottschall, 2011; Graham, 2009; Schafer & Graham, 2002). Attending to the fact that current data relies on a descriptive study of missingness, identification of potential reasons involved is a purely speculative exercise. Being cautious about abusive statements, our anecdotal evidence (throughout data collection, data entering, and data analysis) is more in favour of a skipping behavior than in more complex patterns. Attending to the evidences available, we cannot endorse for sure on favour of missing at random or not at random – a decision that depends largely on the judgment of the researcher (Foster & Krivelyova, 2008). To improve the current state of the art, which in turns affects strategies to deal with missing answers, we supported the appeals of other authors (e.g., Schafer & Graham, 2002), demanding for more and better research about missingness.

Implications and applications

Attending to its novelties and findings, the present study contributes to our understanding about the way life experiences are (un)told and their meanings. Although life experiences are traditionally rooted on clinical and health psychology, they are a transversal topic being equally relevant to other fields of psychology, such as justice or education. Moreover, results presented here can be useful for both research and clinical purposes. The comprehensiveness and exhaustiveness of our results allowed us to get an overall picture of what occurred or not throughout the lifespan of an individual, contradicting the general trend to focus on a limited range of experiences while ignoring others. Consequently, "gathering sufficient data about the adversity, the person's social circumstances, relationships and major life events may also help investigate the possible role of other variables and process" (Davidson, Devaney, & Spratt, 2010, p.383).

The best strategy to score life experiences remains as a vivid debate, considering that both options, i.e., subjective and normative, presented pros and cons. For instance, Paykel (1983) argued that normative techniques reduce sensitivity, while subjective techniques increase proneness to bias. To overcome this discussion, is tempting to rely on the occurrence of specific experiences or on the total counting of the lived experiences, a widely strategy applied in more recent studies (e.g., ACE Study). Again, these options are not free of criticisms, mainly stressing that experiences should not be equally treated and an effort should be made to distinguish them (e.g., Paykel, 1983; Reynolds & Turner, 2008). Nonetheless these alternatives are not necessarily mutually exclusive. Indeed, instead of

favouring a single approach, we collected data based on a subjective approach (allowing participants to presented their meanings), but data was analyzed in order to identify trends, denoting a normative effort. In the same line, proposing a conciliatory solution, Cleary (1980, p.202) suggested that scoring should include two distinct approaches: "routine use of method 5 [count of event frequency] along with the method which the researcher feels most appropriate would serve as a useful check on the utility of the whole procedure of scaling and weighting events". According to Davis et al. (1999, p.92) "focus in the past on inter-group than intra-individual comparisons may have obscured meaningful individual differences"; therefore the increased work associated with the Cleary's proposal will be probably be compensated by the increasing in the knowledge and understanding about life experiences. The debate about scoring has obvious implications for both clinicians and researchers. According to the idiosyncrasy presented on our results, greater efforts should be made to collect subjective meanings. For instance, when assessing a life experience such as *divorce* it is important not only to ask about it occurrence, but also to collected personal appraisals, that can be compared (or not) with normative labels. Indeed, although 99% of the individuals may label a specific event as negative, the remaining 1% equally important and informative, and should not be dismissed (or should, if there are good reasons to do so).

Also associated with implicit meanings, the potential influence of *a priori* labels is also a major implication from this study. As noted by Davidson et al. (2010, p.378-380)

> there are concerns that the claims made from the findings of survey data present a unified picture when in reality the lived experience of individuals will be very different. For example, the notion that some outcomes can be categorized as either 'good' or 'poor' in itself is subjective, and social surveys are often criticized for fitting individuals into predetermined categories rather than allowing individuals to describe their own reality and perception of outcomes.

As a result, when we directly asked about dimensions narrowing the answer options, i.e., we are interested on major or minor/positive or negative life experiences, we cannot preclude that results can be different from those resulting from neutral directions, i.e., we are interested on life experiences. Therefore, special attention should be made concerning all details when life experiences are assessed.

Limitations and future studies

Our study has several limitations, which should be addressed and discussed. First, despite the measure applied is quite comprehensive, covering domains that usually are omitted, is far from completeness. Indeed, all measures of life experiences are limited due to the fact that they cannot covered all the potential items (e.g., Cleary, 1980; Paykel, 1983; Zimmerman, 1983); the inclusion of

blank spaces devoted to *other experiences*, as we did, seems to be a useful strategy to deal with this concern.

According to some studies (e.g., Reynolds & Turner, 2008; Schroots & Assink, 2005; Zimmerman, 1983), life experiences are not equally distributed across groups, being affect by variables such as gender, age, disability status, but not by education or ethnicity. Moreover, based on a meta-analytic approach, Davis et al. (1999) found that differences between males and females are not limited to occurrences, but also to appraisals (or meanings), considering that females reported more stressful events and rated them as more intense. Our data analysis did not discriminate, nor compare groups; the scope of our analysis can be extended on future studies to clarify differences and similarities among groups.

Recodification of some variables can be a second limitation. For instance, the original five-point Likert scale regarding impact was recoded in three categories – low, medium, and high impact. This strategy surely simplified interpretation, but it also simplified meanings, decreasing the sensitivity of the results. Therefore, a future analysis should be performed favouring more detailed answers. Additionality, this study was merely descriptive, which can be seen as a limitation. Indeed, due to soundness claims about factorial analyses, it is tempting to argue about its relevance for life experiences. Indeed, this effort was made by Hobson and Delunas (2001, p.306), who concluded that "results were disappointing in terms of providing a parsimonious, meaningful representation of the interrelationships among frequency ratings for the 51 life-event". Therefore, future studies can include more complex statistical analyses (e.g., cluster analysis), taking into account the specificities involved in the life experience construct (e.g., Bollen & Bauldry, 2011; Hooper, Stockton, Krupnick, & Green, 2011). Another controversial issue regarding data analysis can be the criterion used to evaluate majority; indeed, if we replaced the benchmark applied (51% or more) with the third quartile (75%) conclusions drawn may be affected. Consequently, future studies should address this concern.

Our initial aim was to identify which life experiences were told by the participants, to know their meanings, and also to identify those that are untold (attending to missingness and *not remember* answers). Obviously, our results are a reflex of the participants assessed, as well as the mode of data collection, which can be a limitation. However, refusals to participate or to answer to specific questions are ethical rights that cannot be supressed. Consequently, as Davidson et al. (2010) argued, futures studies should pay particular attention to the factors influencing participation and disclosure.

Last but not least, concerns regarding the reliability or consistency of reports about life experiences also applied to the current study. Despite being an old issue (e.g., Zimmerman, 1983),

there are still few studies specifically designed to address this issue; moreover, evidences available focused mainly on occurrences. Therefore, consistency should be deeply analysed in further studies, in an effort to include other variables (i.e., valence, impact), to clarify patterns (i.e., under or over-reporting), and to identify associated features.

In sum, revisiting Paykel (2001) work entitled *The evolution of life events research in psychiatry*, the advances and improvements in this field of research are notable; quite surprisingly some relevant conceptual, methodological and empirical issues remained unchangeably for decades. Therefore, despite those limitations, in our opinion the present study offers several important new insights into this field of interest, such as a new definition of life experiences, comprehensive data about occurrences and meanings across several domains, and empirical clues about memory and missingness. Overall, evidences collected suggested that life experiences are mainly an idiosyncratic topic.

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ESTUDO 3

Life experiences retold by adults: How consistent are their reports?

Abstract

Concerns about the inconsistency of life experiences reports were claimed since the earliest studies relying on retrospective designs and still remain as a current issue. Indeed, there is a clear imbalance between the quantity of retrospective studies and available knowledge about (in)consistency of reports. Currently, studies about the topic varied greatly on time interval and mode of data collection; oppositely, the focus on a limited set of experience, mainly childhood negative experiences, and on occurrences are the common features. To improve the state of the art, this study aimed to assess (in)consistency of reports on different variables (i.e., occurrence, developmental stage, valence, and impact), covering a comprehensive and varied set of life experiences. Participants were 178 adults, from the community, with a mean age of 42.86 years and mainly women, which were assessed twice, through self-report or interview, using Lifetime Experiences Scale. Data analyses were based on agreement parameters, such as kappa statistics. The comparison between the first and second assessment revealed that overall of agreement ranged from moderate to almost perfect for occurrence, developmental stage, valence and impact. Moreover, occurrence achieved the highest rates of agreement, whereas impact presented the lowest. Globally, participants tend to overreport, to improve ratings on valence, and to increase ratings on impact. Although these results should be further replicated, they are quite informative and challenging for both research and clinical purposes, increasing our knowledge about the way people told about their life experiences, its meanings, and (in)consistencies.

Keywords: lifespan perspective, longitudinal design, life events, agreement parameters, reliability

Introduction

Since the earliest empirical studies about life experiences, there was a general concern about methodological problems in this field of research and among the most relevant was the validity and reliability of retrospective recall (e.g., Brewin, Andrews, & Gotlib, 1993; Monroe, 1982; Zimmerman, 1983). Despite the advances achieved by decades of research, it still remains as a current issue (e.g., Paykel, 2001), mainly addressed as a limitation by most studies.

Although validity and reliability are at some extent related and some authors seemed to use them interchangeable (e.g., Hardt & Rutter, 2004), they actually denoted different phenomena. According to Dube, Williamson, Thompson, Felitti, and Anda (2004), that stressed that the concepts are rooted on measure development and evaluation, reliability means that a report is stable across time, while validity assesses its veracity. Consequently, a report can be stable but not valid, while a valid report is necessarily stable. Overall, research about validity is limited by the (im)possibility of verification of the reports. For instance, in a study about childhood adverse experiences, Pinto and Maia (2013) compared self-reports from adolescents confirmed as victims of maltreatment with their official records from Child Protective Services. This design is also very common in studies about health experiences (e.g., Baumeister, Kriston, Bengel, & Härter, 2010) or traffic accidents (e.g., Bond & Cherpitel, 2004), due to the fact that there are reasonable gold standards to corroborate self-reports. Evidently, especially in this field of research, not all experiences can be externally verified (e.g., Fowler, 1995; Kreuter, Yan, & Tourangeau, 2008; Maughan & Rutter, 1997), as a consequence research about validity is quite narrow. Contrary, reliability allows for different and easier designs, i.e., test-retest using the same method of data collection or different methods, which extends the research opportunities. Perhaps to dissociate the phenomenon from the psychometric roots, more recent studies labelled it as *(in)consistency* (e.g., Ayalon, 2015; Colman et al., 2015; Spinhoven, Bamelis, Haringsma, Molendijk, & Arntz, 2012) instead of *reliability* (e.g., Hardt, Sidor, Bracko, & Egle, 2006; Mills, Teesson, Darke, & Ross, 2007) or *stability* (e.g., Fergusson, Horwood, & Woodward, 2000; Paivio, 2001). Noticing that these different labels applied to the same variable, from this point it will be referred as (in)consistency.

Being a methodological concern, implications of inconsistent reporting are not limited to research purposes. For instance, in applied settings that used screening measures, whether a client report (or not) some experiences it would be probably affect subsequent referrals and intervention plans; nonetheless, in most cases these can be revised. Therefore, (in)consistency impacts stronger on research: Attending that cross-sectional retrospective self-reports is the most common design to explore the relation between life experiences and health variables (e.g., Kendall-Tackett & Becker-Blease, 2004;

Maughan & Rutter, 1997; Shaffer, Huston, & Egeland, 2008), usually participants are allocated to a specific group accordingly to their answers. If we suspected that some individuals will change their answers when asked twice about the same, initial allocations are affected by measurement error. To clarify repercussions, Fergusson et al. (2000) analysed data from 980 individuals enrolled in a cohort study. Participants were asked about childhood sexual abuse and regular physical punishment at the age of 18 and 21, as well as adjustment problems (i.e., depression, anxiety, conduct disorder substance dependence, any psychiatric disorder, suicide ideation and attempt). Authors assessed both estimates of prevalence of childhood experiences and relative risk associated comparing four criteria: self-reports of abuse at age 18 or 21, a composite estimate based on reports at either age 18 and 21, and a latent class model. Estimates of the prevalence of childhood sexual abuse was highest on the latent class model (18.5%) and lowest on the 21 years report (8.5%); a similar result was observed regarding physical punishments, but the lowest value was on the 18 year report (11.3% *vs.* 22.2%). When the relative risks were tested, the variances were not so evident and there were significant associations among adjustment variables and all the assessment criteria. Nonetheless, relative risks were slightly higher on latent class analysis for sexual abuse and on 18 years report for physical punishment.

Taking into account the relevance of the topic, it is hard to understand the current state of the art, which remains limited and understudied. Indeed, the amount of research about inconsistency of reports is far from being proportional to the number of studies about life events and associated variables based on cross-sectional retrospective design. Due to specific reasons, different samples have been analyzed, such as peacekeepers by Bramsen, Dirkzwager, van Esch, and van der Ploeg (2001); obesity patients by Silva and Maia (2013); psychiatric patients by Mesquita (2015); or drug users by Mills et al. (2007). The review of studies focused in the inconsistency of life experiences reports on adult community samples, assessed only twice, revealed that the overall percentage of inconsistent reporting is quite scattered, ranging from 19.4 to 73.8, showing a tendency to underreporting (Ayalon, 2015; Colman et al., 2015; Fergusson et al., 2000; Hepp et al., 2006; Jenkins, Hurst, & Rose, 1979; Langeland et al., 2014; Martin, Anderson, Romans, Mullen, & O'Shea, 1993; McKinney, Harris, & Caetano, 2009; Nelson, Lynskey, Heath, Pamela, & Martin, 2010). Moreover, when reporting is compared across distinct experiences there is a great variation not only on the percentage of inconsistency but also on the trend of reporting, with some experiences being prone to underreporting while others presented overreporting (e.g., Dube et al., 2004; Hardt et al., 2006; Schraedley, Turner, & Gotlib, 2002; Yancura & Aldwin, 2009). In sum, Weathers and Keane (2007, p.119) conclusions about

trauma exposure matched perfectly with data about life experiences in general: "Every study that has examined test-retest reliability of self-reported trauma exposure has found some degree of inconsistency, regardless of the retest interval, the type of trauma being assessed, or how broadly or narrowly an event in a given item is defined".

Besides these dispersed results, procedures applied by individual studies were also very dissimilar: time intervals ranged from weeks to years, mode of data collection included self-reports, interviews and mixed methods, and different agreement parameters are computed. Despite the heterogeneity, overall these studies shared many features: they assessed mainly negative experiences, especially those from childhood, covering a limited range of domains – usually related to *people and relationships* and *adverse experiences*. *Health* experiences, primarily from adulthood, seem to be an exception (e.g., Mensch & Hewett, 2008; Slanger et al., 2007). Besides, most studies analyzed only a single dimension of life experiences, i.e., occurrence or frequency (usually further recoded on yes or no responses), omitting other dimensions that are also relevant. Attending to the current state of the art many questions remain unanswered: How consistent are the reports when a wider range of life experiences are assessed? How consistent are the reports when a lifespan perspective is followed? And how consistent are the reports about valence and impact associated to life experiences?

In an effort to improve the current state of the art about inconsistency, this study provided a comprehensive and integrative analysis of inconsistent reporting based on a community sample. More specifically, including life experiences related to school, job, health, leisure, living conditions, adverse experiences, accomplishments, and people and relationships, we aimed to evaluate inconsistency across four dimensions, namely occurrence (i.e., yes *vs.* no *vs.* not remember), developmental stage (i.e., childhood *vs.* adolescence *vs.* adulthood), valence (i.e., negative *vs.* neutral *vs.* valence), and impact (i.e., low *vs.* medium *vs.* impact).

Method

Participants

This study analysed 178 participants, from the community, aged between 18 and 92 years old (M = 42.86, SD = 23.53) and mainly women (81.5%, n = 145). Almost half of the participants were single (48.9%, n = 87), 33.7% (n = 60) were married or cohabiting; the remaining were widowed (14.0%, n = 25) or separated/divorced (3.4%, n = 6). Regarding education, 11.8% (n = 21) did not attended school, 14.6% (n = 26) completed basic education, 40.4% (n = 72) finished high school education or had a technical degree, and 33.1% (n = 59) had a college degree. A similar percentage of

the participants reported being employed (37.6%, *n* = 67) or being a student (38.2%, *n* = 68); more than one fifth were retired (22.5%, *n* = 40), and the three remaining participants (1.8%) presented other labour force status.

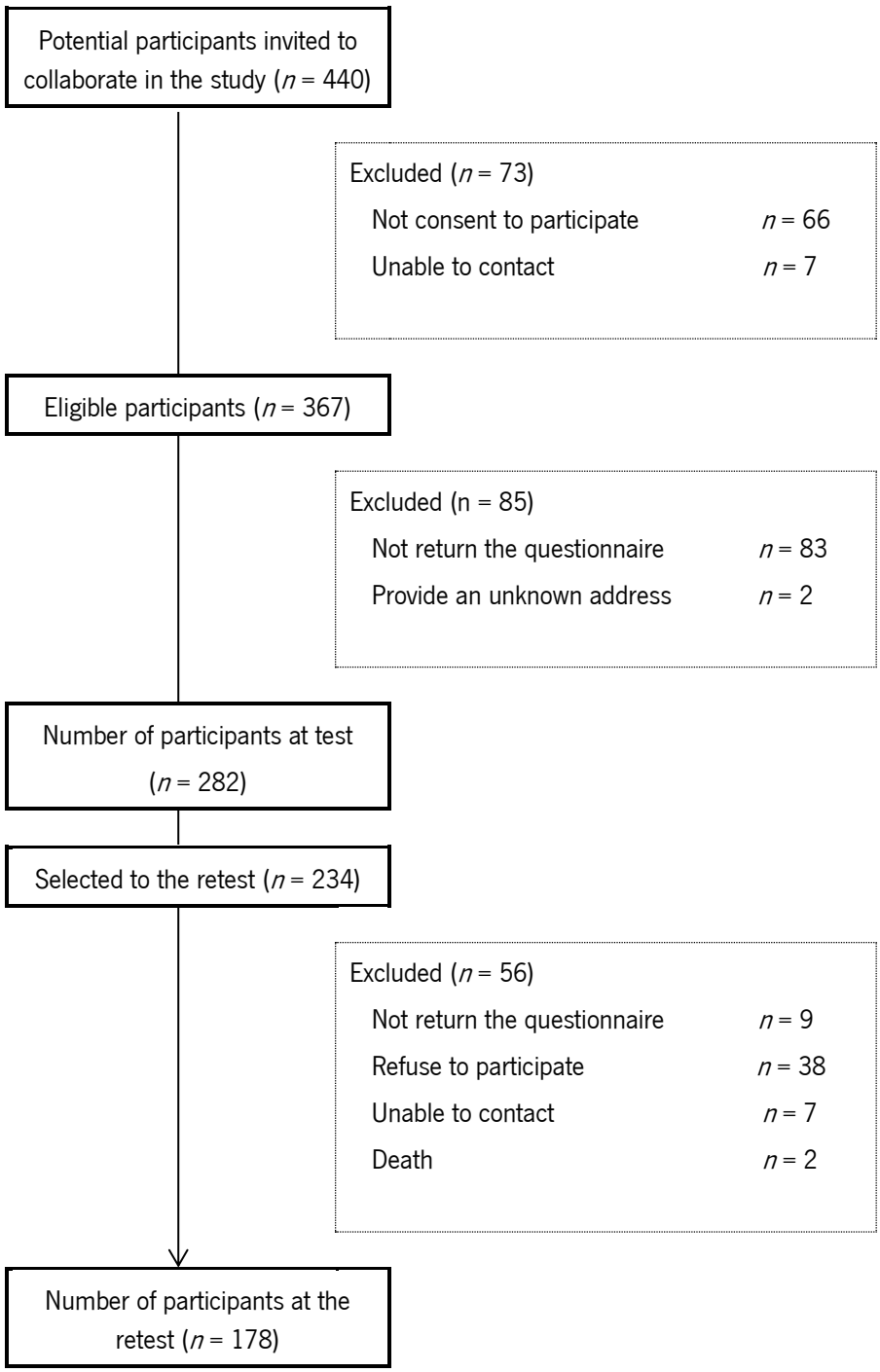
These participants were drawn from a larger pool of subjects, as shown in Figure 2, corresponding to 63.12% of the participants assessed at T1. Subjects at T2 (*n* = 178) did no differ from those assessed only at T1 (*n* = 102) on gender, $X^2(1)= 0.29$, $p = .590$, but there were differences on other sociodemographic characteristics, such as marital status, $X^2(2)= 7.22$, $p = .027$, education, $X^2(2)= 14.18$, $p < .001$, and labour force status, $X^2(2)= 26.06$, $p < .001$, and age, $t(270) = -3.07$, $p = .002$. Overall, participants at T2 were more heterogeneous and well balanced at a group level. Additionally, there were no significant differences among participants and nonparticipants at T2 regarding total of reported experiences at T1, $t(278) = -0.41$, $p = .681$, childhood experiences, $t(278) = -1.74$, $p = .083$, adolescence experiences, $t(278) = -0.001$, $p = .999$, adulthood experiences, $t(278) = -1.21$, $p = .229$, impact, $t(272) = .07$, $p = .948$, valence, $t(278) = -1.87$, $p = .062$ for negative experiences, $t(278) = .36$, $p = .717$ for neutral experiences, $t(278) = -0.86$. $p = .391$ for positive experiences), and the number of missing answers, $t(278) = 1.53$, $p = .127$.

At T1, for contextual reasons[13], a convenience sample was established and subjects were recruited from the community, through schools and an adult day care centre from the North of Portugal. Participants were included if they fulfilled the following inclusion criteria: aged 18 or older, capable of speaking or reading and writing Portuguese, not planning migration, and after signing an informed consent. At T2, participants were randomly selected from the initial pool.

[13] Due to Portuguese economic crisis, there was a strong increase in the unemployment rates, people changed home and phone numbers often and there was an intense migratory wave; obviously, these circumstantial conditions added extra complexities to longitudinal studies. In order to minimize these effects, data was collected mainly in schools, that, in one hand, are less prone to mobility (at least, people used to stay for a school year) and in the other their populations are quite heterogeneous regarding sociodemographic variables. Through the adult day care centre an older population was approached.

Figure 2

Flow of participants chart



Measures

A sociodemographic questionnaire, to characterize participants, was specifically developed for this study. It included questions about date, gender, age, current marital status, nationality, education, and labour force status.

The Lifetime Experiences Scale (LIFES, Azevedo, Martins, & Maia, 2016a) was the measure selected to assess the reliability of life experiences' reports, since it included a comprehensive and varied set of items and variables (allowing unusual answering options). LIFES includes two sections, focusing on both lived and non-lived experiences, but only the first one was analyzed in this study. The lived experiences section covered 75 items (5 of them were filter items) organized in eight domains, namely school, job, health, leisure, living conditions, adverse experiences, accomplishments, and people and relationships. For each individual item, initially, participants are asked about its occurrence and three answering options are available (yes *vs.* no *vs.* not remember). Whether participants answer positively to this first question, a subset of additional questions is asked, namely developmental stage, valence and impact. Developmental stage is divided in childhood, adolescence, and adulthood and participants can select only one or more stages. The valence of experiences was assessed through a categorical scale composed by three answering options (negative *vs.* neutral *vs.* positive) and impact was assessed through a 5-point Likert scale ranging from 0 (not at all) to 4 (absolutely). Accordingly, for each individual item the participant can rate only one experience or more than one (e.g., one in childhood and another in adulthood); at the end, there were blank spaces where participants can added extra information (for instance, if they have two distinct experiences regarding the same item in the same developmental stages). LIFES can be applied through self-report or interview formats and it is validated for community samples.

Procedures

Designed as a retrospective longitudinal research (Mayer, 2008), this study is based on a test-retest procedure using a within-subject approach. Before recruitment and data collection, the study was reviewed and approved by the Institutional Review Board and the Portuguese Data Protection Authority; the compliance with ethical standards was a major demand throughout the process.

As mention above, participants were recruited from two distinct sites, namely schools and an adult day care center. Initially, subjects were invited to participate in a study about personal positive and negative life experiences and were detailed clarified about procedures and conditions of participation; only those who accepted and signed a written informed consent were further assessed.

Data collection was adapted according to the site and the target-population. More specifically, at the adult day care center, face-to-face interviews were performed at both times (n = 38). Participants recruited at schools were initially assessed through self-reports, completed individually in small group sessions or through a mailed questionnaire (with a prepaid envelope for returning); at T2, these participants were randomly allocated to one specific mode of assessment, that could be a face-to-face interview (n = 62) or again a self-report using similar procedures (n = 72). All interviews were made by research team members, properly trained and blind to previous results, and took place in private and calm settings. The conditions of participation were again stressed out at the beginning of the assessment, as well as overall directions; at the end of the assessment at T2, participants are asked to mark experiences that happened after the first assessment (labelled as *new experiences*). The booklet, that lasted 25-35 minutes to be completed, included the sociodemographic questionnaire and LIFES. Data was collected from January 2013 to May 2015, with a mean elapsed time of 148.35 days (SD = 114.37, range: 20 – 370).

Data Analysis

Data was analyzed using the softwares IBM Statistical Package for Social Sciences (IBM SPSS; version 22 for Windows) and Excel to compute descriptive and inferential statistics. To analyze occurrence and valence, the three answering options (no *vs.* not remember *vs.* yes and negative *vs.* neutral *vs.* positive, respectively) were took into account; the developmental stages were evaluated independently and each individual item at a specific stage was present *vs.* absent. Additionally, the 5-point Likert scale of impact was recoded into three groups corresponding to low impact (i.e., 0 and 1 ratings), medium impact (i.e., 2 ratings), and high impact (i.e, 3 and 4 ratings). Due to LIFES structure, those items that were initially marked as not occurred or not remembered were considered as non-applicable regarding the questions about the developmental stage, valence, and impact. Those experiences that were marked as new happenings were excluded from the analysis.

According to our purposes, two distinct parameters of agreement were computed for each variable under study (i.e., occurrence, developmental stage, valence, and impact). Thus, the percentage of agreement (corresponding to the sum of diagonal cells), kappa statistics, and associated standard-errors (Cohen, 1960; Fleiss, Levin, & Paik, 2003) were analyzed for each individual item as well as totals. Confidence intervals (95%) were also calculated, but were not reported for individual items, since they can be easily computed using the data provided or requested to authors. For categorical variables – occurrence, developmental stage and valence – Cohen's kappa was computed, while weighted kappa with linear weighting was selected to analyze impact due to its ordinal scale. Kappa values can varied

between -1 and 1 and to interpret it Landis and Koch (1977) benchmarks were followed, namely *poor* (<.00), *slight* (.00-.20), *fair* (.21-.40), *moderate* (.41-.60), *substantial* (.61-.80), and *almost perfect* (.81-1.00). Additionally, it should be noted that under some circumstances (i.e., all values corresponding to a single cell or distributed by only two cells) kappa cannot be normally computed by SPSS, because variables were constant.

Results

Occurrence

As shown in Table 8, the values of kappa for individual experiences ranged from 0, corresponding to no agreement, to 1, suggesting perfect agreement. More specifically, of the 75 experiences analyzed, four presented a poor kappa (*people and relationships*), four presented a slight kappa (*health* and *people and relationships*), ten achieved a fair kappa (mainly from *leisure* and *people and relationships*), and 13 items presented a moderate kappa (mainly from *people and relationships*). Most experiences exhibited a substantial kappa (including experiences devoted to *school*, *job*, *health*, *leisure*, *living conditions*, *accomplishments*, and *people and relationships*) and an almost perfect value of kappa (mainly from *school*, *living conditions*, and *people and relationships*). For experiences *I was arrested and I lived* or *I had contact with my child* kappa was not computed because variables were constant. On the other hand, the percentage of agreement is less scattered, ranging from 63.80 to 100. Indeed, 3 experiences presented a percentage of agreement ranging from 61-70% (i.e., *I had leisure time, having fun with myself*, *I accomplished a project/fulfilled a dream that I really wanted* and *my parents used to exchange words of affection*) and 65 experiences presented a percentage of agreement above 80 (especially from *school*, *health*, *living conditions*, *adverse experiences*, *leisure*, and *people and relationships*).

On the domains' level, only *accomplishments* achieved a moderate kappa, κ = .56, *SE* = .03, 95% CI = [.49, .62], 77.63% of agreements; besides, a substantial kappa was presented by *adverse experiences*, κ = .63, *SE* = .05, 95% CI = [.54, .73], 94.25% of agreements, *leisure*, κ = .67, *SE* = .02, 95% CI = [.62, .71], 84.26% of agreements, and *health*, κ = .79, *SE* = .02, 95% CI = [.75, .83], 89.61% of agreements. Four domains presented an almost perfect kappa, namely *people and relationships*, κ = .81, *SE* = .01, 95% CI = [.79, .83], 90.34% of agreements, *job*, K = .84, *SE* = .02, 95% CI = [.79, .89], 92.15% of agreements, *school*, κ = .87, *SE* = .01, 95% CI = [.84, .90], 93.44% of agreements, and *living conditions*, κ = .87, *SE* = .01, 95% CI = [.84, .90], 93.50% of agreements. *Overall* kappa was substantial, κ = .80, *SE* = .01, 95% CI = [.79, .81], 89.97% of agreements.

A detailed analysis of the distribution of responses revealed a trend of occurrence in 36 experiences (associated with all domains, except *adverse experiences*) and of non-occurrence in 38 items (mainly from *school*, *health*, *living conditions*, *adverse experiences*, and *people and relationships*). Additionally, in one item there was a tie between occurrence and non-occurrences (i.e, *I had a child*). Concerning inconsistencies, on 22 experiences the percentage of changes from *yes to no* was higher than changes from *no to yes* (*school*, *job*, *health*, *living conditions*, and *people and relationships*). Besides, most experiences presented an opposite trend, with a higher frequency of *no to yes* changes (mainly from *school*, *health*, *leisure*, *adverse experiences*, *accomplishments*, and *people and relationships*). On the remaining 13 experiences there was a tie between answers' changes (*school*, *job*, *leisure*, *living conditions*, *adverse experiences*, *accomplishments*, and *people and relationships*). The predominance of *no to yes* changes was also observed at the domains and for total, except for *job*.

Regarding the *not remember* option, in more than one-third of the experiences (mainly items devoted to *school*, *job*, *health*, *living conditions*, and *people and relationships*) none participant chose this answer. Overall, only 0.29% of the answers corresponded to the selection of the *not remember* option at both assessments. Additionally, other pairs that included *not remember* options presented frequencies below 1% (i.e, *not remember to no*: 0.51%, *not remember to yes*: 0.63%, *no to not remember*: 0.33% and *yes to not remember*: 0.29).

Table 8

Frequencies of Responses, in Percentages, and Agreement Parameters for Occurrence

Items	*N*	Responses									Agreement		
		Y/Y	N/N	NR/NR	N/Y	Y/N	NR/Y	Y/NR	NR/N	N/NR	%	κ	*SE*
School													
1. I began elementary school.[b]	178	94.38	4.49	na	1.12	0	na	na	na	na	99.2	.88	.08
2. I changed school due to progress of academic level.	162	72.22	17.28	0	5.56	4.94	0	0	0	0	89.5	.70	.07
3. I changed school at same academic level.	147	14.97	70.75	0	6.12	8.16	0	0	0	0	85.7	.59	.08
4. I began a professional programme or university degree.	140	77.14	19.29	0	1.43	2.14	0	0	0	0	96.4	.89	.05
5. I finished a professional programme or university degree.	107	42.99	50.47	0	4.67	1.87	0	0	0	0	93.5	.87	.05
6. I failed a school year.	160	20.63	71.88	0	5.00	1.25	0.63	0	0	0.63	92.5	.80	.05
7. I abandoned school.	151	25.83	67.55	0	3.97	2.65	0	0	0	0	93.3	.84	.05
8. I was expelled from school.	144	0.69	96.53	0	0.69	0.69	0	0	0	1.39	97.2	.32	.25
Job													
9. I have some work's experience.[b]	173	72.83	17.34	na	5.20	4.62	na	na	na	na	90	.72	.06
10. I became unemployment.	107	17.76	73.83	0	3.74	4.67	0	0	0	0	92	.76	.08
11. I was promoted.	110	23.64	64.55	0	3.64	7.27	0	0.91	0	0	88	.72	.07
12. I got retired.	107	35.51	64.49	0	0	0	0	0	0	0	100	1	0
Health													
13. I felt healthy.	174	81.03	6.90	0	4.60	6.32	1.15	0	0	0	88	.47	.10
14. I was admitted at the hospital.	171	55.56	31.58	0.58	6.43	3.51	0.58	0.58	0	1.17	88	.75	.05
15. I had a mental disease.	145	17.93	71.72	0	5.52	4.83	0	0	0	0	90	.71	.07
16. I recovered from a mental disease.	24	70.83	4.17	0	12.50	8.33	4.17	0	0	0	75	.13	.22
17. I have a serious physical disease/problem.	140	35.00	55.00	0	5.00	4.29	0	0	0	0.71	90	.79	.05
18. I recovered from a serious physical disease/problem.	48	77.08	2.08	0	12.50	8.33	0	0	0	0	79	.05	.16
19. I got pregnant.	155	50.97	47.10	0	0.65	1.29	0	0	0	0	98	.96	.02
20. I had an abortion.	67	38.81	52.24	0	5.97	2.99	0	0	0	0	91	.82	.07
Leisure													
21. I belonged to a sport team.	174	39.08	47.70	0	5.17	6.90	0	0.57	0.57	0	86.8	.74	.51
22. I belonged to religious group.	175	44.00	41.14	0	7.43	7.43	0	0	0	0	85.1	.70	.54
23. I belonged to a recreational or cultural group.	172	31.98	55.23	0	4.07	7.56	0	0	0.58	0.58	87.2	.73	.05
24. I had leisure time, having fun with myself.	174	46.55	16.09	1.15	14.37	6.90	9.77	1.72	1.72	1.72	63.8	.31	.61
25. I had leisure time, having fun with my family.	176	85.80	2.84	0.57	6.25	2.84	1.72	0	0	0	89.2	.34	.12
26. I had leisure time, having fun with my friends/colleagues.	177	92.09	1.13	0	3.39	2.82	0.56	0	0	0	93.2	.22	.15

Items	*N*	Responses									Agreement		
		Y/Y	N/N	NR/NR	N/Y	Y/N	NR/Y	Y/NR	NR/N	N/NR	%	κ	*SE*
Living conditions													
27. Food available for my meals was not enough.	176	8.52	84.09	0	2.84	2.84	0.57	0	1.14	0	93	.67	.08
28. I changed house.	176	83.52	9.66	0	2.84	3.41	0	0	0	0.57	93	.71	.78
29. I felt safe in the place where I lived.	173	87.86	2.31	0	6.36	2.89	0	0	0	0.58	90	.30	.12
30. I became economically independent.	176	56.25	38.64	0	3.98	1.14	0	0	0	0	95	.90	.03
31. I bought/received my own house.	173	43.93	50.87	0	1.73	3.47	0	0	0	0	95	.90	.03
32. I bought/received some vehicle.	171	54.39	40.94	0	2.34	2.34	0	0	0	0	95	.91	.03
33. I lost my house or my belongings.	170	1.18	92.35	0	1.76	3.53	0	0	0.59	0.59	94	.24	.15
Adverse experiences													
34. I was involved in a serious accident with a vehicle.	174	10.92	80.46	0	6.32	1.72	0	0	0.57	0	91	.67	.79
35. I was involved in a fire.	174	4.60	89.66	0	2.30	2.30	0	0.57	0	0.57	94	.60	.11
36. I was involved in a robbery.	174	12.07	77.01	0	5.75	4.02	0	0	0	1.15	89	.63	.78
37. I was involved in a crime.	173	0.58	95.95	0	1.73	1.16	0	0	0	0.58	97	.24	.20
38. I was arrested.	174	0	100	0	0	0	0	0		0	100	0	0
Accomplishments													
39. I earned a prize or I was recognized for something that I did.	171	39.18	42.69	0	8.19	4.68	0.58	0.58	2.92	1.17	82	.65	.05
40. I made a journey or visited a place that I really want to see.	174	66.67	16.67	0.57	6.90	6.90	0	0	1.72	0.57	84	.60	.07
41. I accomplished a project/ fulfilled a dream that I really want.	174	36.78	29.89	1.15	15.52	7.47	2.87	2.30	2.30	1.72	68	.42	.06
42. I felt I was contributing for a better world/I am proud of my legacy.	174	64.37	9.20	3.45	10.92	4.60	2.87	2.87	0.57	1.15	77	.43	.07
People and relationships													
43. I knew about my parents' relationship.[b]	176	84.09	5.68	na	5.68	4.55	na	na	na	na	89.8	.47	.11
44. My parents got divorced.	146	5.48	93.84	0	0	0.68	0	0	0	0	99.3	.94	.06
45. My parents used to shout each other.	145	24.14	57.93	0.69	6.90	4.83	1.38	0	2.76	1.38	82.7	.63	.06
46. My parents used to physically attack each other.	147	7.48	86.39	0	2.04	2.04	0	0	1.36	0.68	93.9	.68	.10
47. My parents used to insult each other.	146	17.12	71.92	0.68	2.05	5.48	0	0.68	1.37	0.68	89.7	.72	.07
48. My parents used to affective to each other.	146	45.21	26.03	2.74	8.90	6.85	5.48	1.37	2.05	1.37	73.9	.53	.06
49. My parents used to exchange words of affection.	146	36.30	28.08	4.79	10.96	2.05	7.53	2.74	5.48	2.05	69.2	.50	.06
50. I was involved in an intimate relationship, including dating and marriage.[b]	174	86.21	10.34	na	1.72	1.72	na	na	na	na	96.5	.84	.07
51. I got married or lived in cohabitation.	130	58.46	39.23	0	2.31	0	0	0	0	0	97.7	.95	.03
52. I got divorced or separated.	71	15.49	81.69	0	2.82	0	0	0	0	0	97.2	.90	.07
53. I had any child.[b]	166	49.40	49.40	na	0	1.20	na	na	na	na	98.8	.98	.02
54. I wished to have a child with a different gender.	77	14.29	76.62	0	5.19	3.90	0	0	0	0	90.9	.70	.11
55. I was forced to leave my child.	82	0	97.56	0	1.22	1.22	0	0	0	0	97.6	0	.01

Items	*N*	Responses									Agreement		
		Y/Y	N/N	NR/NR	N/Y	Y/N	NR/Y	Y/NR	NR/N	N/NR	%	κ	*SE*
People and relationships													
56. A child had serious disease or had severe incapability.	82	10.98	81.71	0	2.44	3.66	0	0	0	1.22	92.7	.71	.11
57. I lived or had contact with my child.[b]	81	97.53	0	na	2.47	0	na	na	na	na	97.5	[a]	[a]
58. I felt I did not know what to do regarding to my child.	78	1.28	75.64	0	16.67	5.13	1.28	0	0	0	76.9	.05	.97
59. I had pleasure when taking care of my child.	74	95.95	0	0	1.35	0	1.35	1.35	0	0	95.9	0	.01
60. A child left home for the first time.	61	47.54	45.90	0	4.92	1.64	0	0	0	0	93.4	.87	.06
61. A child returned home after prolonged absence.	32	3.13	78.13	0	9.38	9.38	0	0	0	0	81.2	.14	.22
62. I felt I was a good father.	79	92.41	0	0	2.53	5.06	0	0	0	0	92.4	0	.02
63. I was forced to leave my family.	172	1.16	95.35	0	2.33	1.16	0	0	0	0	96.5	.38	.20
64. I had a pet.	154	77.27	11.69	0	7.14	3.90	0	0	0	0	89	.61	.09
65. I lost a pet.	123	81.30	8.13	0.81	4.07	3.25	1.63	0.81	0	0	90.2	.60	.10
66. I did volunteering.	173	31.79	53.18	0	5.20	8.09	0	1.16	0.58	0	85	.69	.55
67. I was slapped, spanked, kicked or otherwise physically attacked, leaving with marks.	177	8.47	80.23	0	4.52	5.65	0	0	1.13	0	88.7	.54	.09
68. I felt loved and cherished.	176	98.86	0	0	0	0.57	0.57	0	0	0	98.9	0	0
69. Someone made fun of me and insulted me in a way that hurt me.	176	29.55	47.73	0.57	10.23	9.66	0.57	0	1.70	0	77.8	.56	.62
70. Besides greetings situations, I received kisses, hugs and endearments.	174	90.80	1.15	0	3.45	2.87	1.15	0	0.57	0	91.9	.23	.13
71. I felt supported in my important decisions.	174	91.95	1.15	0.57	2.30	2.87	0.57	0.57	0	0	93.7	.33	.15
72. I felt that someone cared about me and about my well-being.	173	98.84	0	0.58	0	0	0	0	0	0.58	99.4	.75	.18
73. I had any unwanted sexual contacts.	176	4.55	90.34	0	1.14	3.41	0	0	0.57	0	94.8	.62	.12
74. I felt someone hated me.	176	14.77	60.80	1.14	6.25	11.36	0.57	1.14	3.98	0	76.7	.46	.07
75. Someone important to me died.	176	83.52	9.09	0	3.98	3.41	0	0	0	0	92.6	.67	.09

Note. Y/Y = yes response on both assessments; N/N = No response on both assessments; NR/NR = not remember response on both assessments; N/Y = No response at T1 and yes response at T2; Y/N = Yes response at T1 and no response at T2; NR/Y = not remember response at T1 and yes response at T2; Y/NR = yes response at T1 and not remember response at T2; NR/N = not remember response at T1 and no response at T2; N/NR = no response at T1 and not remember response at T2; na = not applicable; % = percentage of agreement; κ = Cohen's kappa; SE = standard error.

[a]Statistics were not compute because variables were constant and crosstabs were empty or included a substantial proportion of zeros. [b]Filter items

Developmental stage

Table 9 displayed values of kappa and percentages of agreement achieved by individual items on childhood, adolescence, and adulthood.

Regarding *childhood*, at a domains' level, four presented a moderate kappa, namely *adverse experiences*, κ = .49, *SE* = .19, 95% CI = [.12, .87], 89.8% of agreements, *leisure*, κ = .54, *SE* = .04, 95% CI = [.47, .62], 79.2% of agreements, *accomplishments*, κ = .58, *SE* = .06, 95% CI = [.47, .70], 88.5% of agreements, and *school*, κ = .59, *SE* = .06, 95% CI = [.47, .72], 81.8% of agreements. Additionally, *people and relationships*, κ = .67, *SE* = .02, 95% CI = [.63, .72], 86.0% of agreements, and *health*, κ = .76, *SE* = .04, 95% CI = [.69, .83], 88.2% of agreements, presented also a substantial kappa. *Living conditions* presented an almost perfect kappa for childhood, κ = .82, *SE* = .03, 95% CI = [.77, .87], 91.7% of agreements. *Overall*, the value of kappa for childhood experiences was substantial, κ = .72, *SE* = .01, 95% CI = [.70, .75], with 86.09% of agreement in responses. Agreements in childhood resulted from almost similar frequencies in occurrences (45.62%) and non-occurrences (40.46%), although 13.91% of the responses were disagreements. More specifically, overreporting (7.92%) was more frequent than underreporting (6%), suggesting that participants reported more experiences at T2.

Concerning *adolescence*, values of kappa for domains were equally grouped on moderate or substantial; more specifically, *leisure*, κ = .43, *SE* = .05, 95% CI = [.33, .53], 85.8% of agreements, *adverse experiences*, κ = .43, *SE* = .19, 95% CI = [.05, .81], 87.8% of agreements, *school*, κ = .50, *SE* = .05, 95% CI = [.4, .59], 74.8% of agreements, and *accomplishments*, κ = .57, *SE* = .05, 95% CI = [.48, .65], 78.8% of agreements, presented moderate kappa, while *people and relationships*, κ = .75, *SE* = .02, 95% CI = [.72, .79], 88.4% of agreements, *health*, κ = .76, SE = .03, 95% CI = [.70, .82], 88.8% of agreements, *living conditions*, κ = .78, *SE* = .03, 95% CI = [.73, .84], 90.0% of agreements, and *job*, κ = .79, *SE* = .20, 95% CI = [.40, 1], 98.7% of agreements, presented substantial kappa values. The *overall* kappa for adolescence was substantial, κ = .73, *SE* = .01, 95% CI = [.71, .75] and the percentage of agreement was 86.49%. Agreement on occurrence (47.52%) accounted for this value more than on non-occurrence (38.97%). Regarding disagreements (13.51%), there were more changes from no to yes (7.06%) than the opposite (6.46%), indicating a trend of overreporting.

Regarding *adulthood*, *leisure*, κ = .54, *SE* = .04, 95% CI = [.47, .62], 80.0% of agreements, and *school*, κ = .55, *SE* = .05, 95% CI = [.46, .65], 77.7% of agreements, presented a moderate kappa. All other domains achieved a substantial kappa, more specifically, *job*, κ = .66, *SE* = .32, 95% CI = [.04,

1], 98.8% of agreements, *health*, κ = .67, *SE* = .05, 95% CI = [.58, .77], 90.3% of agreements, *living conditions*, κ = .68, *SE* = .05, 95% CI = [.58, .78], 93.6% of agreements, *adverse experiences*, κ = .70, *SE* = .12, 95% CI = [.46, .94], 89.8% of agreements, *people and relationships*, κ = .70, *SE* = .02, 95% CI = [.66, .75], 90.6% of agreements, and *accomplishments*, κ = .71, *SE* = .05, 95% CI = [.62, .80], 89.4% of agreements. The *overall* value of kappa to adulthood was substantial, κ = .67, *SE* = .02, 95% CI = [.64, .70], and the percentage of agreement was 88.49%. Regarding agreement responses, most were associated with occurrence (71.72%) and few with non-occurrence (16.76%). Besides, 11.51% of the responses were inconsistent; of those 6.71% corresponded to changes from no to yes and 4.80 from yes to no, indicating that participants tended to report more experiences at T2.

Table 9

Frequencies of Responses, in Percentages, and Agreement Parameters for Developmental Stage

		Childhood						Adolescence						Adulthood					
		Responses			Agreement			Responses			Agreement			Responses			Agreement		
Items	*N*	Y/Y	N/N	N/Y Y/N	%	κ	*SE*	Y/Y	N/N	N/Y Y/N	%	κ	*SE*	Y/Y	N/N	N/Y Y/N	%	κ	*SE*
School																			
1. I began elementary school.[a]																			
2. I changed school due to progress of academic level.	162	77.14	8.57	6.67 7.62	85.7	.46	.12	64.89	6.38	17.02 11.70	71.3	.13	.11	9.64	51.81	13.25 25.30	61.5	.08	.11
3. I changed school at same academic level.	147	50	16.67	5.56 27.78	66.7	.29	.21	29.71	52.94	11.76 5.88	82.4	.63	.19	0	80	13.33 6.67	80	0	.07
4. I began a professional programme or university degree.	140			*not applicable*				25.26	45.26	8.42 21.05	70.53	.40	.09	63.41	13.41	10.98 12.20	76.83	.38	.12
5. I finished a professional programme or university degree.	107			*not applicable*				0	86.96	2.17 10.87	86.96	0	.03	91.11	0	6.67 2.22	91.11	0	.03
6. I failed a school year.	160	14.81	70.37	7.41 7.41	85.2	.57	.19	66.67	22.22	7.41 3.70	88.9	.72	.15	16	80	4 0	96	.87	.13
7. I abandoned school.	151	36.11	38.89	11.11 13.89	75	.50	.14	21.62	43.24	18.82 16.22	64.9	.26	.16	8.33	77.78	8.33 5.56	86.1	.46	.20
8. I was expelled from school.	144	0	100	0 0	100	[b]		100	0	0 0	100	[b]		0	100	0 0	100	[b]	
Job																			
9. I have some work's experience.[a]																			
10. I became unemployment.	107			*not applicable*				5.88	88.24	0 5.88	94.12	.64	.33	88.89	5.56	5.56 0	94.44	.64	.33
11. I was promoted.	110			*not applicable*				4.17	95.83	0 0	100	1	0	100	0	0 0	100	[b]	
12. I got retired.	107			*not applicable*				0	100	0 0	100	[b]		100	0	0 0	100	[b]	
Health																			
13. I felt healthy.	174	82.73	0.91	11.82 4.55	83.6	.03	.10	90.18	0	6.25 3.57	90.2	0	.02	82.69	2.88	10.58 3.85	85.6	.22	.13

		Childhood						Adolescence						Adulthood					
		Responses			Agreement			Responses			Agreement			Responses			Agreement		
Items	*N*	Y/Y	N/N	N/Y Y/N	%	κ	*SE*	Y/Y	N/N	N/Y Y/N	%	κ	*SE*	Y/Y	N/N	N/Y Y/N	%	κ	*SE*
Health																			
14. I was admitted at the hospital.	171	29.07	65.12	4.65 1.16	94.2	.87	.06	11.76	78.82	5.88 3.53	90.6	.66	.11	64.37	28.74	4.60 2.30	93.1	.84	.06
15. I had a mental disease.	145	0	100	0 0	100	[b]		43.48	47.83	0 8.70	91.3	.83	.12	58.33	33.33	8.33 0	91.7	.82	.12
16. I recovered from a mental disease.	24	0	100	0 0	100	[b]		40	53.33	0 6.67	93.3	.87	.13	56.25	37.50	6.25 0	93.8	.87	.12
17. I have a serious physical disease/problem.	140	6.12	75.51	6.12 12.24	81.6	.30	.18	10.20	67.35	8.16 14.29	77.6	.34	.16	71.43	14.29	14.29 0	85.7	.59	.13
18. I recovered from a serious physical disease/problem.	48	2.70	81.08	8.11 8.11	83.8	.16	.22	5.41	70.27	8.11 16.22	75.7	.17	.19	70.27	13.51	16.22 0	83.8	.54	.15
19. I got pregnant.	155	*not applicable*						0	97.22	1.39 1.39	97.22	0	.01	100	0	0 0	100	[b]	
20. I had an abortion.	67	*not applicable*						0	88	12 0	88	[b]		86.96	0	0 13.04	86.96	[b]	
Leisure																			
21. I belonged to a sport team.	174	28.13	50	7.81 14.06	78.1	.54	.11	84.38	9.38	3.13 3.13	93.8	.71	.14	15.15	68.18	10.61 6.06	83.3	.54	.12
22. I belonged to religious group.	175	28.77	43.84	12.33 15.07	72.6	.44	.11	76.06	11.27	8.45 4.23	87.3	.56	.13	40.28	41.67	9.27 8.33	81.9	.64	.09
23. I belonged to a recreational or cultural group.	172	19.61	68.63	7.84 3.92	88.2	.69	.12	62.75	15.69	11.76 9.80	78.4	.45	.14	45.10	31.37	13.73 9.80	76.5	.52	.12
24. I had leisure time, having fun with myself.	174	63.16	13.16	11.84 11.84	76.3	.37	.12	62.34	15.58	12.99 9.09	77.9	.44	.12	65.38	14.10	15.38 5.13	79.5	.45	.11
25. I had leisure time, having fun with my family.	176	82.14	2.86	7.14 7.86	85	.19	.12	81.29	5.04	7.91 5.76	86.3	.35	.12	70.21	9.22	14.18 6.38	79.4	.35	.09
26. I had leisure time, having fun with my friends/colleagues.	177	61.94	14.19	16.13 7.74	76.1	.39	.08	87.01	0.65	7.14 5.19	87.7	.03	.09	74.05	5.70	12.66 7.59	79.8	.24	.10

	Childhood							Adolescence						Adulthood					
		Responses			Agreement			Responses			Agreement			Responses			Agreement		
Items	*N*	Y/Y	N/N	N/Y Y/N	%	κ	*SE*	Y/Y	N/N	N/Y Y/N	%	κ	*SE*	Y/Y	N/N	N/Y Y/N	%	κ	*SE*
Living conditions																			
27. Food available for my meals was not enough.	176	71.43	14.29	7.14 7.14	85.7	.58	.27	50	21.43	14.29 14.29	71.4	.38	.26	57.14	28.57	7.14 7.14	85.7	.69	.20
28. I changed house.	176	30.43	55.80	7.97 5.80	86.2	.71	.06	21.99	58.87	7.80 11.35	80.9	.56	.08	68.35	23.74	6.47 1.44	92.1	.80	.06
29. I felt safe in the place where I lived.	173	84.33	1.49	11.94 2.24	85.8	.12	.11	92.48	1.50	5.26 0.75	94	.31	.18	88.72	3.01	7.52 0.75	91.7	.39	.14
30. I became economically independent.	176	0	95.83	2.08 2.08	95.8	0	.01	4.21	84.21	7.37 4.21	88.4	.36	.15	92.13	1.12	5.62 1.12	93.3	.22	.20
31. I bought/received my own house.	173	0	100	0 0	100	[b]		0	98.59	0 1.41	98.6	[b]		98.53	0	1.47 0	98.5	[b]	
32. I bought/received some vehicle.	171	0	98.85	0 1.15	98.9	[b]		1.18	95.29	1.18 2.35	96.5	.38	.28	95.35	1.16	3.49 0	96.5	.39	.27
33. I lost my house or my belongings.	170	0	100	0 0	100	[b]		0	100	0 0	100	[b]		100	0	0 0	100	[b]	
Adverse experiences																			
34. I was involved in a serious accident with a vehicle.	174	0	94.74	0 5.26	94.7	[b]		15.79	78.95	5.26 0	94.7	.83	.17	78.95	10.53	10.53 0	89.5	.61	.24
35. I was involved in a fire.	174	37.50	37.50	12.50 12.50	75	.50	.31	0	62.50	12.50 25	62.5	0	.15	37.50	50	0 12.50	87.5	.75	.23
36. I was involved in a robbery.	174	0	90.48	0 9.52	90.5	[b]		9.52	80.95	0 9.52	90.5	.62	.24	80.95	9.52	9.52 0	90.5	.62	.24
37. I was involved in a crime.	173	0	100	0 0	100	[b]		0	100	0 0	100	[b]		100	0	0 0	100	[b]	
38. I was arrested.[c]																			
Accomplishments																			
39. I earned a prize or I was recognized for something that I did.	171	29.23	52.31	10.77 7.69	81.5	.61	.10	60	23.08	4.62 12.31	83.1	.61	.10	35.82	44.78	11.94 7.46	80.6	.61	.10
40. I made a journey or visited a place that I really want to see.	174	5.22	88.70	3.48 2.61	93.9	.60	.14	26.32	59.65	7.02 7.02	86	.68	.07	73.04	20.87	4.35 1.74	93.9	.83	.06

		Childhood						Adolescence						Adulthood					
		Responses			Agreement			Responses			Agreement			Responses			Agreement		
Items	*N*	Y/Y	N/N	N/Y Y/N	%	κ	*SE*	Y/Y	N/N	N/Y Y/N	%	κ	*SE*	Y/Y	N/N	N/Y Y/N	%	κ	*SE*
Accomplishments																			
41. I accomplished a project/ fulfilled a dream that I really want.	174	0	98.39	1.61 0	98.4	[b]		11.48	72.13	11.48 4.92	83.6	.49	.14	76.19	9.52	6.35 7.94	85.7	.49	.15
42. I felt I was contributing for a better world/I am proud of my legacy.	174	11.21	70.09	14.95 3.74	81.3	.44	.10	30.48	35.24	26.67 7.62	65.7	.34	.08	87.62	4.76	4.76 2.86	92.4	.51	.15
People and relationships																			
43. I knew about my parents' relationship.[a]																			
44. My parents got divorced.	146	22.22	77.78	0 0	100	1	0	55.56	44.44	0 0	100	1	0	22.22	77.78	0 0	100	1	0
45. My parents used to shout each other.	145	59.38	18.75	3.13 18.75	78.1	.49	.16	80.65	9.68	6.45 3.23	90.3	.61	.20	48.39	41.94	0 9.68	90.3	.81	.10
46. My parents used to physically attack each other.	147	72.73	27.27	0 0	100	1	0	81.82	9.09	9.09 0	90.9	.62	.34	72.73	9.09	0 18.18	81.8	.42	.30
47. My parents used to insult each other.	146	52	28	4 6	80	.58	.16	80	8	8 4	88	.50	.25	40	32	12 16	72	.44	.18
48. My parents used to affective to each other.	146	86.21	5.17	5.17 3.45	91.4	.50	.19	84.48	8.62	3.45 3.45	93.1	.68	.15	63.79	18.97	8.62 8.62	82.8	.57	.12
49. My parents used to exchange words of affection.	146	82.98	2.13	8.51 6.38	85.1	.14	.20	89.36	4.26	2.13 4.26	93.6	.54	.24	98.09	12.77	10.64 8.51	80.9	.45	.16
50. I was involved in an intimate relationship.[a]																			
51. I got married or lived in cohabitation.	130			*not applicable*				0	88.84	0 13.16	86.84	[b]		91.67	0	8.33 0	91.67	[b]	
52. I got divorced or separated.	71			*not applicable*				0	81.82	9.09 9.09	81.82	0	.07	81.82	0	9.09 9.09	81.82	0	.07
53. I had any child.[a]																			
54. I wished to have a child with a different gender.	77			*not applicable*				0	81.82	9.09 9.09	81.82	0	.07	77.78	0	11.11 11.11	77.78	0	.09

		Childhood						Adolescence						Adulthood					
		Responses			Agreement			Responses			Agreement			Responses			Agreement		
Items	*N*	Y/Y	N/N	N/Y Y/N	%	κ	*SE*	Y/Y	N/N	N/Y Y/N	%	κ	*SE*	Y/Y	N/N	N/Y Y/N	%	κ	*SE*
People and relationships																			
55. I was forced to leave my child.[c]	82			*not applicable*															
56. A child had serious disease or had severe incapability.	82			*not applicable*				0	100	0 0	100	[b]		100	0	0 0	100	[b]	
57. I lived or had contact with my child.[a]																			
58. I felt I did not know what to do regarding to my child.[c]	78			*not applicable*															
59. I had pleasure when taking care of my child.	74			*not applicable*				0	94.12	2.94 2.94	94.12	0	.02	97.06	0	1.47 1.47	97.06	0	.01
60. A child left home for the first time.	61			*not applicable*				0	93.10	3.45 3.45	93.10	0	.03	93.10	0	3.45 3.45	93.10	0	.03
61. A child returned home after prolonged absence.	32			*not applicable*				0	0	100 0	0	[b]		0	0	0 100	0	[b]	
62. I felt I was a good father.	79			*not applicable*				0	98.44	1.56 0	98.44	[b]		100	0	0 0	100	[b]	
63. I was forced to leave my family.	172	50	50	0 0	100	1	0	0	50	0 50	50	[b]		50	50	0 0	100	1	0
64. I had a pet.	154	58.41	28.32	11.50 1.77	86.7	.71	.07	51.33	35.40	7.96 5.31	86.7	.73	.07	59.29	23.89	7.96 8.85	83.2	.62	.08
65. I lost a pet.	123	39.18	39.18	15.46 6.19	78.4	.57	.08	42.86	37.76	16.33 3.06	80.6	.62	.08	44.44	40.40	7.07 8.08	84.9	.70	.07
66. I did volunteering.	173	0	96.36	1.82 1.82	96.4	0	.01	57.41	24.07	5.56 12.96	81.5	.59	.12	62.96	54.07	7.41 5.56	87	.70	.11
67. I was slapped, spanked, kicked or otherwise physically attacked, leaving with marks.	177	50	37.50	6.25 6.25	87.5	.75	.17	31.25	50	12.50 6.25	81.3	.61	.20	25	50	6.25 18.75	75	.48	.22
68. I felt loved and cherished.	176	89.33	2	6 2.67	91.3	.27	.14	90.60	1.34	5.37 2.68	92	.21	.15	97.87	0.71	0.71 0.71	98.6	.49	.31
69. Someone made fun of me and insulted me in a way that hurt me.	176	48.98	26.53	14.29 10.20	75.5	.49	.13	34	50	8 8	84	.67	.11	21.15	61.54	9.62 7.69	82.7	.59	.12

		Childhood						Adolescence						Adulthood	Childhood				
		Responses			Agreement			Responses			Agreement			Responses			Agreement		
Items	*N*	Y/Y	N/N	N/Y Y/N	%	κ	*SE*	Y/Y	N/N	N/Y Y/N	%	κ	*SE*	Y/Y	N/N	N/Y Y/N	%	κ	*SE*
People and relationships																			
70. Besides greetings situations, I received kisses, hugs and endearments.	174	74.63	10.45	7.46 7.46	85.1	.49	.10	72.39	14.18	2.99 10.45	86.6	.60	.08	86.47	6.77	2.26 4.51	93.2	.63	.11
71. I felt supported in my important decisions.	174	*not applicable*						80.28	5.63	7.04 7.04	85.92	.36	.11	95.71	0.71	1.43 2.14	96.43	.27	.23
72. I felt that someone cared about me and about my well-being.	173	86.49	3.38	6.08 4.05	89.9	.35	.13	90.79	2.63	3.95 2.63	93.4	.41	.15	97.24	0.69	0.69 1.38	97.9	.39	.28
73. I had any unwanted sexual contacts.	176	71.43	28.57	0 0	100	1	0	71.43	28.57	0 0	100	1	0	0	100	0 0	100	[b]	
74. I felt someone hated me.	176	28	64	80	92	.82	.12	48	36	4 12	84	.68	.15	45.83	33.33	8.33 12.50	79.2	.58	.17
75. Someone important to me died.	176	30.83	46.62	9.77 12.78	77.4	.54	.07	36.15	47.69	8.46 7.69	83.9	.67	.07	64.57	22.83	4.72 7.87	87.4	.70	.07

Note. Y/Y = yes response on both assessments; N/N = No response on both assessments; N/Y = No response at T1 and yes response at T2; Y/N = Yes response at T1 and no response at T2; % = percentage of agreement; κ = Cohen's kappa; *SE* = standard error.

[a]Filter items. [b]Statistics were not compute because variables were constant and crosstabs were empty or included a substantial proportion of zeros. [c]No occurrences.

Valence

In the 58 items that allowed the computation of kappa, values ranged from 0 to 1, although most experiences presented a kappa below .40 (Table 10). More specifically, 25 experiences exhibited a poor (*living conditions*, *adverse experiences*, and *accomplishments*) or light kappa (*school*, *job*, *leisure*, *adverse experiences*, *accomplishments*, and *people and relationships*) and 17 presented a fair kappa (mainly from *health* and *people and relationships*). A moderate kappa was observed in ten of the experiences (especially *school*, *health*, and *people and relationships*); besides, six experiences presented a substantial (i.e., *I became unemployed*; *the food available for my meals was insufficient*; and *I got married or lived in cohabitation*) or almost perfect kappa (i.e., *I was involved in a serious accident with a vehicle*; *my parents got divorced*; and *my parents used to exchange words of affection*). Oppositely, the percentage of agreement, which ranged from 0 to 100, was above 80 in the majority of experiences (mainly related to *school*, *health*, *living conditions*, *accomplishments*, and *people and relationships*). Oppositely, there was no agreement in two experiences (i.e., *I was involved in a crime* and *my child returned home after prolonged absence*).

Although the *overall* percentage of agreement for valence was high (90.23%), the kappa was moderate, κ = .70, *SE* = .01, 95% CI = [.68, .72]. Considering the domains, *accomplishments* presented a poor kappa, κ < .00, *SE* = .02, 95% CI = [-.05, .03], 97.20% of agreements; *leisure* presented a slight kappa, κ = .17, *SE* = .05, 95% CI = [.07, .26], 91.32% of agreements. Two domains exhibited fair values of kappa, namely *adverse experiences*, κ = .34, *SE* = .21, 95% CI = [-.07, .76], 86.36% of agreements, and *living conditions*, κ = .36, *SE* = .04, 95% CI = [.28, .45], 85.22% of agreements. Moreover, a moderate kappa was observed in *job*, κ = .41, *SE* = .06, 95% CI = [.28, .54], 84.68% of agreements, in *school*, κ = .54, *SE* = .04, 95% CI = [.45, .64], 80.72% of agreements, and in health, κ = .63, *SE* = .03, 95% CI = [.56, .71], 77.55% of agreements. Finally, *people and relationships* achieved an almost perfect kappa, κ = .82, *SE* = .01, 95% CI = [.80, .85], 93.64% of agreements.

Regarding the frequencies of agreement responses, in 37 of the experiences the modal category was positive and in 26 experiences it was negative; the modal category was neutral only for one item. Changes in the valence's ratings represented almost 10% of the responses, and involved mainly changes from *positive to neutral or vice-versa* (5.34%), followed by the pair *negative to positive* (2.75%). Changes from *negative to neutral or vice-versa*, were less common (1.68%). Combining categories, 4.65% of the responses changed from *neutral or negative to positive*, 3.39 changed from *positive or negative to neutral*, and 1.74 changed from *neutral or positive to negative*.

Table 10

Frequencies of Responses, in Percentages, and Agreement Parameters for Valence

Items	*N*[a]	Responses									Agreement		
		Po/Po	Ng/Ng	Nt/Nt	Po/Ng	Ng/Po	Po/Nt	Nt/Po	Ng/Nt	Nt/Ng	%	κ	*SE*
School													
1. I began elementary school.[b]													
2. I changed school due to progress of academic level.	150	69.33	3.33	8	4	0.67	7.33	3.33	0.67	3.33	80.7	.49	.07
3. I changed school at same academic level.	14	35.71	14.29	7.14	7.14	14.29	14.29	0	7.1	0	57.1	.31	.22
4. I began a professional programme or university degree.	76	86.84	0	1.32	2.63	3.95	1.32	3.95	0	0	88.2	.14	.17
5. I finished a professional programme or university degree.	41	95.12	0	0	2.44	2.44	0	0	0	0	95.1	0	.02
6. I failed a school year.	26	3.85	50	15.38	3.85	0	7.69	7.69	7.69	3.85	69.2	.46	.14
7. I abandoned school.	24	12.50	25	20.83	0	12.50	4.17	12.50	4.17	8.33	58.3	.38	.15
8. I was expelled from school.	1	0	100	0	0	0	0	0	0	0	100	[c]	
Work													
9. I have some work's experience.[b]													
10. I became unemployment.	17	5.88	64.71	11.76	0	0	5.88	5.88	5.88	0	82.4	.64	.16
11. I was promoted.	27	96.30	0	0	0	0	3.70	0	0	0	96.3	0	.38
12. I got retired.	37	67.57	10.81	2.70	5.41	8.11	0	5.41	0	0	81.1	.50	.16
13. I felt healthy.	278	82.01	0	2.16	1.08	1.44	2.88	10.07	0.36	0	84.2	.16	.08
Health													
14. I was admitted at the hospital.	91	6.59	34.07	20.88	2.20	3.30	6.59	12.09	7.69	6.59	61.5	.39	.08
15. I had a mental disease.	24	0	91.67	0	0	4.17	0	4.17	0	0	91.7	.31	.19
16. I recovered from a mental disease.	15	66.67	6.67	0	13.33	6.67	6.67	0	0	0	73.3	.21	.29
17. I have a serious physical disease/problem.	43	0	88.37	2.33	0	4.65	0	0	2.33	2.33	90.7	.30	.26
18. I recovered from a serious physical disease/problem.	29	68.97	0	3.45	3.45	13.79	3.45	6.90	0	0	72.4	.10	.22
19. I got pregnant.	72	83.33	2.78	1.39	4.17	2.78	1.39	1.39	2.78	0	87.5	.42	.14
20. I had an abortion.	20	5	65	10	5	5	5	0	5	0	80	.55	.18
Leisure													
21. I belonged to a sport team.	82	87.80	1.22	2.44	0	0	4.88	3.66	0	0	91.5	.42	.18
22. I belonged to religious group.	104	84.62	0	2.88	0.96	2.88	4.81	3.85	0	0	87.5	.26	.14
23. I belonged to a recreational or cultural group.	65	83.08	0	0	3.08	4.62	4.62	3.08	1.54	0	83.1	.02	.08
24. I had leisure time, having fun with myself.	147	78.91	0	1.36	0.68	5.44	6.80	6.80	0	0	80.3	.04	.09
25. I had leisure time, having fun with my family.	327	93.58	0	0.31	0	2.14	2.45	1.53	0	0	93.9	.07	.09

Items	*N*[a]	Responses									Agreement		
		Po/Po	Ng/Ng	Nt/Nt	Po/Ng	Ng/Po	Po/Nt	Nt/Po	Ng/Nt	Nt/Ng	%	K	*SE*
Leisure													
26. I had leisure time, having fun with my friends/colleagues.	347	95.68	0.29	0.29	0	1.15	0.86	1.44	0	0.29	96.3	.26	.13
Living conditions													
27. Food available for my meals was not enough.	25	24	44	12	0	8	0	8	0	4	80	.68	.12
28. I changed house.	168	55.36	3.57	5.95	5.36	7.14	6.55	13.10	1.79	1.19	64.9	.22	.07
29. I felt safe in the place where I lived.	354	85.88	0	2.26	0	1.41	5.93	4.52	0	0	88.1	.22	.08
30. I became economically independent.	86	93.02	0	0	1.16	0	3.49	2.33	0	0	93	0	.07
31. I bought/received my own house.	67	95.52	0	1.49	0	0	1.49	1.49	0	0	97	.48	.31
32. I bought/received some vehicle.	83	97.59	0	0	0	1.20	1.20	0	0	0	97.6	0	.11
33. I lost my house or my belongings.	2	0	100	0	0	0	0	0	0	0	100		[c]
Adverse experiences													
34. I was involved in a serious accident with a vehicle.	18	0	88.89	11.11	0	0	0	0	0	0	100	1	0
35. I was involved in a fire.	6	0	83.33	0	0		0	0	0	16.67	83.3	0	.82
36. I was involved in a robbery.	19	0	78.95	0	5.260	0	0	0	5.26	10.53	79	0	.23
37. I was involved in a crime.	1	0	0	0	0	0	0	0	0	100	0		[c]
38. I was arrested.[d]	0												
Accomplishments													
39. I earned a prize or I was recognized for something that I did.	82	93.90	0	0	0	0	3.66	2.44	0	0	93.9	0	.05
40. I made a journey or visited a place that I really want to see.	120	96.67	0	0	0	2.50	0	0.83	0	0	96.7	0	.16
41. I accomplished a project/ fulfilled a dream that I really want.	55	100	0	0	0	0	0	0	0	0	100		[c]
42. I felt I was contributing for a better world.	136	98.53	0	0	0	0	1.47	0	0	0	98.5	0	.17
People and relationships													
43. I knew about my parents' relationship.[b]													
44. My parents got divorced.	9	11.11	44.44	33.33	0	0	0	0	11.11	0	88.9	.81	.18
45. My parents used to shout each other.	59	0	83.05	0	3.39	5.08	1.69	0	6.78	0	83.1	.04	.14
46. My parents used to physically attack each other.	18	0	83.33	0	11.11	0	0	0	5.56	0	83.3	0	.29
47. My parents used to insult each other.	43	0	74.42	4.65	4.65	0	0	0	11.63	4.65	79.1	.21	.18
48. My parents used to affective to each other.	136	88.24	0.74	2.21	0	0.74	3.68	4.41	0	0	91.2	.36	.15
49. My parents used to exchange words of affection.	113	91.15	0.88	5.31	0	0	0.88	1.77	0	0	97.4	.81	.11
50. I was involved in an intimate relationship.[b]													
51. I got married or lived in cohabitation.	66	86.36	7.58	0	3.03	3.03	0	0	0	0	93.9	.68	.15
52. I got divorced or separated.	9	33.33	22.22	11.11	11.11	0	0	0	11.11	11.1	66.7	.49	.24

Items	*N*[a]	Responses									Agreement		
		Po/Po	Ng/Ng	Nt/Nt	Po/Ng	Ng/Po	Po/Nt	Nt/Po	Ng/Nt	Nt/Ng	%	κ	*SE*
People and relationships													
53. I had any child.													
54. I wished to have a child with a different gender.	7	14.29	0	57.14	0	0	14.29	14.29	0	0	71.4	.30	.39
55. I was forced to leave my child.[d]													
56. A child had serious disease or had severe incapability.	9	0	100	0	0	0	0	0	0	0	100	[c]	
57. I lived or had contact with my child.[b]													
58. I felt I did not know what to do regarding to my child.[d]													
59. I had pleasure when taking care of my child.	66	98.48	0	0	0	0	0	1.52	0	0	98.5	0	.25
60. A child left home for the first time.	27	11.11	29.63	11.11	11.11	11.11	7.41	7.41	3.70	7.41	51.9	.25	.15
61. A child returned home after prolonged absence.[d]													
62. I felt I was a good father.	62	100	0	0	0	0	0	0	0	0	100	[c]	
63. I was forced to leave my family.	2	0	100	0	0	0	0	0	0	0	100	[c]	
64. I had a pet.	191	86.39	0	4.71	0	0	3.14	4.71	0.52	0.52	91.1	.49	.10
65. I lost a pet.	124	0	67.74	7.26	4.84	3.23	0	2.42	10.48	4.03	75	.28	.09
66. I did volunteering.	65	95.38	0	0	0	0	4.62	0	0	0	95.4	0	.25
67. I was slapped, spanked, kicked or otherwise physically attacked, leaving with marks.	17	0	100	0	0	0	0	0	0	0	100	[c]	
68. I felt loved and cherished.	407	98.77	0	0	0	0.25	0	0.98	0	0	98.8	0	.09
69. Someone made fun of me or insulted me in a way that hurt me.	52	1.92	90.38	0	5.77	1.92	0	0	0	0	92.3	.30	.26
70. Besides greetings situations, I received kisses, hugs and endearments.	312	97.44	0	0	0	0.32	0	2.24	0	0	97.4	0	.11
71. I felt supported in my important decisions.	248	96.37	0	0	0	0	2.42	1.21	0	0	96.4	0	.04
72. I felt that someone cared about me and about my well-being.	407	98.03	0	0	0	0	0.49	1.47	0	0	98	0	.05
73. I had any unwanted sexual contacts.	7	0	71.43	0	0	14.29	0	0	14.29	0	71.4	0	.63
74. I felt someone hated me.	30	6.67	70	6.67	0	0	0	0	13.33	3.33	83.3	.54	.18
75. Someone important to me died.	170	0	88.24	2.35	2.35	1.18	0	0	4.12	1.76	90.6	.29	.13

Note. Note. Po/Po = positive ratings on both assessments; Ng/Ng = negative ratings on both assessments; Nt/Nt = neutral ratings on both assessments; Po/Ng = positive rating on T1 and negative rating on T2; Ng/Po = negative rating on T1 and positive rating on T2; Po/Nt = positive rating on T1 and neutral rating on T2; Nt/Po = neutral rating on T1 and positive rating on T2; Ng/Nt = negative rating on T1 and neutral rating on T2; Nt/Ng = neutral rating on T1 and negative rating on T2; % = percentage of agreement; κ = Cohen's kappa; *SE* = standard error.

[a] Represents the total number of events reported. [b] Filter items, that were not assessed regarding these variables. [c] Statistics were not compute because variables were constant and crosstabs were empty or included a substantial proportion of zeros. [d] No occurrences.

Impact

As shown in Table 11, for eleven experiences weighted kappa was not computed because they were filter items or conditions for computation were not met (e.g., variables were constant).Weighted kappa for impact ranged from 0 to 1 and, globally, experiences presented low values of kappa. More specifically, there was a poor kappa in six experiences (*school*, *job*, *accomplishments*, and *people and relationships*), a slight kappa in 16 experiences (mainly associated with *leisure*, *living conditions*, and *people and relationships*), and a fair kappa in 22 experiences (especially from *health*, *accomplishments*, and *people and relationships*). Additionally, 16 experiences achieved a moderate kappa, mainly devoted to *people and relationships*, and four experiences a substantial (i.e., *I finished a professional program or university degree* and *my child had a serious disease or had severe incapability*) or almost perfect kappa (i.e, *my parents used to insult each other* and *my parents used to insult each other*). Percentages of agreement varied significantly across items, and range from 0 to 100 (excluding 10 items, that not allowed the computation of the parameter). Indeed, nine experiences presented a percentage of agreement below 50, especially items associated with *school*, *adverse experiences*, and *people and relationships*. On the other hand, 21 experiences achieved a percentage of agreement above (i.e., *school*, *job*, *health*, *living conditions*, *accomplishments*, and *people and relationships*).

Concerning the domains, agreement ranged from 59 to 82%, while weighted kappa ranged from slight to moderate. More specifically, *job* presented the lowest values of agreement, κ_w = .19, *SE* = .09, 95% CI = [.00, .36], 59.25% of agreements, followed by *leisure*, κ_w = 25., *SE* = .03, 95% CI = [.18, .31], 70.71% of agreements, *living conditions*, κ_w = .31, *SE* = .04, 95% CI = [.24, .39], 73.38% of agreements, and *accomplishments*, κ_w = .30, *SE* = .06, 95% CI = [.19, .41], 77.10% of agreements. A moderate value of weighted kappa was observed in *school*, κ_w = .41, *SE* = .05, 95% CI = [.30, .51], 72.89% of agreements, *health*, κ_w = .44, *SE* = .03, 95% CI = [.36, .51], 73.07% of agreements, *adverse experiences*, κ_w = .48, *SE* = .11, 95% CI = [.26, .69], 63.64% of agreements, and *people and relationships*, κ_w = .53, *SE* = .02, 95% CI = [.49, .57], 81.74% of agreements. *Overall*, the percentage of agreement was 76.60 and kappa was moderate, κ_w = .42, *SE* = .01, 95% CI = [.39, .44].

Concerning the agreement responses, for the majority of the experiences the modal category was high/high; moreover, only five experiences presented a different modal category, namely low/low (school, adverse experiences, and people and relationships). Ratings of medium/medium impact were less frequent (3.71%) than the other categories (4.28% for low/low and 68.61% for high/high), and

presented a high number of zero frequencies on individual items, namely 24 *vs.* 20 and 4, respectively. Regarding the disagreement responses (23.40%), there was a general trend for increasing the rating of impact from T1 to T2, i.e., *low to medium*: 2.43%, *medium to high* = 6.93% and *low to high*= 3.82% *versus medium to low*: 1.60%, *high to medium* = 5.95 and *high to low* = 2.68%. Besides, 10.75% of the answers were first rated with low or medium impact and then change to high impact, 8.37% were first rated with low or high impact and then changed to medium, and finally, 4.28% of the answers were initially rated as medium or high impact and changed to low impact at T2. Considering the pairs as a whole, 12.87% of the answers denoted changes *high to medium or vice-versa*, 6.50% changes *low to high*, and 4.03% changes *low to medium*.

Table 11

Frequencies of Responses, in Percentages, and Agreement Parameters for Impact

Items	*N*[a]	Responses									Agreement		
		L/L	M/M	H/H	L/M	M/L	L/H	H/L	H/M	M/H	%	κ_w	*SE*
School													
1. I began elementary school.[b]													
2. I changed school due to progress of academic level.	150	7.33	0.67	60.67	4.67	2	4.67	6	4	10	68.7	.37	.08
3. I changed school at same academic level.	14	0	0	35.71	7.14	14.29	14.29	7.14	21.43	0	35.7	0	.17
4. I began a professional programme or university degree.	76	0	0	94.74	0	0	0	0	2.63	2.63	94.7	0	.01
5. I finished a professional programme or university degree.	41	2.44	0	92.68	0	0	0	0	2.44	2.44	95.1	.65	.21
6. I failed a school year.	26	11.54	3.85	42.31	0	7.69	3.85	3.85	15.38	11.54	57.7	.37	.16
7. I abandoned school.	24	29.17	0	12.50	8.33	8.33	8.33	20.83	4.17	8.33	41.7	.08	.17
8. I was expelled from school.	1	0	0	0	0	0	0	100	0	0	0	[c]	
Work													
9. I have some work's experience.[b]													
10. I became unemployment.	17	5.88	11.76	52.94	0	5.88	5.88	0	11.76	5.88	70.6	.47	.21
11. I was promoted.	27	0	3.70	77.78	0	0	0	3.70	11.11	3.70	81.5	.17	.20
12. I got retired.	37	2.70	5.41	29.73	8.11	8.11	13.51	16.22	8.11	8.11	37.8	0	.12
13. I felt healthy.	278	1.80	5.40	65.47	5.76	0.36	1.44	4.32	7.91	7.55	72.7	.35	.06
Health													
14. I was admitted at the hospital.	91	26.37	6.59	29.67	5.49	6.59	6.59	7.69	6.59	4.40	62.6	.47	.08
15. I had a mental disease.	24	0	0	91.67	0	0	0	4.17	4.17	0	91.7	[c]	
16. I recovered from a mental disease.	15	0	0	93.33	0	0	0	6.67		0	93.3	[c]	
17. I have a serious physical disease/problem.	43	4.65	2.33	74.42	0	0	0	11.63	2.33	4.65	81.4	.36	.18
18. I recovered from a serious physical disease/problem.	29	3.45	0	72.41	3.45	0	3.45	10.34	3.45	3.45	75.9	.24	.20
19. I got pregnant.	72	6.94	1.39	68.06	2.78	0	9.72	4.17	0	6.94	76.4	.38	.12
20. I had an abortion.	20	10	15	30	10	10	15	0	5	5	55	.34	.16
Leisure													
21. I belonged to a sport team.	82	3.66	17.07	54.88	2.44	2.44	3.66	1.22	6.10	8.54	75.6	.52	.09
22. I belonged to religious group.	104	3.85	4.81	62.50	2.88	0.96	2.88	2.88	5.77	13.46	71.2	.35	.10
23. I belonged to a recreational or cultural group.	65	1.54	6.15	46.15	1.54	1.54	3.08	10.77	12.31	16.92	53.9	.03	.11
24. I had leisure time, having fun with myself.	147	7.48	9.52	42.18	2.04	4.08	2.04	3.40	8.16	21.09	59.2	.36	.07
25. I had leisure time, having fun with my family.	327	1.22	0.31	74.62	0.92	0.61	5.20	2.14	7.65	7.34	76.2	.11	.06
26. I had leisure time, having fun with my friends/colleagues.	347	0.29	2.31	69.74	0	2.02	6.63	2.59	7.49	8.93	72.3	.08	.05

Items	*N*	Responses									Agreement		
		L/L	M/M	H/H	L/M	M/L	L/H	H/L	H/M	M/H	%	K_w	*SE*
Living conditions													
27. Food available for my meals was not enough.	25	4	0	52	12	0	0	16	0	16	56	.18	.16
28. I changed house.	168	7.74	6.55	58.33	1.79	3.57	5.95	3.57	4.17	8.33	72.6	.46	.07
29. I felt safe in the place where I lived.	354	3.95	6.21	55.37	0.56	1.98	7.91	4.52	9.60	9.89	65.5	.23	.05
30. I became economically independent.	86	0	0	84.88	1.16	0	2.33	4.65	3.49	3.49	84.9	.03	.09
31. I bought/received my own house.	67	1.49	0	85.07	0	0	4.48	2.99	2.99	2.99	86.6	.16	.19
32. I bought/received some vehicle.	83	0	1.20	90.36	0	0	1.20	3.61	2.41	1.20	91.6	.12	.14
33. I lost my house or my belongings.	2	0	0	50	0	0	50	0	0	0	50	[c]	
Adverse experiences													
34. I was involved in a serious accident with a vehicle.	18	0	5.56	61.11	11.11	5.56	5.56	0	5.56	5.56	66.7	.38	.14
35. I was involved in a fire.	6	33.33	16.67	0	0	0	16.67	0	33.33	0	50	.25	.28
36. I was involved in a robbery.	19	26.32	5.26	36.84	10.53	5.26	5.26	5.26	0	5.26	68.4	.57	.16
37. I was involved in a crime.	1	0	0	0	0	0	100	0	0	0	0	[c]	
38. I was arrested.[d]	0												
Accomplishments													
39. I earned a prize or I was recognized for something that I did.	82	1.22	7.32	51.22	2.44	4.88	1.22	3.66	19.51	8.54	59.8	.23	.09
40. I made a journey or visited a place that I really want to see.	120	3.33	2.50	63.33	3.33	1.67	6.67	0.83	9.17	9.17	69.2	.29	.09
41. I accomplished a project/ fulfilled a dream that I really want.	55	0	0	94.55	0	0	0	0	3.64	1.82	94.6	0	.02
42. I felt I was contributing for a better world/I am proud of my legacy.	136	1.47	0	86.03	0	0.74	2.94	0	4.41	4.41	87.5	.28	.15
People and relationships													
43. I knew about my parents' relationship.[b]													
44. My parents got divorced.	9	0	0	44.44	0	0	0	11.11	22.22	22.22	44.4	0	.15
45. My parents used to shout each other.	59	10.17	10.17	49.15	6.78	1.69	5.08	3.39	10.17	3.39	69.5	.50	.10
46. My parents used to physically attack each other.	18	16.67	16.67	66.67	0	0	0	0	0	0	100	1	0
47. My parents used to insult each other.	43	13.95	9.30	48.84	0	0	0	2.33	18.60	6.98	72.1	.59	.12
48. My parents used to affective to each other.	136	0	3.68	71.32	9.56	0	3.68	0	5.88	5.88	75	.38	.06
49. My parents used to exchange words of affection.	113	0	2.65	75.22	7.96	0	2.65	0	1.77	9.73	77.9	.39	.07
50. I was involved in an intimate relationship, including dating and marriage.[b]													
51. I got married or lived in cohabitation.	66	0	1.52	92.42	0	0	1.52	0	3.03	1.52	93.9	.26	.23
52. I got divorced or separated.	9	11.11	0	66.67	0	0	0	11.11	0	11.11	77.8	.47	.34
53. I had any child.													
54. I wished to have a child with a different gender.	7	42.86	0	0	14.29	28.57	0	14.29	0	0	42.9	0	.18
55. I was forced to leave my child.[d]	0												

Items	*N*[a]	Responses									Agreement		
		L/L	M/M	H/H	L/M	M/L	L/H	H/L	H/M	M/H	%	κ_w	*SE*
People and relationships													
56. A child had serious disease or had severe incapability.	9	22.22	0	55.56	0	0	0	11.11	0	11.11	77.8	.61	.26
57. I lived or had contact with my child.[b]													
58. I felt I did not know what to do regarding to my child.[d]	0												
59. I had pleasure when taking care of my child.	66	0	0	93.94	1.52	0	4.55	0	0	0	93.9	.21	.17
60. A child left home for the first time.	27	40.74	3.70	18.52	7.41	18.52	0	3.70	3.70	3.70	63	.53	.13
61. A child returned home after prolonged absence.[d]	0												
62. I felt I was a good father.	62	0	0	93.55	1.61	0	3.23	1.61	0	0	93.6	.20	.18
63. I was forced to leave my family.	2	0	0	100	0	0	0	0	0	0	100		[c]
64. I had a pet.	191	13.09	7.85	46.07	1.57	4.19	5.24	2.09	10.47	9.42	67	.49	.06
65. I lost a pet.	124	29.84	9.68	27.42	6.45	0.81	7.26	3.23	5.65	9.68	66.9	.55	.06
66. I did volunteering.	65	0	3.08	70.77	1.54	1.54	0	1.54	4.62	16.92	73.9	.19	.12
67. I was slapped, spanked, kicked or otherwise physically attacked, leaving with marks.	17	17.65	5.88	70.59	0	0	0	0	0	5.88	94.1	.91	.09
68. I felt loved and cherished.	407	0.49	2.21	87.96	2.21	0.98	1.47	0.49	1.72	2.46	90.7	.49	.06
69. Someone made fun of me and insulted me in a way that hurt me.	52	3.85	0	63.46	5.77	0	9.62	0	7.69	9.62	67.3	.27	.13
70. Besides greetings situations, I received kisses, hugs and endearments.	312	1.28	2.56	79.17	0.96	0.64	3.53	0	5.77	6.09	83	.32	.07
71. I felt supported in my important decisions.	248	0.81	2.82	82.66	1.21	0.40	2.02	0.40	4.44	5.24	86.3	.37	.08
72. I felt that someone cared about me and about my well-being.	407	0.74	2.70	87.22	0.49	0.74	2.21	0	3.44	2.46	90.7	.44	.07
73. I had any unwanted sexual contacts.	7	0	0	71.43	14.29	0	0	0	14.29	0	71.4	.42	.18
74. I felt someone hated me.	30	6.67	6.67	60	0	6.67	3.33	3.33	0	13.33	73.3	.50	.15
75. Someone important to me died.	170	7.06	2.94	61.18	5.88	1.18	1.18	5.29	8.24	7.06	71.2	.45	.07

Note. L/L = low ratings at both assessments; M/M = medium ratings at both assessments; H/H = high ratings at both assessments; L/M = low rating on T1 and medium rating on T2; M/L = medium rating on T1 and low rating on T2; L/H = low rating on T1 and high rating on T2; H/L = high rating on T1 and low rating on T2; H/M = high rating on T1 and medium rating on T2; M/H = medium rating on T1 and high rating on T2; % = percentage of agreement; κ_w = Weighted kappa; *SE* = standard error.

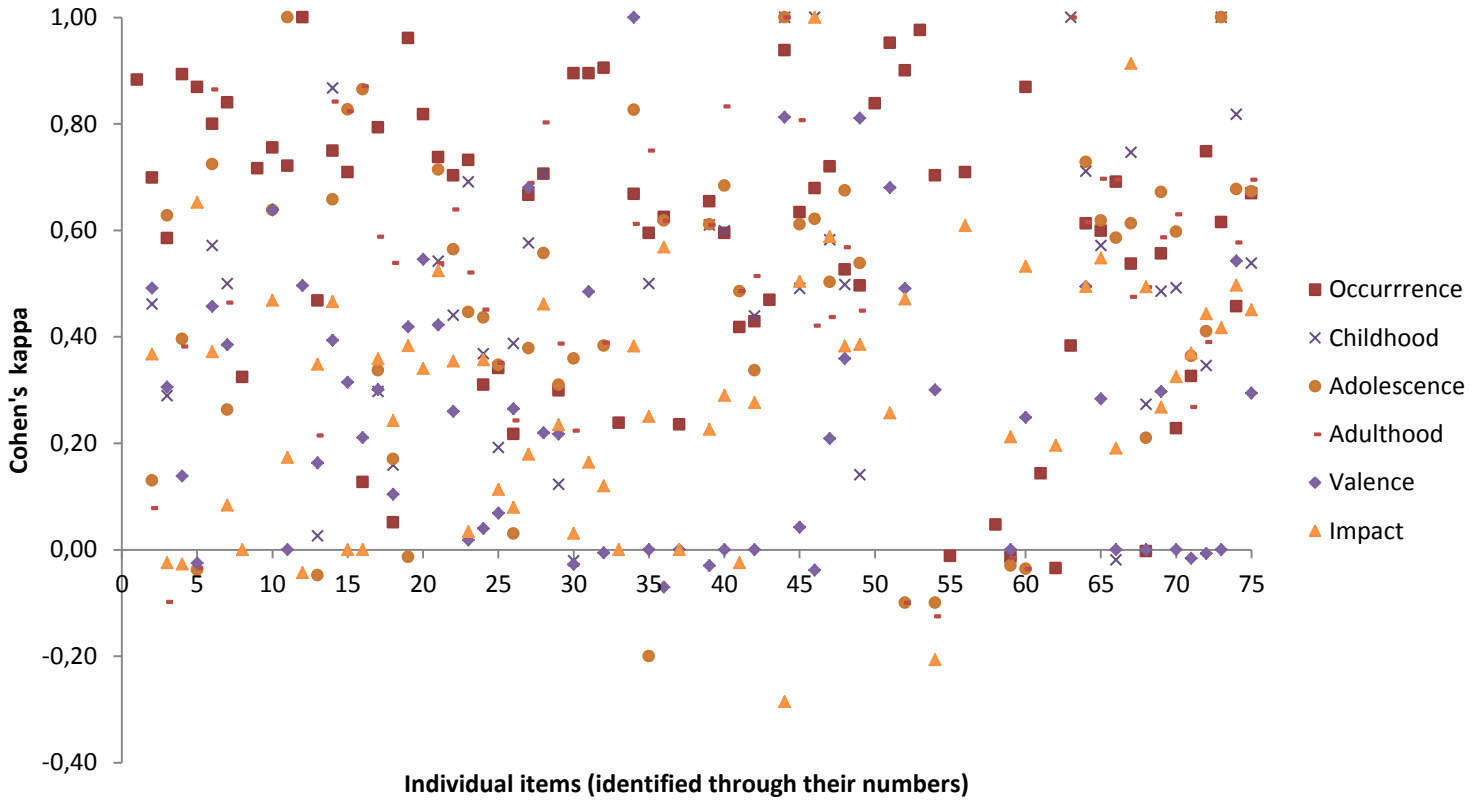
[a] Represents the total number of events reported. [b] Filter items, that were not assessed regarding these variables. [c] Statistics were not compute because variables were constant and crosstabs were empty or included a substantial proportion of zeros. [d] No occurrences.

Occurrence, developmental stage, valence, and impact: An integrated approach

Graphs 1 and 2 shown the values of kappa and percentage of agreement, respectively, across individual items. Generally, values of kappa across variables were more scattered than percentages of agreement. Indeed, according to Graph 1, there was no overlap on the values of kappa by items across variables, although Graph 2 suggested some similarity on the percentage of agreement. A consensual and overall trend displayed on both graphs suggested a greater values of agreement (and proximity) for occurrence and developmental stage than for valence and impact. Additionally, while occurrence was associated with highest values of agreement, impact seem to be associated with the highest values of disagreement. Similar patterns were also presented by domains (data not shown).

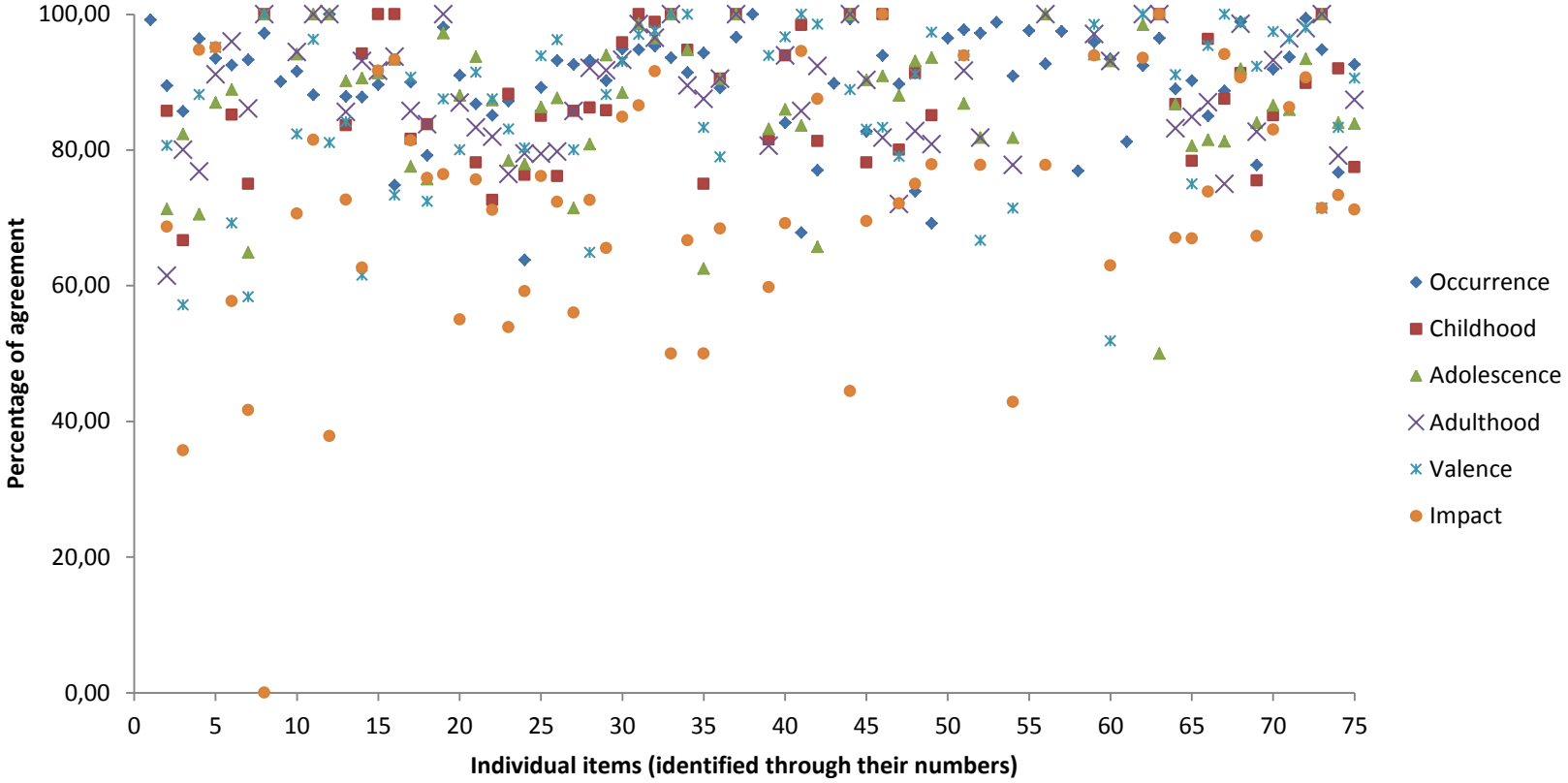
Graph 1

Kappa Values for Individual Items by Occurrence, Developmental Stage, Valence and Impact



Graph 2

Percentage of Agreement for Individual Items by Occurrence, Developmental Stage, Valence and Impact



Discussion

Main results

Briefly, overall values of kappa were substantial for occurrence, childhood, adolescence, adulthood and valence, while impact presented a moderate kappa.More specifically, when answers from T1 are compared to T2, participants tend to overreport (i.e., more changes *from no to yes*) on both occurrence and developmental stage, to improve their ratings on valence (i.e., more changes from *negative or neutral to positive*), and to increase their rating on impact (i.e., more changes from *low or medium to* high). At the domains level, values of kappa were lowest for *leisure* domain across most variables, while the highest were observed in *people and relationship*. Although values of kappa and percentage of agreement are expected to be related, in some of our results this did not happen, mainly at item level, but also affecting domains (i.e., values for valence on accomplishments). As a result some experiences presented high percentages of agreement, but low values of kappa. A critical discussion and interpretation of the results will be next presented, according to the grouping suggested by the graphs, i.e., occurrence and developmental stage and then valence and impact. After this segmented discussion, limitations as well as future directions of research will be addressed. Lastly, overall implications and applications of the study will be identified.

Occurrence and developmental stage

Most studies about the (in)consistency of life experiences relied only on a main variable, usually occurrence, and assessed only a specific developmental stage, usually childhood/adolescence; therefore, the comparison with our results with those from other studies is not easy. First, due to the type of information asked, the proximal agreement values on occurrence and developmental stage are not surprising. Indeed, these variables seem to assess factual data, considering that "at least in theory, the information to be provided in the answers could be objectively verified" (Fowler, 1995, p.8).

Regarding occurrence, at item level, our results are similar to those from other researchers, such as agreement around 90% on *parental divorce*, *physical violence between parents*, *sexual abuse*, and *physical abuse* (Hardt et al., 2006), values of agreement scattered on *achievements* (Yancura & Aldwin, 2009), substantial values of kappa for *owning a pet* (Svanes et al., 2008), or low disagreement on experiences involving *health* of the self or of the child and *failing a school year* (Schraedley et al., 2002). Overall, there was a significant consistency between T1 and T2 attending to the fact that only 10.03% of the answers were inconsistent. This value is quite low even when compared with those studies presenting the lowest values of inconsistency, such as Nelson et al. (2010) or Ayalon (2015),

which can be explained by our short mean time interval. Distinct strategies to define overall inconsistency, i.e., number of people presenting inconsistent answers *vs.* number of inconsistent answers, may be also a reason to explain the discrepancy among studies. The unprecedented assessment of a comprehensive set of experiences, covering distinct domains, based on a lifespan perspective may also benefit consistency for different reasons. Autobiographical memory and the ability to link the past self to the present self (*vs.* episodic memory), that allowed the creation of a personal timeline, are late developing (Fivush, 2011); consequently including experiences beyond childhood allowed participants to recall more firsthand experiences. Moreover, memory mechanisms (i.e, rehearsal, story schematization, retrieval-induced forgetting, or source memory) and social and motivational contributions (i.e., social consensus, reward, or coconstruction) may also explain consistency (Pasupathi, 2001). Additionally, our approach allowed participants to present a good story about themselves, i.e., one that involves coherence, openness, credibility, differentiation, reconciliation, and generative integration (McAdams, 2001). For instance, participants are not only asked about negative relationships, but also positive ones allowing them to tell the full story. Besides, whether there is an imbalance between school and job experiences (e.g., I am not a good student, I am a good worker), participants can tell the two sides of the same coin.

Concerning the patterns of inconsistency, as found by other authors (e.g., Dube et al., 2004; Hardt et al., 2006), items presented both under and overreporting. However, overall there was a trend toward overreporting, refuting conclusions from other authors (e.g., Ayalon, 2015; Dill, Chu, Grob, & Eisen, 1991; Hardt & Rutter, 2004; Hepp et al., 2006). Nonetheless, several explanations may account for our findings: for instance, the increasing in yes responses may be due to reminiscence effects, telescoping, more confidence to disclosure, or implicit theories (Anderson, 2009b; Netland, 2005; Podsakoff, MacKenzie, Lee, & Podsakoff, 2003; Schaeffer & Presser, 2003). A special comment should be done regarding the *I don't remember* option; although it is a natural response for participants, not forcing them to choose between *yes* and *no*, values observed were very low not only for agreement responses, but also for changes, suggesting that forgetting seems not to be as relevant as usually argued (e.g., Colman et al., 2015; Hardt & Rutter, 2004).

There are few studies addressing agreement on developmental stages, which can be a result of the fact that most studies focus only on a single stage (childhood/adolescence *vs.* adulthood). According to our results, values of agreement on developmental stages are slightly lower than on occurrence. These results are not unexpected attending that "for questions that requiring reporting events that occurred in a specific time period, respondents may recall that the events occurred but have

difficulty accurately placing them in the time frame called for in the question" (Fowler, 1995, p.20). Moreover, all three developmental stages presented substantial kappa values and similar percentages of agreement, which can be explained by two distinct memory phenomena, i.e., recency effect and forgetting curve. More specifically, recency effect can be associated to the high agreement on adulthood (Conway & Pleydell-Pearce, 2000), since it is reasonable that more recent experiences are easily recalled; besides, forgetting curve may be underlying high agreement on childhood and adolescence. According to Ebbinghaus (as cited in Anderson, 2009a), a logarithmic function describes forgetting, suggesting that recall decreases by the passage of time; furthermore, initial decline is marked and, then, it slows and stabilizes. Therefore, agreement on childhood and adolescence can be due to a stabilization of memories. However, it should be noted that forgetting in autobiographical memories is still a controversial topic: for instance, Rubin and Wenzel (1996, p.752) tested different datasets against potential retention curves and concluded that "the autobiographical memory data sets are clearly different from the other data sets, but there is also clear agreement among them indicating that this difference is not by chance", whereas others (e.g., Conway & Pleydell-Pearce, 2000) claimed that processes involved in normal forgetting also applied to life experiences.

Our results are in line with those from Krinsley, Gallagher, Weathers, Kutter, and Kaloupek, (2003), who compared agreement on childhood and adulthood traumatic experiences among a sample of veterans; besides the similar values on agreement parameters between the two developmental stages, they also found that a trend of overreporting. Schraedley et al. (2002), based on a community sample of 1202 participants, also concluded that consistency was high for both lifetime and childhood experiences, although it seemed to be influenced by changes on depression status.

Valence and impact

To our best knowledge, the consistency of valence and impact was not addressed by previous studies; therefore, our results are quite exploratory. Nonetheless, valence and impact tended to present high values of inconsistency than the previous discussed variables, which seems reasonable attending that they denoted subjective states, and as a result "the answers to questions about subjective states are always relative, they are never absolute" (Fowler, 1995, p.72).

Regarding valence ratings, most changes occurred toward the positive and less toward the negative. There are many plausible explanations for these results. The kind of experiences assessed can be one of those, attending that in a previous cross-sectional study (Azevedo, Martins, & Maia, 2016b), we found that most items were rated as positive by the majority of the participants. Second, we relied on a community sample that is probably less prone to negativity bias associated with clinical

samples. Moreover, although Baumeister, Bratslavsky, Finkenauer, and Vohs (2001) claimed that bad is stronger than good, Diener, Kanazawa, Suh, and Oishi (2015, p.245) argued that "although people may react to negative events in most cases, they revert over time back to a positive state", in a process of psychological adaptation. Additionally, Rasmussen and Berntsen (2009) found that negative and positive autobiographical memories serve different functions; more specifically, negative ones were associated with directive functions (i.e., instrumented and guiding behaviour), whereas positive ones were related to self- (i.e., self-concept and self-continuity) and social functions (i.e., communicative and social bonding).

The highest degree of inconsistency was presented by impact, and most changes occurred from *low or medium to high impact*. This result is distinct from those of Norris (1991), which concluded that, at T2, fewer participants rated the impact as both low and high, and more participants rated it as medium. However, there is a major difference between the studies, namely the kind of experiences assessed, attending to the fact that Norris focused only on disaster related losses caused by Hurricane Hugo. Thus, combining the results about impact with those from valence, it seems reasonable to suspect that participants tended not only to change their ratings toward positive, but also to increase their impact, which can be explained by the same reasons presented above, i.e., community sample and psychological adaptation. Additionally, the high inconsistency on impact can be rooted on the absence of a clear reference period; more specifically, in ecological settings people talk about impact as a unitary dimension (and for that reason no specification was included), while indeed it can be quite different across time (i.e., short, medium, or long-impact). Therefore, it is possible that participants answer about impact changing their reference period between assessments.

As Reynolds and Turner (2008, p.227) pointed out "there are grounds for questioning the ability of respondents to accurately report such salience" and other meanings. Nevertheless, our results suggested that changes on more subjective variables seem not to affect negatively the consistency on more objective dimensions (i.e., occurrence). Similarly, Paivio (2001) concluded that individuals attending psychotherapy presented consistent reports of childhood maltreatment (including sexual, physical, and emotional abuse/neglect), when assessed 6 months apart, despite of the substantial changes on the subjective meaning of early experiences.

The paradox of kappa and percentage of agreement

There are different strategies to assess agreement (Fleiss et al., 2003), that can be distinguished by the complexity, parameters included, and applications. The simplest is the percentage of agreement, which is mainly criticized by the absence of an error or agreement by chance term

(Cohen, 1960); as a result the same authors enlightened the relevance of including more complex analyses. Kappa in its various forms (i.e., Cohen's kappa for categorical variables, weighted kappa for ordinal variables, or Fleiss kappa when there are more than two raters) is a quite common strategy to assess agreement, providing a linear conclusion: Values around 0 suggested agreement by chance, while values around 1 revealed excellent agreement beyond chance (Fleiss et al., 2003).

Intuitively, we would expect that experiences with a high percentage of agreement will present high values of kappa and vice-versa, i.e., low values of kappa will relate to low percentages of agreement. However, as we mentioned previously, some of our results were not so straight: despite of the high percentage of agreement, the value of kappa is quite low. This paradox is not new and it was first described by Feinstein and Cicchetti (1990) and Cicchetti and Feinstein (1990); nonetheless, it still remains as a pitfall for those computing kappa statistics and especially in this field of research (e.g., Hardt & Rutter, 2004; Mesquita, 2015). There are two potential reasons to explain this paradox, namely low frequencies and marginal distribution (e.g., Cicchetti & Feinstein, 1990; Feinstein & Cicchetti, 1990; Lantz & Nebenzahl, 1996; Viera & Garrett, 2005). As far as we know, there is no better option to replace kappa statistics; therefore, as suggested by many authors (e.g., Fleiss et al., 2003; Kottner et al., 2011; Sim & Wright, 2005), we presented several parameters (i.e., percentage of agreement, kappa statistics, standard error, and confidence intervals) to allow for a deeper knowledge about our results.

Limitations and future studies

This study has several limitations that deserve a comment. First, different modes of data collection were applied to collect data, i.e., self-reports or face-to-face interviews, in an effort to adapt to the participants' demands (namely, interviews for older individuals); nevertheless, some authors (e.g., De Leeuw, 2008; Tourangeau, Rips, & Rasinski, 2009) claimed that the mode of assessment affect answers, which in turns probably affects inconsistency. Despite this claiming, very few studies assessed this impact and the results are mixed (e.g., Dill et al., 1991; Mensch & Hewett, 2008; Mills et al., 2007); therefore, further studies should be done comparing and balancing distinct modes of data collection, including new technological options, as recently was done by Ben-Ezra et al. (2013).

Second, our initial aim was to assess individuals from community recruited through a convenience sampling. Overall, our respondents tended to be female, middle aged, well educated, and student or employed. This profile supports the main factors identified by Patel, Doku, and Tennakoon (2003) as adversely affecting response rates. Thus, our participants are not representative of general population, failing to include minorities or special groups, which limit the generalisability of the findings. Besides concerns about the sample characterization, its dimension may also limit our results.

Estimating the required sample size (a priori or a posteriori) and its power are currently elementary tasks; however, despite many efforts to provide easy guidelines (e.g., Cantor, 1996; Donner & Eliasziw, 1987; Sim & Wright, 2005), these calculations are not so simple when kappa statistics are applied (Hadzi-Pavlovic, 2010). Attending to the fact that some experiences and domains exhibited this paradox involving kappa values and percentage of agreement, it is reasonable to suspect that improvements on the dimension and the heterogeneity of the sample would clarify some of our findings; future studies should address this concern.

Another potential limitation that deserves a comment is the high variability on time interval. Indeed, the mean time interval was 148.35 days, but the standard-deviation was 114.37. Moreover, since some participants asked twice 20 days apart, while for others, in the opposite side, the time interval was 370 days. Indeeed, there are no available guidelines about the best or the advisable time interval and it seems to be a matter of forgetting previous answers (Taris, 2008), which is specially vague and problematic in this field of research. Usually, available studies did not provide such a detailed data about time interval; consequently, they seem to be more homogeneous. Therefore, the heterogeneity presented by our study can be valuable for future analyses, that should explore deeply how changes in time interval between assessments impacts on (in)consistency.

Inconsistency of life experiences report is an old concern, which is far from being deeply studied. Due to the novelties of our study, we performed a macro-approach in which participants and experiences were analysed as a whole. Nevertheless, we are aware that our approach potentially masked group effects; consequently future efforts should be made to clarify who were the inconsistent reporters (e.g., gender), what experiences are more prone to greater inconsistency (e.g., valence) and which conditions promote inconsistency (e.g., time interval). Consequently, future efforts should be made to clarify who are the inconsistent reporters and what conditions and variables promote inconsistency.

Applications, implications, and merits

This study presents novelties in the field of (in)consistency of life experiences reports that are worth to stress: it assessed an extensive range of life experiences, covering different domains, based on a lifespan perspective. Moreover, it assumes a free-valence point of view, including both positive and negative experiences, while most studies relied only on pre-labelled negative experiences. Lastly, it presents comprehensive findings about inconsistency, overcoming traditional data focused merely on occurrence.

Accordingly, we think that our work has many common implications for both research and clinical purposes. Overall we concluded that life experiences reports tended to be consistent, especially on objective dimensions such as occurrence and developmental stages, suggesting that clinicians and researchers can be confident about most of the reports. However, they can also be sure that at least some reports will be inconsistent. Although it would be tempting to ignore or to devaluate them, we did not believe this would be the best approach. For instance, in clinical settings psychologists should be flexible and open to changes in the reports, without forcing or creating them. Researchers, that asked mainly about occurrence on a *yes or no* dichotomous scale, should also consider being more flexible in the answers provided, including measures of uncertainty or unwilling to respond. In an effort to provide an alternative reasonable answer and attending to central concerns about memory, we applied the *I don't remember* option; although few participants endorsed in this response, there was no forgetting complains through data collection and this option can work as a non-invasive blow-off (Waites, 1997).

Our data suggested that inconsistency is lower on objective variables than on subjective variables and vice-versa; therefore it is not advisable to use them interchangeable. Additionally, attending to ethical concerns, on both research and clinical settings we usually constrain *a priori* the kind of experiences that we are interested (e.g., please, talk to me about your negative experiences; this study is about negative experiences). Although the impact of this type of approach is still unknown, it is reasonable to suspect that people will answer according their own subjective appraisals, and this should be taken in account. For instance, Smith, Schwarz, Roberts, and Ubel (2006) found different correlations on life satisfaction and health satisfaction upon the inclusion or omission of the label Parkinson's disease on the study introduction.

Lastly, as McAdams (2001) claimed we are natural storytellers and meanings seem to be more relevant than facts for our stories. As a result

> even when there is no intrinsic motive to distort a story, the need to make the story comprehensible or acceptable to the self and to others sometimes overrides the wish to give an accurate rendering. And when an event is, in fact, confusing and incomprehensible, the need not only to make sense of it but to communicate it can become a major, but distorting, factor in how it is reported (Waites, 1997, p.99).

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ESTUDO 4

Comparing and predicting inconsistency on positive and negative life experiences reports: Which variables matter?

Abstract

Purpose. Most studies about life experiences and their long-term impact relied on retrospective assessments and cross-sectional designs. However, there are concerns about the inconsistency of reports, which have been addressed in a limited scope (i.e., focused on negative experiences, usually from childhood, and including a narrow set of predictors). This study aimed to compare differences on inconsistency between positive and negative experiences, to describe potential patterns, and to identify sociodemographic, experiences-related, and design-related predictors of inconsistency.

Methods. Adults from community (N = 171) reported their live experiences twice, through self-report or interview. Positive and negative experiences were compared regarding inconsistency and its patterns. Besides, sociodemographic, experience-related, and design-related variables were tested as potential predictors of inconsistency for both kinds of experiences.

Results. An overall trend of overreporting was found for positive and negative experiences. Additionally, inconsistency on positive experiences was higher than on negative, although both variables were correlated. Regarding predictors of inconsistency, the model for negative experiences explained greater variance than for the positive ones. Most variables did not predict inconsistency, with few exceptions: impact for positive experiences, total of experiences for negative experiences, and time interval was marginally significant for both.

Conclusions. Available data comparing inconsistency on positive and negative experiences, as well as associated predictors is incipient. Overall, it seems that we know more about variables not involved in inconsistency than those that matters. Due to its relevancy this issue should be further examined.

Keywords: reliability, community, retrospective self-reports, life events, adults, reporting practices

Introduction

Since the publication of the Social Readjustment Rating Scale (Holmes & Rahe, 1967) in the sixties, retrospective life experience measures have been widely used to collect data for both research and clinical purposes (e.g., Kendall-Tackett & Becker-Blease, 2004; Paykel, 2001; Shaffer, Huston, & Egeland, 2008), usually through cross-sectional designs (e.g., Anderson, Howard, Dean, Moran, & Khalifeh, 2016; Armour et al., 2016). Concurrently, many claims arose warning about the lack of consistency[14] in those reports (e.g., Jenkins, Hurst, & Rose, 1979; Zimmerman, 1983), that are still a major challenge (Hardt & Rutter, 2004). Surprisingly, little attention is given to the topic, which is far from being fully understood. Most studies aimed primarily to quantify inconsistency, through descriptive approaches, and findings are quite inconclusive. For instance, when participants, from the community, were asked twice about childhood sexual abuse experiences Dube, Williamson, Thompson, Felitti, and Anda (2004) found substantial agreement, whereas Langeland et al. (2014) found only fair agreement. Therefore, the best current conclusion available is that at least some individuals will provide an inconsistent report. Moreover, reasons involved in inconsistent reporting remained mainly as a secondary or neglect aim (e.g., Casey, Masuda, & Holmes, 1967; Dill, Chu, Grob, & Eisen, 1991; Widom, Raphael, & DuMont, 2004), being a relevant a relevant gap.

Reasons involved in inconsistent reporting is an emerging line of research, which can be studied through two distinct approaches, namely statistical testing, such as been done by McKinney, Harris, and Caetano (2009) or asking participants to identify relevant variables similarly to the study of Sobell, Toneatto, Sobell, Schuller, and Maxwell (1990). More recently, Langeland et al. (2014) applied concomitantly both approaches. Attending to our purposes, we focused mainly on the first one, which consists of collecting data about life experiences, at least in two distinct moments, and potential associated variables. Then, an inconsistency parameter is defined, and tested against those factors. In a previous work (Azevedo, Maia, Fernandes, Fernandes-Costa, & Martins, 2016), we grouped associated variables in four three sets, namely individual-related (i.e., gender, age, marital status, depression, physical conditions), experience-related (i.e., time of occurrence, specific events, total of exposure), and design variables (i.e., time interval, method of data collection, interviewer's characteristics). Typically, researchers addressed some variables from just one or two of these sets, especially from sociodemographic and health variables. Additionally, available studies assessed mainly childhood negative experiences (e.g., Colman et al., 2015; Langeland et al., 2014; Shields, Hovdestad,

[14]Initially the phenomenon was labelled as reliability or stability, but more recent studies applied the term (in)consistency.

& Tonmyr, 2015) and only two studies from community samples included also positive ones (Hardt, Sidor, Bracko, & Egle, 2006; Yancura & Aldwin, 2009), but analysed inconsistency as a whole. Therefore, current knowledge urges for some novelties, such as a more comprehensive approach of variables underlying inconsistent reports (i.e., through the analysis of more than two sets), a lifespan perspective, and a more balanced assessment of positive and negative experiences, introducing comparative purposes.

Setting aside these caveats, some findings from community samples (Ayalon, 2015; Colman et al., 2015; Dube et al., 2004; Fergusson, Horwood, & Woodward, 2000; Hepp et al., 2006; Langeland et al., 2014; McKinney et al., 2009; Schraedley, Turner, & Gotlib, 2002; Shields et al., 2015; Yancura & Aldwin, 2009) are important to highlight. The majority of the studies analysed at least one sociodemographic variable, including age, gender, education, marital status, ethnicity, and income. However, the profile of inconsistent reporters is not well defined: some studies claimed that men are more inconsistent (e.g. Yancura & Aldwin, 2009), whereas others found no impact of gender (e.g. Dube et al., 2004). Age was not an explanatory variable in most studies, but younger participants are identified simultaneously as consistent (e.g., Shields et al., 2015) and inconsistent reporters (e.g., McKinney et al., 2009). Similar inconclusive results were found on other variables, except for income, that was not a significant predictor of inconsistency (e.g., McKinney et al., 2009; Shields et al., 2015). Additionally, psychological symptoms and depression are among the most studied factors, but once again some authors found significant effects (e.g., Ayalon; 2015; Schraedley et al., 2002), whereas others did not (e.g., Colman et al., 2015; Fergusson et al., 2000). Besides these, other factors such as cognitive function, stress, mastery, personality characteristics, coping, self-esteem, post-traumatic stress disorder, suicide behaviours, or alcohol related problems, had also been occasionally studied with mixed results. Experience-related variables, including specific experiences, specific answers, severity, and total of experiences, are much less studied, but results revealed those are relevant factors involved in inconsistency. Lastly, design-related variables have not been recently addressed in community samples. In sum, no singular variable is known as a clear and robust predictor of inconsistent reporting and non-significant effects seem to be the most common trend.

In an effort to improve the current state of the art, the purpose of the current study was three-fold. First, based on a lifespan perspective, we aimed to compare differences on inconsistency between positive and negative experiences and to describe the patterns of inconsistent reporting. Third, we aimed to identify sociodemographic, experiences-related, and design-related predictors of inconsistency, performing separated analyses for positive and negative experiences.

Method

Participants

The 171 participants included 140 females (81.9%) and 31 males (18.1%), with an age range from 18 to 92 (*M* = 42.30 years, *SD* = 23.46) at first assessment (T1). Regarding marital status, 50.3% (*n* = 86) were single, 32.2% (*n* = 55) were married or cohabiting, 14% (*n* = 24) were widowed and the remaining 3.5% (*n* = 6) were separated or divorced. Most had complete at least high school education (74.2%, *n* = 117), and 33.3% (*n* = 47) had a college degree; however, 20.5% (*n* = 35) had none or less than four years of schooling. Additionally, 39.2% (*n* = 67) were students, 36.8% (*n* = 63) were employed, and 22.2% (n = 38) were retired; three participants (1.8%) reported other labour force status.

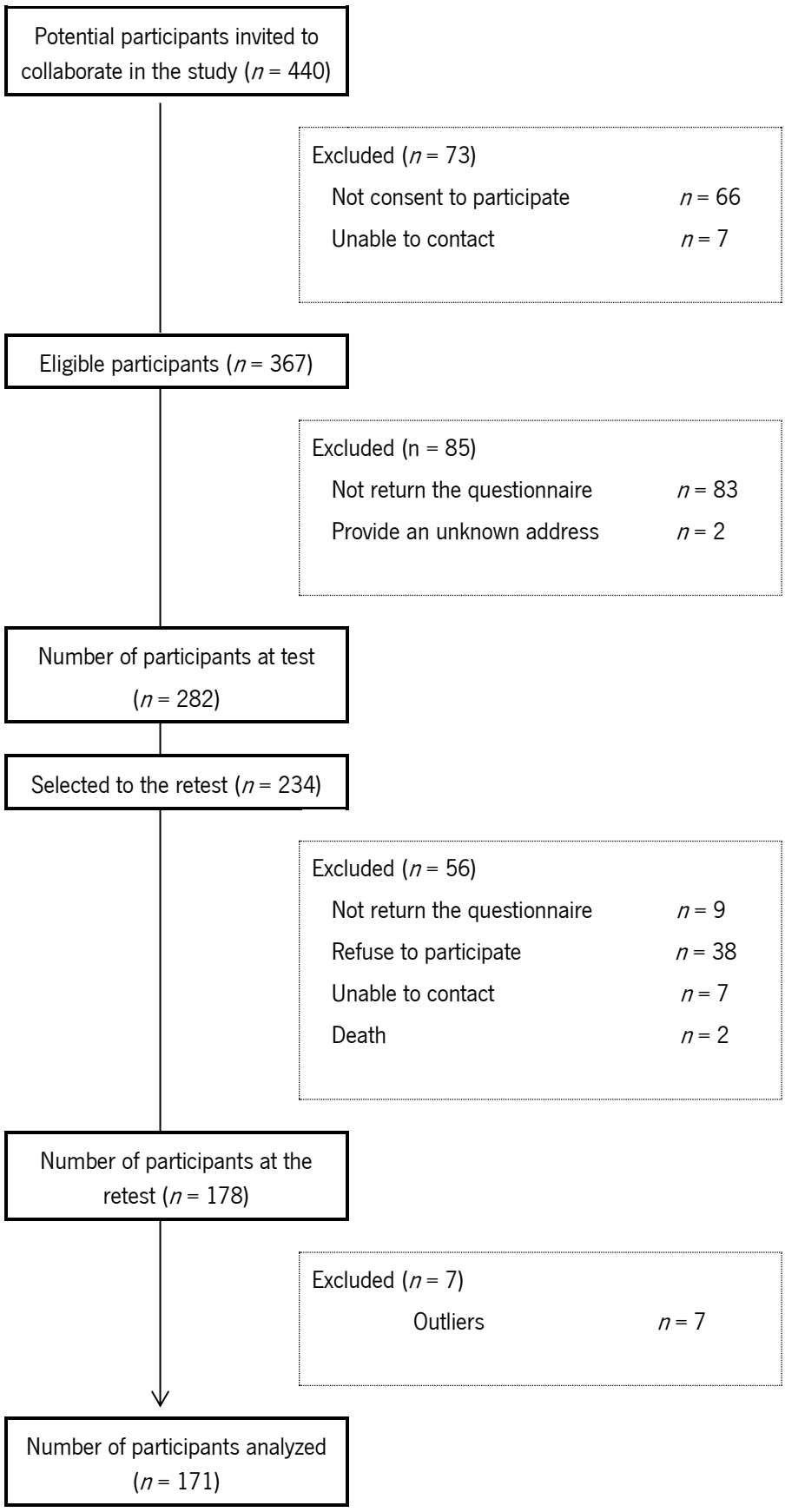
In an effort to involve participants from the community and to promote heterogeneity of the sample, individuals were recruited from two different sites, namely schools and an adult day care centre from the North of Portugal, based upon three inclusion criteria: individuals older than 18 years, capable of speaking, reading and writing in Portuguese; not planning migration in a short-medium term[15]. Initially, the study was detailed presented and only those that signed informed consent were assessed.

As displayed in Figure 3, 282 subjects completed the first assessment and 16.24% (*n* = 38) refused to participate at the second (T2). Regarding the distribution of sociodemographic characteristics, participants at T2 (*n* = 178) were not similar from those assessed only at T1 (*n* = 102[16]) on marital status, $X^2(2)= 7.22$, $p = .027$, education, $X^2(2)= 14.18$, $p < .001$, and labour force status, $X^2(2)= 26.06$, $p < .001$, and age, $t(270) = -3.07$, $p = .002$, but were similar in gender, $X^2(1)= 0.29$, $p = .590$. Overall, participants at T2 were more heterogeneous and well balanced at a group level. Additionally, there were no significant differences among participants and nonparticipants at T2 regarding reported experiences at T1, $t(278)= -0.41$, $p = .681$ for total, $t(278) = 0.22$, $p = .830$ for positive experiences, and $t(278) = -1.55$, $p = .123$ for negative experiences.

[15] Due to Portuguese economic crisis, there was a strong increase in the unemployment rates, people changed home and phone numbers often and there was an intense migratory wave; obviously, these circumstantial conditions added extra complexities to longitudinal studies. In order to minimize these effects, data was collected mainly in schools, that, in one hand, are less prone to mobility (at least, people used to stay for a school year) and in the other their populations are quite heterogeneous regarding sociodemographic variables.

[16] The two participants that died were excluded from the analyses.

Figure 3. Flow of participants chart



Measures

The characterization of the participants was based on data collected through a sociodemographic questionnaire, which included questions about date of assessment, gender, marital status, education, and labour force status. Questions about ethnic group and income were deliberately not included for specific and general reasons, which deserve a comment. Indeed, ethnicity is an odd variable for our population and (due to the national economic crisis) income would be misleading and unstable. Additionally, according to previous studies (e.g., Krinsley, Gallagher, Weathers, Kutter, & Kaloupek, 2003; Ouimette, Read, & Brown, 2005), those were not core variables in this field of research.

Life experiences were assessed using Lifetime Experiences Scale (LIFES, Azevedo, Martins, & Maia, 2016c), a measure composed of two sections: lived *versus* non-lived experiences. In this study, only the first section was analyzed, which includes 75 items organized into a thematic framework: school, work, health, leisure, life conditions, adverse experiences, achievements, and people and relationships. For each item, participants noted whether it occurred (yes *vs.* no *vs.* not remember); if they answered positively, additional questions are asked, namely developmental stage (childhood, adolescence, and adulthood), valence (negative *vs.* neutral *vs.* positive) and impact (using a five-point Likert scale ranging from 0 (not at all) to 4 (absolutely). Attending to our aims, this study analyzed only two questions, namely occurrence (to compute inconsistency) and impact (as a potential predictor); the distinction between positive and negative items was based on a previous study (Azevedo, Martins, & Maia, 2016b) that revealed that 39 items represented positive experiences and 30 denoted negative experiences (the remaining correspond to filter items). LIFES had been validated in community sample and due to its nature it is not appropriate to report Cronbach's alpha (e.g., Hooper, Stockton, Krupnick, & Green, 2011).

Procedures

This study applied a test-retest procedure and involved both within- and between-groups analyses. Before the recruitment of the participants, the study was reviewed and approved by the Institutional Review Board and the Portuguese Data Protection Authority. Participants were detailed informed about the topic, procedures, and participating conditions and only those who gave written informed consent were further assessed.

Data was collected using different strategies depending on the site: Those participants recruited through the adult day care centre were face-to-face interviewed both at T1 and T2 (n = 36). Participants

recruited at schools were assessed at T1 using self-reports; at T2 data was collected using face-to-face interviews (n = 59) or self-reports (n = 76). Face-to-face interviews took place in private and calm settings and were conducted by research's team members, properly trained. Self-reports were collected through mailed questionnaires (returned by pre-paid envelopes) or in face-to-face (individually or in small groups) sessions, according to participants' availability. At T2, participants recruited from schools were randomly selected and allocated to one mode of data collection (self-report *vs.* interview). In sum, data collection occurred using a same mood procedure (including being face-to-face interviewed or completing a self-report at both assessments; n = 112) or a different mode procedure (which consisted in an evaluation using self-report at T1 and face-to-face interviews at T2; n = 59). Although participants were aware that it was a two wave study and that data could be collected through self-report or interview, they were not informed that exactly the same measures would be applied twice, nor that mode of assessment could change.

Data was collected between January 2013 and May 2015, and mean elapsed time was 147.26 days (SD = 114.07, range = 20-370). At both assessments, the booklet of assessment was similar and included the sociodemographic questionnaire and LIFES, described below; it lasted between 30-45 minutes to be completed. Ethical issues were considered throughout the process.

Variables

According to our aims, potential predictors included variables related with sociodemographic, experiences and design features. Gender, age (in years), marital status (single *vs.* married *vs.* other status), labour force status (student *vs.* employed *vs.* other status), and education (four or less years of school *vs.* between six and twelve years of schools *vs.* graduated studies) were the sociodemographic variables included. Missings (corresponding to the count of missing answers across T1 and T2), total of reported positive and negative experiences (corresponding to the count of yes answers across T1 and T2), and impact (corresponding to a mean value computed from the sum of total impact and total of reported experiences) were the experience-related variables assessed. Lastly, design-related variables included time interval (computed as the difference, in days, between T1 and T2's dates), mode of data collection (same mode at T1 and T2 *vs.* different mode at T1 and T2), and similarity between participant and interviewer (corresponding to the comparison of gender and age, that established three groups: not similar *vs.* similar at one characteristic *vs.* similar at both characteristics).

The outcomes variables were inconsistency on positive and on negative life experiences, which were specifically computed for this study. More specifically, answers of occurrence for individual items were compared and subtracted (i.e., T2-T1), in order to identify if it was a consistent or inconsistent

response (that could represent under or overreporting). Then, the number of inconsistent responses was counted for the 39 items devoted to positive experiences and 30 from negative ones, resulting in the main variables under study. Patterns of under and overreporting were clarified through the count of negative and positive values, respectively, on differences between T1 and T2 (the sum of these values correspond to the total of inconsistency on positive and negative experiences). Then, these patterns were further compared to distinguish participants that were mainly underreporters, mainly overreporters or undefined reporters (when there was a tie between under and overreporting).

Data Analysis

Descriptive and inferential statistical analyses were performed using software IBM Statistical Package for Social Sciences (IBM SPSS, version 22 for Windows). In order to compare experiences reported at T1 and T2 and to test differences between the inconsistency on positive and negative experiences, descriptive results and paired sample t-tests were used; additionally, a Pearson correlation was computed to clarify the relationship between the inconsistencies on positive and negative experiences. The patterns of inconsistency were explored through descriptive data and a chi-square test. Two multiple linear regressions, using the entry method, were independently performed to identify predictors of inconsistency on positive and on negative experiences. Initially, separate correlations (namely Pearson correlations between numerical variables) or differences tests (namely independent t-tests for grouping variables with two groups or ANOVA for grouping variables analyzing three groups) were run for each potential predictor. Those variables that were statistically significant in these bivariate analyses advanced for the multiple linear regressions, namely impact and time interval as predictors of inconsistencies on positive experiences and marital status, labor force status, age, impact, total of negative experiences reported, and time interval for the negative experiences. Due to the fact that SPSS only computed regression for dichotomized categorical variables and to avoid the outspread of variables, simple linear regressions were performed to explore each groups of marital status and labor force status should be tested in the model; consequently, single *vs.* other status and students *vs.* other status were the groups selected since they represented the highest variance explained; other variables were numerical. Initially, outliers at outcome variables were identified through z-scores and, before the models' interpretation, the assumptions for linear regression were checked, including Mahalanobis distances. The level of significance at the bivariate and multivariate analyses was $p <$. 05.

Results

Inconsistency on positive and negative life experiences

On average, participants reported a significantly higher number of positive life experiences at T2 (*M* = 21.58, *SD* = 4.40) than at T1 (*M* = 20.48, *SD* = 4.84), *t*(170) = -4.97, *p* < .001; the same trend applied to negative life experiences (*M* = 5.81, *SD* = 2.96 *versus M* = 5.55, *SD* = 2.97), *t*(170) = -1.97, *p* = .051. When the inconsistency on positive and negative life experiences was compared, there were significant differences between their totals, respectively *M* =3.57, *SD* = 1.92 *versus M* = 2.05, SD = 1.53, *t*(170) = 9.49, *p* < .001, and proportions, *M* = .09, *SD* = .05 *versus M* = .07, *SD* = .05, *t*(170) = 5.06, *p* < .001, indicating a higher number of inconsistencies on positive experiences. Additionally, the inconsistencies on positive and on negative life experiences were positively correlated, *r* = .27, *p* < .001, suggesting that participants reporting a higher number of inconsistencies on positive experiences also presented greater inconsistencies on negative ones.

Regarding the patterns of inconsistency, shown in Table 1, the mean value for overreporting (*no to yes* change) achieved the highest value for both positive and negative experiences. Moreover, when participants were grouped by pattern of inconsistency on positive experiences, 49.1% (*n* = 84) presented a trend of overreporting, 28.1% (*n* = 48) a trend of underreporting, and 22.8% (*n* = 39) a tie between under and overreporting responses. For negative experiences, a similar result was achieved: 39.2% (*n* = 67) exhibited a trend of overreporting, 33.3% (*n* = 57) of underreporting, and 27.5% (*n* = 47) of undefined. However, a chi-square analysis revealed that the patterns of inconsistency for positive and negative experiences were not associated, $X^2(4)=3.39$, *p* =.495; indeed, cross tabulations showed only 39.5% of the participants presented the same pattern (namely, 22.2% in overreporting, 9.9% in underreporting and 7.6% in undefined) between positive and negative experiences.

According to descriptive results provided on Table 12, a high value of inconsistencies on both positive and negative life experiences were exhibited by males, divorced or widowed participants, people that were not employed or studying, and by those that were assessed using two different modes. Participants with four or less years of education presented a high number of inconsistencies on positive life experiences, while those with graduated studies presented a high number of inconsistencies on negative experiences. Regarding similarity between interviewer and participant, inconsistencies on positive experiences were high for those participants that shared only one characteristic with the interviewer, whereas participants not similar with the interviewer presented a high mean value for negative experiences.

Table 12

Means and Standard Deviations of Inconsistency on Positive and Negative Life Experiences by Groups

	Inconsistencies on	
	Positive life experiences	Negative life experiences
Groups	*M (SD)*	*M (SD)*
Pattern of response (*n* = 171)		
Yes/No	1.25 (1.32)	0.82 (0.97)
No/Yes	1.60 (1.34)	0.94 (1.07)
Yes/Not remember	0.14 (0.41)	0.03 (0.17)
No/Not remember	0.11 (0.35)	0.09 (0.36)
Not remember/Yes	0.30 (0.64)	0.03 (0.17)
Not remember/No	0.17 (0.47)	0.13 (0.43)
Gender		
Male (*n* = 31)	3.61(1.96)	2.10 (1.66)
Female (*n* = 140)	3.56 (1.92)	2.04 (1.51)
Marital status		
Single (*n* = 86)	3.30 (2.00)	1.65 (1.35)
Married/cohabiting (*n* = 55)	3.67 (1.94)	2.58 (1.71)
Other (*n* = 30)	4.17 (1.56)	2.20 (1.38)
Labor force status		
Student (*n* = 67)	3.19 (1.97)	1.55 (1.25)
Employed (*n* = 63)	3.81 (2.01)	1.43 (1.70)
Other (*n* = 41)	3.83 (1.63)	2.27 (1.48)
Education		
4 or less years (*n* = 35)	3.77 (1.57)	2.17 (1.40)
Between 6 and 12 years (*n* = 79)	3.49 (2.08)	1.78 (1.47)
Graduate studies (*n* = 57)	3.56 (1.91)	2.33 (1.65)
Mode of data collection		
Same (*n* = 112)	3.44 (1.84)	1.93 (1.38)
Different (*n* = 59)	3.83 (2.06)	2.27 (1.77)
Similarity with interviewer		
None (*n* = 19)	3.68 (1.67)	2.53 (1.90)
One characteristic (*n* = 55)	3.89 (1.98)	2.36 (1.57)
Two characteristics (*n* = 21)	3.62 (2.01)	1.62 (1.43)

Predicting inconsistency on positive experiences

Bivariate tests revealed significant correlations between inconsistencies on positive experiences and impact, r = -.22, p = .004, and time interval, r = .16, p = .037. On the other hand, inconsistencies on positive experiences were not statistically correlated with age, r = .11, p = .166, number of missings, r = -.09, p = .225, total of reported positive experiences, r = .02, p = .758. Additionally, there were no differences on inconsistencies on positive experiences based on gender, $t(169)$=.127, p = .899, mode of data collection, $t(169)$ = -1.27, p = .205, marital status, $F(2,168)$ = 2.40, p = .094, labor force status, $F(2,168)$ = 2.17, p=.117, education, $F(2,168)$ = .25, p = .777, and similarity between participant and interviewer, $F(2,92)$ =.19, p = .830.

Based on previous results, the multiple linear model included two predictors, namely impact and time interval. As displayed in Table 13, the model explained 6.6% of the variance for the inconsistency on positive experiences and it was statistically significant; the only significant predictor was impact, suggesting that higher ratings of impact predict lower inconsistencies on positive experiences.

Table 13

Multiple Linear Regression Analyses Predicting Inconsistency on Positive and Negative Life Experiences

Inconsistency on positive experiences			
Predictor	β	*t*	*p*
Impact	-.21	-2.71	.007
Time interval	.13	1.67	.097
Model	R^2 = .07, R^2_{adj} = .06, *F*(2,164) = 5.81, *p* = .004		
Inconsistency on negative experiences			
Marital status	-.07	-.58	.562
Labor force status	-.12	-.82	.414
Age	-.15	-1.14	.257
Impact	-.05	-.58	.560
Time interval	.16	1.78	.078
N. negative experiences	.42	5.32	<.001
Model	R^2 = .24, R^2_{adj} = .22, *F*(2,160) = 8.56, *p* < .001		

Predicting inconsistency on negative experiences

According to bivariate analyses, age, the number of reported negative experiences, impact, and time interval were significantly correlated with inconsistencies on negative experiences, r = .17, p = .025, r = .42, p <.001; r = -.20, p = .012; r = .21, p = .006, respectively. The number of inconsistencies on negative experiences differed according marital status, F(2,168) = 6.83, p = .001, and labor force status, F(2,168) = 6.26, p =.002. On the other hand, there were no significant correlations between inconsistencies on negative experiences and the number of missings, r = -.01, p = .947. Besides, gender, t(169) = .20, p = .841, mode of data collection, t(69) = - 1.40, p =.164, education, F(2,168) = 2.31, p = .102, and similarity between participant and interviewer, F(2,92) = 2.24, p = 138, did no significantly affect inconsistencies on negative experiences.

The final model for inconsistency on negative experiences included six variables, namely marital status (single *vs.* other status), labor force status (students *vs.* other status), age, impact, time interval

and the total number of negative experiences. According to Table 13, this model accounted for 24.3% of the variance and a significant regression equation was found. More specifically, whereas the total of negative experiences reported was a significant predictor, time interval was a marginally significant predictor of inconsistency on negative experiences. Therefore, higher number of negative experiences on both assessment and longer delays between T1 and T2 are predictors of a high value of inconsistency. No other variable emerged as a significant predictor.

Discussion

Overall inconsistency consists mainly of overreporting, i.e., an increased number of affirmative answers. Additionally, there were a higher number of inconsistencies on positive experiences than on negative, but both variables were significantly correlated. Moreover, the model for inconsistency on positive experiences explained less variance than for negative ones. Despite the comprehensive set of variables analysed, including sociodemographic, experiences-related, and design-related variables, few predictors were identified for inconsistency on the report of positive and negative experiences.

Despite the difficulties to compare our results with previous research, our trend of overreporting contradicts a more common finding toward underreporting (e.g., Ayalon, 2015; Dill et al., 1991; Hardt et al., 2006; Hepp et al., 2006); nevertheless, other authors (e.g., Suh, Diener, & Fujita, 1996) also achieved similar results. Although being equally disturbing as underreporting, this pattern can be more easily justified: it may be due to reminiscence effects, to greater comfort to disclose personal information, or, it can results from new experiences (despite our efforts to track them); nonetheless, these are only potential explanations that should be further explored. To our best knowledge no previous study compared positive and negative experiences on a community sample applying a lifespan perspective, but our results extended available findings. More specifically, lower values of agreement seemed to be presented by positive experiences than negative ones (Hardt et al., 2006; Monteiro, 2014; Pinto, Correia, & Maia, 2014; Yancura & Aldwin, 2009). Similarly, Suh et al. (1996, p.1095) concluded that "bad events seemed to be experienced with much more consistency than good events"; in our opinion, these pattern of results is an additional evidence to Baumeister, Bratslavsky, Finkenauer, and Vohs (2001) statement that bad is stronger than good. The correlation between inconsistency on positive and negative experiences is also an interesting finding, which deserves further attention, as it can be a signal of a general trend of reporting.

Regarding variables involved in inconsistency, our results are in line with previous research in suggesting that individual characteristics such as age or gender are not relevant (Dube et al.,2004,

Hepp et al., 2006, Langeland et al., 2014, Shields et al., 2015). Inversely, two experiences-related variables, i.e., impact and total of negative experiences, were significant predictors of inconsistency on positive and negative experiences, respectively. Although it seems reasonable to think that those reporting more experiences are more likely to be inconsistent, due to forgetting or difficulties to retrieve specific experiences, our results refute those from McKinney et al. (2009), that concluded that consistent reporters of childhood physical abuse tended to experienced multiple types of abuse (*vs.* only one type). Additionally, low impact was a significant predictor of inconsistency on positive, but surprisingly not on negative experiences. For instance, the same authors found that inconsistent reporters of childhood physical abuse reported more moderate forms of abuse, while consistent reporters reported more severe forms of abuse; a similar trend was presented by Langeland et al. (2014) regarding reports of childhood sexual abuse. This discrepancy can be due to design specificities (e.g., domains included, lifespan perspective); moreover, attending to the fact that usually people lived more positive than negative experiences (Baumeister, Kriston, Bengel, & Härter, 2010; Overbeek et al., 2010), perhaps impact plays a stronger role in the recall of positive ones. Despite our relatively short time interval, it was marginally affecting inconsistency, which is not implausible; indeed, as time passes there are more chances to forgetting, to living new experiences, and to revisiting past ones; in sum, more time to change. Although our results can be explained by the large standard-deviation, this finding represents a challenge; at this point there are no golden rules about optimal time intervals (Taris, 2008) and despite all carefulness they are actually defined by participants.

Despite the novelties and advances achieved, some limitations deserve comment. First, due to contextual circumstances, a relatively small convenience sample was used, which constrained generabilizity. Additionally, participants were assessed through different modes of data collection, which according to our results did not affect inconsistency; nonetheless, a deeper comparison should be made in upcoming studies. Third, although health variables are commonly addressed, they were not included here. The distinction between positive and negative experiences was based on normative ratings of valence, a strategy that benefits general perceptions while missing idiosyncrasies. This is also a limitation attending to the fact that valence involves not only very personal appraisals, but also some inconsistent appraisals (Azevedo, Martins, & Maia, 2016a); it would be interesting to replicate this study applying a more subjective approach. Lastly, self-selection at the recruitment phase and at T2 can also limit, in an uncertain way, our findings. Indeed, it is reasonable to suspect that individuals who did not complete the assessments are somehow different from completers (Gray, 2016), for instance they can

demonstrated a willingness to respond and some interest in the topic, but the reasons involved in refusals and non-responses, as well as their impact, are unknown.

A better knowledge about variables involved in inconsistent reporting deeply impacts on the assessment of life experiences, for both clinical and research purposes; therefore, it should not remain as a neglect topic. Currently, we know more about variables not involved in inconsistency than those that matters. Therefore, future research efforts are needed to overcome current limitations, addressing new variables and improving design features.

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ESTUDO 5

Changes on reports of life experiences and mood: A messy issue

Abstract

Background. Most studies about life experiences rely on retrospective reports, despite concerns about the influence of mood. According to mood-congruent recall model, individuals report easier those experiences whose valence (i.e. positive or negative) matches their current mood. Available findings are mixed and may be biased by definitional and operational idiosyncrasies used to quantify changes on reports and mood. To clarify the relationship between these variables, this study crossed and compared different strategies to define changes on life experiences reports and mood.

Methods. Participants were 89 adults from a convenience community sample, assessed twice regarding past life experiences and mood. Changes on life experiences reports were computed using two criteria (i.e, discrepancy and inconsistency). Mood was defined as depressive symptomatology and global psychopathology, which were operationalized according four criteria (i.e., single scores, change scores, status, and clinical status).

Results. Regarding changes on reports, the comparison between the two criteria revealed some common patterns (e.g., trend of overreporting), but also some differences (e.g., no overlap). Results about changes on reports and mood were mixed, some of them supporting mood-congruent recall model (e.g., single scores) while others refuted them (e.g., change scores). However, across time, disturbed individuals presented higher discrepancy and inconsistency on negative experiences.

Conclusion. Our results are quite challenging, providing new evidence to review past inconclusive findings. Therefore they should be further explored, replicated, and extended. A final recommendation suggests the use of more than one criterion to assess both change on reports and mood.

Keywords: reporting practices, lifespan, mood-congruent hypothesis, reliability, life events

Introduction

Changes on reports of life experiences (a phenomenon labelled interchangeably as unreliability, inconsistency, or instability) as well as changes on mood are allied topics of concern, criticism, and research. Still their relation is far from being clear and robust. Mood-congruent recall is a main linking phenomenon, and consists in a "bias in the recall of memories such that negative mood makes negative memories more readily available than positive, and vice-versa. Unlike mood-dependency, it does not affect the recall of neutral memories" (Anderson, 2009b, p.178).

Potential mechanisms underlying the mood-congruent recall are consensual: cognitive factors seem to play a crucial role and many perspectives have been offered. For instance, Leichtman, Ceci, and Ornstein (1992) summarised five approaches that link mood and memory (i.e, associative network explanation, attentional explanation, energy explanation, motivational explanations, and integrated trace explanations), whereas Fitzgerald (1991) proposed the self-schema model, and Williams (1992) stressed the cognitive theory of emotion. Automatic thoughts, dysfunctional beliefs, causal attributions, attentional selection and constrains, perceptual distortions, or negative self-schemas (Bower, 1981; Brewin, Andrews, & Gotlib, 1993; Koriat, Goldsmith, & Pansky, 2000) are cognitive concepts usually called to explain how current (negative) mood affects reports about the past. Other variables may also be useful to explain the link. Brewin et al. (1993) stressed features such as severity, first *vs.* second-hand experiences, or time interval. Moreover, reporting does not occur in *vacuum*, it happen in social contexts that cannot be dismissed. People can adapt their life experience reports to explain their current mood, especially in clinical settings or research, they can have their own implicit theories and answer accordingly, they may want to preserve the self or to present a coherent account about themselves (Brewin et al., 1993; Colman et al., 2015; Fivush, 2011; Grotpeter, 2008; Maughan & Rutter, 1997; Pasupathi, 2001; Paykel, 2001; Weathers & Keane, 2007).

Although changes on reports about life experiences and mood-congruent recall remain a major issue, current knowledge is scattered: evidences have been collected through different designs (experimental *vs.* naturalistic; cross-sectional *vs.* longitudinal), tasks (recognition *vs.* recall), and populations, being hard to proceed to a proper comparison and, thus, reach clear conclusions. Nonetheless, in an early review about the evidences on mood-congruent recall, Brewin et al. (1993, p.91) concluded that "studies reviewed in this section offer little support for the claim that recall of childhood experiences is distorted by depressed mood. Both experimental and naturalistic studies reveal high stability in recall, even with changes on mood or clinical status". More recently, Hardt and

Rutter (2004) also concluded that despite some evidences corroborated mood-congruent recall, its impact may be overestimated.

When we focused only on longitudinal studies about mood-congruent recall, which applied a recognition task through life experiences checklist results, are also mixed and inconclusive. Whereas some findings support that mood affects changes on reports (Colman et al., 2015; Hepp et al., 2006; Mesquita, 2015; Mills, Teesson, Darke, & Ross, 2007; Ouimette, Read, & Brown, 2005; Schraedley, Turner, & Gotlib, 2002; Spinhoven, Bamelis, Haringsma, Molendijk, & Arntz, 2012), other researchers refute this idea (Ayalon, 2015; Fergusson, Horwood, & Woodward, 2000; Krinsley, Gallagher, Weathers, Kutter, & Kaloupek, 2003; Langeland et al., 2014; Mills et al., 2007; Monteiro & Maia, 2010; Paivio, 2001; Pinto & Maia, 2013; Yancura & Aldwin, 2009). Despite the clear distinction between findings pro and against mood-congruent recall, a deeper comparison arises doubts about this disjunction, as researchers approach the topic in different ways. Basically, studies vary on three distinct parameters: a. the criterion and scale for changes on reports; b. the criterion for mood; and c. the statistical test applied. For instance, some authors sum the total of experiences reported at first and second assessments (T1 and T2, respectively) and then compare the numbers to established changes on reports, whereas others applied a more refined strategy comparing answers to individual items across assessments and then count the number of changed answers. Additionally, mood can be computed as single scores (score at T1 *vs.* score at T2), as change scores (i.e., difference on scores between two assessments), or as status (e.g., improvers *vs.* worseners; depressed *vs.* not depressed). Comparisons among studies are even made more complex by the application of different statistical tests. Therefore, it is reasonable to suspect that these differences may overcast available findings, demanding further attention. Moreover, current knowledge is highly negative biased. In fact, few published empirical studies included changes on reports of positive experiences (Gerlsma, Kramer, Scholing, & Emmelkamp, 1994; Hardt, Sidor, Bracko, & Egle, 2006; Monteiro & Maia, 2010; Yancura & Aldwin, 2009), and even fewer tested for mood-congruent recall. Gerlsma et al. (1994) found mixed results when assessed the impact of mood changes - including depression and anxiety states and traits, on childhood reports about care, rejection, emotional warmth, and overprotection. Recently, Monteiro and Maia (2010) assessed similar variables in a sample of depressed subjects and found no effects of mood. Additionally, Yancura and Aldwin (2009) concluded that changes in depression did not predict changes on reports, that included both positive and negative childhood experiences, but none valence-specific analysis was performed.

To clarify mixed results and overcome positive valence omission, this study focused on changes on reports about positive and negative experiences and had three aims. First, we quantified and compared two distinct operational criteria to quantify changes on reports, i.e. discrepancy and inconsistency. The second and the third aims explored mood-congruent recall on both ways to define changes on reports (i.e., discrepancy and inconsistency). More specifically, our second aim was to analyse mood-congruent recall through depressive symptomatology, defined upon three criteria (i.e., single scores *vs.* change scores *vs.* status). The third aim is similar to the previous one, but focused on global psychopathology and testing an extra variable (i.e., clinical status). All these variables will be detailed described in Method.

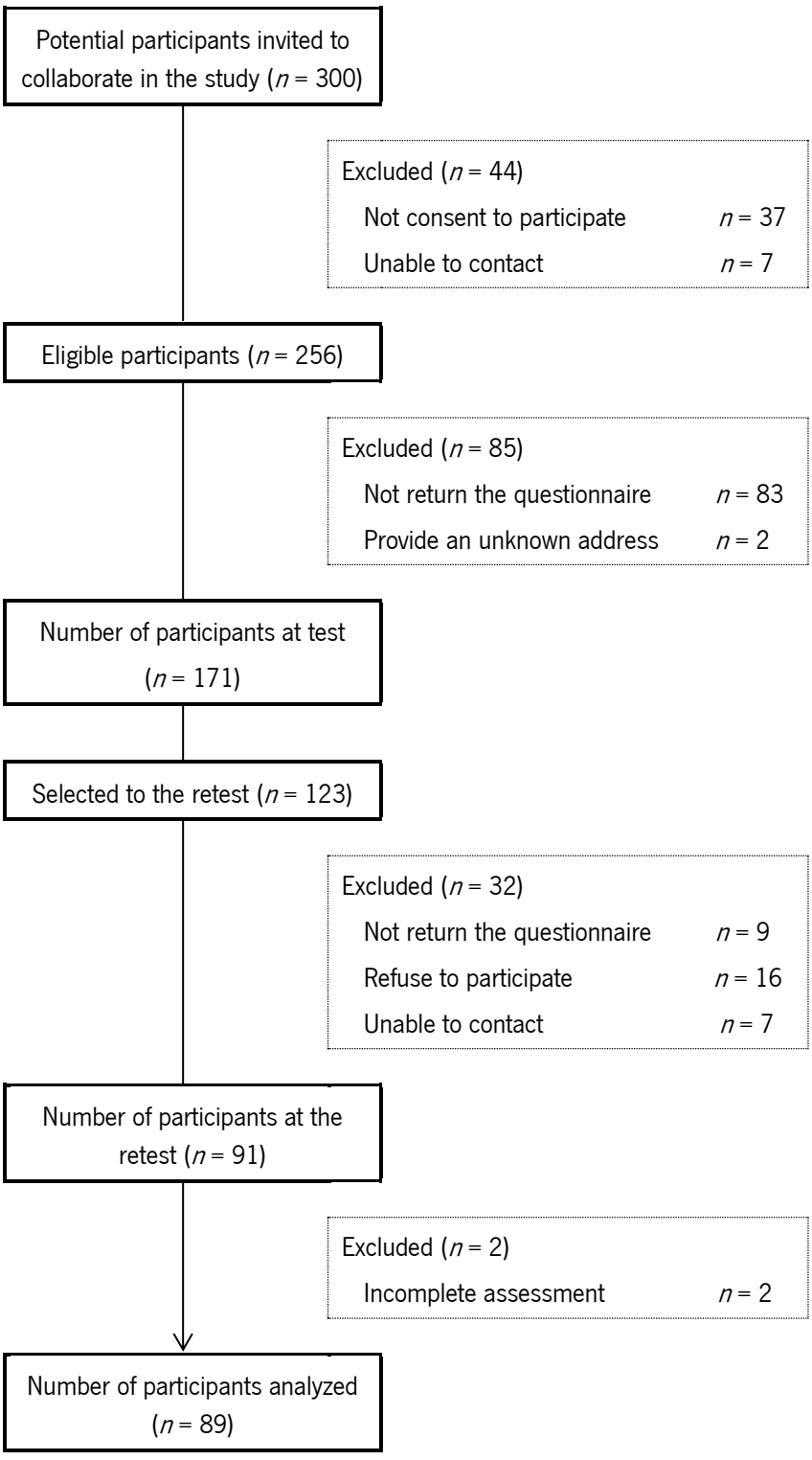
Method

Participants

Participants were 89 individuals, mainly females (79.8%); mean age 39.22 (*SD* = 13.28, age range = 18 - 64). Regarding marital status, 58.4% of the participants were married or cohabitating, 33.7% were single, 5.2% were divorced or separated, and 2.2.% were widowed. The majority completed a graduate or undergraduate degree (64.1%), 24.5% finished secondary education or a technical degree, and the 11.2% completed basic education. Most of the participants were employed (71.9%) or student (22.5%); the remaining were retired (2.2%) or presented other labour force status (3.3%).

Attending to specific contextual constraints, a convenience community sample was used at T1, considering three inclusion criteria, i.e.: age 18 or older; ability to read, write and speak Portuguese; and absence of migration plans. Participants were recruited at schools (from the North of Portugal), in order to minimize contextual instability and to maximize heterogeneity, since this population is quite diverse regarding sociodemographic characteristics. As displayed in Figure 4, of those invited to participate, 57% (*n* = 171) completed T1; then, 124 participants were randomly selected to T2. When we compared the participants at T2 (*n* = 91) with those that refused or could not be contact (*n* = 32) and those who were not selected (*n* = 48), chi-squares and difference tests confirmed that the composition of the samples was similar regarding demographic characteristics; additionally, at T1, there were no significant differences between groups on the number of life experiences reported and on the depressive symptoms and global psychopathology.

Figure 4. Flow of participants chart



Measures

A sociodemographic questionnaire, containing information about age, gender, marital status, education, labour force status and date of assessment, was applied to characterize participants.

Life experiences were assessed through Lifetime Experiences Scale (LIFES, Azevedo, Martins, & Maia, 2016), a self-report measure that covered eight life domains, namely school, job, health, leisure, living conditions, adverse experiences, achievements, and people and relationships, through 75 items. LIFES includes both positive and negative experiences, throughout lifespan. For each item, participant is asked about its occurrence (yes *vs.* no *vs.* not remember); if the participant answer positively, three additional questions are asked, namely developmental stage, valence, and impact. This study relies only on the question about occurrence, which was used to assess changes on reports.

Mood was assessed through the Brief-Symptom Inventory (BSI, Derogatis, 1993); we used the Portuguese version by Canavarro (2007), a short version of the Symptom Checklist-90-Revised (SCL-90-R) that consist of a 53 items self-report inventory. For each item, participants rate the extent to which they have been bothered, in the past week, by it, using a five point Likert scale, which ranges from 0 not at all to 4 extremely). This study analyzed only depressive symptoms and global psychopathology (i.e., defined through the positive symptom distress index), for specific reasons. Specifically, depression symptoms were selected because they probably represent the most studied psychological variable in this field of research. Additionally, global psychopathology not only provides a global measure of the intensity of symptoms, but also has a clinical cut-off point (disturbed *vs.* non disturbed individuals). In this sample, BSI was found to be highly reliable (53 items, α = .96).

Procedures

Being a retrospective longitudinal research (Mayer, 2008), this study relied on a test-retest design, involving both within and between-subject analysis. After the approval of the Internal Review Board and the Portuguese Data Protection Authority, participants were invited to be enrolled in a study about life experiences and health. They were informed about procedures, potential risks and benefits, and conditions of participation. Those that agreed to participate signed an informed consent and provided personal data for further contacts.

At T1, the booklet was send by mail to all participants, with a pre-paid envelope to return; at T2 data was collected through self-report (n = 39) or face-to-face interview (n = 50). Participants were randomly assigned to one of the conditions and they were not specifically informed that they would be asked about the same questions. Self-reports were collected in a similar way of T1; the interviews took

place in private settings, chose by participants, with a blind interviewer, that had no previous contact neither with the participants, nor previous results. Data was collected between April 2014 and May 2015, with a mean elapsed time of 249.37 days (*SD* = 65.47). All ethical concerns and requirements were met.

Variables

The core variables, to assess changes on reports and mood, demanded a clear definition and a well-structured computation, which should be explained in detail. Changes on reports were computed according two distinct operational criteria: discrepancy and inconsistency. For discrepancy, the number of reported experiences (yes responses) across items at T1 and T2 were counted; then the difference on occurrences between T2 and T1 was computed. Consequently, discrepancy distinguished individuals that reported the same number of experiences at T1 and T2, from those individuals that under- or overreported at T2. On the other hand, to compute inconsistency, responses to individual items were compared between T1 and T2, considering yes and no responses and subtracting the answer at T1 from T2's answer. Consequently, for each individual item, participant could be consistent (i.e., *yes/yes* or *no/no*), inconsistent underreporter (i.e., *yes at T1 and no at T2*), or inconsistent overreporter (i.e., *no at T1 to yes at T2*). Then, inconsistent answers (both under- and overreporting), across items, were summed to establish inconsistency. Discrepancy and inconsistency were computed for total (75 items), for positive (39 items), and for negative experiences (30 items).

Mood was defined as depressive symptoms and as global psychopathology; in turn, these variables were computed using three different strategies (and a fourth extra only for global psychopathology). Therefore, single scores represented depressive symptoms or global psychopathology assessed cross-sectionally at T1 and at T2. Change scores on depressive symptoms and global psychopathology represented the difference between the symptoms reported at two time points (i.e.,T2 - T1). Then, status on depressive symptoms and global psychopathology was computed based on the values of changes scores; accordingly, participants were grouped as improvers (i.e., negative values on change scores), worseners (i.e., positive values on change scores), and no changes (zero values on change scores). To compute the additional strategy, i.e., clinical status only on global psychopathology, the cut-off point was applied independently to T1 and to T2, distinguishing disturbed *vs.* non-disturbed participants. Then, these categorizations were crossed to stablished clinical status across-time (disturbed both times *vs.* disturbed once *vs.* not disturbed both times).

Data Analysis

Descriptive and inferential statistical analyses were performed using software IBM Statistical Package for Social Sciences (IBM SPSS; version 22 for Windows). The only exception was Cohen's kappa, computed from VassarStats Web site (http://vassarstats.net/kappa.html). As variables were not overall normally distributed, non-parametric tests were used. To address the first aim (i.e., quantifying and comparing changes on reports (i.e., discrepancy and inconsistency) of life experiences, descriptive statistics and Spearman correlations were computed. Additionally, Cohen's kappa was used to explore agreement between discrepancy and inconsistency. The second and third aims tested for mood-congruent recall, through the crossing of core variables on changes on reports (i.e. discrepancy and inconsistency) and mood (i.e., different strategies to define depressive symptoms and global psychopathology). Consequently, several descriptive and inferential tests were performed. More specifically, single scores on mood variables and the number of reported experiences at T1 and T2 were analyzed through Spearman correlations and Wilcoxon tests. To explore the association between change scores on mood variables and changes on reports (i.e., discrepancy and inconsistency) Spearman correlations were also used. Lastly, Kruskal-Wallis tests were applied to check group differences on discrepancy and inconsistency according to status on mood variables and clinical status only on global psychopathology. To clarify significant differences on Kruskal-Wallis, a post hoc procedure using Mann-Whitney test was applied, using a Bonferroni correction; therefore, the critical value for significance used in other analyses ($p < .05$) was replaced by .0167. All analyses were separately conducted for total, positive and negative life experiences. An univariate analysis of the outliers were also performed, however no participant was excluded considering that exclusions did not impact significantly on results and that non-parametric tests tended not to be seriously affected by outliers.

Results

Quantifying and comparing changes on reports

Changes on reports -discrepancy or inconsistency - whose means and standards-deviations are presented in Table 14, pointed out some differences between the two operational criteria. When discrepancy is analyzed, the mean variation between the number of reported experiences across time is greater for total and positive experiences than for negative experiences. According to this operational criterion, 7.9%, 10.1%, and 22.5% (corresponding to total, positive and negative experiences) of the participants can be labelled as stable reporters, since they reported exactly the same number of

experiences at T1 and T2. Besides, it suggested an overall trend of overreporting, that represented the modal category for total, positive and negative experiences. Inversely, when inconsistency is applied there were no consistent respondents in total. The mean number of inconsistencies is higher for positive than for negative experiences, respectively 3.24 and 2.20. Moreover, inconsistency revealed a trend to overreporting regarding negative and total of experiences, suggesting that participants were prone to report at T2 life experiences that were not reported at T1; while, the pattern of positive experiences is not straightforward. The percentage of ties ranged from 15.7 to 23.6, revealing that some participants cannot be allocated to a specific pattern of inconsistency.

Table 14

Descriptives and Patterns of Discrepancy and Inconsistency for Total, Positive and Negative Life Experiences

Changes on reports	Total	Positive Experiences	Negative Experiences
Discrepancy			
N. experiences			
T1	*M* = 32.03 (*SD* = 7.68; range: 12 - 48)	*M* = 21.78 (*SD* = 5.62; range = 6 – 32)	*M* = 5.54 (*SD* = 2.84; range = 1 - 15)
T2	*M* = 33.99 (*SD* = 6.48; range: 17 - 46)	*M* =23.23 (*SD* = 4.61; range: 9- 30)	*M* = 6.01 (*SD* = 2.70; range = 1 - 13)
Dif. T1 and T2	*M* = 1.96 (*SD* = 4.58; range = -7 - 26)	*M* = 1.35 (*SD* = 3.23; range: -5 - 18)	*M* = 0.47 (*SD* = 1.93; range = -4 - 6)
Pattern at T2 (%)			
Underreporting	30.3	28.1	29.2
Ties	7.9	10.1	22.5
Overreporting	61.8	61.8	48.3
Inconsistency			
Descriptives	*M* = 5.82 (*SD* = 2.81; range: 1 – 12)	*M* = 3.24 (*SD* = 1.94; range: 0 – 8)	*M* = 2.20 (*SD* = 1.65; range: 0 – 7)
Pattern at T2 (%)			
Only underreporting	0	18.0	3.4
Mainly underreporting	22.5	15.7	11.2
Ties	15.7	23.6	19.1
Mainly overreporting	52.8	23.6	21.3
Only overreporting	9.0	19.1	44.9
Patterns comparison(%)[a]			
Under/Under	19.10	24.72	13.48
Under/Tie	1.12	3.37	0
Under/Over	2.25	5.62	1.12
Tie/Under	6.74	3.37	12.36
Tie/Tie	0	5.62	6.74
Tie/Over	8.99	14.61	0
Over/Under	4.49	0	3.37
Over/Tie	6.74	1.12	15.73
Over/Over	50.56	41.57	47.19

Note. N = 89

[a]Inconsistency/Discrepancy

When both operational criteria (i.e., discrepancy and inconsistency) were crossed, there were no significant relationships between them for total, positive experiences, and negative experiences, r_s = .02, p = .85; r_s = -.05, p = .67; r_s = .12, p = .26, respectively. When patterns were compared (Table 14), the percentage of agreement was 69.66 for total, κ = .44, *SE* =.078, 95% CI, [.28, .59]; 71.91 for positive experiences, κ = .55, *SE* =.07, 95% CI, [.41, .68], and 67.42 for negative experiences, κ = .45, *SE* =.07, 95% CI, [.31, .59].

Depressive symptoms and changes on reports

On average, participants exhibited significantly less depressive symptoms at T2 (*M* = 0.59, *SD* = 0.63) than at T1 (*M* = 0.85, *SD* = 0.73), *Z* = -4.60, $p < .001$. Moreover, participants reported more experiences at T2 (total: *M* = 33.99, *SD* =6.48; positive experiences: *M* = 23.12, *SD* = 4.61; negative experiences: *M* = 6.01, *SD* = 2.70) than at T1 (total: *M* = 32.03, *SD* =7.68; positive experiences: M = 21.78, SD = 5.62; negative experiences: *M* = 5.54, *SD* = 2.84) (all $p < .05$).

Regarding single scores on depressive symptoms, at T1, there was a significant correlation with the number of reported negative experiences, r_s = .22, p = .035, but not with total experiences, r_s = -.10, p = .364, or positive experiences, r_s = -.20, p = .059. At T2, there were significant relationships between single scores on depressive symptoms and positive, r_s = -.31, p = .003, and negative experiences, r_s = .32, p = .002, but not in the case of total experiences, r_s = -.16, p = .138.

Concerning change scores on depressive symptoms, the mean was -0.26 (*SD* = 0.51, range: -1.67 – 1.10). No significant relationships between change scores on depressive symptoms and inconsistency for total, r_s = -.17, p = .113, for negative experiences, r_s = -.14, p = .185, and for positive experiences, r_s = -.16, p = .138, were found. Similarly, change scores on depressive symptoms did not correlate with discrepancy for total, r_s = .05, p = .655, positive experiences, r_s = -.02, p = .827, and negative experiences, r_s = .15, p = .150.

According to the status on depressive symptoms, at T2, 56 participants improved their depressive symptoms at T2, 21 worsened and 12 presented no changes. As displayed in Table 15, although improvers presented high mean ranks on inconsistency, except for negative experiences, there were no significant differences among groups, according to Kruskal-Wallis tests. Besides, discrepancy (for total, positive and negative experiences) was not significantly affected by the status on depressive symptoms, although worseners presented high mean ranks, except for positive experiences.

Table 15

Mean Ranks and Kruskal-Wallis Tests for Discrepancy and Inconsistency by Groups

	Status on depressive symptoms[a]			
	No changes (*N* = 12)	Improvers (*N* = 56)	Worseners (*N* = 21)	
Changes on reports	Mean ranks	Mean ranks	Mean ranks	Kruskal-Wallis
Discrepancy				
Total	40.83	45.11	47.10	$H(2) = 0.45$, $p = .797$
Positive experiences	40.92	46.28	43.93	$H(2) = 0.48$, $p = .787$
Negative experiences	46.75	42.51	50.64	$H(2) = 1.62$, $p = .445$
Inconsistency				
Total	35.33	48.64	40.81	$H(2) = 3.39$, $p = .184$
Positive experiences	34.21	47.91	43.40	$H(2) = 2.96$, $p = .228$
Negative experiences	47.92	47.24	37.36	$H(2) = 2.52$, $p = .284$
	Status on global psychopathology			
	No changes (*N* = 4)	Improvers (*N* = 45)	Worseners (*N* = 40)	
	Mean ranks	Mean ranks	Mean ranks	Kruskal-Wallis
Discrepancy				
Total	28.63	46.62	44.81	$H(2) = 1.80$, $p = .407$
Positive experiences	28.13	46.02	45.54	$H(2) = 1.82$, $p = .403$
Negative experiences	37.50	45.02	45.73	$H(2) = 0.38$, $p = .828$
Inconsistency				
Total	40.50	45.96	44.38	$H(2) = 0.21$, $p = .901$
Positive experiences	53.75	45.50	43.56	$H(2) = 0.61$, $p = .736$
Negative experiences	34.25	45.56	45.45	$H(2) = 0.76$, $p = .685$
	Clinical status on global psychopathology			
	Disturbed (*N* = 11)	Disturbed once (*N* = 21)	Not disturbed (*N* = 57)	
	Mean ranks	Mean ranks	Mean ranks	Kruskal-Wallis
Discrepancy				
Total	63.09	40.93	43.01	$H(2) = 6.30$, $p = .043$*
Positive experiences	49.64	41.05	45.56	$H(2) = 0.88$, $p = .643$
Negative experiences	71.00	45.43	39.82	$H(2) = 13.80$, $p = .001$***
Inconsistency				
Total	54.73	43.86	43.54	$H(2) = 1.80$, $p = .406$
Positive experiences	43.14	45.43	45.20	$H(2) = 0.07$, $p = .967$
Negative experiences	62.68	44.62	41.73	$H(2) = 6.33$, $p = .042$*

Note. *N* = 89

[a]Reference time: T2

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

Global psychopathology and changes on reports

There was no significant difference on global psychopathology at T1 (M = 1.47, SD = 0.39) and T2 (M = 1.48, SD = .40), Z = -.18, p =.906. Concerning single scores on global psychopathology, at T1, there were significant correlations with positive experiences, r_s = -.27, p = .012, and negative experiences, r_s = .22, p = .042, but not with the total, r_s = -.15, p = .162. On the other hand, at T2, there was a significant correlation with negative experiences, r_s = .44, p < .001, but not with total, r_s = .08, p = .484; and positive experiences, r_s = -.14, p = .205).

Regarding change scores on global psychopathology, the mean was 0.01 (SD = 0.42), ranging from -1.10 to 1.43. Change scores on global psychopathology were not correlated with discrepancy for total, r_s = -.002, p = .988, positive experiences, r_s = -.01, p = .941, and negative experiences, r_s = .05, p = .663. Similarly, none of the correlations between change scores on global psychopathology and inconsistency was significant: total, r_s = -.13, p = .231, positive experiences, r_s = -.15, p = .171, and negative experiences, r_s = -.06, p = .584.

Concerning status on global psychopathology, at T2, 45 participants improved their symptoms, 40 worsened and 4 did not suffer any change. Based on Kruskal-Wallis tests, discrepancy and inconsistency were not affected by status on global psychopathology (Table 15); however improvers tended to present the highest mean ranks, except for negative experiences on discrepancy and positive experiences on inconsistency.

Lastly, according to clinical status on global psychopathology, 57 participants were not disturbed, 21 were disturbed at only one moment, and 11 were disturbed across-time. Discrepancies on total and negative experiences were significantly affected by clinical status on global psychopathology. Moreover, concerning the total, Mann-Whitney tests with the Bonferroni correction, revealed that there were no differences when the groups disturbed *vs.* not disturbed across-time were compared, U = 176.50, p = .022, and when the groups not disturbed *vs.* disturbed once were compared, U = 575.00, p =.791. However participants that were disturbed across-time presented significantly higher values on discrepancy than those that were disturbed just once, U = 53.50, p = .013. Additionally, participants disturbed across-time presented a significantly higher discrepancy for negative experiences than those not disturbed, U = 98.00, p = < .001, and those disturbed once, U = 45.00, p = .004. There was no difference between participants not disturbed and participants disturbed once, U = 519.00, p = .363. Clinical status on global psychopathology impacted only on inconsistency for negative experiences. More specifically, Mann-Whitney tests with the Bonferroni correction, showed that disturbed participants across-time presented significantly higher mean ranks than those not

disturbed, U = 171.00, p = .015. Other pairs comparison did not achieve statistical significance: U = 554.50, p = .612 for the comparison between not disturbed *vs.* disturbed once, and U = 63.50, p = .035 for the comparison between disturbed across-time *vs.* disturbed once. As can be seen in Table 15, there were no significant differences among groups for other variables.

Discussion

This was the first study to address critical conceptual and operational issues regarding the relation between mood and changes on reports, testing different approaches to better understand available mixed evidences. Results are interesting and challenging. They will be summarized and discussed next separately; then, limitations and future studies will be pointed out; a take-home message closes this section.

Quantifying and comparing changes on reports

Discrepancy and inconsistency represent two distinct operational criteria to compute changes on reports of life experiences. Our results evidenced some common patterns, but also some notable differences. More specifically, both criteria agreed that changes were high on positive experiences and that overreporting prevailed, especially for total and negative experiences. Inversely, overall, they differed on the number of participants that did not change any answers. Moreover, when compared, they did not overlap and agreement was only moderate.

Some results are line with previous research, even though few studies addressed positive experiences and even fewer presented comparative purposes). Thus, negative experiences seemed to be less prone to changes on reports than positive ones (Hardt et al., 2006; Monteiro & Maia, 2010; Pinto, Correia, & Maia, 2014; Suh, Diener, & Fujita, 1996; Yancura & Aldwin, 2009). This finding corroborates Baumeister, Bratslavsky, Finkenauer, and Vohs, (2001) claim that bad is stronger than good, after reviewing several factors to explain this primacy. Nevertheless, it should be noted that a simple mechanism maybe underlying these results: usually people lived more positive than negative experiences (Baumeister et al., 2001; Overbeek et al., 2010) and, specifically, we assessed more positive than negative items, as a result, there are greater chances to be discrepant or inconsistent on positive ones. Regarding the pattern of reporting, our findings refuted a more common finding toward underreporting (Ayalon, 2015; Dill, Chu, Grob, & Eisen, 1991; Hardt et al., 2006; Hepp et al., 2006; Schwarz & Sudman, 1993); nevertheless, other authors (Krinsley et al., 2003; Suh et al., 1996) also achieved similar results. Several reasons can justify this trend, such reminiscence effects, telescoping, great comfort to disclose personal information, implicit theories, or new experiences (despite our efforts

to track them); nonetheless, these are only potential explanations that should be further explored (Anderson, 2009a; Grotpeter, 2008; Netland, 2005; Podsakoff, MacKenzie, Lee, & Podsakoff, 2003; Schaeffer & Presser, 2003; Weathers & Keane, 2007). In our opinion general overviews should be taken with cautious. Indeed, discrepancy is simple to compute and to analyse, allowing for unidirectional conclusions (underreporter *vs.* tie *vs.* overreporter); however, it dismisses more complex patterns. In turn, inconsistency revealed that few participants exhibited a single pattern (i.e., only underreporter or only overreporter). Similarly, other authors (Dube, Williamson, Thompson, Felitti, & Anda, 2004; Hardt et al., 2006; Schraedley et al., 2002; Yancura & Aldwin, 2009) found that individual experiences presented distinct patterns, which were masked if a general approach is privileged. Indeed, inconsistency involves a slightly complex procedure, but it offers a more refined discrimination, and ultimately it represents true changes. Through discrepancy, participants can have similar scores, corresponding to completely different answers. These marked differences between the operational criteria may justify the divergences between them.

Mood and changes on reports

Mood-congruent recall suggests that individuals report easier those experiences whose valence matched their mood, but our findings are not straightforward. We tested a complex net of analyses, which crossed two operational criteria to define changes on reports (i.e., discrepancy and inconsistency) with different strategies to assess mood (i.e., singles scores, change scores, and status on depressive symptoms and global psychopathology and clinical status on global psychopathology). According to single scores, total experiences were not correlated with depressive symptoms and global psychopathology, negative experiences reported were significantly correlated with both variables, and positive experiences presented mixed results. Therefore, based on single scores, mood-congruent recall was only robust on negative experiences. However, when other strategies are tested, i.e., change scores and status on depressive symptoms and global psychopathology, there were no significant effects on changes on reports, which contradict mood-congruent recall. The only exception was on clinical status on global psychopathology, where disturbed individuals presented higher mean ranks on discrepancy and inconsistency for negative experiences.

Those results are disturbing and hard to compare with previous studies. Nonetheless, Gerlsma et al. (1994) also found mixed results when assessed the impact of mood on reports of parental rearing practices. Our findings may benefit claims about asymmetrical mood effects (Salovey & Singer, 1991), suggesting that the effect is greater for the reporting of negative experiences. Participants with no changes on depression and global psychopathology were overall more consistent, whereas improvers

tend to present high changes on reports about positive and negative experiences. It should be stressed that differences were not remarkable among groups; nevertheless, those patterns may be an evidence of the psychological adaptation claimed by other authors (Diener, Kanazawa, Suh, & Oishi, 2015; Reynolds & Turner, 2008; Sudbrack, Manfro, Kuhn, de Carvalho, & Lara, 2015). Oppositely, clinically disturbed individuals changed particularly their reports about negative experiences, which is not surprising. Williams et al., (2007) found that disturbed patients presented overgeneral memory affected by ruminative thinking, functional avoidance, and impairment in executive capacity and control. Moreover, Rasmussen and Berntsen (2009) concluded that autobiographical negative memories serve mainly directive functions. Therefore, changes could be attributed to cognitive schemas, impairments or to be motivated by implicit theories. Besides, it is reasonable to suspect that more complex relationships, including other variables, linking mood and changes on reports of life experiences.

Limitations and future studies

This study has several limitations. First, attending to the overall response rate and the characteristics of the participants, the sample probably was self-selective with regard to other, non-assessed variables (e.g., willingness to talk about life experiences). Consequently, future studies should explore this issue, while improving sample dimension and heterogeneity. Second, both life experiences and mood were assessed retrospectively; recent studies that assessed mood through multimethod assessments found reverse results (Bylsma, Taylor-Clift, & Rottenberg, 2011; Sato & Kawahara, 2011). Consequently, future studies should also include and compare distinct methods to assess mood. Third, a main novelty of this study, i.e., lifespan perspective, may also limit the findings generalization; since, most studies relied on childhood experiences proper comparisons can be compromised. Therefore, in future, a similar approach should be applied to specific developmental stages. Lastly, we recognize critics about change scores; nevertheless, they have been recently rehabilitated (Taris, 2008), being a common strategy to assess mood changes. Generally, our findings should be further explored, extended and replicated.

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ESTUDO 6

Inconsistent reporting of life experiences: What people think and how they explain it

Abstract

Objective. Most studies linking life experiences and illness rely on cross-sectional retrospective design, despite the concerns regarding inconsistent reports. Available studies suggest that some individuals change their answers when asked repeatedly about their life experiences, but common opinions underlying this behaviour remain unknown. The current study explored personal perceptions regarding inconsistent reporting and identified associated reasons including individual, experiences-related, and design-related characteristics.

Methods. Data were obtained from 72 adults, enrolled on a longitudinal study about life experiences and health. After being asked twice about their life experiences, participants answered a measure about general perceptions (e.g., frequency, pattern) and reasons (e.g., sociodemographic features, valence, mode of data collection) involved in inconsistent reporting. Descriptive statistics were obtained for all variables; a cluster analysis was performed to explore the reasons raised by participants.

Results. Participants seemed to be aware that inconsistent reporting is a common behaviour, which highly impact on research, but faced difficulties to label it. Regarding individual characteristics, most disagreed that sociodemographic variables influence inconsistency, whereas memory, substance use, mood, and health conditions affect it. Besides, valence, impact, severity, developmental stage, and number of experiences were experience-related variables evaluated as reasons for inconsistent reporting. Design-related characteristics, such as mode of data collection, time interval or interviewer features, were also pointed as key-variables. The cluster analysis revealed two clusters (i.e., variables involved in inconsistent reporting and variables not involved in inconsistent reporting).

Conclusion. Our results suggest that inconsistent reporting is not straightforward and it is probably rooted in a varied and complex set of variables, which should be attended and further explored by researchers and clinicians.

Keywords: adults, life events, reliability, reporting practices, retrospective design

Introduction

Research about life experiences and illness relies mostly on cross-sectional retrospective designs, through the application of lists or schedules (e.g., Hardt & Rutter, 2004; Kendall-Tackett & Becker-Blease, 2004; Paykel, 2001). However, concerns about the inconsistency of reports frequently overshadowes findings. Indeed, although figures are quite varied (e.g., Dube, Williamson, Thompson, Felitti, & Anda, 2004; Fergusson, Horwood, & Woodward, 2000), there are always some participants that change their answers when asked twice. This behaviour is far from being innocuous as it can have a serious impact on research findings due to misclassifications (Langeland et al., 2014); consequently, it has been addressed in an effort to quantify, describe, and explain since the 1960's (e.g., Casey, Masuda, & Holmes, 1967; Cleary, 1980; Paykel, 1983).

Despite decades of research, empirical data about reasons involved in inconsistent reporting is still lacking and inconclusive. Usually, researchers established one or more variables of interest (e.g., mood), collect data about them and, then, through statistical procedures, tested their hypotheses about factors that contribute to inconsistency. As a result, there are some cues about inconsistent reporting, but findings are neither comprehensive nor clarifying. Additionally, this approach lacks an ecological perspective and dismissed common people perceptions and meanings. Not surprisingly many variables (e.g., shame, protection of third parties), in the absence of empirical data, remain as a plausible conjecture. A second approach to address this issue consists in asking subjects about their reasons for inconsistent reporting, through quantitative or qualitative designs; but very few studies applied this strategy.

The earliest work by Sobell, Toneatto, Sobell, Schuller, and Maxwell (1990) was based on a sample of 69 college students, which were interviewed twice about adult life events, and then were asked to comment and explain their inconsistencies. Authors found that the re-evaluation of the events' importance was the main reason, followed by the incorrect dating of the events, both explaining 64.3% of the inconsistencies. Similarly, Langeland et al. (2014) studied the reasons involved in inconsistent reporting of child sexual abuse in a sample of 633 adults. After answering twice to an online survey, participants were confronted with their changes, being asked to choose their explanatory reasons from a predefined list. Authors concluded that misunderstanding of the questions, memory issues, feeling overwhelmed and avoidance, were the main reasons provided. Through a qualitative approach, Carvalho (2015) explored the perceptions and reasons based on the semi-structure interviews of 12 participants enrolled in a longitudinal study about the topic. These participants explained inconsistency through memory issues, mood, valence, shame, and interviewer's characteristics.

In an effort to improve the current state of the art, we aimed to study what people think about inconsistent reporting, through a quantitative approach, introducing some novelties in the design and variables assessed. More specifically, participants were enrolled on a longitudinal study about positive and negative experiences, throughout the lifespan, being asked twice about them. Instead of confronting participants with their own inconsistencies, they were asked to focus on general behaviour; this strategy allied to the omission of their inconsistency status, seems to be a less threatening and a more generalizable approach. Regarding variables, besides individual factors, we also included design and experiences related features. A better knowledge of inconsistent reporting is critical not only to revise and revaluate past research, but also to design future enhanced studies. Considering these benefits, this study had two main aims, namely: 1. To explore personal perceptions regarding inconsistent reporting (e.g., frequency, pattern, impact for research, designation); 2. To identify reasons involved in inconsistent reporting, assessing individual's characteristics (e.g., gender, mental and physical health status, memory, secrecy), experiences' characteristics (e.g., valence, impact, severity, developmental stage), and design's characteristics (e.g., setting, time interval, mode of data collection, interviewer's characteristics).

Method

Participants

Participants were 73 adults from the community, mainly females (n = 61; 84.7%), age ranging from 19 to 64 years of age (M = 39.39, SD = 13.25), enrolled in a longitudinal study about life experiences.

The majority were married or cohabiting (59.7%) and 34.7% were single. Regarding employment status, most were employed (70.8%) and 23.6% were students; unemployed, retired, homemaker and other status represented 5.6% of the participants. The majority of the participants had a graduate degree (65.3%), 13.9% had high school diplomas, 12.5% had less nine or less years of education, and 8.3% had an undergraduate degree.

Measures

Data was collected through a closed-ended and self-report questionnaire entitled Perceptions and Reasons Involved in Inconsistent Reporting (PRIIR, Azevedo, Martins, Carvalho, & Maia, 2014), which was specifically developed to gather personal perceptions and reasons involved in inconsistent reports of life experiences. PRIIR were based on a literature search, including not only variables that are empirically tested (e.g., mood), but also those that are traditionally speculative (e.g., shame). It was

made an effort to guarantee that questions were nondirective and non-judgmental (e.g., mood affects the report *vs.* sad people provided inconsistent reports); additionally, PRIIR presents an overall perspective about the phenomenon asking about general people behaviour (*vs.* self).

PRIIR begins with an initial briefing about the topic, which clarifies the status quo of the topic and what are the purposes of the questionnaire. Then, participants were asked about the frequency of the behaviour based on a real scenario, i.e., Imagine that we asked ten people about their life experiences, in two distinct occasions; from zero to ten, how many people do you think that would change their reports?, as well as the usual pattern, i.e, underreporting *vs.* overreporting *vs.* tie.

These general questions were followed by a list of potential reasons involved in inconsistent reporting, that was organized in three groups, i.e., related to experiences, related to design, and related to individuals. Reasons related to experiences included five variables, i.e., valence, importance, severity, developmental stage and number of life experiences. Setting, time interval between assessments, mode of data collection, the characteristics of the interviewer and the change of the interviewer between assessments were the variables assessed in reasons related to design. Finally, reasons related to individual included 16 variables, i.e., gender, age, education, marital status, employment status, economical status, mood, personality's characteristics, mental or physical health status, substance abuse, memory, secrecy, shame, protection of third parties, denial, and help seeking. For each variable, participants rated their level of agreement on a 3 point-Likert scale (disagree *vs.* neither agree or disagree *vs.* agree); whether they agreed, they were asked to refine their answers, selecting among the options provided (e.g., gender matters → males/females tended to be inconsistent reporters). An open-ended question about other reasons finished this section.

A last set of questions assessed general perceptions about how inconsistency impacts on research (through a five-point Likert scale ranging from 0 - not at all to 4 - absolutely), the level of difficulty of the questions (through a five point-Likert scale ranging from 0 (not difficult) to 4 (very difficult), and previous thoughts about the topic (using a yes *vs.* no format). Finally, participants were invited to name the group of people that endorsed the behaviour.

Procedures and Data Analysis

Participants were randomly selected from an initial pool of respondents, enrolled in a study about life experiences. Those who accept to collaborate in the second wave were asked to answer the same measures completed initially, as well as PRIIR. Although in the second wave some participants were face-to-face interviewed, all answered PRIIR through self-report.

Data analysis was performed using software IBM Statistical Package for Social Sciences (IBM SPSS; version 22 for Windows). According to our aims, univariate descriptive statistics were obtained for perceptions and reasons involved in inconsistent reporting. Additionally, a cluster analysis was performed to clarify associated variables.

Traditionally, cluster analysis is a technique to group people, but it can also be used to group variables, including categorical ones (e.g., Pereira, Matos, Sheridan, & Scott, 2015). Considering that about 11% of the participants had one or more missing values and that cluster analysis deletes observations with missing data, the modal category for each of the variables[17] was imputed. Regarding clustering procedures, it was conducted a hierarchical cluster analysis for variables, using Ward's method and Square Euclidean distance for binary measures. The number of clusters was based on a preliminary cluster analysis without specifying that parameter; then, two clusters were identified through the dendrogram and the analysis were re-runned defining the number of clusters and requesting SPSS to present the number of cluster associated with each variable (Field, 2000). As suggested by other authors (e.g., Ketchen & Hult, 2000), more than one technique was used to test the model stability, namely a random division of the study sample into two halves and the application of a different similarity measure (specifically, Jaccard coefficient). When cluster analyses were repeated under these conditions, the models obtained were similar to the original one.

Results

When asked about previous experience on the topic, most of the participants (67.6%) admitted they were thinking about it for the first time. Regarding the level of difficulty associated with the task, only 7% considered that it was very difficult, 19.7% that it was quite difficult, 32.4% somewhat difficult, 25.4% slightly difficult and 15.5% not difficult.

Regarding the frequency of inconsistent reporting, 4.3% (n = 3) of the participants predicted that none participants would change the answers across time; oppositely, 8.3% (n = 6) admitted that all people would endorse the behaviour. Most participants (70%; n = 49) considered that half or less of the people would change the reports between occasions; additionally, respondents considered that, in

[17] Although this is the simplest method on the treatment of missing values, according to a simulation performed by Acuña and Rodriguez (2004) compared case deletion, mean imputation, median imputation and KNN imputation, and concluded that in datasets with a low number of missings there was no significant difference between the methods. Additionally, in a review about missing data analysis, (Graham, 2009, p. 562) claimed that "Although some researchers believe that missing categorical data requires special missing data procedures for categorical data, this is not true in general. The proportion of people giving the "1" response for a two-level categorical variable coded "1" and "0" is the same as the mean for that variable".

mean, 4.83 (*SD* = 2.48) people would change their answers. Moreover, the majority of participants (62.3%) claimed that people would report more experiences in the second occasion and 26.1% considered that people would report more experiences in the first occasion. Almost 79% of the participants recognized that inconsistent reporting had very or absolute impact on research, whereas only 2.8% considered it as harmless.

Focusing on individual characteristics, as shown in Table 16, participants generally disagreed that gender, education, marital status, employment status and income were involved in inconsistent reporting. Age was a less consensual variable, since there was a tie between agreements and disagreements. According to agreement responses, inconsistent reporters tend to be females, young, divorced or separated, and have some education (i.e., basic education – third cycle or graduate/undergraduate education). Additionally, participants indicated that people unemployed and with low income seemed to be more prone to inconsistent reporting.

Table 16

Percentages and Frequencies of Individual Characteristics Involved in Inconsistent Reporting

	Agreement			
Individual characteristics	Disagree *n (%)*	Neither agree or disagree *n* (%)	Agree *n* (%)	Profile of inconsistent reporters %
Gender[a]	**33 (46.5)**	18 (25.4)	20 (28.2)	Female: 55 Male: 45
Age[a]	24 (33.8)	23 (32.4)	24 (33.8)	18-30 years: 54.2 31-64 years: 29.2 65 or more years: 12.5
Education[a]	**33 (46.5)**	23 (32.4)	15 (21.1)	Basic education: 28.6 High education: 28.6 Elementary education: 21.4 None: 14.3 Secondary education: 7.1
Marital status[a]	**34 (47.9)**	22 (31.0)	15 (21.1)	Divorced/separated: 33.3 Single: 20.0 Married/cohabitating: 20 Widowed: 20.0 Other answers: 6.7
Labour force status[a]	**32 (45.1)**	24 (33.8)	15 (21.1)	Unemployed: 40.0 Employed: 13.3 Retired: 13.3 Home maker: 13.3 Other answers: 20.1

Individual characteristics	Agreement			Profile of inconsistent reporters %
	Disagree *n (%)*	Neither agree or disagree *n* (%)	Agree *n* (%)	
Income[a]	**36 (50.7)**	23 (32.4)	12 (16.9)	Low income: 66.7 High income: 25.0 Medium income: 8.3
Mood[a]	6 (8.5)	12 (16.9)	**53 (74.6)**	Unhappy/low mood: 86.5 Happy/high mood: 7.7 Both: 5.8
Personality[b]	14 (20.3)	**31 (44.9)**	24 (34.8)	na
Physical and mental health atatus[c]	12 (17.1)	11 (15.7)	**47 (67.1)**	Mental health status: 70.2 Physical health status: 2.1 Both: 27.7
Substance use[a]	6 (8.5)	10 (14.1)	**55 (77.5)**	Drugs and alcohol use: 94.5 Drugs use: 3.6 Other answers: 1.8
Memory[a]	4 (5.6)	11 (15.5)	**56 (78.9)**	Amnesia: 57.1 Forgetfulness: 33.9 Both: 8.9
Secrecy[a]	9 (12.7)	17 (23.9)	**45 (63.4)**	na
Shame[a]	8 (11.3)	11 (15.5)	**52 (73.2)**	na
Third parties' protection[a]	6 (8.5)	12 (16.9)	**53 (74.6)**	na
Denial[a]	8 (11.3)	12 (16.9)	**51 (71.8)**	na
Attending professional help[a]	11 (15.5)	23 (32.4)	**37 (52.1)**	na

Note. Profile of inconsistent reporters is based on refinements made by participants that choose the category "agree". y = years; na = not applicable.
[a] *N* = 71. [b] *N* = 69. [c] *N* = 70.

Moreover, most participants agreed that inconsistent reporting was influenced by memory, substance use, mood, and physical and mental health condition. More specifically, people with amnesia, alcohol and drugs use, sadness/low mood, and a mental health condition tended to present an inconsistent report. Effort to protect third parties, shame, denial, and secrecy were also pointed as major reasons underlying inconsistent reporting. Help seeking was also reasoned by the majority of the participants as a variable involved in the behaviour. Participants did not present a clear position regarding the influence of personality characteristics, since the mode was neither agree or disagree (44.9%).

All variables devoted to experiences' characteristics, i.e., valence, impact, severity, developmental stage, and number of experiences, were assessed as reasons for inconsistent reporting

(Table 16). Specifically, experiences that are negative, that have high impact and severity and that occur during childhood seem to be more susceptible to inconsistent reporting. Besides, a high number of experiences was also considered a reason for the behaviour.

Table 17

Percentages and Frequencies of Experiences Characteristics Involved in Inconsistent Reporting

Experiences characteristics	Level of agreement			Inconsistent reporting happens when experiences are...
	Disagree *n* (%)	Neither agree or disagree *n* (%)	Agree *n* (%)	%
Valence[a]	9 (12.5)	8 (11.1)	**55 (76.4)**	Negative: 69.1 Positive: 16.4 Neutral: 7.3
Impact[a]	8 (11.1)	10 (13.9)	**54 (75.0)**	High impact: 44.4 Low impact:27.8 Medium impact: 25.9 Low and high impact: 1.9
Severity[b]	10 (14.1)	10 (14.1)	**51 (71.8)**	High severity: 51.0 Low severity: 27.5 Medium severity: 21.6
Developmental stage[b]	6 (8.5)	14 (19.7)	**51 (71.8)**	Childhood: 41.2 Adulthood: 39.2 Adolescence: 13.7 Childhood and adulthood: 3.9 All: 2.0
Number of experiences[c]	13 (18.6)	20 (28.6)	**37 (52.9)**	Many: 54.1 Few: 32.4 Some. 13.5

Note. Characteristics' specifiers are based on refinements made by participants that choose the category "agree".
[a] *N*= 72. [b] *N* = 71. [c] *N* = 70.

When participants were asked about design characteristics, as displayed in Table 18, most agreed that the mode of data collection, time interval between the first and second assessments (T1 and T2, respectively), interviewer's characteristics, and the change of the interviewer contribute to inconsistent reporting, which tends to emerge when assessment occurs through interviews and with a time interval equal to 12 or more months.

Table 18

Percentages and Frequencies of Design Characteristics Involved in Inconsistent Reporting

	Level of agreement			
Design characteristics	Disagree *n* (%)	Neither agree or disagree *n* (%)	Agree *n* (%)	Inconsistent reporting happens... %
Setting[a]	17 (23.9)	22 (31.0)	**32 (45.1)**	Public place: 65.6 Private place: 34.4
Time interval between T1 and T2[a]	10 (14.1)	11 (15.5)	**50 (70.4)**	12 or more months: 42.0 From 6 to 12 months: 26.0 From 1 to 6 months: 18.0 6 or more months: 6.0 Few days: 4.0 From 2 weeks to a month: 2.0 From to 2 weeks to 6 months: 2.0
Mode of data collection[a]	7 (9.9)	11 (15.5)	**53 (74.6)**	Interview: 64.8 Self-report: 31.5 Both: 3.7
Characteristics of the interviewer[a]	9 (12.7)	20 (28.2)	**42 (59.2)**	Same sex[c]: 16.7 Different sex[c]: 26.2 Close in age[c]: 26.2 Different age[c]: 16.7 Acquaintance[c]: 52.4 Stranger[c]: 26.2 Empathic: 23.8 Not empathic: 50.0
Change of the interviewer[b]	11 (15.9)	22 (31.9)	**36 (52.2)**	Different interviewer: 97.2 Same interviewer: 2.8

Note. Experiences' specifiers are based on refinements made by participants that choose the category "agree". T1 = time 1; T2 = time 2.
[a] *N* = 71. [b] *N* = 69. [c] Dyad interviewer/respondent.

Additionally, when interviewers change from T1 to T2, when she/he is not nice and is an acquaintance the report tends to be more inconsistent. The setting was presented as an influential reason for 45.1% of the participants; especially inconsistent reports tend to happen when assessment occurs in public places (Table 18).

Nine participants added other reasons underlying inconsistent reporting, such as social desirability, participant's availability, honesty, self-protection, avoidance, malice and personal gains/benefits.

According to the cluster analysis, reasons were grouped in two clusters. The first, that was labelled variables involved in inconsistent reporting, comprised valence, importance, severity, developmental stage, setting, time interval between T1 and T2, mode of administration, interviewers'

characteristics, change of the interviewer, mood, personality characteristics, physical and mental health, substance use, memory, secrecy, shame, third parties protection, and help seeking. The second cluster, labelled as variables not involved in inconsistent reporting, included gender, age, education, marital status, employment, and income.

Lastly, participants were asked to name people with inconsistent reporting; almost 30% cannot provide any answer and 12% answered that they did not know. Almost all participants presented idiosyncratic labels, with few exceptions, i.e.., indecisive (n = 3), humans (n = 3) and insecure (n = 2). Other names suggested were: sources of (mis)information, chameleon, masked, opaque, grey zone, different group, variable, inconstant, contradictory group, uncertain, inconsistent, volatile, unstable, silence, liars, psychopaths, disturbed, requesting more attention, uninhibited, rewind, many tells, storytellers, recount of experiences, dual report, life stories, dreamers, survivors, transparency and private.

Discussion

This study arises as a contribution to understand perceptions and reasons involved in inconsistent reporting based on participants' opinions, who were asked about general behaviour (instead of being confronted with their own behaviour). Briefly, it had some interesting findings: participants seem to be aware that inconsistent reporting is a common behaviour, which highly impact on research, and that it is rooted in a varied set of reasons. Due to its novelty, it is difficult to compare our results to other similar researches, but other studies in the field allow the interpretation and discussion of the findings.

Literature about the frequency and the pattern of inconsistent reporting is far from being unambiguous. For instance, Hepp et al. (2006) concluded inconsistent reporting of potentially traumatic events was around 64%, whereas Ayalon (2015) provided less worrying data, i.e., 20% of their participants reported inconsistently at least one negative early life event. The same applies to the pattern of responses: comparing reports from T1 to T2, Dube et al. (2004) observed mixed patterns (both under or overreporting) across experiences, although there is a more common overall trend toward underreporting (e.g., Hardt & Rutter, 2004). Results about participants' perceptions are similar to those conclusions, suggesting that the behaviour is neither simple, nor linear. Indeed, it can present different configurations: some studies or variables are more prone to inconsistent reporting than others or have a high risk for underreporting whereas others promote overreporting, that are not still well studied.

Combining these data with results about reasons, it is reasonable to suggest that those differences may be related to the variables pointed out by participants to explain inconsistent reporting. Langeland et al. (2014) stressed reasons such as misunderstanding of the questions and avoidance. However their study is limited to variables associated with individual factors. The present research went further and addressed other potential variables not only focused on individuals, but also on design and experiences' characteristics, allowing for a more comprehensive perspective. Based on our participants' opinions, two clusters of variables were identified: the first seems to group those variables involved in inconsistent reporting and included individual variables, design variables and experience variables, whereas the second seems to group those variables not involved in inconsistent reporting and it comprises only sociodemographic variables. Notably, these patterns match the empirical inferential data available: According to a previous review (Azevedo, Maia, Fernandes, Fernandes-Costa, & Martins, 2016), there was a trend of nonsignificant results concerning sociodemographic variables (despite of being widely studied) and the underlying factors were quite heterogeneous, involving not only individual characteristics but also design and experiences' characteristics.

Regarding individual's variables, memory was identified by our participants as a key-variable in inconsistent reporting, as noted also by Sobell et al. (1990) and Langeland et al. (2014). It was not a surprising result: usually participants claimed that they never thought about a certain experience before and then when asked about it they remember or they are not very confident about their memories. Currently, there are a couple of reviews about autobiographical memory (e.g., Fivush, 2011; Koriat, Goldsmith, & Pansky, 2000); nevertheless, as Hardt and Rutter (2004) also noticed, it is still a major (devaluated) challenge regarding the reports of life experiences, considering that most evidence relies on experimental studies. Our participants also emphasized a quite common variable in this field of research, namely mood. According to our results, almost 75% agreed that mood, especially negative mood, impacts on inconsistent reporting, however inferential data is less straight: for instance, Schraedley, Turner, and Gotlib (2002) concluded that improvement, but not worsen, in depression status promotes inconsistency on childhood traumatic events. Other researchers (e.g., Fergusson et al., 2000; Paivio, 2001) claimed that mood was not an influential variable. Until now, a group of variables (e.g., shame, secrecy) remained merely speculative and, usually, they are proposed as explanatory reasons in discussion section. Our participants seem to confirm these conjectures, suggesting that those variables are among the most important at the individual level.

Moreover, our results suggest that design and experiences' variables seem to play a major role in inconsistent reporting. Participants stressed particularly those variables associated with experiences,

such as valence and impact, that as far as we know have been a little devaluated by researchers, with a few exceptions (e.g., Krinsley, Gallagher, Weathers, Kutter, and Kaloupek (2003) studied the developmental stage; and McKinney, Harris, and Caetano (2009) studied the total number of effects). The same applies to design variables: There are few studies and their conclusions do not corroborate our results. For instance, studies about time interval between T1 and T2 (Andresen, Catlin, Wyrwich, & Jackson-Thompson, 2003; Assche, 2003) and interviewer features (Fry, Rozewicz, & Crisp, 1996; Mills, Teesson, Darke, & Ross, 2007; Weinreb, 2006) did not achieved significant results, whereas the majority of our participants suggested that these were key variables. In line with our results, Pessalacia, Ribeiro, and Massuia (2013), using a cross-sectional design, asked participants to imagine they were enrolled on a research and, then, presented a predefined list of themes and situations asking them to rate the potential of embarrassment involved in each one. Authors concluded that some topics, i.e., betrayal, violence, and the death of a close one, are prone to cause embarrassment, but the conditions (i.e., dismissed information about themes under investigation; concerns about confidentiality and anonymity, or the capture of images or the audio-recording) were rated as more relevant. Taking in consideration all results, we can conclude that inconsistent reporting is a multi-dimensional phenomenon, involving many and complex interactions among variables, as suggested by Carvalho (2015).

Until now we did not know what the general opinion about the topic was. Curiously, participants not only recognized the behaviour, but also its impact. Naming the group of people with inconsistent reporting was a hard task – even among researchers there are no consensual term (e.g., inconsistency, unreliability, stability), but more important than this is the fact that suggested labels seem to denote two different approaches: for some participants inconsistent reporting is part of human-being and, consequently, it is an ordinary behaviour; oppositely , other participants seem to attribute some kind of malignancy and distrust to inconsistent reporters and, accordingly, inconsistent reporting occurs on purpose. This duality was also pointed out by Carvalho (2015) and according to McAdams (2001, p.662) "it is likely that individual differences in the ways in which people narrate self-defining memories reflect both differences in the objective past and differences in the styles and manners in which people choose to make narrative sense of life".

Limitations and future research

Despite the strengths, some limitations should be stressed. First, results were based on a small sample, which limits the generalizability of the findings. Nevertheless, this sample should not be devaluated: participants were adults from the community; they were enrolled in a longitudinal study

about life experiences, being familiar with the topic and the task; and they were asked about general behaviour. Forthcoming studies should replicate and extend our results with other samples. The measure applied was especially design for this study and due to its strengths (i.e., it can be easily adapted to a single or a set of life experiences, and applied to different target-groups) it can be a useful tool; therefore, psychometric characteristics should be explored in future studies. Another limitation is related to cluster analysis' criticisms, i.e., different clustering methods and similarity measures can produce different clusters; results tend to be influenced by the order of variables; and clusters are quite sensitive to cases' dropouts (Field, 2000). Despite of them, since few statistical analyses allow for a more complex outlook of categorical variables, we decided to compute cluster analysis, providing as many information as possible for evaluation and replication's purposes (Clatworthy et al., 2005).

Implications

This study has several implications that deserve a comment. As researchers we embrace total power and control toward the design and we make great efforts to maximize homogeneity (e.g., mode of data collection). Nonetheless, our results suggested that perhaps this imbalance is not the best approach: Design variables seem to influence inconsistent reporting of life experiences, and these potential effects can be minimized if power and control are shared with participants. Our study also stressed the influence of many variables that until now were merely speculative (e.g., shame); it has obvious implications not only for data collection or assessment, but also for data analysis. Lastly, inconsistent reporting may be a regular or a tricky behaviour, which occurs frequently, and should be addressed regularly in both research and practical contexts: for instance, individuals could be allowed to change previous answers and efforts should be made to understand changes.

In sum, inconsistent reporting of life experiences cannot be undervalued and the phenomenon is far from being deeply understood. This study represents one exploratory step for understanding it. We hope that it will serve as a prompt for more systematic research and, consequently, for the improving of confidence about retrospective life experiences reports.

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PARTE III

Discussão integradora

Discussão integradora

Os estudos empíricos que constituem esta tese procuraram dar resposta a um conjunto de questões de investigação apresentadas na Introdução. Esta parte integra e articula os principais resultados, de modo a discutir, interpretar e refletir sobre os mesmos de uma forma mais abrangente. Assim, procede-se à discussão integradora, em função da sequência original das questões: *O que se conta? O que vale o que se conta? E o que conta para se contar?*

O que é que se conta? *Globalmente, foram relatadas experiências de frequência variável, sendo que a maioria foi avaliada como positiva e como tendo um impacto significativo. Os padrões de resposta secundários (i.e., "não me lembro"; não-resposta) apresentaram sobretudo valores residuais.*

A resposta a esta questão está evidentemente associada àquilo que se pergunta. Como tal, a(s) respostas(s) disponível(eis) reflete(m) o(s) viés(es) inerente(s) aos instrumentos sobre experiências de vida, que foram devidamente explicitados no Estudo 1. Anteriormente existia uma lacuna significativa, dada a inexistência de um instrumento sobre experiências de vida positivas e negativas, incluindo diferentes domínios, e assente numa perspetiva de *lifespan*. Consideramos, pois, que o desenvolvimento e a aplicação de um novo instrumento, o LIFES, que superou as limitações anteriores, permite responder a esta questão de uma forma mais ecológica, abrangente e compreensiva, trazendo para esta área de investigação um relevante contributo metodológico. Reconhecendo que os seres humanos são naturalmente *storytellers* (McAdams, 2001a) e que as interações sociais permitem não só partilhar, como co-construir memórias e narrativas (e.g., Alea & Bluck, 2003; Bietti, 2010; Kellas & Trees, 2012), o que os participantes contaram decorreu daquilo que lhes foi e como lhes foi perguntado. Como referido na Parte I, a investigação sobre experiências de vida assenta em duas tradições (i.e., psicossomática e a psicologia da personalidade), o que redunda num estado da arte fragmentado. Esta tese pretendeu situar-se na confluência das duas linhas de investigação, congregando, por isso, características singulares de cada uma.

De acordo com o Estudo 2, a prevalência das experiências é muito variável, o que remete para a diferenciação entre experiências normativas *vs.* não normativas. A este respeito é importante ressalvar que estes conceitos não representam necessariamente uma bipolarização das dimensões adaptação e/ou valência, como a literatura parece sugerir. Adicionalmente, esta diferenciação poderá ser sensível a fatores culturais e generacionais (Schaie & Willis, 2003); por isso, poderá apresentar configurações distintas em outras amostras. Um aspeto importante ao nível das experiências mais comuns é o facto de, tendencialmente, se concentrarem no domínio *pessoas e relações*, o que atesta a

centralidade observada por Pilgrim, Rogers, e Bentall (2009). Embora seja difícil proceder a comparações com outros estudos, as nossas evidências corroboram os resultados atualizados do ACE Study (CDC-Kaiser Permanente 2016), sugerindo que as experiências que remetem para a *negligência física e emocional*, o *abuso físico*, o *abuso sexual*, *divórcio parental*, ou *violência interparental* tendem a ser reportadas por uma minoria de participantes da comunidade.

A resposta à questão supracitada está também intimamente associada ao conceito de experiências de vida utilizado (Estudo 1). Deste modo, das doze experiências de vida mais comuns (Estudo 2), a maioria (e.g.., senti-me amada e querida; senti-me saudável) remete para condições ou perceções em vez de eventos, o que problematiza as abordagens e instrumentos tradicionais. A inclusão deste tipo de experiências denota dois esforços distintos: a nível concetual, permite superar as limitações associadas ao positivismo (Borsboom, Mellenbergh, & van Heerden, 2004); a nível pragmático, parece refletir as representações individuais.

Outra vertente da questão *O que se conta?* remete para o relato discriminativo de experiências positivas e negativas. Genericamente, a literatura pauta-se por um profundo enviesamento, com predomínio das experiências negativas, uma tendência que não se restringe a este âmbito de investigação (e.g., Baumeister, Bratslavsky, Finkenauer, & Vohs, 2001; Seligman, 1999). Os esforços realizados para contrariar esta tendência parecem ter contribuído para uma acentuada polarização, que se materializa em diferentes aspetos (e.g., instrumentos, publicações). Por isso, o Estudo 2 apresenta-se particularmente informativo a este respeito. Os resultados obtidos indicam que a maioria dos participantes tende a avaliar, claramente, as experiências como positivas ou negativas, enquanto a categoria neutral apresentou sobretudo valores residuais. Não obstante, em algumas experiências (e.g., *mudei de escola a meio de um ciclo*; *um filho saiu de casa pela primeira vez*) as avaliações sobre a valência eram difusas, não permitindo associá-las a uma única categoria. Este estudo evidenciou ainda um resultado interessante: algumas das experiências que tradicionalmente são rotuladas como negativas (e.g., Scully, Tosi, & Banning, 2000; Voorpostel, van der Lippe, & Flap, 2012), tais como *divórcio* ou *internamento hospitalar*, não foram unanimemente percecionadas, o que poderá ser sintomático das idiossincrasias e reforça a necessidade de apostar em avaliações individuais (Zimmerman, 1983).

O impacto associado às experiências é outra dimensão a atentar para responder a esta questão. De acordo os resultados obtidos no Estudo 2, a maioria das experiências foi avaliada como tendo um impacto elevado, o que não só contrasta com a oscilação significativa observada por Scully et al. (2000), como também dificulta a diferenciação das mesmas. Esta tendência poderá decorrer da

estratégia de análise de dados, nomeadamente da transformação das escalas de resposta e da utilização de totais. Uma das características diferenciadoras desta investigação prendeu-se com o posicionamento neutral face ao impacto das experiências, o que contrasta com a literatura, que geralmente pré-define o tipo de experiências (i.e., *major vs. minor*), com consequências empíricas ainda desconhecidas. Apesar da dificuldade em proceder a comparações, alguns dos nossos resultados assemelham-se a estudos anteriores. Por exemplo, Reynolds e Turner (2008) verificaram que as experiências de *abuso físico e emocional* eram habitualmente percecionadas como crises. Já Hobson e Delunas (2001) concluíram que as experiências mais significativas *envolviam pessoas e relações*, enquanto as experiências associadas ao *percurso escolar ou questões legais* eram avaliadas como menos significativas. Por fim, embora o impacto seja uma variável cuja relevância é consensual, consideramos que *per si* é pouco informativa e que se reveste de maior clarividência quando associada a(s) outra(s) dimensão(ões) (e.g., valência, fase desenvolvimental).

A comparação entre diferentes grupos (Estudo 1) permite ainda aprofundar a resposta à questão em causa. Relativamente ao género, os dados não revelaram diferenças entre homens e mulheres, o que contrasta com algumas evidências disponíveis. Por exemplo, Reynolds e Turner (2008) verificaram que os homens reportavam ligeiramente mais experiências do que as mulheres, embora os resultados de uma meta-análise realizada por Davis, Matthews, e Twamley (1999) indiquem uma tendência inversa. Contudo, estes autores apenas incluíram experiências negativas, o que poderá explicar as discrepâncias. Por outro lado, Schroots e Assink (2005) também não encontraram diferenças de género significativas no total de experiências, apesar de homens e mulheres relatarem experiências distintas. Como expectável e observado por estes autores, verificaram-se diferenças significativas ao nível da idade, sendo que indivíduos mais velhos reportavam mais experiências, o que pode decorrer da perspetiva de lifespan. Relativamente ao estatuto ocupacional, os estudantes tendem a reportar menos experiências de vida negativas e mais positivas; padrão que foi também observado por Gottlieb, Still, e Newby-Clark (2007). Importa enfatizar que análises realizadas se centraram apenas nos totais, excluindo análises mais micro, que poderão evidenciar resultados distintos.

Investigar o que não se conta é tão importante como conhecer e compreender o que se conta. Ainda assim, são escassas as evidências disponíveis acerca de padrões de resposta secundários, tais como "não me lembro" ou a não-resposta. A opção "não me lembro" surge como resposta natural quando o assunto abordado envolve memórias autobiográficas de impacto variável, como é o caso, embora possa também representar uma estratégia de evasão (Waites, 1997). Contudo, esta opção não consta do repertório tradicional de respostas dos instrumentos sobre experiências de vida.

Globalmente, os resultados do Estudo 2 sugerem que esta categoria representou um valor residual: na maioria das experiências menos de 2% dos participantes selecionaram esta opção. Assim, as evidências recolhidas atualizam os resultados de Jenkins, Hurst, e Rose (1979), que concluíram que as pessoas recordavam os eventos de vida, o que neste contexto poderá ser explicado pelas características da presente investigação (e.g., tarefa de reconhecimento, perspetiva de *lifespan*). Em contraponto, as experiências centradas na *interação interparental* apresentaram os valores mais elevados (16-20%). Este dado coaduna-se com alguns resultados sobre a relação parental, a saber, a instabilidade observada por Dube, Williamson, Thompson, Felitti, e Anda (2004) ou o número significativo de não-respostas registado por Hardt, Sidor, Bracko, e Egle (2006). Ainda que os resultados sugiram que o esquecimento poderá não ser tão relevante como é, habitualmente, sugerido (e.g., Goodman, Quas, & Ogle, 2010; Lotterman & Bonanno, 2014), é essencial não negligenciar esta variável.

No que concerne às não-respostas, a preocupação generalizadamente manifestada (e.g., Graham, 2009) contrasta com as parcas evidências científicas (Enders & Gottschall, 2011; Schafer & Graham, 2002). Apesar disso, parece estar igualmente enraizado o pressuposto de que as experiências sensíveis potenciam as não-respostas (Tourangeau, Rips, & Rasincki, 2009). Os resultados obtidos no Estudo 2 não parecem corroborar esta apreensão, uma vez que na maioria das experiências a percentagem foi baixa, considerando o valor de referência sugerido por Graham (2009). Além disso, as experiências que apresentaram níveis superiores de não-resposta incluem-se nos domínios *percurso escolar, percurso profissional, e saúde*, ou seja, áreas que comummente não são percecionadas como potencialmente sensíveis. Esta tendência mimetiza a conclusão de Tourangeau et al. (2009), que enfatiza a ausência de evidências robustas sobre a relação entre não-resposta e questões potencialmente sensíveis.

Para terminar, o perfil dos participantes que apresentam um número superior de não-respostas é igualmente interessante. Indivíduos do género masculino, de média idade, cujo estatuto ocupacional era empregado e escolarizados foram identificados como mais propensos ao comportamento de não-resposta. Genericamente, este perfil sobrepõe-se ao proposto por Patel, Doku, e Tennakoon (2003), que identificaram os fatores envolvidos no recrutamento. Assim, estas evidências preliminares parecem sugerir que o perfil de não-resposta pode ser uma extensão do perfil de não-participação. Atendendo ao parco conhecimento sobre o tema e às suas variadas implicações (Foster & Krivelyova, 2008; Schafer & Graham, 2002) parece ser crucial aprofundá-lo futuramente.

O que vale o que se conta? *A consistência depende da dimensão considerada, sendo que a ocorrência e a fase desenvolvimental parecem ser mais consistentes do que a valência e o impacto.*

Inicialmente, é importante ressalvar, uma vez mais, a diferenciação entre validade e (in)consistência. Neste sentido, enquanto a validade remete para a veracidade do relato, a consistência apreende a estabilidade desse mesmo relato (Dube et al., 2004). A presente investigação debruçou-se exclusivamente sobre a consistência, pelo que os resultados discutidos nesta secção apenas se referem a esta característica do relato.

As preocupações em torno da consistência do relato sobre experiências de vida não são recentes, tendo surgido em simultâneo com as primeiras investigações baseadas em listas de acontecimentos de vida (e.g., Paykel, 1983; Zimmerman, 1983). Paradoxalmente, esta (incómoda) questão permanece atual (e.g., Hardt & Rutter, 2004; Kendall-Tackett & Becker-Blease, 2004; Maughan & Rutter, 1997; Paykel, 2001) e relativamente pouco investigada, sendo habitualmente abordada na discussão ou nas limitações dos estudos empíricos. Além disso, a literatura é bastante homogénea ao nível das variáveis avaliadas (i.e., experiências de vida negativas, ocorrência) e do período de referência (i.e., infância). Neste contexto, a presente investigação permitiu superar algumas destas lacunas ao introduzir uma perspetiva de *lifespan*, ao incluir um vasto conjunto de experiências (quer positivas, quer negativas), e ao avaliar simultaneamente diferentes dimensões dessas mesmas experiências (i.e., ocorrência, fase desenvolvimental, valência, e impacto). Deste modo, permite responder à questão supracitada de uma forma mais aprofundada.

Embora pareça ser consensualmente reconhecido que os relatos sobre experiências de vida são vulneráveis a mudanças (e.g., Maughan & Rutter, 1997; Weathers & Keane, 2007), a extensão dessa vulnerabilidade está longe de estar delimitada. Por exemplo, nos estudos sobre inconsistência em amostras da comunidade a percentagem variou entre 19.4 e 73.8 (Ayalon, 2015; Colman et al., 2016; Fergusson, Horwood, & Woodward, 2000; Hepp et al., 2006; Jenkins et al., 1979; Langeland et al., 2014; Martin, Anderson, Romans, Mullen, & O'Shea, 1993; McKinney, Harris, & Caetano, 2009; Nelson, Lynskey, Heath, Pamela, & Martin, 2010). Segundo os resultados do Estudo 3 sobre a ocorrência, apenas 10.03% das respostas foram inconsistentes, um valor bastante inferior ao verificado nas investigações referidas. Apesar disto, se o parâmetro de inconsistência se centrar nos participantes, todos os indivíduos avaliados apresentaram, pelo menos, uma inconsistência (Estudo 4), o que supera os valores da literatura. Estes resultados antagónicos poderão decorrer de algumas características específicas desta investigação (e.g., intervalo de tempo relativamente curto, o elevado número de itens). Não obstante, geralmente os autores optam por relatar apenas um dos parâmetros,

o que impede uma comparação mais aprofundada. Por outro lado, quando solicitamos aos participantes que quantificassem o número provável de pessoas que alteraria o relato (Estudo 6), apenas 4.3% respondeu que ninguém alteraria as respostas iniciais e 8.3% considerou que todos alterariam as suas respostas. Adicionalmente, os participantes indicaram que, em média, 4.83 em cada 10 pessoas alterariam o seu relato (com um desvio-padrão de 2.48), valores que se enquadram no intervalo apontado pela literatura.

O Estudo 3 evidenciou que a resposta à questão supramencionada depende da dimensão analisada. Neste sentido, as dimensões ocorrência e fase desenvolvimental parecem ser particularmente consistentes, enquanto as dimensões valência e impacto parecem ser mais inconstantes. A discussão aprofundada destes resultados foi já apresentada na Parte II, pelo que seria redundante repeti-la. No entanto, convém enfatizar que este padrão não é surpreendente, na medida em que aquelas dimensões remetem para dois tipos distintos de informação. Enquanto a ocorrência e a fase desenvolvimental envolvem aspetos mais factuais, a valência e o impacto estão associadas a aspetos mais subjetivos, segundo a diferenciação sugerida por Fowler (1995).

Relativamente à dimensão ocorrência, o Estudo 3 evidenciou uma tendência de sobrerrelato – i.e., um número superior de mudanças de "não" para "sim". Além disso, o Estudo 4 esclareceu que este padrão tanto se aplica às experiências negativas, como às positivas. Similarmente, quando os participantes do Estudo 6 foram questionados sobre estes padrões, a maioria considerou que o número de respostas afirmativas aumentaria quando as pessoas fossem questionadas uma segunda vez. Estes resultados contrastam com a tendência generalizada na literatura em que predomina o subrrelato (Hardt & Rutter, 2004); contudo, são mais facilmente explicáveis do que este. Neste sentido, o aumento no número de ocorrências poderá ser atribuído a efeitos de reminiscência, à perspetiva de *lifespan* ou ao aumento da confiança para relatar, entre outros fatores.

No que concerne à fase desenvolvimental, considerando as semelhanças nos valores de acordo registados no Estudo 3, não parece existir uma maior propensão associada a uma fase específica. Esta conclusão corrobora as parcas evidências provenientes de outros estudos (Krinsley, Gallagher, Weathers, Kutter, & Kaloupek, 2003; Schraedley, Turner, & Gotlib, 2002) e corresponde igualmente às perceções manifestadas no Estudo 6. Este resultado não parece despropositado se se considerarem dois efeitos de memória distintos, nomeadamente, a consolidação das memórias autobiográficas, que poderá estar envolvida na consistência dos relatos relativamente à infância/adolescência, e o efeito de recência, aplicável às experiências na vida adulta. Por outro lado, há outro efeito de memória que permite explicar as inconsistências: o *telescoping*, que consiste na

alocação errónea das experiências ao nível da fase desenvolvimental. A adolescência parece ser particularmente problemática a este nível, provavelmente devido a delimitações mais subjetivas[18].

Quanto à valência, segundo o Estudo 3, os participantes tenderam a melhorar a perceção, ou seja, foram mais frequentes as alterações de experiência negativa/neutra para experiência positiva. Esta tendência foi igualmente observada por Diener, Kanazawa, Suh, e Oishi (2015), que concluiu que as pessoas tendem a melhorar a perspetiva sobre as experiências enquanto estratégia adaptativa. Além disso, a investigação de Rasmussen e Berntsen (2009) sugeriu que experiências negativas e positivas desempenham diferentes papéis, sendo que as últimas são particularmente relevantes para a auto-representação/*self* e sociabilidade, o que poderá explicar os resultados obtidos.

Além da melhoria ao nível da valência, o Estudo 3 revelou que os participantes tendiam também a aumentar as avaliações sobre o impacto, sendo particularmente frequentes as alterações de impacto baixo/médio para impacto elevado. Esta tendência opõe-se aos resultados de Norris e Kaniasty (1992), que investigaram apenas eventos negativos, o que poderá justificar esta discrepância. Aliando as mudanças ao nível da valência com as mudanças ao nível do impacto, parecem-nos existir argumentos a favor da afirmação de Anderson (2009, p.217), a saber "life is good, or memory makes it so". Embora num exercício puramente especulativo, as evidências sobre os benefícios da participação em investigações, como por exemplo, o *empowerment*, a auto-descoberta, o *insight*, a reformulação e a integração das experiências (Lakeman, Mcandrew, Macgabhann, & Warne, 2013; Newman & Kaloupek, 2004), poderão ser fatores explicativos das mudanças registadas.

Em síntese, face às evidências recolhidas, a maioria dos relatos parece ser consistente, sobretudo ao nível da dimensão ocorrência. Ainda assim, alguns participantes poderão alterar o seu relato em determinada(s) experiência(s). Como McLean, Pasupathi, e Pals (2007, p.262) postulam "any narrative account of personal memory is created within a specific situation, by particular individuals, for particular audiences, and to fulfil particular goals". Segundo os resultados do Estudo 6, quando os participantes foram solicitados a designar o grupo de indivíduos que muda os relatos, 42% não respondeu ou afirmou não ser capaz de responder. Por outro lado, entre os que apresentaram designações foi evidente o caráter idiossincrático das mesmas. Não obstante, algumas das sugestões apreendiam a natureza volátil do relato e coincidiam com a terminologia utilizada pelos investigadores. Como explanado na Parte I, também a comunidade científica evidencia dificuldades na designação do

[18] A este respeito importa esclarecer que o instrumento continha delimitações claras das fases desenvolvimentais (i.e. infância até aos 12 anos; adolescência entre os 13 e 17, e vida adulta a partir dos 18 anos); contudo, alguns dos participantes, sobretudo os mais jovens, expressaram alguma contestação relativamente ao limite da adolescência, com possíveis consequências ao nível da inconsistência.

fenómeno. Pelo contrário, a relevância deste assunto é consensualmente reconhecida quer pelos investigadores (e.g., Hardt & Rutter, 2004; Kendall-Tackett & Becker-Blease, 2004; Maughan & Rutter, 1997; Paykel, 2001), quer pelos participantes (Estudo 6). Considerando a quantidade de experiências em análise e o número de variáveis analisadas, na presente tese não seria viável proceder a uma análise mais incisiva e detalhada. Por isso, futuramente, diferentes cenários poderão ser explorados de modo a contribuir para um conhecimento mais aprofundado.

O que conta para se contar? *Os motivos associados às inconsistências são heterogéneos e complexos, envolvendo variáveis individuais, associadas às experiências e ao design.*

Identificar potenciais fatores promotores ou explicativos da inconsistência no relato é tão importante como (re)conhecê-la. Atualmente, os estudos privilegiam variáveis de caráter individual, negligenciando outras dimensões relacionadas com as experiências ou com o design. Além disso, tendem a apresentar abordagens unidimensionais. Por outro lado, a literatura aponta outros potenciais motivos (e.g., memória, segredos) para justificar o comportamento, os quais habitualmente não são abordados de forma empírica. Por fim, tanto quanto sabemos apenas existem três estudos empíricos (Carvalho, 2015; Langeland et al., 2014; Sobell, Toneatto, Sobell, Schuller, & Maxwell, 1990) que solicitaram aos participantes que identificassem as variáveis associadas às inconsistências. De modo a suprimir estas lacunas, a presente investigação incluiu um conjunto extenso e diferenciado de variáveis (i.e., características individuais, das experiências e do design) e dados de diferentes tipologias (i.e, análises inferenciais – Estudos 4 e 5, e perceções individuais – Estudo 6).

No que concerne às variáveis individuais, os fatores sociodemográficos surgem quase invariavelmente em todos os estudos correlacionais. No entanto, os resultados do Estudo 4 indicam que estas variáveis não são preditores significativos das inconsistências. Similarmente, quando os participantes foram questionados sobre a relevância destes motivos a maioria desvalorizou-os (Estudo 6). Embora alguns estudos registem um impacto significativo dos fatores sociodemográficos (e.g., McKinney et al., 2009; Scott & Aneshensel, 1997; Yancura & Aldwin, 2009), a maioria concluiu que não são variáveis-chave (e.g., Dube et al., 2004; Hepp et al., 2006; Langeland et al., 2014; Shields, Hovdestad, & Tonmyr, 2015). Por outro lado, há outras variáveis individuais cuja relevância foi corroborada pelos participantes do Estudo 6, tais como a presença de uma condição de saúde ou o consumo de substâncias. Relativamente aos consumos, as evidências disponíveis não são consensuais quanto ao facto de promover (ou não) a inconsistência, sendo que alguns estudos verificaram que era um fator de influência (McKinney et al., 2009; Ouimette, Read, & Brown, 2005), enquanto outros

infirmaram este papel (Mills, Teesson, Darke, & Ross, 2007; Spinhoven, Bamelis, Haringsma, Molendijk, & Arntz, 2012). Quanto às condições de saúde, as evidências disponíveis na literatura são igualmente pouco esclarecedoras (Fergusson et al., 2000; Krinsley et al., 2003; Mills et al., 2007; Ouimette et al., 2005; Yancura & Aldwin, 2009). Contudo, convém relembrar que desde os primeiros estudos sobre experiências de vida, quer investigadores, quer clínicos parecem assumir que as histórias de vida podem ser relatadas pelos sujeitos como contextualizadoras e/ou explicativas das condições de saúde e/ou do funcionamento atual (e.g., Paykel, 2001; Zimmerman, 1983). Por fim, há um terceiro conjunto de variáveis individuais que assume um caráter habitualmente conjetural (e.g., memória, dinâmicas de segredo, vergonha, negação, ou proteção de terceiros) que os participantes tenderam a enfatizar (Estudo 6). Dois estudos empíricos semelhantes ao nosso (Langeland et al., 2014; Sobell et al., 1990) verificaram, igualmente, que a memória era apresentada como um dos fatores explicativos, embora não o central. Deste modo, parece ser abusiva a associação direta entre não-relato e esquecimento ou novo relato e recordação, como tem sido assumido por outros autores (e.g., Colman et al., 2016). Outras variáveis individuais que na perspetiva dos participantes (Estudo 6) parecem ser importantes para explicar este comportamento envolvem as dinâmicas de segredo, proteção de terceiros, negação, e/ou vergonha. Estes motivos corroboram os resultados de Langeland et al. (2014) e, em última instância, poderão ser melhor compreendidos se associados às funções das memórias autobiográficas (Williams, Conway, & Cohen, 2008) e ao seu caráter adaptativo (e.g., Fivush, 2011; Waites, 1997).

Embora o humor seja também uma variável individual, é razoável destacá-la das restantes, atendendo à relevância que assumiu na presente tese. A relação entre a inconsistência e o humor foi analisada em detalhe no Estudo 5. A este propósito, há alguns aspetos que importa revisitar. Quando se aplica o princípio da memória dependente do humor às inconsistências no relato seria expectável que as mudanças no humor tivessem repercussões ao nível das inconsistências. No Estudo 6, a maioria dos participantes confirmam este racional, considerando que as inconsistências poderão decorrer do humor negativo. Apesar disso, o Estudo 5 demostrou que esta questão poderá ser mais complexa. Na verdade, a heterogeneidade concetual e metodológica não facilita a comparação e integração de resultados bastantes contraditórios (e.g., Ayalon, 2015; Colman et al., 2016; Fergusson et al., 2000; Hepp et al., 2006; Krinsley et al., 2003; Langeland et al., 2015; Mesquita, 2015; Ouimette et al., 2005; Pinto & Maia, 2013; Schraedley et al., 2002; Yancura & Aldwin, 2009). Os resultados do Estudo 5 são desafiantes, na medida em que refletem as ambiguidades da literatura.

Ainda que pareça existir uma predominância a favor da ausência de relação, algumas análises revelaram-se significativas, o que impossibilita conclusões robustas.

No que concerne às variáveis associadas às experiências, a maioria dos participantes considerou que a valência, o impacto, a severidade, a fase desenvolvimental e o total de experiências contribuíam para as inconsistências nos relatos (Estudo 6). Contudo, estas perceções individuais não foram corroboradas integralmente no Estudo 4: o impacto foi o único preditor significativo das inconsistências nas experiências positivas (i.e., menos impacto associado a mais inconsistências), enquanto as inconsistências nas experiências negativas foram preditas exclusivamente pelo total de experiências negativas. Estes resultados parecem contradizer as parcas evidências (Krinsley et al., 2003; Langeland et al., 2015; McKinney et al., 2009). Apesar disso, dada a supremacia das experiências positivas (e.g., Overbeek et al., 2010) parece plausível que o impacto, associado a efeitos de memória (Baddeley, 2009), possa ser um mecanismo diferenciador. A diferenciação entre experiências positivas e negativas foi uma preocupação central ao longo da investigação. Segundo as perceções individuais (Estudo 6), a maioria dos participantes considerou que as inconsistências seriam mais frequentes nas experiências negativas do que nas positivas (69.1% *vs.* 16.4%, respetivamente). Contudo, segundo os resultados do Estudo 4, o número de inconsistências foi superior nas experiências positivas, uma tendência também verificada por outros autores (Hardt et al., 2006; Monteiro, 2014; Pinto, Correia, & Maia, 2014; Suh, Diener, & Fujita, 1996; Yancura & Aldwin, 2009). Além disso, importa destacar os resultados dos modelos de regressão apresentados no Estudo 4, que explicam apenas 6.6% das inconsistências nas experiências positivas e 24.3% nas experiências negativas. Estes resultados, por um lado, parecem corroborar o argumento de Baumeister et al. (2001) de que *bad is stronger than good* e, por outro, sugerem que poderá ser desadequado exportar linearmente as variáveis associadas às experiências negativas (sobre as quais há mais evidências disponíveis) para as experiências positivas. Não obstante, é importante recordar que, segundo o Estudo 3, a dimensão valência parece ser vulnerável a mudanças, o que poderá ter repercussões (ainda desconhecidas) não só na categorização das experiências, como também nas inconsistências no relato.

Finalmente, para responder à terceira questão que norteou a nossa investigação, é essencial rever e discutir algumas variáveis associadas ao design. De acordo com as perceções individuais (Estudo 6), a maioria dos participantes considerou que os fatores intervalo temporal, estratégia de recolha de dados e características do entrevistador estavam subjacentes às inconsistências no relato. Porém, segundo o Estudo 4, apenas o intervalo temporal foi identificado como um preditor marginalmente significativo das inconsistências. O tempo é uma variável crucial neste âmbito de

investigação, sendo razoável antecipar que quanto maior o intervalo de tempo entre a ocorrência da experiência e a avaliação e/ou entre avaliações, maior será a probabilidade de surgirem inconsistências nos relatos. Dada a ausência de regras de ouro (Taris, 2008), o intervalo temporal pode variar entre dias (e.g., Krinsley et al., 2003), meses (e.g.,Langeland et al., 2015) ou anos (e.g., Ayalon, 2015) e raramente a variável é analisada. Os poucos estudos disponíveis sugerem que o intervalo temporal não é uma variável determinante (Andresen, Catlin, Wyrwich, & Jackson-Thompson, 2003; Assche, 2003); no entanto, é urgente investigar o tema de forma mais focalizada. Além disso, a estratégia de recolha de dados é igualmente um assunto controverso. As evidências obtidas no Estudo 4 indicam que esta não parece ser uma variável central ao nível das inconsistências, embora a maioria dos participantes apontasse a sua relevância e considerasse que as inconsistências eram mais prováveis quando os dados são recolhidos através de entrevistas (Estudo 6). Na literatura esta variável está subinvestigada e na presente investigação também não foi possível aprofundá-la, ainda que os dados recolhidos o permitam fazê-lo futuramente. A investigação sobre as variáveis de design é ainda mais urgente se se atentar aos resultados de Pessalacia, Ribeiro, e Massuia (2013), que sugerem que as condições de participação contribuem mais para o *embarrassment* do que os temas abordados.

Em síntese, os relatos não ocorrem no vácuo e podem ser inconsistentes ao longo do tempo. Os motivos subjacentes às inconsistências são heterogéneos e provavelmente envolvem interações complexas, que ainda não foram devidamente investigadas. Em última instância, importa reter que cada indivíduo tem um passado, vive um presente e perspetiva um futuro, podendo condicionar a (in)consistência do relato sobre as experiências de vida em função destes. Ou, como refere McAdams (2001b, p.118)

> life stories live to be told to others. Life stories, therefore, are continually made and remade in social relationships and in the overall social context provided by culture. As psychosocial constructions, life stories reflect the values, norms, and power differentials inherent in the societies wherein they have their constitutive meanings. The construction of coherent life stories is an especially challenging problem for adults living in contemporary modern (and postmodern) societies, wherein selves are viewed as reflexive projects imbued with complexity and depth, ever-changing and yet demanding a coherent framing.

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PARTE IV

Considerações finais

Considerações finais

A presente secção encerra o processo percorrido, apresentando as aplicações e as implicações gerais decorrentes desta investigação, nomeadamente em termos do futuro desta área, assim como as suas principais limitações.

Aplicações e Implicações

Os resultados e as conclusões obtidas não se esgotam ou restringem a esta investigação. Considerando a transversalidade dos conceitos-chave será fácil antecipar aplicações em áreas tão distintas como a psicologia clínica/saúde, da personalidade, do desenvolvimento, social (McAdams, 2001), cognitiva ou da justiça. Dado o seu caráter iminentemente metodológico, este trabalho empírico oferece um contributo que poderá permitir rever e problematizar estudos anteriores, bem como planificar novas (e mais robustas) investigações. Além disso, as evidências poderão também ser relevantes para diferentes áreas de atuação, sobretudo ao nível da avaliação. O desenvolvimento e validação de um novo instrumento (i.e., LIFES) será também uma das principais aplicações desta tese.

O estado da arte demonstra a coexistência de relatos de experiências positivas e negativas (e.g., Overbeek et al., 2010; Schroots & Assink, 2005; Zimmerman, 1983). Contudo, poucas evidências permitem uma comparação adequada das mesmas (Baumeister, Bratslavsky, Finkenauer, & Vohs, 2001). Assim, é fundamental rebater as abordagens polarizadas, permitindo que os indivíduos relatem as suas experiências de uma forma mais ecológica e integrada. Por exemplo, o Estudo 2 revelou que algumas experiências que tendencialmente são rotuladas como negativas não foram percecionadas unanimemente. Neste sentido, é essencial permitir que os indivíduos se posicionem idiossincraticamente relativamente às mesmas. A inclusão de experiências positivas e negativas parece também ter beneficiado o recrutamento e envolvimento dos participantes, o que poderá ter implicações importantes para a investigação e para a prática. A este respeito importa ressalvar a conclusão de Pessalacia, Ribeiro, e Massuia (2013) de que a ausência de informação sobre o conteúdo da investigação era percecionada como um fator-chave gerador de desconforto.

Finalmente, dado que a (in)consistência é um assunto-chave na presente tese, as evidências reunidas acarretam repercussões óbvias ao nível da flexibilidade. Atualmente, é consensual que os relatos são sensíveis à mudança (e.g., Hardt & Rutter, 2004; Kendall-Tackett & Becker-Blease, 2004) e, como tal, uma experiência não relatada previamente pode ser relatada numa segunda avaliação ou vice-versa. Neste cenário, alguns autores (e.g., Fergusson, Horwood, & Woodward, 2000; Maughan &

Rutter, 1997) propõem alternativas razoáveis (e.g., recurso à corroboração), embora não necessariamente viáveis (e.g., Fowler, 1995). Consequentemente, é urgente ponderar alternativas que permitam flexibilizar as respostas como, por exemplo, o uso do debriefing. Embora esta investigação não incida sobre validade, reconhecemos que os resultados da inconsistência impelem a implicações ao nível da confiança. Como esta vertente envolve uma dimensão de desafio, este assunto será abordado com mais detalhe posteriormente.

Limitações

Esta investigação não está isenta de limitações, quer concetuais, quer metodológicas, as quais importa identificar e comentar.

A nível concetual destaca-se a ausência prévia de uma definição consensual e objetiva de experiências de vida. Face a esta lacuna, propusemos uma definição, que norteou todo o trabalho desenvolvido e apresenta inúmeras vantagens já mencionadas em secções anteriores. Apesar disso, reconhecemos que o construto não é estanque nem imutável. Inclusivamente, no decorrer da investigação foi necessário rever, readaptar e melhorar versões anteriores, em função de sugestões e discussões com outros investigadores.

Quanto ao instrumento, atendendo às limitações das medidas existentes, optou-se por desenvolver e validar um instrumento de raiz. Esta situação é, de algum modo, atípica já que a APA (APA Publications and Communications Board - Working Group on Journal Article Reporting, 2008) preconiza a utilização de instrumentos já validados ou instrumentos *ad hoc*. Considerando as evidências recolhidas (Estudo 1), o instrumento parece apresentar características adequadas ao nível da fiabilidade e da validade.

Relativamente às limitações associadas aos participantes importa referir a dimensão e a caracterização das amostras. Assim, o número de participantes diminui significativamente ao longo dos estudos, devido a constrangimentos externos e internos. Reconhecendo que o número ideal de participantes é delimitado, por um lado, por requisitos analíticos e, por outro, por contingências éticas (Maxwell & Kelley, 2011), em alguns estudos seria importante avaliar um número superior de participantes. No que respeita à caracterização da amostra, embora seja mais heterogénea comparativamente a amostras específicas, reproduz alguns vieses já identificados (Patel, Doku, & Tennakoon, 2003) e em algumas variáveis não corresponde à população portuguesa, estando sobrerrepresentadas algumas categorias: sexo feminino, solteiro, estudante e com formação superior (Instituto Nacional de Estatística, 2012). Por fim, ainda ao nível dos participantes, importa destacar a

autosseleção, na medida em que os participantes que aceitaram participar e/ou os que não recusaram/desistiram quando selecionados para um segundo momento provavelmente distinguem-se nos restantes em alguma variável não avaliada.

A recolha de dados apresenta também duas potenciais fragilidades, nomeadamente, a oscilação no intervalo de tempo entre momentos de avaliação e o recurso a duas estratégias diferentes para aplicação dos questionários. Como referido anteriormente, não existem diretrizes consensuais sobre o intervalo temporal ótimo (Taris, 2008) e os estudos apresentam uma grande heterogeneidade. Relativamente à estratégia de recolha, uma vez mais não há um método por excelência, já que todos apresentam vantagens e desvantagens (e.g., Tourangeau et al., 2009). A este respeito importa esclarecer que a inclusão das duas estratégias não foi fortuita, como aconselhado por Cleary (1980), e segundo o Estudo 4 esta variável não parece afetar significativamente as inconsistências.

Experiências de vida: Desafios atuais e futuro

Na fase terminal deste estudo é importante destacar dois desafios atuais e futuros nesta área de investigação. Como principal desafio destacamos o desenvolvimento e validação de um novo instrumento sobre experiências de vida; tarefas que envolveram custos temporais, económicos, e humanos muito significativos nesta tese. Efetivamente, esta tarefa - não prevista no projeto original e descrita detalhadamente no Estudo 1 - representou uma etapa inicial da investigação, permitindo concretizar os estudos posteriores. Dada a sua potencialidade é nosso objetivo divulgá-lo numa revista internacional da área.

O segundo desafio remete para questões concetuais e pragmáticas em torno da (in)consistência. Como referido anteriormente, este estudo não abordou a validade. Por isso, seria abusivo concluir que um relato consistente corresponde necessariamente à verdade. Estas dúvidas remetem-nos para discussões relevantes, tais como em que medida podemos confiar nos relatos, com repercussões notórias em áreas como a psicologia da justiça (Roediger & DeSoto, 2015). Segundo McAdams (2008), apesar das divergências concetuais ou metodológicas, há seis princípios consensuais em torno das histórias de vida, a saber: *the self is storied*; *stories integrate lives*; *stories are told in social relationships*; *stories change over time*; *stories are cultural texts*; and *some stories are better than others*. Deste modo, mais do que assumir uma postura de realidade histórica é crucial adoptar uma abordagem de *reportado/relatado por* (Courtois, 1997).

O futuro deste campo de investigação, para além de superar as limitações identificadas anteriormente, passará por aprofundar determinadas questões, introduzir novos conteúdos e

implementar diferentes abordagens metodológicas. Assim, é crucial explorar com mais detalhe as mudanças nos significados; comparar o impacto na inconsistência da aplicação de scores subjetivos *vs.* normativos; analisar diferenças e semelhanças entre subrrelato e sobrerrelato; e aprofundar os resultados sobre respostas secundárias (i.e., "não me lembro"). No que concerne aos novos conteúdos, seria informativo introduzir outras variáveis para além do humor (e.g., qualidade de vida) enquanto fator explicativo das inconsistências. É igualmente essencial esclarecer a existência (ou não) de padrões de relato das experiências de vida. Se o viés da aquiescência é um fenómeno devidamente reconhecido (Podsakoff, MacKenzie, Lee, & Podsakoff, 2003) e se os adolescentes parecem agrupar-se em padrões de relato (Fan et al., 2006), não é claro de que modo estes resultados se extrapolam para este contexto específico. Além disso, há poucas evidências sobre características de personalidade e inconsistência, sendo que este poderá ser um bom ponto de partida para novos estudos. Outra linha de investigação futura prende-se com os aspetos metodológicos e de design; para explorá-la, poderá ser importante associar características dos estudos experimentais às dos estudos correlacionais e ecológicos. A inclusão de variáveis neuropsicofisiológicas é também uma área de investigação futura. Neste sentido, no que concerne ao relato de comportamentos como o tabaco ou questões sensíveis, o procedimento do *bogus pipeline* parece ser vantajoso (e,g., Krumpal, 2013; Tourangeau & Yan, 2007). É também importante desenvolver estudos transculturais, considerando que investigações em áreas adjacentes apresentam resultados desafiantes (Ji, Schwarz, & Nisbett, 2000; Leontopoulou, Jimerson, & Anderson, 2011; Locke & Baik, 2009). Além disso, as abordagens metodológicas integradoras (e.g., meta-análises) constituem também uma potencial linha de investigação. Recentemente, um estudo preliminar sintetizou os dados sobre as inconsistências nas experiências adversas na infância através da *integrative data analysis* (Rodrigues, 2016). Finalmente, outra abordagem metodológica promissora prende-se com a inclusão das novas tecnologias e redes sociais enquanto estratégia de recolha de dados (e.g., Ben-Ezra et al., 2013; Langeland et al., 2014).

Nota de conclusão

Atendendo ao estado da arte e às evidências recolhidas nesta tese, concluímos que apenas poderemos conhecer as histórias pessoais de cada indivíduo através daquilo que este estiver disposto ou capaz de contar, num dado momento e num contexto específico. De modo a prosseguir, sem descurar as complexidades envolvidas no relato de experiências de vida e das (in)consistências, resta-nos assumir que "tudo é definitivo e nada é eterno" (Peixoto, 2010).

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