

Vivo Questionnaire: A Measure of Human Worldviews and Identity in Trauma, Crisis, and Loss—Validation and Preliminary Findings

PAU PÉREZ-SALES

Department of Psychiatry, La Paz University Hospital, Madrid, Spain

FRANCISCO JOSE EIROA-OROSA

*Department of Psychiatry, Vall d'Hebron University Hospital,
Autonomous University of Barcelona, Barcelona, Spain*

PABLO OLIVOS

Department of Psychology, University of Castilla–La Mancha, Albacete, Spain

ELENA BARBERO-VAL

Community Action Group, Madrid, Spain

ALBERTO FERNÁNDEZ-LIRIA

*Department of Psychiatry, Príncipe de Asturias University Hospital,
University of Alcalá, Alcalá de Henares, Spain*

MARÍA VERGARA

EXIL Center, Barcelona, Spain

Various proposals have been made in order to measure worldviews and identity in extreme trauma or loss experiences. The use of these scales has provided mixed results. The Vital Impact Assessment Scale (VIVO) was designed to fill some of the gaps of the existing tools: (a) to be administered to the general population, as well as to survivors of extreme experiences; (b) to include an extensive range of human responses to extreme situations; (c) to be administered to large population samples from different cultural backgrounds; (d) to avoid anchoring to a specific personal experience; and (e) to work with extensive and complex response profiles.

Received 8 February 2011; accepted 20 March 2011.

Address correspondence to Pau Pérez-Sales, Department of Psychiatry, Hospital Universitario La Paz, Paseo de la Castellana 261, Madrid 28046, Spain. E-mail: pauperez@arrakis.es

Validation data and preliminary results are presented for the Spanish version, and an English formulation is proposed. The final version of the VIVO Questionnaire, composed of 116 items, offers an organized profile divided into 10 conceptual blocks (worldviews, attitude towards the world, view of human beings, coping, impact of past situations, emotions, telling the experience, consequences, social support, and identity) and 35 subscales.

Various proposals have been made in order to measure worldviews in extreme trauma or loss experiences. The most frequently used measures have been the World Assumption Scale (Janoff-Bulman, 1992), the Post-Traumatic Cognitions Inventory (Foa, Ehlers, Clark, Tolin, & Orsillo, 1999), and the Changes in Outlook Questionnaire (Linley & Joseph, 2004).

The use of these scales throughout the past 10 years has provided mixed results. They have revealed significant clinical data obtained from general samples (Startup, Makgekene, & Webster, 2007), and especially in survivors of interpersonal violence (Ali, Dunmore, Clark, & Ehlers, 2002), sexual abuse (Harris & Valentiner, 2002; Ullman, 1997), the Holocaust (Magwaza, 1999), or political violence. But many other studies have failed to find differences between clinical and nonclinical populations, or data from worldviews have correlated poorly with PTSD and other trauma response measures (Jeavons & Godber, 2005; Kaler et al., 2008).

Tools of this type face some particular epistemological difficulties: (a) They try to measure constructs that are dynamic, elusive, and dialectical with the environment; (b) the person often lacks clear insight and a global vision of his or her worldviews; and (c) while the purpose of the items is to capture abstract or existential concepts, the person usually answers by resorting to personal or vicarious situations that are considered to be prototypical (Tourangeau, Rips, & Rasinski, 2000). When these situations do not exist or cannot be recalled at the moment, people respond from a purely speculative point of view or based on an estimate of how they consider that they would react, which corresponds to a desideratum ("wishful thinking") or to a socially desirable answer (Sumalla, Ochoa, & Blanco, 2008). Worldview measures have not been designed to be applied to the general population, and studies must compare groups of people with experiences of different levels of intensity (Solomon, Iancu, & Tyano, 1997). This goes against accumulated knowledge indicating a profound individuality in trauma responses and a lack of a dose-response connection between the type or intensity of the traumatic event and changes in worldviews (Basoglu & Parker, 1995; Fujita & Nishida, 2008). It is also important to add the difficulties of establishing causal inferences from studies that are cross-sectional (Kaler et al., 2008) and do not provide follow-up data to determine the sensitivity of worldview measures to change.

The Vital Impact Assessment Scale (Escala de Valoración del Impacto Vital, or VIVO) has been developed with various purposes: (a) to provide a scale that can be administered to the general population, as well as to those who have survived extreme experiences, in order to obtain comparative data; (b) to take into account an extensive range of human responses to extreme situations; (c) to provide an instrument that can be administered to large population groups from different cultural backgrounds; (d) to avoid anchoring to a personal experience; and (e) to work with “response profiles” instead of with added scores. Validation of the VIVO scale has been carried out according to the standards for the development and review of instrumental studies, and the results are presented herein.

METHOD

Samples and Recruitment Procedures

The questionnaire has been developed during the past 4 years. Initial drafts of the VIVO Questionnaire (2005–2007) were tested with ad hoc samples of the general population, psychologists, firemen, and ambulance drivers, as well as inpatients in burn units at a general hospital and outpatients in the department of psychiatry in a complex trauma unit. The scale was implemented in a paper version, and individual interviews were conducted to check item by item for content validity and suggestions. The VIVO was also included on a Web page in May 2007 asking for voluntary participation. Participants ($n = 189$) were offered, through a form, the opportunity to explain their answers to every item and to suggest additional wording and potential unexplored issues according to their life experiences. Both paper and Web questionnaires were compared item by item and via global scores (t tests), yielding no significant differences after adjusting for multiple comparisons.

The final scale sample was recruited through the project’s Web page (<http://www.psicosocial.info/>) from September 2007 to February 2008 ($n = 3130$; Version 1). Preliminary analysis showed the convenience of changing the anchoring system of the items and launching a second wave (March 2008–October 2008; $n = 827$; Version 2 [final]). It was decided to obtain samples using the Internet as a strategy to obtain a number of responses large enough to have some key traumatic events well represented and to have big samples from different countries and different cultures. Therefore, voluntary collaboration was requested in approximately 1,400 Spanish-language Internet forums. The forums were randomly selected using search engines, and they correspond to the endless and heterogeneous scope of subject matters represented in these types of public spaces (a complete list is available on request). The questionnaires obtained were later analyzed one by one by three independent judges, ruling out acquiescent answers or answers with incoherent or extreme profiles (outliers) ($n = 314$; 4.9%).

The final refined sample was composed of 3,808 people (3,020 for Version 1 and 788 for the slightly modified Version 2). From a demographic point of view, there were no differences between the questionnaires that were ruled out and those that were finally analyzed. Despite the self-selection bias that this type of procedure may exhibit, its correct use together with individualized screening filters has been widely accepted as an adequate and valid contemporaneous sampling method (Eiroá-Orosa, Fernández-Pinto, & Pérez-Sales, 2008; Fortson, Scotti, del Ben, & Chen, 2006). Our online questionnaire followed the technical recommendations provided by the main Web-based studies available to date (Dillman, 2007).

The final sample was obtained from 12 countries, especially from Spain (32.2%), Argentina (19.8%), Mexico (11.4%), Chile (10.1%), and Colombia (9.6%). The mean age was 28 years ($SD=10.79$), and 51% were women. The majority were single (63.1%), had a high level of education (62%), and described themselves as of a middle-class socioeconomic level (63.1%). Additionally, 34.5% considered themselves to be of left-wing ideology, 25.5% positioned themselves in the center, and 20.9% were of right-wing ideology; 57.5% did not practice any religion, and of those who described themselves as religious, most were Catholic (32%).

Drafts of the VIVO Questionnaire have been used in studies with relatives of people who were detained or disappeared for political reasons in Argentina (Arnosó-Martínez & Eiroa-Orosa, 2010), victims of massacres in Colombia making claims for reparation, and victims of torture, asylum seekers, and adolescents with antecedents of child sexual abuse in Spain (unpublished results).

The project followed the standards for carrying out investigations with questionnaires that have been drawn up by the Council of American Survey Research Organizations (2004) and the regulations set by the Spanish Agency of Data Protection, and it was approved by the Ethics Committee for Basic and Clinical Research of La Paz University Hospital (Madrid).

Measures

With respect to the VIVO Questionnaire, an initial pool of 128 expressions in Spanish was derived from survivors' testimonies and expert consensus corresponding to basic beliefs; signs of subjective damage, resilience, and growth; social, cognitive, and behavioral appraisal and processing of extreme experiences (Pérez-Sales, 2006); and an extensive review of existing models and measures focusing on the impact of extreme experiences (Antonovsky, 1987; Calhoun & Tedeschi, 1999; Ehlers & Clark, 2000; Epstein, 1989; Janoff-Bulman, 1992; Kauffman, 2002; Kobasa, 1983; Pennebaker, 1990; Stroebe, Schut, & Finkenauer, 2000), ethnographic and qualitative studies (Lifton, 1967; Pérez-Sales, Bacic, & Durán, 1998) or autobiographical accounts of victims' experiences (Amery, 2001; Frankl, Lasch, & Allport,

1963; Levi, 1987; Steinberg, 2001). A total of 80 items were suitable for the general population, and 48 were meaningful only for survivors. In earlier versions, the participants had to choose between opposing expressions of a concept. This was later changed to a classic 5-point Likert scale. Although we present results for Version 2 ($n = 788$) and the final sample, all statistical analyses were repeated independently of the previous one ($n = 3,020$), and the results produced were almost identical.

In addition to the VIVO Questionnaire, participants completed the following measures.

- Inventory of Extreme Experiences (IEE) (Pérez-Sales, Cervellón, Vázquez, Vidales, & Gaborit, 2005): This instrument collects data on 24 experiences (most commonly linked to trauma, loss, or crisis and five positive life events).
- PTSD Checklist–Civilian Version (PCL-C): a 17-item scale that assesses posttraumatic stress disorder (Weathers, Huska, & Keane, 1991). Different cutoff points have been proposed (Vazquez, Pérez-Sales, & Matt, 2006), but only the overall score was used in this study.
- Overall satisfaction with life: ranked from 1 (I consider myself to be happy with life) to 3 (I consider myself to be unhappy overall).
- Overall self-image: ranked from 1 (I like the way I am and I would change very little) to 3 (There are more things that I don't like about myself than things that I do).
- Average positive, negative, and overall mood: Emotions of sadness and joy/happiness were evaluated (1 = constantly, 5 = never) for the previous 2 weeks, as well as overall mood (1 = euphoric and full of vitality during most of the day, 5 = very sad during most of the day).

RESULTS

Test for Normality and Item Distribution

Descriptive statistics and the actual distribution of responses were computed for each VIVO item. Means ranged from 1.84 to 4.33 (full data available on request). Most of them fell around the expected value (mean = 3), and all were in the range of one standard deviation from the theoretical mean (1.4–4.6), had a skewness of 2 or below, and had a kurtosis of 7 or below (Fabrigar, Wegener, MacCallum, & Strahan, 1999).

Factor Structure

The items were split into 10 conceptual blocks according to the results obtained from preliminary studies (Pérez-Sales et al., 2005), the theoretical framework of the model, and an expert consensus. Five blocks correspond

to the 80 items suitable for the general population and survivors, and five blocks correspond to the 48 items only suitable for survivors. We performed factor analyses using principal component methods with varimax rotation in each of these 10 conceptual blocks. Thirty-five factors were obtained (see Table 1) that explained between 44.1% (coping) and 56% (emotions associated with what happened) of the variance. There were seven items with low factor loadings in 4 of the 35 factors (“tolerance of ambiguity and uncertainty,” “search for logic,” “capability of communicating what happened,” and “development of victim identity”); these were retained because previous results showed their conceptual contribution to the scale’s global interpretation.

The structure of these 35 factors represents Cronbach alpha values from 0.6 to 0.83, with the exception of the four previously mentioned factors, which have lower values that range from 0.33 to 0.38.

Five items were reworded because they showed a low factor structure fit or favored double denial expressing ambiguity. In addition, due to the fact that some factors were only composed of a few items, the appropriateness of presenting the items in mixed order was evaluated in order to increase reliability and avoid bias and entrainment effects.

Table 2 provides the definition of the factors included in the VIVO scale. An analysis using Spearman’s correlation of the 35 factors showed values ranging between 0.001 and 0.583. Viewed overall, 441 (36%) showed null or very low correlations (between 0 and ± 0.2), 686 (56%) showed low correlations (between ± 0.2 and ± 0.4), and 98 (7.7%) showed moderate correlations (between ± 0.4 and ± 0.58).

TEST-RETEST

In May 2008, all participants who had completed the VIVO in the period October–December 2007 were contacted. A total of 186 participants agreed to complete the questionnaire again. Paired item-by-item *t* tests showed stability in 125 of the 128 items.

CRITERION VALIDITY

Table 3 shows the correlations between the different subscales and the external criteria on validation. In 23 of 25 subscales, there are significant, but moderate, correlations between vital impact subscales and posttraumatic stress measures. Similar patterns with moderate correlations can be observed between vital impact measured with the VIVO scale and self-image (28/35), satisfaction with life (28/35), sadness (31/35), happiness (27/35), and overall mood (29/35). In the VIVO subscales, lower scores are associated with negative impact, damage, or management difficulties, which is why the negative correlations with the criteria variables indicate that people who have a better

TABLE 1 Factor Loading for Each Factor Analysis.

I. Worldviews VE: 51.5%	II. Attitude towards the World VE: 48.8%	III. View of Human Beings VE: 49.7%	IV. Coping VE: 44.1%	V. Impact of Past Situations VE : 47.02%		
1. Worldviews ($\alpha = 0.774$) <i>M</i> 15.98 <i>SD</i> 5.14)	4. Suicide ($\alpha = 0.826$) <i>M</i> 8.33 <i>SD</i> 4.53)	8. Sharing the experience ($\alpha 0.737$) <i>M</i> 13.10 <i>SD</i> 5.32)	10. Human kindness ($\alpha 0.709$) <i>M</i> 11.68 <i>SD</i> 3.38)	14. Ruminating ($\alpha 0.727$) <i>M</i> 13.80 <i>SD</i> 3.81)	17. Guilt ($\alpha 0.699$) <i>M</i> 14.57 <i>SD</i> 4.99)	19. Learning from mistakes ($\alpha 0.724$) <i>M</i> 8.00 <i>SD</i> 3.30)
15 0.815	69 0.869	70 -0.578	52 0.651	61 0.591	13 0.657	50 0.637
24 0.575	31 0.766	26 -0.531	12 0.507	57 -0.543	2 0.622	36 0.381
48 0.378	10 -0.702	4 -0.484	66 -0.713	29 -0.547	59 -0.532	51 -0.802
72 -0.804	20 -0.660	54 0.751	30 -0.469		55 -0.459	41 -0.509
1 -0.455	5. Destiny ($\alpha 0.785$) <i>M</i> 5.22	6 0.599	11. Trusting people ($\alpha 0.79$) <i>M</i> 6.33 <i>SD</i> 2.21)	15. Coping – active ($\alpha 0.68$) <i>M</i> 9.46 <i>SD</i> 3.55)	27 [†] -0.245	20. Belief in the possibility of change ($\alpha 0.721$) <i>M</i> 4.71 <i>SD</i> 2.18)
60 -0.317	<i>SD</i> 2.52)	25 0.571	9. Significance of suffering ($\alpha 0.703$) <i>M</i> 13.93 <i>SD</i> 4.59)	53 0.781	18 Self- confidence ($\alpha 0.779$) <i>M</i> 8.94 <i>SD</i> 3.80)	21. Fears ($\alpha 0.757$) <i>M</i> 6.14 <i>SD</i> 2.49)
2. Purpose of life ($\alpha 0.835$) <i>M</i> 4.02 <i>SD</i> 2.30)	45 0.812	9 0.482	16 0.780	68 0.427	71 0.829	37 0.736
7 0.670	5 -0.809	8 0.420	3 -0.795	23 -0.667	56 0.299	58 -0.769
34 -0.832	6. Ambiguity and uncertainty ($\alpha 0.34$) <i>M</i> 6.06 <i>SD</i> 1.94)	47 0.355	12. Finding the words ($\alpha 0.81$) <i>M</i> 7.76 <i>SD</i> 2.43)	63 -0.391	62 -0.817	
3. Beliefs and convictions ($\alpha 0.828$) <i>M</i> 11.54 <i>SD</i> 5.01)	18 [†] 0.258	40 -0.556	21 0.835	16. Remembering and forgetting ($\alpha 0.715$) <i>M</i> 5.42 <i>SD</i> 2.36)	17 -0.332	
28 0.760	32 -0.726	22 -0.663	39 -0.693	44 0.597		
14 0.699	7. Search for logic in everyday situations ($\alpha 0.398$) <i>M</i> 6.99 <i>SD</i> 1.94)	49 -0.665	13. Dreams ($\alpha 0.702$) <i>M</i> 5.73 <i>SD</i> 2.50)	42 -0.897		
65 -0.780	64 0.646		33 0.705			
46 -0.638	19 -0.393		38 -0.738			

Note. Values are means, standard deviations, and internal consistency for each of the factors for the general population (1–21) and survivors (22–35). VE = variability explained by the factor structure of each conceptual block; α = safety coefficient (Cronbach α of each factor).

^aItems retained based on theoretical criteria.

TABLE 1 Continued.

VI. Emotions VE: 56%	VII. Telling the Experience VE: 45.9%	VIII. Consequences VE: 45.3%	IX Social Support VE: 44.3%	X. Identity VE: 52.30%
22. Emotions associated with what happened (α 0.825 <i>M</i> 17.99 <i>SD</i> 6.39) 114 0.605 79 0.667 96 0.410 89 -0.796 106 -0.662 113 -0.544	25. Testimony (α 0.769 <i>M</i> 4.66 <i>SD</i> 2.22) 99 0.814 80 -0.730	27. Sensitivity-insensitivity towards others (α 0.694 <i>M</i> 10.16 <i>SD</i> 3.77) 112 0.591 88 0.728 83 -0.546 107 -0.523	30. Social support (α 0.728 <i>M</i> 10.96 <i>SD</i> 4.06) 116 0.598 86 0.664 110 -0.403 100 -0.745	32. Future and hope (α 0.876 <i>M</i> 12.23 <i>SD</i> 5.76) 108 0.841 90 0.807 105 0.687 82 -0.749 74 -0.750 104 -0.567
23. Control over the situation (α 0.841 <i>M</i> 6.97 <i>SD</i> 2.68) 91 0.842 81 -0.804	26. Expressing all that happened (α 0.337 <i>M</i> 6.88 <i>SD</i> 2.05) 95 -0.288 76 0.655	28. Capacity to feel affection for others (α 0.796 <i>M</i> 4.75 <i>SD</i> 2.65) 78 0.851 92 -0.727	31. Blaming the victim (α 0.607 <i>M</i> 5.19 <i>SD</i> 2.46) 93 0.735 103 -0.546	33. Identity changes (α 0.777 <i>M</i> 14.54 <i>SD</i> 3.98) 109 0.826 98 0.656 87 -0.698 84 -0.511
24. Tolerance of feelings (α . 0.8 <i>M</i> 5.68 <i>SD</i> 2.49) 97 0.823 101 -0.747		29. Acceptance of chance (α 0.421 <i>M</i> 6.83 <i>SD</i> 2.16) 75 0.339 94 -0.745		34. Change in priorities (α 0.840 <i>M</i> 6.67 <i>SD</i> 2.71) 85 0.912 77 -0.738
				35. Victimhood as key to identity (α 0.385 <i>M</i> 10.20 <i>SD</i> 3.16) 111 0.95 102 .137 73 115 115 .212

TABLE 2 Definition of Each Factor Included in the Vital Impact Assessment Scale (VIVO).

Subscale	Those who score high...	Those who score low...
SUBSCALES FOR GENERAL POPULATION		
<i>Conceptual Block I – Worldviews</i>		
Worldviews (Positive/Negative)	... perceive the world as a grey and unsafe place and as somewhere where it is not possible to enjoy life.	... see the world as a beautiful, pleasant and safe place.
Meaning of life (Present/Absent)	... consider life to have no meaning.	... consider their lives to be meaningful.
Convictions (Help/ Don't help)	... think that they do not have ideological or spiritual convictions or that these have not helped them in confronting difficult situations.	... think that their ideologies and personal convictions helped them in confronting difficult situations.
<i>Conceptual Block II – Attitude towards the World</i>		
Suicide (Not an option/option)	... consider suicide to be a legitimate option and may have even considered it.	... consider that suicide is not an option and no one should ever give up on life.
Destiny (Not relevant/relevant)	... consider that destiny plays a decisive role in their lives.	... consider that destiny does not exist.
Ambiguity- uncertainty (Tolerate/Don't tolerate)	... think that life is about accepting uncertainty and ambiguity.	... look for certainty in their relationships with others and in circumstances of life.
Search for logic (Acceptance/ Questioning)	... tend to look for logic/rational in life situations and ask themselves why things happened.	... accept situations as they occur.
<i>Conceptual Block III – View of Human Beings</i>		
Sharing the experience (Useful/Not useful)	... consider that talking about the experience is not very useful and that silence or leaving things behind are better strategies.	... consider that sharing the experiences helps and that it provides a sense of relief.
Significance of suffering (Useful/ Not useful)	... consider that suffering is useless and that it ruins people.	... consider that suffering is an opportunity for learning and overcoming situations, and that it is possible to be happy even while suffering.
Human kindness (Present/Absent)	... consider that evil generally triumphs and that people don't tend to help those who are close to them.	... consider that there is a human tendency towards kindness.
Trusting people (Present/Absent)	... tend to not trust others.	... tend to trust others.
Finding words (Possible/Not possible)	... consider that there are no words to express the horror and that if there were, it still wouldn't be understood by others.	... consider that there are always words to express even the most horrific experiences.
Dreams (Neutral/ Suffering)	... consider that their suffering is expressed in their dreams.	... usually do not remember their dreams and tend to not give importance to them.

(Continued)

TABLE 2 Continued.

Subscale	Those who score high...	Those who score low...
<i>Conceptual Block IV – Coping</i>		
Ruminating (Absent/ Present)	... tend to not stop thinking about the situations they go through, or cannot stop thinking easily.	... can easily stop thinking about what worries them.
Immediate coping (active/passive)	... consider that they tend to freeze up and react with fear when facing a threat.	... tend to cope with unforeseen situations by thinking calmly and in a direct manner.
Forgetting (Possible/ Not possible)	... consider that it is not possible to forget unpleasant situations.	... consider that they can leave unpleasant situations behind if they want to.
<i>Conceptual Block V – Impact of Past Situations</i>		
Guilt (Assume/Don't assume the past)	... consider that they have painful feelings of guilt.	... consider that they can assume responsibility for the past or that it is possible to understand or forgive others.
Self-confidence (Intact/Lost)	... consider that they have lost confidence in themselves and their capability of confronting their problems.	... consider that their self-confidence remains intact.
Learning (Possible/ Not possible)	... consider that it is not possible to learn from one's mistakes.	... consider that they have learned or that they have become stronger from the adverse experiences.
Belief in the possibility of change (Possible/ Not possible)	... consider that it is not possible for human beings to change.	... consider that changes are part of being human.
Fears (Specific/ Unspecific)	... consider that their fears are difficult to identify.	... are usually able to identify their fears.
SPECIFIC SUBSCALES FOR SURVIVORS		
<i>Conceptual Block VI – Emotions</i>		
Emotions associated with the experience (Positive/Negative)	... associate the traumatic experience with situations of humiliation, indignity or shame.	... associate the extreme experience with situations of pride, dignity or resistance.
Immediate control (Preserved/ Helplessness)	... associate the traumatic experience with situations of helplessness and loss of control.	... do not associate the traumatic experience with a sense of loss of control.
Feelings (Tolerance/ Rejection)	... reject feelings that are related to the extreme situation.	... tolerate and accept their feelings.
<i>Conceptual Block VII – Telling the Experience</i>		
Testimony (Relevant/ Not relevant)	... consider that to give testimony to others about the difficult situations is irrelevant.	... consider that to give their testimony gives life a meaning.
Expressing all that happened (Relevant/Not relevant)	... prefer not to communicate all parts of their experience or do not know how to express what happened.	... have tried to communicate almost everything. Express the situation completely.

(Continued)

TABLE 2 Continued.

Subscale	Those who score high...	Those who score low...
<i>Conceptual Block VIII – Consequences</i>		
Empathy (Sensitivity/ Insensitivity towards others)	... consider that their experience has distanced them from others and they have less empathy for the suffering of others.	... consider that their experience allows them to have greater empathy with others.
Capacity to feel affection for others (Preserved/ Decreased)	... feel they have less ability to bond with others and to love	... consider that this ability remains intact.
Chance (Acceptance/ Questioning).	... believe that chance is unfair and they question it.	... accept that many of the things that happen (including extreme adverse events) depend on chance.
<i>Conceptual Block IX – Social Support</i>		
Social support (Present/Absent)	... feel that society has turned its back on them or that nobody wants to listen.	... feel that they have support and they also feel closeness.
Blaming the victim (Absent/Present)	... think that they are being blamed for what happened to them.	... do not believe society blames them for the experience.
<i>Conceptual Block X – Identity</i>		
Future and hope (Positive/Negative)	... see the future as being black and with no hope.	... have positive expectations and they leave room for happiness.
Identity changes (Absent/Present)	... believe that this is a turning point in their worldview.	... believe that it has not affected their worldviews.
Change in Priorities (Absent/Present)	... have changed their priorities in life (in a positive or negative manner).	... life continues to be the same.
Victimhood as key to Identity (Absent/ Present)	... consider identifying oneself with the word “victim” and considering this as part of their identity.	... do not identify themselves as victims.

image of themselves, who are more satisfied with the way their life is going, and who show more happiness and a better overall mood and state of mind also tend to have higher VIVO subscale scores. The positive correlation with sadness indicates, as expected, that feelings of sadness are associated with lower scores on most of the VIVO subscales.

The scales that do not show a negative correlation with posttraumatic stress, satisfaction, and overall mood measures are, constantly and homogeneously (see Table 3), the ones related to attitudes towards the world (political or religious convictions, belief in destiny, ambiguity and uncertainty, search for logic in life situations) and to “finding the words” (sharing the experience, leaving behind as a way of coping, value of testimony, communicating what happened, sensitivity-insensitivity towards others). This indicates that both types of variables are independent regarding the vision that the person has of others, of him- or herself, and of the world.

TABLE 3 Concurrent Validity of the Factors of the VIVO Scale with PTSD, Self-Image, Satisfaction With Life, and State of Mind.

	PCL-C	Self-image	Sadness	Level of satisfaction with life	Happiness	State of mind
1. Worldviews	-.516**	-.479**	.492**	-.629**	-.525	.622**
2. Meaning of life	-.319**	-.360**	.335**	-.501**	-.381	.433**
3. Beliefs and convictions	-.073	-.208**	.107**	-.285**	-.201	.190**
4. Suicide	-.184**	-.180**	.227**	-.313**	-.252	.292**
5. Destiny	-.019	.017	.080*	-.007	.012	.058
6. Ambiguity	-.048	-.026	.058	-.043	.004	.030
7. Search for logic	-.063	.061	.120**	-.038	.011	.046
8. Sharing the experience	-.062	-.173**	.055	-.200**	-.150	.123**
9. Significance of suffering	-.265**	-.297**	.240**	-.355**	-.296	.342**
10. Human kindness	-.257**	-.278**	.282**	-.346**	-.269	.326**
11. Trusting people	-.142**	-.141**	.151**	-.199**	-.163	.196**
12. Finding the words	-.169**	-.054	.119**	-.064	-.062	.112**
13. Dreams	-.349**	-.052	.189**	-.099**	-.111	.177**
14. Ruminating	-.371**	-.273**	.401**	-.286**	-.213	.374**
15. Coping-active	-.460**	-.319**	.380**	-.327**	-.284	.415**
16. Remembering and forgetting	-.061	-.128**	.181**	-.116**	-.144	.201**
17. Guilt	-.490**	-.361**	.378**	-.359**	-.286	.402**
18. Self-confidence	-.454**	-.481**	.440**	-.444**	-.375	.497**
19. Learning	-.273**	-.287**	.264**	-.346**	-.294	.365**
20. Belief in the possibility of change	-.087	-.094**	.141**	-.180**	-.108	.165**
21. Fears	-.312**	-.182**	.281**	-.194**	-.105	.245**
22. Emotions	-.448**	-.295**	.313**	-.330**	-.257	.354**
23. Control over the situation	-.459**	-.151**	.278**	-.197**	-.087	.205**
24. Tolerance of feelings	-.316**	-.185**	.283**	-.313**	-.254	.327**
25. Testimony	-.052	-.229**	.105	-.266**	-.239	.204**
26. Communicating what happened	.017	-.162**	.086	-.072	-.091	.077
27. Sensitivity-insensitivity to others	-.034	-.234**	.108*	-.237**	-.280	.240**
28. Capacity to feel affection for others	-.386**	-.234**	.316**	-.303**	-.264	.344**
29. Acceptance of chance	-.271**	-.190**	.305**	-.247**	-.222	.311**
30. Social support	-.393**	-.302**	.263**	-.358**	-.292	.331**
31. Blaming the victim	-.433**	-.117*	.209**	-.259**	-.207	.257**
32. Future and hope	-.533**	-.430**	.439**	-.661**	-.514	.581**
33. Identity changes	-.287**	.031	.111*	-.093	-.060	.085
34. Change in priorities	-.220**	.006	.053	-.014	-.022	.052
35. Victimhood as key to identity	-.449**	-.280**	.424**	-.413**	-.305	.444**

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

Additionally, in relation to self-image, there are some expected negative correlations, particularly under the specific subscales related to survivors, experiencing identity changes, and changes in priorities (Table 3).

DISCUSSION

We have presented a scale that analyzes worldviews; assesses the impact caused by vital experiences of trauma, loss, or crisis; and can be administered to the general population and to survivors. The scale was developed based on a series of studies that have been carried out by our team throughout the past 4 years. During its first versions (2006–2007), we carried out validation processes on clinical and nonclinical samples and test-retest analyses after the first 6 months, showing good results.

We compared paper-and-pencil and Web samples showing the adequacy of both methods for the purpose of validating the VIVO. Using a large sample ($n=788$) backed up by another sample obtained with an identical older version, except for type of anchoring ($n=3,130$), we obtained a structure with 10 conceptual blocks and 35 subscales that covered areas related to worldviews, attitude towards the world, view of human beings, coping, impact of past situations, emotions, communication, consequences, social support, and identity. The result was a final questionnaire of 116 items (see the appendix). The general population answers only the first 72 items, and survivors go on to answer the remaining 44. The estimated time to complete the questionnaire ranges from 30 to 45 minutes, depending on the person's level of education. The questionnaire is complex, not so much because of the questions or the phrasing (in previous versions and based on different patients and groups of people, the majority of complex terms or ambiguous expressions have been eliminated), but because of the profoundness of the aspects explored, which require a certain introspective effort. As a result, although the questionnaire has shown excellent clinical results and it has proven to be very useful in terms of psychotherapy-related work with survivors in general, it presents some difficulties when working with indigenous or elderly people.

Psychometrically speaking, we have chosen a solution with a high number of short subscales (35) consisting of 2 to 12 items per scale. We found good values of explained variance and reliability coefficients within acceptable ranges, apart from some exceptions that were retained based on theoretical criteria. Several studies have shown that scales with few items, such as the ones that make up the VIVO Questionnaire, can be solid and useful measures (Cappelleri et al., 2009). There is a growing tendency in contemporary research to favor using multiple scales with a reduced number of items instead of a short array of very long measures. The worldviews of a person cannot be reflected by a global score of partial aspects. The positive or negative impact on a sole nuclear aspect out of the many aspects explored by VIVO can change a person's life, and this is critical to our proposal of working with extensive profiles addressing the key components of

a survivor's experience. In conclusion, throughout the past few years we have attempted to find a delicate balance between an instrument that explores the complexity of existential responses to traumatic situations of loss and crisis and one that can also be simple and manageable enough to be used in research and in everyday clinical activities.

The result is not a group of values (it is complicated to interpret each one of them separately), but a profile. From a clinical point of view, the VIVO Questionnaire helps to easily detect key issues and areas to be explored in psychotherapy (Pérez-Sales, 2006). Figure 1 shows the profiles for two persons, the first one with no significant traumatic background and the second corresponding to a woman from Colombia whose husband was murdered.

The correlations between the VIVO scales and the PCL-C are moderately significant (the values are not higher than 0.5), which supports the idea that although the impact of extreme experiences on worldviews is related to PTSD, both constructs are sufficiently different and add complementary views to our understanding of human responses to trauma. While PTSD, generally speaking, can be conceptualized as a physiological response related to the biological circuits of fear and to the difficulties that arise from the fact that the memories associated with the disorder are registered into a coherent sequence of events in one's episodic memory (Shin & Handwerker, 2009), measures on vital impact deal with the most profound aspects of a human being's experiences, which are often linked to nonconscious information processing. As long as the answers to questionnaires are based on reflexive processes, they will have to be complemented with research using experimental measures of unconscious information processes (selective attention neuropsychological tests, response systems under time pressure, etc.). Finally, scores on the VIVO scales linked to resilience show a high direct correlation with measures of self-image, satisfaction with life, and a positive mood but not with sadness, in line with previous studies (Tomich & Helgeson, 2002; Wilson, 2006), with the exception of subscales related to communication of experiences and attitudes towards the world, as also pointed out in a validation study of the World Assumptions Scale (Kaler et al., 2008).

Due to the cross-sectional nature of our data, it is not possible to state whether being in a better mood led to answering the questionnaire with more benign responses or vice versa. Until this is clearly determined, our data suggest that when using the VIVO Questionnaire, it might be beneficial to include an emotional state measure and to control its possible influence as a covariable.

In short, the VIVO Questionnaire adds some innovative new features and concepts that can help to explore hypothetical relations between certain types of experiences and certain impact profiles in survivors. The subscales

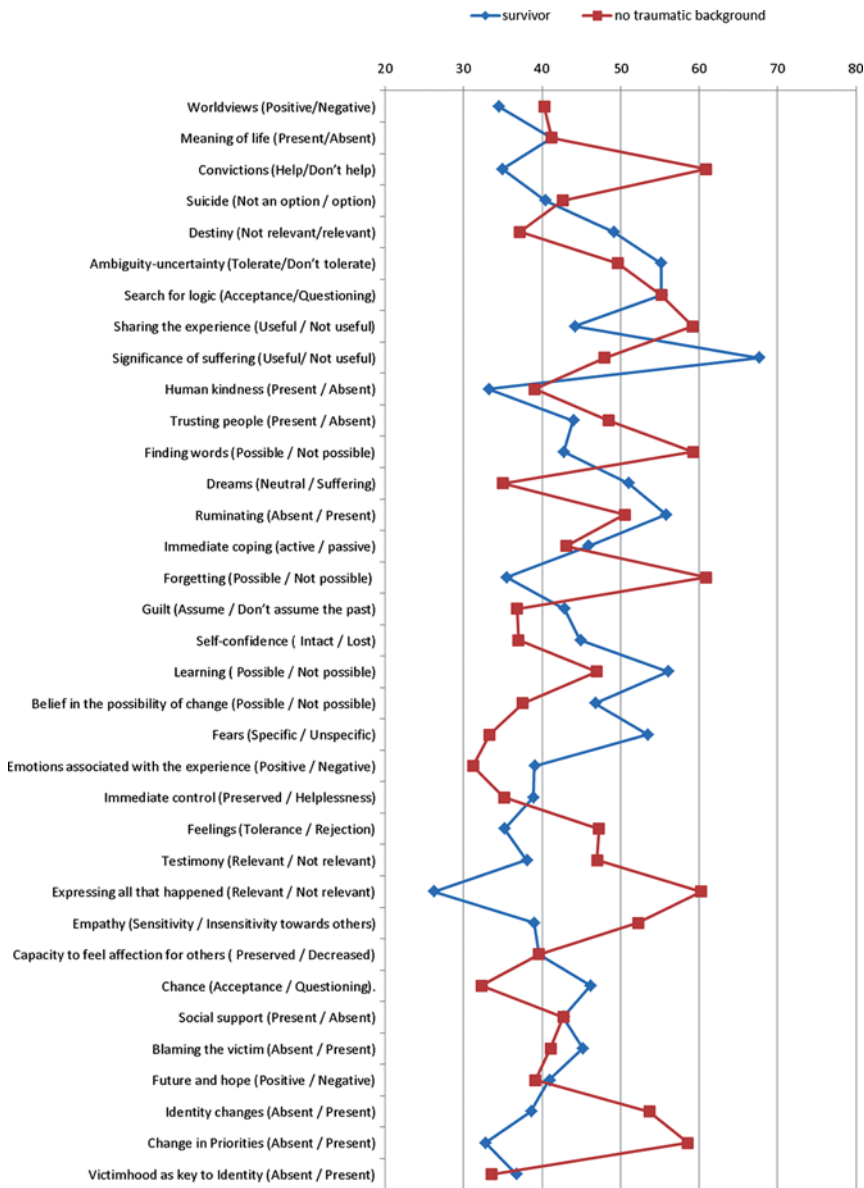


FIGURE 1 Examples of two response profiles. Normalized T scores for each of the 35 scales. (Color figure available online.)

have shown high internal consistency, a well-justified structure derived both from theory and results, and adequate concurrent and discriminant validity. Our team is now conducting research on the impact of interpersonal violence versus other types of violence, the differential impact of trauma and loss on worldviews throughout the lifespan, and the specific effect on worldviews of political violence, just to provide some examples. We believe that relevant

fields can be explored for comprehending the experiences that human beings go through in extreme situations.

REFERENCES

- Ali, T., Dunmore, E., Clark, D. M., & Ehlers, A. (2002). The role of negative beliefs in posttraumatic stress disorder: A comparison of assault victims and nonvictims. *Behavioural and Cognitive Psychotherapy, 30*, 249.
- Amery, J. (2001). *Más allá de la culpa y la expiación: Tentativas de superación de una víctima de la violencia*. Valencia, Spain: Ed Pre-Textos.
- Antonovsky, A. (1987). *Unravelling the mystery of health: How people manage stress and stay well*. San Francisco, CA: Jossey-Bass.
- Arnoso-Martínez, M., & Eiroa-Orosa, F. J. (2010). Psychosocial research and action with survivors of political violence in Latin America: Methodological considerations and implications for practice. *Intervention, 8*, 3–13.
- Basoglu, M., & Parker, M. (1995). Severity of trauma as predictor of long-term psychological status in survivors of torture. *Journal of Anxiety Disorders, 9*, 339–350.
- Calhoun, L. G., & Tedeschi, R. G. (1999). *Facilitating posttraumatic growth: A clinician's guide*. Mahwah, NJ: Erlbaum.
- Cappelleri, J., Bushmakina, A., McDermott, A., Sadosky, A., Petrie, C., & Martin, S. (2009). Psychometric properties of a single-item scale to assess sleep quality among individuals with fibromyalgia. *Health and Quality of Life Outcomes, 7*, 54.
- Dillman, D. A. (2007). *Mail and Internet surveys: The tailored design* (2nd ed.). Hoboken, NJ: Wiley.
- Ehlers, A., & Clark, D. M. (2000). A cognitive model of post-traumatic stress disorder. *Behaviour Research and Therapy, 38*, 319–345.
- Eiroa-Orosa, F., Fernández-Pinto, I., & Pérez-Sales, P. (2008). Cuestionarios psicológicos e investigación en internet: Una revisión de la literatura. *Anales de Psicología, 24*, 150–157.
- Epstein, S. (1989). Post-traumatic stress disorder: A review of diagnostic and treatment issues. *Psychiatric Annals, 19*, 556–563.
- Fabrigar, L. R., Wegener, D. T., MacCallum, R. C., & Strahan, E. J. (1999). Evaluating the use of exploratory factor analysis in psychological research. *Psychological Methods, 4*, 272–299.
- Foa, E. B., Ehlers, A., Clark, D., Tolin, D., & Orsillo, S. (1999). The Posttraumatic Cognitions Inventory (PTCI): Development and validation. *Psychological Assessment, 11*, 303–314.
- Fortson, B., Scotti, J., del Ben, K., & Chen, Y. (2006). Reliability and validity of an Internet traumatic stress survey with a college student sample. *Journal of Traumatic Stress, 19*, 709–720.
- Frankl, V. E., Lasch, I., & Allport, G. W. (1963). *Man's search for meaning: An introduction to logotherapy*. New York, NY: Washington Square Press.
- Fujita, G., & Nishida, Y. (2008). Association of objective measures of trauma exposure from motor vehicle accidents and posttraumatic stress symptoms. *Journal of Traumatic Stress, 21*, 425–429.

- Harris, H. N., & Valentiner, D. P. (2002). World assumptions, sexual assault, depression, and fearful attitudes toward relationships. *Journal of Interpersonal Violence, 17*, 286–305.
- Janoff-Bulman, R. (1992). *Shattered assumptions: Towards a new psychology of trauma*. New York, NY: Free Press.
- Jeavons, S., & Godber, T. (2005). World assumptions as a measure of meaning in rural road crash victims. *Australian Journal of Rural Health, 13*, 226–231.
- Kaler, M., Frazier, P., Anders S. L., Tashiro, T., Tomich, P., & Tennen, H. (2008). Assessing the psychometric properties of the WAS. *Journal of Traumatic Stress, 21*, 326–332.
- Kauffman, J. (Ed.). (2002). *Loss of the assumptive world: A theory of traumatic loss*. New York, NY: Brunner.
- Kobasa, S. (1983). Personality and social resources in stress resistance. *Journal of Personality and Social Psychology, 45*, 839–850.
- Levi, P. (1987). *Los hundidos y los salvados*. Barcelona, Spain: Muchnich Editores.
- Lifton, R. (1967). *Death in life: Survivors of Hiroshima*. New York, NY: Basic Books.
- Linley, P. A., & Joseph, S. (2004). Positive change following trauma and adversity: A review. *Journal of Traumatic Stress, 17*, 11–21.
- Magwaza, A. (1999). Assumptive world of traumatized South African adults. *Journal of Social Psychology, 139*, 622–630.
- Pennebaker, J. W. (1990). *Opening up: The healing power of confiding in others*. New York, NY: William Morrow.
- Pérez-Sales, P. (2006). *Trauma culpa y duelo: Hacia una psicoterapia integradora*. Madrid, Spain: Desclée de Brouwer.
- Pérez-Sales, P., Bacic, R., & Durán, T. (1998). *Muerte y desaparición forzada en la Araucanía: Una perspectiva étnica*. Santiago, Chile: Ed Universidad Católica de Chile.
- Pérez-Sales, P., Cervellón, P., Vázquez, C., Vidales, D., & Gaborit, M. (2005). Post-traumatic factors and resilience: The role of shelter management and survivors' attitudes after the earthquakes in El Salvador (2001). *Journal of Community and Applied Social Psychology, 15*, 368–382.
- Shin, L. M., & Handwerger, K. (2009). Is posttraumatic stress disorder a stress-induced fear circuitry disorder? *Journal of Traumatic Stress, 22*, 409–415.
- Solomon, Z., Iancu, I., & Tyano, S. (1997). World assumptions following disaster. *Journal of Applied Social Psychology, 27*, 1785–1798.
- Startup, M., Makgekgenene, L., & Webster, R. (2007). The role of self-blame for trauma as assessed by the Posttraumatic Cognitions Inventory (PTCI): A self-protective cognition? *Behaviour Research and Therapy, 45*, 395–403.
- Steinberg, P. (2001). *Speak you also: A survivor's reckoning*. London, England: Allen Lane.
- Stroebe, M. S., Schut, H., & Finkenauer, K. (2000). The traumatization of grief? A conceptual framework for understanding the trauma-bereavement interface. *Israeli Journal of Psychiatry, 38*, 185–201.
- Sumalla, E., Ochoa, C., & Blanco, I. (2008). Posttraumatic growth in cancer: Reality or illusion?. *Clinical Psychology Review, 29*, 24–33.
- Tomich, P. L., & Helgeson, V. S. (2002). Five years later: A cross-sectional comparison of breast cancer survivors with healthy women. *Psycho-Oncology, 11*, 154–169.

- Tourangeau, R., Rips, L., & Rasinski, K. (2000). *The psychology of survey response*. Cambridge, England: Cambridge University Press.
- Ullman, S. E. (1997). Attributions, world assumptions, and recovery from sexual assault. *Journal of Child Sexual Abuse, 6*, 1–19.
- Vazquez, C., Pérez-Sales, P., & Matt, G. (2006). Post-traumatic stress reactions following the March 11, 2004 terrorist attacks in a Madrid community sample: A cautionary note about the measurement of psychological trauma. *Spanish Journal of Psychology, 9*, 61–74.
- Weathers, F. W., Huska, J. A., & Keane, T. M. (1991). *The PTSD Checklist–Civilian Version (PCL-C)*. Boston, MA: National Center for PTSD.
- Wilson, J. (2006). *The posttraumatic self: Restoring meaning and wholeness to personality*. New York, NY: Routledge.

Pau Pérez-Sales is a psychiatrist at Hospital La Paz, Madrid. He works in the fields of mental health, human rights, social movements, and political violence. He has authored books and papers on psychosocial and community work and psychotherapy with survivors in contexts of political violence.

Francisco Jose Eiroa-Orosa works as a psychologist in the Universitat Autònoma de Barcelona and is a member of the Community Action Group. His interests cover psychotraumatology, addictions, constructivist epistemology in psychotherapy, and the relation of social change and psychosocial well-being.

Pablo Olivós works as a social psychologist at the University of Castilla-La Mancha and is a member of the Community Action Group. His research interests cover applied social psychology and social identity subjects such as environmental identity and restorative effects of contact with nature.

Elena Barbero-Val is a psychologist and member of the Community Action Group. She is currently preparing for the entry exam to the postgraduate training program in clinical psychology.

Alberto Fernández-Liria is a psychiatrist, chief of the University Hospital Principe de Asturias Mental Health Network, and associate professor at the Alcala University in Madrid, Spain. He is a member of the Community Action Group.

María Vergara works as a child psychologist at the EXIL Center, a program for medical, psychological, and social support for victims of violence and human rights violations.

APPENDIX: VITAL IMPACT ASSESSMENT QUESTIONNAIRE (VIVO)

We kindly request that you respond to the following questions, not based on if you agree with them or not, but based on if *they really reflect the way you are*, using the following scale:

1. *Doesn't describe me or define me whatsoever/No me describe ni me define en absoluto*
2. *Describes me or defines me a little/Me describe o me define un poco*
3. *In a certain way, it describes me or defines me/De alguna manera si me describe o me define*
4. *Describes me or defines me well/Me describe o me define bien*
5. *Describes me or defines me completely/Me describe o me define completamente*

1 2 3 4 5

1. La mayoría de días el mundo está lleno de cosas bellas.
Most days the world is full of beautiful things.
2. Me obsesiona pensar en que sería feliz si pudiera arreglar el mal que he hecho.
I am constantly thinking that I'd be happy if I could only fix the damage I've done.
3. Tiendo a confiar en la gente. *I tend to trust people.*
4. Lo que no se habla se acaba olvidando y deja de doler.
What isn't talked about ends up being forgotten and stops being painful.
5. El destino no existe. *Destiny doesn't exist.*
6. Ante experiencias muy graves de la vida como enfermedades, accidentes, pérdidas u otras, contarle a la gente que quiero me ayuda.
It helps me to talk about the grave experiences of my life like sicknesses, accidents, or losses with those I care about.
7. No creo que la vida tenga sentido, pero supongo que hay que vivirla.
I don't think life makes sense but I guess it has to be lived.
8. El sufrimiento es un dolor inútil.
Suffering is useless pain.
9. Sólo puede haber felicidad cuando no haya sufrimiento.
There can only be happiness when there is no suffering.
10. No creo que deba renunciarse nunca a la vida.
I don't believe that one should ever give up on life.
11. Los errores ayudan a cambiar la forma de ser de uno/a mismo/a.
Mistakes help change the way you are.
12. Pienso que en el mundo triunfa el mal.
I believe that in this world evil wins.
13. Hay errores en mi pasado de los que no soporto acordarme.
I've made mistakes in the past that I can't bear to remember.

(Continued)

 1 2 3 4 5

14. No tengo convicciones ideológicas o si las tengo, éstas no han sido de ayuda en momentos difíciles.
I don't believe in ideologies, or if I do they haven't helped me in difficult times.
15. Soy incapaz de disfrutar plenamente de la vida.
I'm incapable of enjoying life to the full.
16. Tiendo a no fiarme del todo de la gente.
I tend not to completely trust people.
17. Pienso que las cosas que me encargan están en buenas manos.
I believe that when others assign me responsibilities, they are in good hands.
18. La vida es evitar la incertidumbre y la ambigüedad
Life is about controlling uncertainty and ambiguity.
19. Me tranquiliza pensar que las cosas simplemente ocurren.
It calms me to think that things simply happen.
20. Nunca he considerado el suicidio como una opción.
I have never considered suicide as an option.
21. Hay cosas horribles para las que no hay palabras.
Some things are too horrible for words to describe.
22. Del sufrimiento se aprende.
You learn from suffering.
23. Cuando me ocurre algo grave que me afecta mucho tiendo a mirar fríamente cómo resolverlo.
When something serious happens to me I tend to think calmly and coolly about how to solve it.
24. La mayoría de días el mundo es gris.
Most days the world is gray.
25. Lo que no se habla se enquistaba en el cuerpo.
What isn't talked about gets stuck inside you.
26. Ante experiencias muy graves de la vida como enfermedades o accidentes, no siento que contarle, ni siquiera a la gente que quiero, me vaya a ayudar.
I don't think it's helpful to talk about the grave experiences in my life like sicknesses or accidents, to others, even to those I care about.
27. Siento que hasta las peores culpas pueden ser perdonadas.
I believe that even the worst feelings of guilt can be forgiven.
28. No tengo convicciones espirituales o si las tengo, éstas no han sido de ayuda en momentos difíciles.
I don't have spiritual convictions, or if I have them they haven't helped me in difficult times.
29. Tengo la sensación de romper todo lo que toco.
I feel like I break everything I touch.
30. Pienso que en el mundo triunfa el bien.
I believe that in this world good wins.
31. El suicidio es una opción digna que he considerado seriamente.
Suicide is a dignified option that I have seriously considered.
32. La vida es aceptar la incertidumbre y la ambigüedad.
Life is about accepting uncertainty and ambiguity.
33. Expreso lo que sufro a través de sueños.
I express my suffering through dreams.
-

(Continued)

-
34. La vida tiene sentido y por eso hay que vivirla.
Life makes sense and that's why it has to be lived.
35. Me paso el día dándole vueltas a algunas cosas que me han pasado.
I spend a lot of time thinking about things that have happened to me.
36. En realidad nunca se aprende de los errores.
You never really learn from your mistakes.
37. A veces tengo miedos que no logro identificar.
Sometimes I have fears that I can't seem to identify.
38. No me suelo acordar de lo que he soñado o si me acuerdo no le doy importancia.
I don't usually remember my dreams and if I remember them I don't usually find them important.
39. Siempre hay palabras para explicar el horror.
There are always words to describe even the most horrible things.
40. Aunque haya sufrimiento puede haber momentos de felicidad.
Even when there is suffering there can be moments of happiness.
41. He aprendido de mis errores en esta vida.
I've learned from my mistakes in life.
42. Olvidar depende de uno/a mismo/a.
Forgetting depends on yourself.
43. Siento que las culpas no me dejarán de doler mientras no haya un castigo.
I feel that in order to get rid of my guilt, I need to be punished.
44. Olvidar no se elige.
You don't choose to forget.
45. El destino determina nuestras vidas.
Our lives are predetermined by destiny.
46. Mis convicciones ideológicas me han sido de ayuda en momentos difíciles.
My ideological convictions have been of great help to me in difficult times.
47. El sufrimiento te hunde, te quiebra.
Suffering makes you sink, or break down.
48. Es imposible sentirse seguro en esta vida.
It's impossible to feel safe and secure in this life.
49. Todo sufrimiento es una oportunidad de superación.
All suffering is an opportunity for growth.
50. No siento que pasar por experiencias horribles me hagan más fuerte como dicen.
I don't think that living through horrible experiences makes me stronger, like people say.
51. Siento que hay experiencias duras de la vida que me han hecho ser mucho más fuerte.
I believe that I've been through some tough experiences, which have made me stronger.
52. La gente no suele ayudar a los que están cerca.
People don't usually help those close to them.
53. Cuando me ocurre algo grave que me afecta mucho tiendo a bloquearme en ese momento.
When something serious happens to me, I tend to freeze up.
54. Contar las cosas alivia el sufrimiento.
Talking about things relieves suffering.
-

(Continued)

 1 2 3 4 5

55. No suelo sentirme culpable por las cosas que ya no tienen remedio.
I don't usually feel guilty for things that can't be fixed.
56. Puedo dejar de pensar en algo que me preocupa cuando no se puede hacer nada.
I can stop thinking about something that worries me when I know that there's nothing I can do about it.
57. Lo que pasó, pasado está. De nada vale darle vueltas.
What happened is in the past. Thinking about it doesn't help anything.
58. Siempre sé a lo que tengo miedo.
I always know what my fears are.
59. Aun habiendo cometido errores, puedo asumir mi pasado sin dolor.
Even considering the mistakes I've made, I can accept my past without regret.
60. Es posible vivir seguro y sin peligros
It is possible to live safely and securely and out of danger.
61. Cuando intento no pensar en algo que me preocupa, acabo pensando mucho más.
When I try not to think about something that worries me, I end up thinking about it more.
62. Mis errores no me han hecho perder la confianza en mi mismo/a.
The mistakes I've made haven't caused me to lose my self-confidence.
63. Tengo más valor que antes para enfrentarme a todo.
I am more courageous than before when confronting situations.
64. Me tranquiliza pensar por qué suceden las cosas.
It calms me to think about why things happen.
65. Mis convicciones espirituales me han sido de ayuda en momentos difíciles.
My spiritual convictions have helped me in difficult times.
66. La gente siempre que puede ayuda a los que están cerca.
People help those close to them whenever they can.
67. En realidad la forma de ser de uno/a mismo/a nunca cambia.
The way you are never really changes.
68. El miedo me impide hacer cosas que antes podía hacer.
Fear stops me from doing things that I used to be able to do.
69. El suicidio es una opción digna que podría llegar a considerar.
Suicide is a dignified option that I could come to consider.
70. Contar las cosas trae más sufrimiento.
Talking about things brings more suffering.
71. Mis errores me han hecho perder la confianza en mi mismo/a.
The mistakes I've made have made me lose confidence in myself.
72. He aprendido a disfrutar plenamente de la vida.
I've learned to fully enjoy life.
73. Lo que me pasó no me ha quebrado.
What happened has not changed who I am.
74. Para mí ahora el futuro está lleno de posibilidades.
Now I feel like the future is full of possibilities.
75. Me pregunto por qué a mí
I ask myself, why me?
76. He intentado comunicar casi todo.
I've tried to communicate almost everything.
77. No cambié mis prioridades en la vida.
I haven't changed my priorities in life.
-

(Continued)

-
78. Siento que ya no puedo querer a nadie igual.
I feel like I'm unable to love anyone like I used to.
79. Mirando hacia atrás, me quedó una sensación de humillación.
Looking back, I'm left with a feeling of humiliation.
80. Ser testigo o dar testimonio de lo que ha ocurrido o está ocurriendo da sentido a la vida.
To bear witness or testify to what has happened or what is happening brings meaning to life.
81. Nunca sentí que perdiera el control.
I've never felt like I've lost control.
82. Siempre miro hacia delante y al futuro esperando que todo saldrá bien.
I always look towards the future with expectations that everything will turn out fine.
83. Tengo más sentimientos de compasión hacia los demás.
I feel more compassion towards others.
84. Este hecho sólo ha modificado pequeños aspectos de la manera como yo me entiendo a mi mismo/a y al mundo.
What happened has only changed small aspects of the way I see myself and the world.
85. Cambié mis prioridades sobre lo que es importante en la vida.
I've changed my priorities about what is important in life.
86. Sientes el silencio y el vacío. Nadie quiere hablar.
I felt silence and a void. No one wanted to talk.
87. Siento que este hecho no afectó a mi identidad.
I don't feel like what happened affects my identity.
88. No me preocupo suficiente por las cosas que pasan a mi alrededor.
I don't care enough about things that happen around me.
89. Mirando hacia atrás me siento orgulloso/a de cómo reaccioné.
Looking back, I feel proud of how I reacted.
90. Para mí, ahora el futuro es lo que nunca llegaré a ser.
Now the future feels like something I'll never reach.
91. Tuve una sensación imborrable de pérdida absoluta de control.
I had a feeling of absolute loss of control that I couldn't get rid of.
92. Mi capacidad de querer sigue intacta.
My ability to love remains intact.
93. Parece como si la sociedad te responsabilizara de lo que te ha ocurrido.
It's as if society holds you responsible for what happened to you.
94. No me pregunto por qué a mí, las cosas son como son.
I do not wonder why me, things are the way they are.
95. He preferido callar algunas cosas.
There are some things I have preferred to keep to myself.
96. Me vi a mi mismo vulnerable, indefenso.
I saw myself as vulnerable, helpless.
97. Lucho contra mis sentimientos.
I struggle against my feelings.
98. Este hecho se convirtió en un punto de referencia de la manera como yo me entiendo a mi mismo/a y al mundo.
What happened became a point of reference from which I see myself and the world.
99. Dar testimonio o ser testigo de lo que ocurre es irrelevante.
To bear witness or testify to what happens is irrelevant.
-

(Continued)

1 2 3 4 5

-
100. Siempre encuentras a alguien que te escuche.
You always find someone who will listen to you.
101. Acepto mis sentimientos.
I accept my feelings.
102. Creo que me he quebrado con lo que pasó.
I feel like what happened broke me.
103. No sentí que nadie me hiciera sentir culpable por lo que pasó.
I didn't feel like anyone was making me feel guilty for what happened.
104. Incluso en los peores momentos puedo sentir pequeños espacios de felicidad.
Even in the worst times I can feel moments of happiness.
105. La felicidad dejó de existir para mí.
Happiness stopped existing for me.
106. Mirando hacia atrás, me quedó una sensación profunda de dignidad.
Looking back, I'm left with a profound feeling of dignity.
107. Me siento implicado/a en cada cosa que hago.
I feel involved in everything I do.
108. Cuando pienso en el futuro lo veo todo negro.
When I think about the future I imagine it dark.
109. Siento que este hecho se ha convertido en parte de mi identidad.
I feel like this has become part of my identity.
110. Casi todo el mundo se volcó conmigo/con nosotros/as.
Everyone did what they could to help me/us.
111. Sólo puedo ver la realidad con la mirada que da ser víctima.
I can only see reality from my point of view as a victim.
112. Me he endurecido y el sufrimiento ajeno me suele parecer normal
I have become tougher and the suffering of others seems now normal to me.
113. Me vi a mi mismo fuerte, resistiendo.
I saw myself as strong, resistant.
114. Mirando hacia atrás me da vergüenza pensar en cómo reaccioné.
Looking back, I'm embarrassed to think about how I reacted.
115. No veo la realidad desde la mirada de víctima
I do not see the world from a victim's point of view.
116. La mayoría de la sociedad me dio/nos dio la espalda.
Most of society turned its back on me/us.
-

Note. Items 1–72 are suitable for all respondents, Items 73–116 only for survivors. SPSS-X syntax for automated correction of the questionnaire is available from the authors on request.

Copyright of Journal of Loss & Trauma is the property of Routledge and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.