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Impacto psicológico da crise financeira

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Declaro ser a autora deste trabalho, que é original e inédito. Autores e trabalhos consultados estão devidamente citados no texto e constam da listagem de referências incluídas.

Dedicatória

Aos meus avós, o meu maior exemplo de amor e dedicação.
À minha querida avó, de quem eu tenho tantas saudades e que tanta falta me faz.
Estás presente todos os dias no meu coração e pensamento.

As coisas vulgares que há na vida não deixam saudades
só as lembranças que doem ou fazem sorrir
Há gente que fica na Historia da história da gente
e outras de quem nem o nome lembramos ouvir

São emoções que dão vida à saudade que trago
aquelas que tive contigo e acabei por perder

Há dias que marcam a alma e a vida da gente
e aquele em que tu me deixaste não posso esquecer

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Resumo

Alguns países Europeus, incluindo Portugal, sofreram recentemente uma crise económica. Stressores económicos, como dificuldade económica, ameaça financeira e bem-estar financeiro, podem contribuir negativamente para a saúde psicológica dos indivíduos.

Esta investigação teve como objectivo explorar a influência das variáveis dificuldade económica, ameaça financeira e bem-estar financeiro (stressores económicos) sobre as variáveis stresse, ansiedade e depressão (indicadores de saúde mental), bem como testar o efeito moderador do coping e do suporte social na relação acima mencionada.

Um total de 729 participantes portugueses responderam a um questionário que é composto por instrumentos que avaliam os stressores económicos e os indicadores de saúde mental.

Os resultados encontrados permitem verificar que, de uma forma geral, os stressores económicos têm um impacto significativo nos indicadores de saúde mental. Em tempos de crise económica, a dificuldade económica e a ameaça financeira são preditores significativos de ansiedade, depressão e stresse e o bem-estar financeiro está significativamente associado à ansiedade e à depressão. A influência dos stressores económicos sobre o stresse, ansiedade e depressão podem ser moderados pelo coping e pelo suporte social. Observa-se ainda que o coping e o suporte social em conjunto moderam as reacções aos stressores económicos reduzindo consideravelmente as experiências de stresse, ansiedade e depressão.

Palavras-chave: ansiedade; coping; depressão; stresse; stressores económicos suporte social.

Abstract

Some European countries, including Portugal, recently suffered an economic crisis. Economic stressors, such as economic hardship, financial threat and financial well-being, may contribute negatively to individuals' psychological health.

The purpose of this investigation is to explore the influence of economic hardship, financial threat and financial well-being (economic stressors) on stress, anxiety and depression (mental health indicators), as well as to test the moderation effect of coping and social support in the aforesaid relation.

A total of 729 Portuguese participants responded to a questionnaire which evaluated economic stressors and mental health indicators.

Globally, results demonstrated that economic stressors have a significant impact on mental health indicators. In times of economic crisis, economic hardship and financial threat are significant predictors of anxiety, depression and stress. Moreover, financial well-being is significantly related to anxiety and depression. The influence of economic stressors on stress, anxiety and depression can be moderate by coping behaviors and social support. The results shows that coping and social support together moderate the reactions of economic stressors reducing considerably the experiences of stress, anxiety and depression.

Key words: anxiety; coping; economic stressors; stress; social support.

Introdução

Recentemente, vários países na Europa (e.g., Portugal, Grécia e Irlanda) sofreram uma séria crise económico-financeira. Este período apresenta duas características principais: problemas no sistema bancário, que conduziu à bancarrota dos bancos; e níveis elevados de dívida soberana (Crotty, 2009; Kouretas & Vlamis, 2010; Monastiriotis, 2013; Torres, 2009; Yurtsever, 2011).

A crise económica tornou-se uma realidade na vida de um número crescente de indivíduos, através de factores como o desemprego, diminuição dos vencimentos mensais ou ausência de aumentos salariais, aumento de impostos, aumento do índice do custo de vida, diminuição do poder de compra, entre outros. (Observatório Português dos Sistemas de Saúde, 2014).

Como consequência, muitos indivíduos sentem medo, ansiedade, stresse, sensação de pânico, percepção de ameaça e incerteza devido às alterações da sua condição financeira (Belluck, 2009; Cooper, 2012; Marjanovic, Greenglass, Fiksenbaum, & Bell, 2013; Sperling, Bleich, & Reulbach, 2008).

Em tempo de crise económico-financeira, verifica-se um efeito potencialmente negativo sobre a saúde e o bem-estar e, em particular, sobre a saúde mental dos indivíduos. De facto, vários estudos científicos efectuados demonstram a relação entre problemas financeiros e as consequências negativas para a saúde dos indivíduos, tais como, stresse psicológico, depressão, ansiedade, baixa satisfação com a vida, impulsividade disfuncional, suicídio, hipertensão, enfarte do miocárdio, diabetes e infecções (Althouse, Allem, Childers, Dredze, & Ayers, 2014; Astell-Burt & Feng, 2013; Bechtel, 2012; Brown, Taylor, & Wheatley Price, 2005;; Fitch, Hamilton, Basset, & Davey, 2011; Jenkins et al., 2008; Norvilitis, Szablicki, & Wilson, 2003; Roberts, Golding, Towell, & Weinreb, 1999; Yip, Yang, Watson, Ip, & Law, 2007).

Na opinião de alguns autores (e.g. Catalano et al., 2011; Mirowsky & Ross, 2001; Payton, 2009) as crises económicas são responsáveis por estados de sofrimento psicológico, que são manifestados por stresse, ansiedade e depressão.

Face ao exposto, pretendemos nesta investigação analisar o impacto dos stressores económicos (dificuldade económica, ameaça financeira e bem-estar financeiro) sobre alguns indicadores de saúde mental (stresse, ansiedade e depressão),

bem como testar o efeito moderador do coping e do suporte social na relação supra referida.

Na perspectiva de Greenglass, Marjanovic, & Fiksenbaum (2013), a dificuldade económica diz respeito ao grau de dificuldade relacionado com a situação económica do indivíduo. A ameaça financeira refere-se à percepção/extensão da ameaça associada com a situação financeira pessoal. O bem-estar financeiro caracteriza-se pelos sentimentos de confiança e segurança relativamente à situação económica do indivíduo.

O stresse pode ser definido como um conjunto de alterações internas que os indivíduos vivenciam em situações reconhecidas como ameaçadoras ao seu bem-estar, englobando reacções fisiológicas e sentimentos subjectivos de desconforto (Auerbach & Gramling, 1998; Keefe, 1988). No entanto, nem sempre a exposição a situações stressantes gera efeitos negativos, estes apenas emergem quando a exposição aos factores stressantes são demasiado intensas ou duradouras, podendo originar perturbações fisiológicas ou psicológicas (Labrador, 1992; Vaz Serra, 2011).

A ansiedade pode ser descrita como um sentimento subjectivo e desagradável de medo, apreensão, caracterizado por tensão ou desconforto que aparece em virtude da antecipação de perigo, de algo desconhecido ou estranho (Swedo, Leonard e Allen, 1994).

A depressão é caracterizada pela perda de auto-estima e de motivação, e está relacionada com a tristeza, sentimentos de pena, desesperança e com a percepção de baixa probabilidade de atingir objectivos que sejam significantes para o indivíduo (Lang & Craske, 1997; Lovibond & Lovibond, 1995b; McLeod & Byrne, 1996).

As variáveis coping e suporte social têm sido objecto de estudo de múltiplas investigações, indicando vários investigadores que estes constructos psicológicos podem exercer um papel fundamental na prevenção e manutenção da sáude e bem-estar.

O coping pode ser definido como o conjunto de esforços cognitivos e comportamentais efectuados pelo indivíduo para lidar com as exigências (interna ou externa) provocadas pela sua interacção com o meio ambiente, que são avaliadas como ultrapassando os seus próprios recursos (Lazarus & Folkman, 1984). Por outras palavras, o coping engloba uma grande variedade de estratégias cognitivas e comportamentais que podem ser usadas para alterar, reavaliar circunstâncias stressantes ou para aliviar os seus efeitos adversos (Parkes, 1994), prevenindo, desta forma, o aparecimento de psicopatologia (Wadsworth, Raviv, Compas, & Connor-Smith, 2005).

A competência para prestar e receber cuidados é a base do suporte social (Carvalho, Pinto-Gouveia, Pimentel, Maia, & Mota-Pereira, 2011). O suporte social é capaz de promover e manter a saúde física e mental (Ramos, 2002). Este constructo psicológico diminui o impacto de acontecimentos causadores de stresse, bem como reduz a ansiedade e a depressão (Andrade, Viana & Silveira, 2006; Batista, Batista & Torres, 2006; Langford, Bowsher, Maloney & Lillis, 1997; Lima, 1999; Lovisi, Milanil, Caetano, Abelha & Morgado, 1996).

A consciencialização de que a crise económico-financeira possui repercussões na saúde e bem-estar dos indíviduos torna premente a realização de estudos no contexto específico da realidade portuguesa. Deste modo, o trabalho que aqui se apresenta parece-nos particularmente pertinente, na medida em que interessa compreender, de forma mais aprofundada, qual o impacto psicológico da actual crise económico-financeira nos cidadãos portugueses.

O conhecimento aprofundado desta temática permitirá uma resposta adequada aos efeitos da actual crise económica na saúde, possibilitando o desenvolvimento de competências/estratégias nos indivíduos que previnam e/ou combatam os efeitos nocivos desta crise económico-financeira. A intervenção junto da população não se resume a uma única solução, mas sim a uma intervenção mais ampla, tendo por base distintas perspectivas para que de forma conjugada seja possível intervir adequadamente.

Ao longo deste trabalho foram desenvolvidos diversos capítulos. A primeira parte deste trabalho é dedicada ao enquadramento teórico do tema, sendo dado a conhecer as perspectivas teóricas e os conceitos que nos serviram de base para a nossa investigação. A segunda parte diz respeito aos estudos empíricos que efectuámos. A parte final deste trabalho, centra-se na discussão dos resultados obtidos e respectivas conclusões.

Assim sendo, o primeiro capítulo é referente à actual crise económica que emergiu em 2007, em que numa primeira instância damos a conhecer a forma como esta crise económica tem afectado as diversas esferas da vida dos indivíduos. Posteriormente, destacamos o impacto da crise económico-financeira sobre alguns indicadores de saúde mental.

O segundo capítulo é dedicado aos indicadores de saúde mental que neste trabalho são representados pelo stresse, ansiedade e depressão. No que concerne ao stresse, abordamos a sua definição e evolução conceptual, assim como evidenciamos os

diferentes modelos explicativos de stresse que que têm sido apresentados pela comunidade científica. Procuramos ainda dar a conhecer a relação entre stresse e doença. De seguida, efectuamos uma revisão do conceito de ansiedade bem como evidenciamos alguns modelos de ansiedade que consideramos adequados para a compreensão deste constructo psicológico. No segundo capítulo abordamos ainda a depressão, salientando as diversas definições conceptuais, assim como alguns modelos explicativos da depressão que têm funcionado como suporte a investigações realizadas sobre o tema.

O terceiro capítulo incide sobre o coping e o suporte social. Estas variáveis são consideradas,de acordo com a revisão da literatura efectuada, como capazes de prevenir e manter a sáude e bem-estar dos indivíduos. No que concerne ao coping, abordamos a perspectiva histórica do conceito bem como efectuamos uma revisão deste constructo psicológico, isto é, evidenciamos a definição de coping e a sua evolução conceptual assim como abordamos alguns conceitos relativos ao coping que nos parecem pertinentes para uma ampla compreensão do constructo em questão, tais como, o modelo de coping, as estratégias de coping e os estilos de coping. Seguidamente, efectuamos uma revisão do conceito de suporte social assim como abordamos a relação entre suporte social e a saúde.

A segunda parte deste trabalho é dedicada aos estudos empíricos que efectuámos.

Deste modo, no quarto capítulo são definidos os objectivos e as questões de investigação deste trabalho.

Nos capítulos seguintes (do quinto ao nono capítulo) apresentamos os estudos empíricos realizados na forma de artigos científicos. Nestes estudos empíricos exploramos a influência dos stressores económicos sobre alguns indicadores de saúde mental (stresse, ansiedade e depressão), bem como procuramos entender em que medida as variáveis moderadoras coping e suporte social influenciam a relação supra referida.

Por último, a conclusão onde destacamos os resultados encontrados com a finalidade de dar resposta aos objectivos e questões de investigação que definimos para este trabalho. Apresentamos ainda algumas limitações encontradas nesta investigação, bem como sugestões futuras que possam contribuir para superá-las.

Esperamos que este trabalho possa contribuir para aprofundar o conhecimento sobre o impacto psicológico da actual crise económico-financeira no sentido de

impulsionar o desenvolvimento de estratégias e intervenções adequadas junto da população com o objectivo de minimizar os efeitos negativos ao nível da saúde mental.

PARTE I – ENQUADRAMENTO TEÓRICO

CAPÍTULO 1

A actual crise económica e a saúde mental

1.1.Crise económica

A actual crise económica e financeira, que emergiu em 2007, afectou quase todos os países do mundo, especialmente os países europeus (e.g., Portugal, Grécia, Irlanda, Espanha e Chipre) (Crotty, 2009; Gabor-Supuran, Borza, & Muresan, 2010; Greenglass, et al., 2013; Keegan, Thomas, Normand, & Portela, 2013; Richardson, 2010; Sargent-Cox, Butterworth, & Anstey, 2011; Yurtsever, 2011).

As condições de vida dos indivíduos foram severamente afectadas em virtude do aumento de: taxa de desemprego (maioritariamente o desemprego entre os jovens); despedimentos; instabilidade laboral; índice do custo de vida; despesas domésticas; e níveis de dívida das famílias. Por outro lado, observou-se uma diminuição: na actividade económica; investimentos; salários; poder de compra dos indivíduos; oportunidades de emprego; benefícios dos serviços sociais; e respostas das redes de protecção social (Adkins, Werbel, & Farh, 2001; Boone, van Ours, Wuellrich, & Zweimuller, 2011; Boyd, Tuckey, & Winefield, 2013; Conger & Elder, 1994; Dávalos, Fang, & French, 2012; Deaton, 2012; Fashoyin, 1990; Hagquist, 1998; Hampson & McGoldrick, 2011; Mielcova, 2012; Stiglitz, 2013).

Portugal, à semelhança de outros países europeus, também foi afectado por esta crise económica. Para lidar com esta situação Portugal implementou medidas de austeridade que foram consideradas insuficientes, acabando mais tarde por recorrer a um programa de assistência financeiro desenvolvido pelo Fundo Monetário Internacional, pela Comissão Europeia e pelo Banco Central Europeu (Kouretas & Vlamis, 2010; Torres, 2009; Yurtsever, 2011). Este pedido foi concedido na base do "memorando de entendimento" que explicita o compromisso do governo português em executar um conjunto alargado de medidas conjunturais e estruturais nos diversos sectores de actividade do país (Monastiriotis, 2013).

As principais consequências da crise portuguesa foram uma elevada dívida soberana, uma elevada dívida externa, e a falta de equilíbrio na balança de pagamentos, uma vez que o valor das importações era mais elevado que o valor das exportações

(Cabral, 2013; Kouretas & Vlamis, 2010). Cabral (2013) indica que as medidas chave da consolidação financeira introduzidas consistiram em cortes salariais, redução das pensões da reforma, e num grande aumento dos impostos, nomeadamente no Imposto de Valor Acrescentado (IVA). Como consequência destas medidas, observou-se, entre 2007-2013, um crescimento no número de empresas que requereram insolvência ou bancarrota (Directorate-General for Justice Policy, 2013).

Um excelente indicador de uma crise económica é a taxa de desemprego. O mercado de trabalho em Portugal sofreu muito com as medidas de austeridade implementadas. No segundo trimestre de 2014 a taxa de desemprego estimada foi 13.9% e a taxa de desemprego nos jovens foi de 35.6% (Instituto Nacional de Estatística, 2014). Perante este cenário, e apesar do aumento do nível de ensino e das qualificações, a situação económica dificulta a inserção dos jovens no mercado de trabalho (Brown, Cober, Kane, Levy, & Shalhoop, 2006). As dificuldades sentidas pelos jovens portugueses condicionam e adiam a decisão de sair da casa dos pais, constituir família, ou por outro lado, a emigrarem para outros países (Cairns, 2013).

1.2.Impacto dos stressores económicos nos indicadores de saúde mental

Uma crise económica pode afectar a saúde física e mental da população, através dos efeitos sociais e comportamentais que este período induz (Catalano, 2009; Economou, Nikolaou, & Theodossiou, 2008; Marmot, 2009; Sociedad Española de Salud Pública y Administración Sanitária, 2011; Stuckler, Basu, Suhrcke, Coutts, & Mckee, 2009).

De acordo com o Observatório Português dos Sistemas de Saúde (2014) as medidas de austeridade implementadas tiveram consequências ao nível da ansiedade, depressão, baixa auto-estima, desamparo, desespero até à tentativa de suicídio, entre outros, que estão principalmente associados ao desemprego ou ao medo de perder o emprego, ao endividamento e ao empobrecimento repentino.

O aumento das taxas de desemprego, a instabilidade laboral e a frustração no emprego, consequências de uma crise económica, afectam negativamente a saúde e o bem-estar (Burgard, Brand, & House, 2009; De Castro, Rue, & Takeuchi, 2010; McKee-Ryan, Song, Wanberg, & Kinicki, 2005; Mossakowski, 2009; Thomas, Benzeval, & Stansfeld, 2005). Estes factores reduzem os recursos pessoais, aumentam o stresse (Brenner, 1984; Brenner & Mooney, 1983; Catalano et al., 2011; Mandal & Roe,

2008) e contribuem para o aumento da ansiedade (Almeida & Xavier, 2013; Catalano, 2009; Murphy & Athanasou, 1999) e depressão (Dooley, Catalano, & Wilson, 1994; Tausig & Fenwick, 1999).

Alguns estudos (e.g., Althouse, et al., 2014; Angel, Frisco, Angel, e Chiriboga, 2003; Astell-Burt & Feng, 2013; Catalano, 1991; Catalano et al., 2011; Mirowsky & Ross, 2002; Payton, 2009; Sargent-Cox, et al., 2011), apontam os sintomas de ansiedade, stresse e depressão como os efeitos mais observados durante os períodos económicos adversos.

Existem um conjunto de investigações que demonstram o impacto dos stressores económicos (rácio de despesa, dificuldade económica, ameaça financeira e bem-estar financeiro) sobre os indicadores de saúde mental (stresse, ansiedade e depressão).

O rácio de despesa refere-se ao quociente baseado nos rendimentos e despesas do indivíduo. Diener, Ng, Harter, & Arora (2010) evidenciam que os rendimentos auferidos pelo indivíduo estão fortemente relacionados com a satisfação com a vida, e moderadamente relacionados com os afectos positivos e negativos. Indivíduos com baixos rendimentos, situação frequentemente observada durante recessões económicas, apresentam um baixo bem-estar subjectivo (Stevenson & Wolfers, 2008). Face a esta crise económica, os indivíduos acabam por ter mais despesas do que rendimentos, o que causa discrepância no rácio de despesas, uma vez que as despesas anuais são superiores ao total anual de rendimentos (Mielcova, 2012). Este factor contribui para uma maior prevalência de stresse, ansiedade e depressão (McLaughlin et al., 2012).

Greenglass, et al., (2013) definem dificuldade económica como o grau de dificuldade associado com a própria situação financeira. Butterworth, Rodgers, e Windsor (2009) e Greenglass, et al, (2013) demonstraram que a ansiedade e a depressão estão significativamente correlacionados com a dificuldade económica. Outros estudos também evidenciam a influência da dificuldade económica sobre a ansiedade, stresse e depressão (Angell, 1965; Baldwin & Revenson, 1986; Elder, 1974; Fryers, Meltzer,& Jenkins, 2003; Horwitz, 1984; Kelvin & Jarret, 1985; Kessler, Turner, & House,1987; Lahelma, Laaksonen, Martikainen, Rahkonen, & Sarlio-Lahteenkorva, 2006; Lorant et al., 2007; Mirowsky & Ross, 2001; Nelson & Skidmore, 1983; Ross & Huber, 1985; Whelan, 1994).

A ameaça financeira é definida por Greenglass, et al., (2013) como a percepção/extensão da ameaça associada com a situação económica do indivíduo. A

ameaça financeira está associada com a depressão (Marjanovic, Greenglass, Fiksenbaum, & Bell, 2013) e com o distresse (Greenglass & Mara, 2012).

Norvilitis, et al. (2003) e Kim, Garman e Sorhaindo (2003) salientam que o bem-estar financeiro está intimamente relacionado com a saúde e o bem-estar psicológico. Para Greenglass, et al. (2013) o bem-estar financeiro diz respeito aos sentimentos de confiança e segurança acerca das finanças pessoais. De acordo com vários autores (e.g., Bagwell, 2000; McGuigan, 1999; Prawitz et al., 2006, Weisman, 2002) a percepção de um baixo bem-estar financeiro potencia o aumento de stresse. Um estudo efectuado por Thoresen e Goldsmith (1987) demonstra uma correlação negativa entre bem-estar financeiro e depressão.

Em suma, a presença de stressores económicos contribuem para o aparecimento de efeitos psicológicos negativos (stresse, ansiedade e depressão).

Existem recursos que protegem os indivíduos dos efeitos negativos da actual crise económica. O coping e o suporte social podem modificar as reacções aos stressores económicos amenizando consideravelmente os efeitos psicológicos supra mencionados.

O coping é utilizado quando surge uma situação stressante, como por exemplo, uma crise económica, tendo como objectivo alterar, reavaliar as circunstâncias stressantes, ou atenuar os seus efeitos adversos (Parkes, 1994), prevenindo o aparecimento de psicopatologia (Wadsworth, Raviv, Compas, & Connor-Smith, 2005).

São vários os autores que afirmam que um suporte social de boa qualidade contribui para a redução do risco de depressão e de ansiedade bem como para a diminuição dos níveis de stresse (Fridfinnsdottir, 1997; Guedea et al., 2006; Hobfoll, & Vaux, 1993; Holahan, Moos, Holahan, & Brennan, 1995; Krause, Liang & Gu, 1998; Lepore, Allen, & Evans, 1993; Minardi & Blanchard, 2004; Monteiro, 2009; Pais Ribeiro, 1999; Paúl & Fonseca, 2001; Rascle et al., 1997; Silva et al., 2003; Vaz Serra, 2011).

CAPÍTULO 2

Stresse, Ansiedade e Depressão

Neste capítulo será efectuada uma revisão bibliográfica relativamente ao stresse, ansiedade e depressão. Serão abordados conceitos e alguns modelos teóricos existentes relativamente a estes constructos psicológicos que servirão de suporte teórico a esta investigação, contribuindo, deste modo, para a posterior interpretação dos resultados encontrados.

2.1.Stresse

2.1.1. Revisão do conceito de stresse.

O conceito de stresse começou a ser utilizado no século XVII, na área da física, por Robert Hooke (Pacheco, 2002). Ao pesquisar a resistência de algumas estruturas construídas pelo homem, tais como pontes e edifícios, Hooke salientou que estas deviam ser construídas tendo em conta três aspectos fulcrais: a carga (*load*), a pressão (*stress*) e a tensão (*strain*). A carga refere-se às forças externas que actuam sobre a estrutura, como por exemplo, o peso. O stresse ou pressão diz respeito à força que a carga exerce sobre a estrutura, e a tensão representa a resposta da estrutura, isto é, a deformação da estrutura provocada pela acção conjunta da carga e do stresse. Na prática, se o material for maleável, a pressão fará com que se dobre, contudo, se o material for rígido, a pressão fará com que se quebre (Lazarus, 1993; Lazarus, 1999).

A transição do conceito de stresse da física para a biologia foi feita de um modo gradual.

Assim sendo, Claude Bernard, fisiologista francês, deu um contributo importante para o conceito de stresse, ao referir que as ameaças físicas à integridade de um organismo geram respostas da parte deste que contrariam esta ameaça. Salienta ainda que a vida está dependente, de forma crítica, da capacidade do ser vivo manter constante o meio interno perante qualquer alteração do meio externo (Vaz Serra, 2011).

Walter Cannon, professor de fisiologia, investigou os mecanismos específicos de resposta do organismo às alterações do ambiente externo que permitem o

funcionamento corporal óptimo. Este investigador é o autor do conceito homeostase, que diz respeito à capacidade que o organismo possui para manter estável o ambiente interno face às alterações que enfrenta em relação ao ambiente externo (Vaz Serra, 2011).

De acordo com Pais Ribeiro & Marques (2009), Hans Selye, médico endocrinologista, foi o primeiro a introduzir o conceito de stresse de um modo sistematizado. Selye descreveu o stresse como *"a resposta não específica do corpo a qualquer exigência*" (Selye, 1979, cit. em Pais Ribeiro & Marques, 2009, p. 240), propondo posteriormente o Síndrome Geral de Adaptação. De acordo com este autor, por resposta não específica entende-se que o organismo responde de uma forma estereotipada, ou sempre da mesma maneira, a uma enorme diversidade de estímulos ou agentes distintos, nomeadamente intoxicações, tensão nervosa, calor, frio, fadiga muscular ou exposição a raios x. Esta resposta não específica seria comum a todos os estímulos e a todos os organismos biológicos. Assim sendo, stresse e reacção não específica estariam estreitamente ligadas. Refere ainda que, *"o stresse é a soma de fenómenos biológicos não-específicos (incluindo lesões e defesas) e, consequentemente, um agente stressor é, por definição, não específico porque produz stresse"* (Selye, 1979, cit. em Pais Ribeiro & Marques, 2009, p. 240).

As investigações efectuadas por Holmes e Rahe, em 1967, concluíram que determinados acontecimentos têm maior probabilidade do que outros de provocarem stresse, principalmente os penosos que, segundo os autores, pareciam ser os que influenciavam o estado de saúde dos indivíduos. Estas investigações foram fulcrais uma vez que despertaram a atenção dos investigadores para o facto do estudo do stresse se tratar de um fenómeno multidimensional, fundamentalmente a nível psicológico (Sarafino, 2006; Vaz Serra, 2011).

Lazarus e colaboradores, na década de 60, afirmaram que o stresse não seria uma variável mas sim um conjunto de variáveis e processos complexos que interagem entre si, em que o indivíduo precisa de realizar uma avaliação dos recursos disponíveis e do significado do meio, de modo a poder lidar com os acontecimentos stressantes com que se depara no seu dia-a-dia (Ogden, 2004; Paúl & Fonseca, 2001). Por outras palavras, para Lazarus e colaboradores, é a interacção entre o meio ambiente e o indivíduo que define o stresse, isto é, o indivíduo experiencia stresse quando as exigências provindas do meio ambiente excedem os recursos que este dispõe. O processo cognitivo que medeia a avaliação e o coping são fundamentais na experiência

de stresse. (Cohen, Kessler & Gordon, 1995; Lazarus & Folkman, 1984; Maes & Van Elderen, 1998).

Estes autores deram um contributo fundamental para a visão de que o indivíduo assume um papel activo no processo de stresse. Neste sentido, Lazarus (1999) referiu que as reacções ao stresse não se podem predizer sem se ter em conta os traços de personalidade e os processos que explicam as diferenças individuais da forma como os indivíduos respondem a um determinado estímulo desagradável. Todavia, as situações stressantes não variam apenas de indivíduo para indivíduo, isto é, para o próprio indivíduo, uma situação pode gerar stresse numa dada altura e não ser motivo de stresse em outro período da sua vida.

Fisher, em 1986, desenvolveu um modelo de stresse em que relacionou este conceito com o da perda de controlo, partindo do princípio que o stresse resulta da oscilação entre as exigências e a capacidade do indivíduo as resolver. Deste modo, sempre que existe um baixo controlo pessoal, pode desenvolver-se stresse ou exacerbar o stresse já existente (Fisher, 1994).

Para Vaz Serra (2011), o indivíduo sente-se em stresse quando está perante uma situação importante para si e a qual acredita não possuir aptidões nem recursos pessoais ou sociais para superar o seu grau de exigência. Deste modo, cria a percepção de não ter controlo sobre essa situação. No entanto, esta percepção desenvolvida pelo indivíduo pode ser real ou não passar de uma crença. Este autor acrescenta ainda que ninguém está livre de stresse, este faz parte da condição humana e só deixa de existir quando o indivíduo morre. É algo com o qual se tem de aprender a conviver.

De acordo com Jesus (2007), na base do stresse está sempre uma exigência que requer um esforço acrescido do indivíduo para responder de forma adequada às novas circunstâncias ou adaptar-se a elas. Contudo, estas exigências não têm de ser sempre negativas, havendo algumas situações positivas que também provocam stresse, pois representam modificações no estilo de vida do indivíduo e exigem a sua adaptação, por exemplo, a mudança de residência ou o casamento.

Na perspectiva de Vaz Serra (2011), o stresse, em circunstâncias intermédias, é benéfico uma vez que impulsiona o indivíduo a tomar decisões e resolver problemas, auxiliando-o a melhorar o seu funcionamento e as suas aptidões. Desta forma constitui um incentivo de realização profissional e pessoal.

Para Jesus (2001), é necessário diferenciar-se as situações de eustresse e de distresse. A esse respeito, na sistematização que apresenta sobre o processo de

desenvolvimento das situações de eustresse e distresse, realça que face a uma exigência profissional que pode constituir um potencial factor de stresse, o indivíduo vai agir, usando estratégias de coping ou de resolução de problemas, no sentido de tentar lidar com a situação. Se for bem sucedido, depara-se com uma situação de eustresse, uma vez que o indivíduo optimiza o seu funcionamento adaptativo, de tal modo que quando se confrontar, no futuro, com uma situação idêntica, apresentar-se-á mais confiante e terá maior probabilidade de solucionar o problema de forma eficaz. No entanto, se não for bem sucedido, e a tensão permanecer elevada durante muito tempo, podem revelar-se sintomas de distresse que representam a sua má adaptação à situação de exigência em que se encontra. Assim sendo, o stresse faz parte do quotidiano, mas quando as exigências são intensas, excessivas prolongadas ou imprevisíveis, ou quando o indivíduo não está dotado de competências adequadas para lidar com a situação, aparecem os sintomas de distresse.

2.1.2. Modelos explicativos do stresse.

Segundo Ogden (2004), o stresse e suas implicações deram origem a modelos, que variavam na sua definição e consequentemente na atribuição de ênfase diferente aos factores fisiológicos e psicológicos e na descrição da relação entre os indivíduos e o seu meio ambiente.

Pais Ribeiro (2005) refere ser possível agrupar os modelos utilizados na concepção e avaliação do stresse em três grandes linhas orientadoras, isto é, as que incidem sobre as causas (abordagem ambiental ou industrial), as que incidem sobre as consequências (abordagem biológica) e as que incidem sobre o processo (abordagem psicológica).

Modelo de stresse baseado no estímulo.

Para Pais Ribeiro e Marques (2009), o modelo do estímulo considera que a fonte de stresse está no acontecimento. Quanto mais intenso é o acontecimento maior é o stresse.

Segundo Hespanhol (2005), no modelo de stresse baseado no estímulo, o stresse é entendido como uma variável independente, isto é, uma força externa que se exerce sobre o organismo, acarretando rotura, distorção ou deformação. Na perspectiva deste

modelo, o organismo seria constantemente "bombardeado" com aspectos do ambiente causadores de stresse, mas só um acontecimento aparentemente menor ou inofensivo conseguiria modificar o delicado equilíbrio entre o total fracasso e o sucesso de lidar com o stresse.

Modelo de stresse baseado na resposta.

De acordo com Hespanhol (2005), no modelo baseado na resposta, o stresse é considerado como uma variável dependente, isto é, uma resposta a um estímulo perturbador. O domínio conceptual fundamental neste modelo é a manifestação do stresse.

Dentro desta perspectiva, Cannon apresentou o modelo de luta ou fuga onde afirma que as ameaças externas desencadeam uma resposta de luta ou fuga, envolvendo uma maior taxa de actividade e de excitação, em que o stresse permite ao indivíduo escapar aos stressores (os quais se constituem como ameaças ou perigos) ou então lutar (Ogden, 2004).

No entanto, foi Selye quem mais se evidenciou no modelo de stresse baseado na resposta. Este autor introduziu a noção de doença relacionada com o stresse em termos da síndrome geral de adaptação, que compreende três fases de resposta ou de adaptação ao stresse: a fase de alarme, a fase de resistência e a fase de exaustão (Hespanhol, 2005).

A fase de alarme (primeira), na qual existe um aumento da actividade que ocorre imediatamente após a exposição do indivíduo a uma situação stressante; a fase de resistência (segunda), que envolve o coping e tentativas de inverter os efeitos do estado de alarme resultante da primeira fase (Ogden, 2004). Nesta fase a maior parte dos sinais e dos sintomas associados à reacção de alarme desaparecem à medida que o organismo se adapta à causa de stresse; Contudo, se a reacção de alarme é activada muito intensamente ou muito frequentemente durante um longo período de tempo, a energia necessária à adaptação esgota-se e surge a terceira fase, isto é, a exaustão, colapso ou morte. Esta fase pode estar ligada ao desenvolvimento de doenças associadas ao stresse (Hespanhol, 2005).

Modelo transaccional ou interaccionista de stresse.

O modelo transaccional de stresse, proposto por Lazarus e colaboradores, salienta a interdependência entre as cognições, as emoções e os comportamentos. Trata-se duma perspectiva na qual se destacam dois tipos de processos, a avaliação cognitiva e o coping, os quais se referem à relação que se estabelece entre o indivíduo e o seu meio ambiente (Folkman & Lazarus, 1986; Folkman & Lazarus, 1988; Lazarus, 1993).

O processo de adaptação ao stresse tem uma dimensão acentuadamente psicológica que se baseia na percepção da ameaça, na sua avaliação, na implementação de estratégias de coping, e na adaptação propriamente dita (Pais Ribeiro, 2005).

A avaliação cognitiva envolve a avaliação primária (o indivíduo avalia se a situação representa ou não uma ameaça para o seu bem-estar), a avaliação secundária (se o indivíduo considerar que a situação é causadora de stresse, irá avaliar a sua capacidade para enfrentar a situação e os recursos que dispõe para lidar com a mesma) e a reavaliação (de acordo com as trocas realizadas com o meio e o resultado das suas alterações para modificar o mesmo, o indivíduo reestrutura as suas próprias avaliações, com o objectivo de alcançar o seu bem-estar) (Ogden, 2004; Ramos, 2001).

Deste modo, à medida que vão aparecendo situações de stresse, o indivíduo procura dar-lhes resposta de forma a controlá-las. Estas formas de ultrapassar os estados de stresse denominam-se por processos de coping. Por outras palavras, o coping designa o processo de lidar com as exigências internas e/ou externas que excedem os recursos pessoais (Folkman & Lazarus, 1986; Folkman & Lazarus, 1988; Lazarus, 1993).

Assim sendo o stresse não é apenas um estímulo ou uma resposta, mas sim um processo no qual o indivíduo é um agente activo que pode influir no impacto de um acontecimento estressor através de estratégias comportamentais, cognitivas ou emocionais (Sarafino, 2006).

Modelo compreensivo de stresse.

Vaz Serra (2011), refere que não existe stresse sem circunstâncias desencadeadoras a que o indivíduo seja sensível. Face a estas circunstâncias o indivíduo põe em acção um processo de avaliação (filtro cognitivo) que lhe permite verificar se tem ou não controlo sobre a situação. Se considerar a situação importante para si e perceber que não tem aptidões nem recursos pessoais ou sociais para a ultrapassar, entra

deste modo em stresse. Contudo, a intensidade do stresse pode ser atenuada se o indivíduo tiver acesso a uma rede social de apoio, isto é, o indivíduo que pertence ou têm a percepção de pertencer a uma rede de apoio social forte, que lhe auxilia quando surgem dificuldades ou passa por acontecimentos penosos, sente de modo menos intenso as situações de stresse. De acordo com esta perspectiva, o stresse desencadeia diversos tipos de resposta nomeadamente, biológica, cognitiva, comportamental e emocional. As emoções experienciadas, geralmente negativas, possuem uma componente motivacional, que em alguns casos inibem os indivíduos e em outros incentivam-nos a agir. Por sua vez, as estratégias utilizadas para lidar com o stresse, designadas por estratégias de coping, podem ser focadas na resolução de problemas, no controlo das emoções ou no relacionamento com a rede social. Estas podem ser adequadas ou inadequadas, sendo que no primeiro caso o stresse dissipa-se e, no segundo caso, o stresse mantém-se e torna-se desgastante.

Modelo circular de stresse.

Jesus (1998) ao desenvolver o modelo conceptual de bem-estar docente, verificou a existência de um determinado conjunto de factores potencialmente stressantes para o indivíduo.

Neste sentido, este autor sugere o modelo circular de stresse, segundo o qual perante uma situação que é avaliada pelo indivíduo como difícil e exigente este, numa tentativa de lidar com a situação, vai actuar utilizando competências de resiliência e estratégias de coping. No caso de ser bem sucedido, depara-se com uma situação de eutresse de tal modo que quando o indivíduo se confrontar novamente com uma situação semelhante, sentir-se-á mais confiante e terá mais probabilidade de resolver o problema. Pelo contrário, quando o indivíduo não é bem sucedido na resolução das exigências com que se confronta e fica exposto a permanentes e elevadas tensões, podem manifestar-se sintomas de distresse (Jesus, 2002).

Na perspectiva de stresse apresentada por Jesus (2002) evidencia-se a importância atribuída à percepção individual de eficácia e de controlo pessoal que cada professor efectua quando se depara com um potencial factor stressante. Deste modo, o factor potencialmente stressante é entendido como um desafio, um fenómeno positivo, uma vez que a sua resolução possibilita o crescimento e realização pessoal/profissional

através da eliminação do potencial factor de stresse, fomentando por sua vez a percepção de eficácia e controlo pessoal do indivíduo.

Segundo Jesus (2002) o stresse é intrínseco ao quotidiano de todos os indivíduos, no entanto, quando as exigências são intensas, excessivas prolongadas ou imprevisíveis, ou quando o indivíduo não apresenta competências adequadas para enfrentar a situação, aparecem os sintomas de mal-estar.

Modelo processual de stresse.

Sandín (1995) partindo do pressuposto que o stresse implica a interacção de um conjunto de variáveis que actuam de forma activa propõe um modelo constituído por sete etapas, designado por modelo processual de stresse.

A primeira etapa diz respeito aos problemas psicossociais e refere-se aos problemas diários que são capazes de produzir stresse no indivíduo;

A avaliação cognitiva, segunda etapa deste modelo, é responsável por entender e valorizar os sucessos ou insucessos, podendo ou não existir uma resposta ao stresse em função dessa avaliação;

A resposta de stresse inclui as respostas de natureza fisiológica (sistemas neuro-endócrinos), psicológica (aspectos emocionais) e de natureza cognitiva e motora (coping, componentes cognitivos da emoção e a reavaliação cognitiva);

As estratégias de coping dizem respeito aos esforços comportamentais e cognitivos que um indivíduo desenvolve para fazer face a determinadas situações indutoras de stresse, no sentido de as suprimir;

As variáveis *disposicionales* referem-se a aspectos da personalidade e factores hereditários em geral, sendo importantes na mediação das reacções dos indivíduos às situações stressantes;

O apoio social diz respeito aos recursos sociais que o indivíduo dispõe para enfrentar o stresse, dos quais são exemplo as redes sociais, os amigos e família;

Por último, o estatuto de saúde consiste no resultado do stresse e das estratégias de coping utilizadas, podendo contribuir para um estado saudável ou patológico.

2.1.3. Stresse e doença.

Quando as situações de stresse se mantêm e não são resolvidas podem aparecer situações de doença física e psíquica.

O stresse, entendido de forma negativa (distresse), pode afectar significativamente o bem-estar dos indivíduos, tanto a nível físico, como emocional, mental e comportamental (Hargreaves, 2001; Jacobs, Thytherleigh, Webb & Cooper, 2007; Lyon, 2000).

A investigação efectuada a partir da década de 60 demonstra a possibilidade do stresse estar associado à doença física. No entanto, quando o indivíduo fica doente em condições de stresse, geralmente verificam-se vulnerabilidades prévias, hereditárias ou adquiridas, que permitem que tal aconteça (Vaz Serra, 2011).

O stresse estimula o aumento da produção de hormonas como as catecolaminas (e.g., noradrenalina) e corticoesteroides (e.g., cortisol) modificando o equilíbrio psicofisiológico, podendo desenvolver-se problemas gástricos, colites nervosas, crises asmáticas, doenças de pele e alergias, enxaquecas, insónia, hipetensão arterial, enfarte do miocárdio, acidentes vasculares cerebrais (Lazarus, 1991; Ogden, 2004; Pais Ribeiro, 2005; Rowh, 1989 Villalobos, 1999).

Relativamente à doença psíquica, foi anos 80, devido à revisão do Manual de Diagnóstico e Estatística das Perturbações Mentais (DSM), que o stresse foi definitivamente aceite como uma causa determinante da doença psiquiátrica. Este manual introduziu uma classificação axial dos transtornos psiquiátricos, correspondendo ao eixo IV a gravidade dos acontecimentos sociais indutores de stresse. Nos dias de hoje, a DSM-V-TR continua a valorizar no eixo IV o registo da presença de problemas psicossociais e ambientais, abarcando as situações indutoras de stresse como factores precipitantes, de agravamento e de manutenção dos transtornos psiquiátricos (Vaz Serra, 2011).

No que diz respeito à relação entre stresse e o surgimento de determinado quadro psiquiátrico é aceite uma visão análoga à existente em relação à doença física, ou seja, a doença manifesta-se quando existem vulnerabilidades prévias que possibilitam que tal aconteça. Deste modo o stresse é encarado como o factor precipitante e a vulnerabilidade como o factor predisponente (Vaz Serra, 2011).

De acordo com o exposto, podemos verificar que a exposição ao stresse pode provocar alterações na saúde do indivíduo.

2.2. Ansiedade

2.2.1. Revisão do conceito de ansiedade.

Para Landré-Beauvais (1818) a ansiedade consiste num mal-estar, inquietude e agitação excessiva.

Darwin (1872) refere que a ansiedade está presente em todas as espécies animais, consistindo num mecanismo adaptativo para enfrentar o perigo e lutar pela sobrevivência.

Freud (1936) distingue ansiedade objectiva de ansiedade neurótica. A primeira estaria relacionada com o meio ambiente e a segunda teria uma origem exclusivamente intrapsíquica, isto é, estaria associada com uma predisposição genética ou com um conflito sexual reprimido e não resolvido.

Kelly (1963) refere-se à ansiedade como o resultado emocional da avaliação que o indivíduo efectua quando se confronta com o meio ambiente. A ansiedade surge a partir das estruturas cognitivas e da avaliação das suas capacidades para processar e reagir aos acontecimentos.

Na perspectiva de Melo (1979) a ansiedade representa uma sensação desagradável de perigo eminente, com presença de sintomas motores e vegetativos concomitantes.

Swedo, Leonard e Allen (1994) descrevem a ansiedade como um sentimento vago e desagradável de medo, apreensão, caracterizado por tensão ou desconforto que surge da antecipação de perigo, de algo desconhecido ou estranho.

Outros autores (e.g., Sadock & Sadock, 2007; Sierra, Ortega & Zubeidat, 2003) afirmam que a ansiedade consiste num fenómeno adaptativo que faz parte do dia-a-dia dos indivíduos, manifestando-se através de um estado emocional desagradável, no qual se verificam sentimentos de perigo iminente, nomeadamente, inquietação, tensão ou apreensão, frequentemente acompanhados de manifestações somáticas. A ansiedade pode ocorrer como uma situação aguda ou como um estado persistente e difuso que pode atingir o pânico.

Andrade e Gorenstein (1998) definem a ansiedade como um estado emocional com elementos psicológicos e fisiológicos, que faz parte do desenvolvimento do indivíduo, tornando-se patológica quando acontece de forma exagerada e sem qualquer situação real ameaçadora que a despolete.

É importante fazer a distinção entre ansiedade adaptativa e ansiedade patológica. A ansiedade adaptativa é uma reacção natural e fundamental para a auto-preservação, sendo considerada um instrumento de adaptação do indivíduo às exigências da vida. Manifesta-se por um conjunto de sinais e sintomas psicológicos e fisiológicos, muitas vezes sendo a base propulsora para o desempenho do indivíduo. Contudo, pode tornar-se disfuncional e patológica impedindo o indivíduo de agir, originando um conjunto de sintomas no indivíduo, que podem ser formas inconscientes de fazer frente a factores externos ou de manifestar as suas incapacidades (Claudino & Cordeiro, 2006; Martens, Vealey & Burton, 1990).

Uma forma prática de diferenciar ansiedade adaptativa de ansiedade patológica consiste em avaliar se a reacção ansiosa é de curta duração, auto-limitada e relacionada ao estímulo do momento ou não (Castillo, Recondo, Asbahr & Manfro, 2000).

Ansiedade, medo e stresse são três conceitos a distinguir havendo necessidade de identificar os aspectos diferenciais dos mesmos.

Apesar de ansiedade e medo apresentarem um padrão idêntico de sensações e descargas nervosas, o medo consiste numa reacção a uma situação de perigo real ou potencial, que termina quando o acontecimento cessa ou quando o perigo acaba, ao contrário da ansiedade que se relaciona com a antecipação de perigos futuros, indefinidos e imprevisíveis, isto é, a ansiedade é difundida sem objectivo e de uma forma desagradável e persistente. (Angst & Vollrath, 1991; Sadock & Sadock, 2007; Sierra, et al., 2003).

Embora o stresse e a ansiedade estejam intimamente ligados, são constructos psicológicos distintos. O stresse está relacionado com os acontecimentos que excedem as capacidades físicas e psicológicas do indivíduo. A ansiedade deve ser entendida como uma resposta emocional aversiva ao stresse que advém de uma avaliação de uma ameaça (Hallstrom & McClure, 2000; Lazarus, & Folkman, 1984).

2.2.2. Modelos explicativos da ansiedade.

Segundo Sierra, et al. (2003) o conceito de ansiedade deu origem a distintos modelos e teorias, destacando estes autores quarto principais perspectivas: a) perspectiva psicanalítica; b) perspectiva comportamental; c) perspectiva cognitiva; e d) perspectiva cognitivo-comportamental.

a) A perspectiva psicanalítica defende que a ansiedade deriva da luta entre os impulsos inaceitáveis e as forças do ego resultando em estados afetivos desagradáveis. Freud define a ansiedade como um estado afectivo desagradável traduzidos em fenómenos de apreensão, sentimentos desagradáveis, pensamentos negativos e mudanças fisiológicas que se associam à activação autónoma do sistema nervoso central. Para este autor, a ansiedade pode ser real (a relação que se estabelece entre o Eu e o mundo exterior, avisando o indivíduo de um perigo real que exista no meio que o rodeia), neurótica (também entendida como um sinal de perigo, mas com origem nos impulsos reprimidos do indivíduo, sendo característica de todas as neuroses) ou moral (ameaça do superego).

b) A perspectiva comportamental descreve a ansiedade como um impulso (drive) que está na base do comportamento do indivíduo. A ansiedade é entendida como um impulso motivacional responsável pela capacidade do indivíduo responder a determinados estímulos que conduzem à mesma forma de resposta emocional. Segundo esta abordagem a ansiedade está relacionada com as experiências e resultados anteriores, podendo ser aprendida por observação e por modelagem.

c) De acordo com a perspectiva cognitiva, o indivíduo percebe e avalia a situação, valorizando as suas implicações. Se o resultado dessa avaliação é entendido como ameaçador, inicia-se uma reação de ansiedade modulada por processos cognitivos. As reacções que suscitam maior ansiedade evitam-se e, mesmo na sua ausência, podem ser percebidas como ameaçadoras despoletando, de igual forma, reacções de ansiedade. Este facto deve-se ao significado ou interpretação individual que o indivíduo confere à situação.

d) A perspectiva cognitiva-comportamental combina as contribuições da perspectiva comportamental e da perspectiva cognitiva. De acordo com a presente abordagem, o comportamento é determinado a partir da interação entre as características individuais (pensamentos, crenças, ideias) e das condições situacionais que se apresentam (estímulos discriminativos que activam a emissão do comportamento). Esta perspectiva associa a ansiedade a um traço de personalidade, e segundo Endler (1977, cit. em Sierra, et al., 2003) é imprescindível a congruência entre o traço de personalidade do indivíduo e a situação entendida como ameaçadora para que a interacção entre ambos dê origem ao estado de ansiedade.

Os modelos atuais da ansiedade têm como ponto de partida uma divisão: a ansiedade baseada no estímulo e a ansiedade baseada resposta. No modelo baseado no

estímulo, a ansiedade é entendida como uma resposta a um estímulo específico (situações, pensamentos, emoções), enquanto no modelo baseado na resposta, ansiedade é considerada como uma resposta emocional em si, independente do estímulo (Derogatis & Wise, 1989).

Para Telles-Correia & Barbosa (2009), no estudo da ansiedade são referidos essencialmente três modelos: a) o modelo de ansiedade de Goldstein; b) o modelo de ansiedade traço-estado de Spielberger; e c) o modelo transaccional de stresse de Lazarus.

a) De acordo com o modelo de ansiedade de Goldstein, a ansiedade é orientada para o estímulo, isto é, a ansiedade corresponde a uma percepção subjectiva de uma determinada situação que representa uma ameaça à existência ou aos valores que considera essenciais para a sua existência (Cordeiro, 2002).

b) Cattel e Scheier (1961) distinguem a ansiedade em duas componentes, a ansiedade estado e a ansiedade traço e foi a partir desta conceptualização que Spielberger formulou a sua concepção de ansiedade estado-traço. Na década de 60, Spielberger (1983), distingue a ansiedade como um estado e como um traço da personalidade, isto é, ansiedade como um estado emocional transitório e ansiedade como um estado mais permanente, correspondendo a um traço de personalidade. Este autor considera, então, que os estados de ansiedade (ansiedade-estado) são caracterizados por sentimentos, subjectivos e conscientes, de apreensão e tensão, acompanhados por ou associados à activação do sistema nervoso autónomo, enquanto a ansiedade como traço de personalidade (ansiedade-traço) é definida como diferenças individuais relativamente estáveis que cada indivíduo possui ao nível de predisposição para a ansiedade, isto é, são diferenças ou características que o indivíduo possui para fazer face a situações percebidas como ameaçadoras com elevações da ansiedade de estado.

c) No modelo transaccional de stresse de Lazarus a ansiedade é encarada como um mediador fundamental para o desenvolvimento do stresse, isto é, este modelo defende que a ansiedade surge após a avaliação da ameaça (fonte de stresse) e avaliação dos recursos disponíveis (Telles-Correia & Barbosa, 2009). De uma forma geral, este modelo apresenta três estádios de avaliação, um primário, que estabelece se a situação representa ou não uma ameaça para o bem-estar do indivíduo, um segundo estádio de avaliação, que só é utilizado no caso da avaliação primária ter considerado o estímulo stressante e um terceiro estádio, a reavaliação em que o indivíduo reestrutura as suas

avaliações, com a finalidade de atingir o seu bem-estar (Ogden, 2004; Ramos, 2001). Esta perspetiva aproxima-se da visão de Lazarus (1991) que encara a ansiedade como um sinal de uma perda de sentido e de incongruência entre as expetativas do indivíduo e a realidade.

2.3. Depressão

2.3.1. Revisão do conceito de depressão.

A tristeza é uma reacção humana habitual à adversidade que pode ocorrer em distintos momentos da vida do indivíduo, principalmente diante de situações que envolvem frustração ou perda. Este estado de humor não deve ser confundido com a depressão clínica, uma condição médica que tem consequências em vários domínios da vida do indivíduo (Ito, 1998).

Hipócrates, na antiguidade clássica, foi o primeiro a traçar as primeiras características da depressão e a procurar uma explicação etiológica da doença. Este autor utilizou o termo melancolia para descrever um profundo estado de abatimento resultante de um desequilíbrio entre os quatro humores fundamentais: sangue, fleuma, bílis amarela e bílis negra. De acordo com esta teoria, a predominância de um determinado humor face aos outros daria origem a um tipo de temperamento. O temperamento melancólico seria resultado do excesso ou alteração de bílis negra que desencadearia uma perturbação psíquica caracterizada por um estado depressivo, tendo particular incidência na Primavera e no Outono (Campos, 2009; Derogatis & Wise, 1989).

Kraepelin (1904) estabelece a fronteira entre psicose maníaco-depressiva e a demência precoce (actualmente designada por esquizofrenia), até então definida como uma única entidade clínica. De acordo com a perspectiva deste autor, a mania e a depressão consistiriam em manifestações de um processo cíclico no qual seria impossível, através da observação de um estado, prever se iria ocorrer isoladamente ou de forma circular.

Meyer (1905) propôs o termo de depressão para substituir melancolia. Para este autor, as perturbações depressivas correspondem a reacções maladaptativas ao stresse ambiental.

Na década de 60, Angst, Perris e Winokur apresentaram uma nova entidade clínica, a depressão unipolar. Surge deste modo um modelo dicotómico que diferencia nosologicamente a depressão unipolar da depressão bipolar (Del-Porto & Del-Porto, 2005).

Lovibond e Lovibond (1995b) caracterizam a depressão essencialmente pela diminuição de auto-estima e de motivação, estando associada com a percepção de baixa probabilidade para atingir objectivos de vida que sejam significativos para o indivíduo.

Segundo Wilkinson, Moore e Moore (2005) a doença depressiva consiste num aumento exagerado das sensações diárias que acompanham a tristeza, sendo frequentemente recorrente e acompanhada por uma variedade de sintomas físicos e mentais. Estes autores referem ainda que a depressão resulta de uma interacção entre múltiplos factores, estando o seu aparecimento e evolução associados a uma diversidade de variáveis biológicas, históricas, ambientais e psicossociais.

Para alguns autores (e.g. Esteves & Galvan, 2006; Gameiro et al., 2008; Sadock & Sadock, 2007) a depressão é uma perturbação do humor que gere as atitudes dos indivíduos alterando a percepção de si mesmos, passando estes a percepcionar os seus problemas de uma forma catastrófica. Esta perturbação é muitas vezes acompanhada de um quadro de deterioração grave do funcionamento físico e social.

A sintomatologia depressiva caracteriza-se pela presença de humor depressivo ou perda de interesse em quase todas as actividades, observando-se no indivíduo sentimentos de auto-desvalorização ou de culpa e diminuição da energia. Inclui alterações no apetite, no peso, no sono e na actividade psicomotora. São também frequentes as dificuldades em pensar, em concentrar-se ou tomar decisões. Os sintomas que requerem especial atenção são os pensamentos recorrentes a respeito da morte ou ideação, além dos planos ou tentativas suicidas. A depressão pode tornar-se crónica e recorrente, provocando mal-estar ou deficiência no funcionamento familiar, laboral e social (American Psychiatric Association, 2002; Del-Porto, 1999; Fennell, 1997).

2.3.2. Modelos explicativos da depressão.

Foram vários os autores que contribuíram para um melhor entendimento deste constructo psicológico e, nesse sentido, surgiram distintos modelos explicativos da depressão, dos quais destacamos os seguintes: o modelo psicanalítico de depressão;

modelo do desânimo aprendido de Seligman; e o modelo cognitivo de depressão de Beck.

Modelo psicanalítico de depressão.

O modelo psicanalítico da depressão engloba quatro pontos fundamentais:

a) A vulnerabilidade para a depressão seria consequência de problemas na relação mãe-bebé que fixariam o indivíduo na fase sádico-oral do desenvolvimento. É exactamente nesta altura do desenvolvimento que ocorre a coexistência de libido e agressividade sobre um mesmo objecto;

b) A depressão pode estar associada à perda real ou imaginária do objecto. Deste modo, a necessidade inicial de agressão do objecto pode, mais tarde, desencadear uma depressão em consequência da sua perda;

c) A introjecção de objectos que partiram constitui um mecanismo de defesa invocado para enfrentar o sofrimento ligado ao objecto;

d) Sentimentos de raiva e agressividade auto-dirigida surgem como resultado do sofrimento desencadeado pela dicotomia amor/ódio pelo objecto perdido (Sadock & Sadock, 2007).

Segundo Sadock e Sadock (2007) os modelos de depressão fundamentados na teoria psicanalítica têm evoluído e sido ajustados à realidade contemporânea, embora continuem assentes nos conceitos de perda e rejeição com consequentes perdas de auto-estima.

Modelo do desânimo aprendido de Seligman.

O modelo do desânimo aprendido de Seligman (1975) refere que os indivíduos submetidos a situações de aprendizagem em que o seu comportamento não está associado com os resultados obtidos (situações incontroláveis) têm tendência a exibir posteriormente deficiências do tipo motivacional, cognitivo e afectivo. As deficiências do tipo motivacional consistem na dificuldade em dar respostas voluntárias e derivam das expectativas de que os resultados são incontroláveis e independentes da sua acção. A percepção cognitiva de incontrolabilidade associa-se com a resposta afectiva, sendo o afecto depressivo a consequência lógica da expectativa de incontrolabilidade dos resultados. Este modelo foi inicialmente formulado com base em estudos experimentais

realizados com animais. Num estudo efectuado, observou-se que os cães quando submetidos a choques eléctricos que não conseguiam escapar tendiam posteriormente a não fazer nenhum esforço para escapar de outros choques eléctricos que eram possíveis de evitar. Este modelo sofreu duras críticas tendo sido reformulado de forma a aumentar a sua adequação aos seres humanos.

A teoria reformulada por Abramson, Seligman e Teasdale (1978) assenta nos seguintes princípios:

a) A depressão engloba quatro tipos de deficiências, as motivacionais, as cognitivas, as de auto-estima e as afectivas.

b) Quando o indivíduo acredita que os resultados pretendidos são improváveis ou os resultados indesejados são prováveis, acaba por desenvolver a expectativa de que não possui resposta para alterar esta probabilidade, emergindo a depressão.

c) A generalidade das deficiências depressivas dependem da globalidade da atribuição de desânimo, a cronicidade das deficiências depressivas dependem da estabilidade de atribuição de desânimo e a diminuição de auto-estima depende da internalidade da atribuição do desânimo.

d) A intensidade das deficiências depende da força ou da certeza relativamente às expectativas de incontrolabilidade e, no caso de deficiências afectivas ou de auto-estima, da importância dos resultados.

Na década de 80 Abramson efectou uma revisão deste modelo dando origem à teoria da desesperança da depressão.

A teoria da desesperança da depressão, distingue entre causas necessárias, suficientes e contributivas da depressão e causas distais e proximais, situando o estilo de atribuição entre as causas distais e a expectativa de desesperança entre as causas proximais e suficientes (Abramson, Metalsky, & Alloy, 1988).

Sumarizando, de acordo com a teoria do desânimo aprendido a depressão é associada à expectativa de que os resultados são independentes do seu comportamento (Seligman, 1975). O modelo reformulado por Abramson, et al. (1978) defende que só os resultados incontroláveis aversivos se relacionam com a depressão se o fracasso para controlar a situação for atribuído a causas internas, estáveis e globais. A teoria da desesperança da depressão refere como causa distal um estilo atribucional do tipo depressogénico para acontecimentos negativos e como causa próxima a expectativa de desesperança (Abramson, et al., 1988).

Modelo cognitivo de depressão de Beck.

O modelo cognitivo da depressão desenvolvido por Beck nos anos 60 postula três conceitos específicos para explicar o funcionamento psicológico na depressão: a tríade cognitiva, os pensamentos automáticos e os esquemas ou crenças centrais.

A tríade cognitiva consiste nos três padrões cognitivos principais típicos dos doentes depressivos que são a visão negativa de si próprio, do meio ambiente que o rodeia e do futuro.

Os pensamentos automáticos correspondem a erros sistemáticos no pensamento dos indivíduos deprimidos e em conjunto caracterizam os esquemas cognitivos.

Os esquemas ou crenças centrais dizem respeito a padrões cognitivos relativamente estáveis que formam a base da regularidade das interpretações de um conjunto específico de situações. Estes esquemas podem manter-se inactivos por longos períodos e manifestarem-se perante estímulos ambientais específicos, nomeadamente o stresse (Telles-Correia & Barbosa, 2009).

Em suma, os conceitos de stresse, ansiedade e depressão consistem num conjunto de sentimentos e emoções que envolvem o ser humano no seu todo (Graeff & Hetem, 2004). Lovibond e Lovibond (1995) referem que associado ao stresse está o estado de ansiedade e que, a ansiedade e depressão, embora se apresentem como conceitos distintos, possuem características comuns. Os dois conceitos têm sido interpretados como diferentes, no entanto com a mesma natureza, sendo muitas vezes relacionados por partilharem alguns subtipos de sintomas (Vaz Serra, 2011). Muitos autores salientam ainda que o stresse é uma das causas para o aparecimento da depressão e que as perturbações da ansiedade estão relacionadas com o aumento da prevalência da depressão (Graeff & Hetem, 2004).

CAPITULO 3

Coping e Suporte Social

A crença de que o coping e o suporte social têm efeitos positivos na saúde e no bem-estar do indivíduo está bastante fundamentada através de inúmeras investigações que parecem apontar no mesmo sentido: o coping e o suporte social agem como factores protectores na saúde, previnem a doença, reduzem o mal-estar e aumentam, deste modo, a satisfação com a vida.

Neste capítulo será efectuada uma revisão da literatura existente acerca da temática do coping e do suporte social que sustentarão e servirão de base para a análise e interpretação da presente investigação.

3.1. Coping

Várias investigações científicas têm demonstrado a importância do coping na compreensão da problemática do stresse, ansiedade e depressão. Assim sendo, iremos abordar de forma mais aprofundada o constructo psicológico em questão.

3.1.1. Perspectiva histórica do coping.

Ao longo do tempo, o conceito de coping tem sofrido alterações na sua abordagem conceptual. De acordo com Suls, David e Harvey (1996) existem três perspectivas distintas na evolução histórica do conceito de coping. A primeira perspectiva, que teve início no princípio do século XX, diz respeito à perspectiva psicanalítica. A segunda perspectiva, iniciada nos anos 60, é referente à perspectiva transaccional de Lazarus. Por fim, a terceira perspectiva denomina-se de perspectiva integrativa.

Segundo a perspectiva psicanalítica, o termo coping corresponderia aos mecanismos de defesa do Eu. Por sua vez estes mecanismos evoluíram no seu significado em três etapas distintas. Freud contribuiu para o desenvolvimento do conceito ao atribuir-lhe a capacidade de alterar a percepção do acontecimento em si, em

termos subjectivos, relativamente ao indivíduo. Para este autor os mecanismos de defesa do Eu protegem o ego contra forças internas, de natureza instintiva. Posteriormente, Adler refere que os mecanismos de defesa do Eu protege o "self" das ameaças externas do meio ambiente. Na segunda metade da década de 30, Ana Freud salienta que os mecanismos de defesa do Eu são defesas que protegem os indivíduos tanto de ameaças internas (perspectiva de Freud) como de ameaças externas (perspectiva de Adler) (Vaz Serra, 2011).

Snyder e Dinoff (1999) concluem que os mecanismos de defesa do Eu apresentam propriedades mais negativas, possuem a sua origem em processos inconscientes, são rígidos na forma de operar, ligados ao passado e fora da realidade, enquanto o coping, cuja origem se encontra mais ligada a processos mentais conscientes e pré-conscientes, relaciona-se com a realidade que rodeia o indivíduo, está orientado para o presente e para o futuro, sendo mais flexível e intencional.

Foi com Lazarus, no início dos anos 60, que se rompeu de vez com a conceptualização de coping de cariz psicanalítico, passando este conceito a ser concebido como um processo activo de transacção cognitiva que se estabelece entre o indivíduo e o meio ambiente, num determinado contexto específico (Pais Ribeiro, 2005).

Vaz Serra (2011) considera esta perspectiva pertinente uma vez que possibilitou a evolução do conceito de stresse através da introdução do processo de avaliação, dimensão fulcral na compreensão das situações potencialmente stressantes por parte de cada indivíduo.

A perspectiva integrativa surge em virtude da constatação de que os modelos e abordagens propostos anteriormente não são capazes de explicar a variação das estratégias de coping utilizadas pelos indivíduos. Assim, esta perspectiva tem como finalidade estabelecer uma ligação entre personalidade e coping. (Antoniazzi, Dell'Aglio & Bandeira, 1998). Alguns autores (e.g., Pais Ribeiro, 2005; Somerfield & McRae, 2000) evidenciam que as características pessoais de cada indivíduo, especialmente a personalidade, ajudam a entender as estratégias de coping utilizadas pelos indivíduos em determinadas situações. Snyder e Dinoff (1999) evidenciam que a relação existente entre coping e personalidade promove o bem-estar e a saúde física dos indivíduos.

3.1.2. Revisão do conceito de coping.

A definição de coping mais referenciada ao nível da literatura é, sem dúvida, a definição de Lazarus e Folkman (1984) que definem coping como um conjunto de esforços cognitivos e comportamentais do indivíduo para organizar (reduzir, minimizar, controlar, dominar ou tolerar) a exigência (interna ou externa) provocada pela sua interacção com o meio ambiente e que é avaliada pelo indivíduo como ultrapassando os seus próprios recursos. Deste modo, na perspectiva destes autores, o indivíduo apresenta-se como um agente activo, quer na avaliação cognitivo-emocional da situação stressante, quer dos seus recursos pessoais para gerir a situação potencialmente stressante.

Holahan e Moos (1987) referem que o coping é um factor estabilizador, uma vez que facilita o ajuste individual ou a adaptação quando o indivíduo está perante situações stressantes.

Na perspectiva de Monat e Lazarus (1991) o coping diz respeito aos esforços para lidar com as situações de dano, ameaça ou desafio quando não está disponível uma rotina ou uma resposta automática para enfrentar a situação.

Outros autores consideram que o coping tem uma função adaptativa perante determinado acontecimento stressante, sendo um factor estabilizador que possibilita o indivíduo manter uma adaptação psicossocial durante os períodos de stresse (Esparbès, Sordes-Arder & Tap, 1993).

Parkes (1994) salienta que o coping é um conceito multidimensional que engloba uma grande diversidade de estratégias cognitivas e comportamentais que podem ser utilizadas para modificar, reavaliar situações potencialmente stressantes ou para aliviar os seus efeitos adversos.

Snyder e Dinoff (1999) referem que o coping tem como finalidade aliviar a carga física, emocional e psicológica resultante das situações stressantes a que os indivíduos se encontram sujeitos.

Para Pais Ribeiro (2009) o coping é entendido como os esforços cognitivos e comportamentais para gerir exigências específicas internas e/ou externas que são avaliadas pelo indivíduo como excedendo ou estando no limite dos seus recursos pessoais, isto é, refere-se ao conjunto das estratégias utilizadas pelo indivíduo para se adaptar a situações adversas.

Vaz Serra (2011) salienta que quando se faz referência ao termo coping, este refere-se às estratégias utilizadas pelo indivíduo para lidar com os acontecimentos potencialmente stressantes.

A abordagem de alguns conceitos, nomeadamente, o modelo de coping, as estratégias de coping e os estilos de coping, torna-se necessária para uma ampla compreensão do constructo em questão.

O modelo de coping desenvolvido por Folkman & Lazarus (1980) assenta em quatro conceitos principais: a) o coping é um processo ou uma interacção entre o indivíduo e o meio ambiente; b) tem como função gerir a situação stressante e não controlar ou dominar a mesma; c) os processos de coping englobam a noção de avaliação, isto é, como o fenómeno é percebido, interpretado e representado cognitivamente; e d) o processo de coping consiste numa mobilização de esforços cognitivos e comportamentais, através da qual os indivíduos irão gerir (reduzir, minorar ou tolerar) as exigências internas ou externas surgidas na interacção com o meio ambiente.

As estratégias de coping reflectem as acções, comportamentos ou pensamentos adoptados numa situação stressante específica, isto é, estão ligadas aos factores situacionais, o que significa que podem modificar-se em função do momento e da situação stressante (Folkman & Lazarus, 1980).

Segundo Lazarus e Folkman (1984) estratégias de coping podem ser classificadas em dois tipos, dependendo da sua função: o coping centrado no problema e o coping centrado na emoção. O coping centrado no problema refere-se ao esforço para actuar na situação que desencadeia o stresse, isto é, tem como objectivo alterar a situação de forma a torna-la menos ameaçadora. O coping centrado na emoção tem como objectivo regular a resposta emocional (estado de tensão emocional) desencadeada pela situação stressante, ou seja, procura reduzir o impacto emocional do stresse.

Latack (1986) propõem três tipos de estratégias de coping: a) controlo, que consiste em acções e reavaliações cognitivas pró-activas; b) escape, baseada em acções e cognições que sugerem o evitamento; e c) gestão dos sintomas, que incluem as actividades de lazer ou de ocupação dos tempos livres. Estas estratégias não têm uma relação directa ou particular com os problemas da vida dos indivíduos, mas com a ocupação dos tempos livres, podendo contribuir para uma melhor gestão dos sintomas

associados ao mal-estar. Embora propondo uma perspectiva um pouco diferente, este autor acaba por reportar-se, igualmente, às estratégias de coping propostas por Lazarus e Folkman em 1984, introduzindo uma terceira estratégia, a gestão dos sintomas.

Moos (1993) desdobrou as duas dimensões iniciais propostas por Lazarus e Folkman em quatro categorias, nomeadamente, aproximação comportamental, aproximação cognitiva, evitação comportamental e evitação cognitiva.

Segundo Jesus (1998) as estratégias de coping pode ser do tipo instrumental (centrado na resolução do problema) ou paliativo (avaliar ou minimizar as consequências de uma situação que não pode ser alterada).

De uma maneira geral, perante situações stressantes as estratégias utilizadas podem ser classificadas em duas classes diferentes: uma será a abordagem e o confronto com o problema, e a outra o evitamento da situação adversa. Assim, quando o stresse é de pouca intensidade, o individuo normalmente utiliza estratégias de coping centradas no problema, quando o stresse é mais intenso, os esforços vão no sentido de diminuir a tensão emocional (Vaz Serra, 2001).

Alguns autores (e.g., Bruder-Mattson & Hovanitz, 1990; Mitchell, Cronkite & Moos, 1983) referem que o coping está relacionado com a sintomatologia depressiva. O coping de evitamento influencia positivamente a sintomatologia depressiva, enquanto o coping focado no problema contribui para a sua diminuição.

Outros estudos apontam para a relação entre coping e ansiedade, referindo que a ansiedade estimulante pode associar-se a níveis mais elevados de coping centrado no problema, sendo considerado mais adaptativo, enquanto a ansiedade mais debilitante, se encontra associada a níveis mais elevados de coping centrado no evitamento, sendo considerada mais disfuncional (Prisco e Fontaine, 1999; Rafferty, Smith & Ptacek, 1997)

Um outro tipo de estratégias de coping foi introduzido por DeLongis e Newth (1998). Trata-se de uma estratégia de coping focalizada nas relações interpessoais, na qual o indivíduo procura apoio nos outros para a resolução das situações stressantes.

Perspectiva semelhante defende Vaz Serra (2011) ao propor a existência de três estratégias de coping, as focadas na resolução de problemas, as focadas no controlo das emoções e as focadas na interacção social. De acordo com este autor, se as estratégias de coping forem adequadas o stresse dissipa-se resultando no bem-estar do indivíduo. Por outro lado, se as estratégias de coping forem inadequadas, o stresse mantem-se, conduzindo ao mal-estar e à doença física e psicológica do indivíduo.

Ao contrário das estratégias de coping que têm sido vinculadas a factores situacionais, os estilos de coping têm sido mais associados com as características da personalidade. Os estilos de coping são definidos como uma disposição estável da personalidade para enfrentar, de uma forma específica, as distintas situações stressantes. Esta disposição constitui um atributo do indivíduo e é independente do acontecimento stressante, desenvolvendo os indivíduos modos habituais de enfrentarem o stresse, isto é, consolidam estilos de coping susceptíveis de influenciarem as suas reacções (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986). Embora os estilos de coping possam influir nas estratégias de coping adoptadas são fenómenos diferentes e têm origens distintas (Ryan-Wenger, 1992).

3.2. Suporte Social

O suporte social tem vindo a ser alvo de diversos estudos científicos que demonstraram que os indivíduos com contactos sociais de melhor qualidade parecem enfrentar as diversas situações stressantes de forma mais positiva e adequada sem que se verifiquem repercussões negativas sobre o seu bem- estar físico e psicológico.

Deste modo, através do recurso a diversa literatura científica, iremos abordar de forma aprofundada o conceito de suporte social no sentido de clarificar a importância do constructo psicológico em causa.

3.2.1. Revisão do conceito de suporte social.

Embora alguns estudos do período da transição do século XIX para o século XX (e.g., Jarvis, Durkheim) já sublinhassem a importância dos factores sociais para o bem-estar dos indivíduos (Guadalupe, 2008; Moreira, 2000), foi a partir de 1970 que o conceito de suporte social começou a ser sistematizado, assentando as suas bases em estudos efectuados por Caplan (1974), Cassel (1976) e Cobb (1976).

Caplan (1974) introduz o conceito de sistema de suporte, o qual é constituído não só pelo núcleo familiar e de amigos, como também pela vizinhança, centros paroquiais, clubes, associações de voluntariado, entre outros. Este autor salienta ainda a relevante importância do suporte social para o bem-estar dos indivíduos.

Cassel (1976) evidencia o impacto do suporte social no meio, no desenvolvimento de doenças físicas e psíquicas, nos desequilíbrios relacionados com as

situações de stresse, bem como o papel que as forças sociais desempenham na defesa e na protecção da saúde.

Cobb (1976) descreve o suporte social como a informação disponível que conduz o indivíduo a acreditar que é amado, respeitado, estimado, valorizado e pertencente a uma rede social, funcionando como amortecedor do stresse e facilitador da confrontação e integração em situações de crise.

Na perspectiva de House (1981) o apoio social representa um moderador muito importante que abrange todas as relações interpessoais de um indivíduo e proporciona-lhe um laço afectivo positivo, uma ajuda prática e uma ajuda em termos de informação quanto à situação ameaçadora.

De acordo com Sarason, Levine, Basham e Sarason (1984) o suporte social diz respeito à existência ou disponibilidade de pessoas em quem se pode confiar, pessoas que demostram que se preocupam connosco, nos valorizam e gostam de nós.

Lin (1986) define este constructo como o suporte disponível através dos elos sociais que os indivíduos criam com outros indivíduos, grupos ou comunidades.

Segundo Barrón (1996) o apoio social é um conceito interactivo que diz respeito às transacções que se estabelecem entre os indivíduos.

Cutrona (1996) evidencia o facto de todas as definições de suporte social existentes partilharem pressupostos comuns, particularmente que os indivíduos partilham entre si um sistema de confiança mútuo que lhes permite obter a satisfação de determinadas necessidades básicas de vida, pressupondo a autora que um indivíduo, por si só, não consegue satisfazer todas as suas necessidades, e neste sentido, necessita dos outros, pelo menos em determinadas situações.

Vaz Serra (2011) refere-se ao suporte social como a quantidade e coesão das relações sociais que rodeiam, de modo dinâmico, um indivíduo.

Outros autores consideram o suporte social como um apoio circunscrito às esferas emocional, material e informacional (Dunn, Steginga, Occhipinti, & Wilson, 1999).

Na perspectiva de Ornelas (1994) e Pais Ribeiro (1999) o suporte social é a percepção que o indivíduo possui dos vários domínios da sua vida e em relação aos quais se julga querido e lhe é reconhecido valor, bem como a avaliação que faz da disponibilidade dos outros que lhe são próximos e da possibilidade de a eles recorrer, caso seja necessário.

Cruz (2001) define suporte social como a utilidade das pessoas (que nos amam, nos dão valor e se preocupam connosco) e nas quais se pode confiar ou com quem se pode contar em qualquer situação. Deste modo, o apoio é encarado como um processo promotor de assistência e ajuda através de factores de suporte que facilitam e garantem a sobrevivência dos seres humanos.

Martins (2005) define o suporte social como um constructo dinâmico, que reflecte as transacções estabelecidas entre indivíduos ao longo da sua vida e em diferentes contextos, num processo que pode incluir três vertentes, nomeadamente, comunitária, rede social e relacionamento íntimo.

Para Chalise, Saito, Takahashi & Kai (2007) o suporte social é um constructo multidimensional que envolve redes sociais, frequência de contacto com os membros dessas redes, suporte emocional, qualidade do suporte social, e a ajuda recíproca entre os distintos membros.

O suporte social é um constructo psicológico de difícil definição, uma vez que pode ser analisado em função dos seus tipos, categorias, fontes, dimensões e componentes.

De uma forma geral, o suporte social é classificado em três categorias: suporte emocional, instrumental e informacional. O suporte emocional caracteriza-se pelo suporte recebido dos outros com os quais se estabelece vínculos de amizade, existindo confiança, respeito, preocupação e empatia. O suporte instrumental representa o auxílio na resolução de determinada tarefa. O suporte informacional refere-se à ajuda que os outros podem proporcionar através do fornecimento de informações, esclarecimentos, de modo a promover um melhor entendimento e compreensão (Rodriguez & Cohen, 1998).

Sarason, Sarason e Pierce (1990) diferenciam entre suporte social percebido, referindo-se ao suporte que o indivíduo percebe como disponível em caso de necessidade, e suporte social recebido, isto é, ao suporte efectivamente recebido por alguém.

Dunst & Trivette (1990) distinguem duas fontes de suporte social, a informal e a formal. O suporte informal inclui os sujeitos (familiares, amigos, vizinhos) e os grupos sociais (clubes, igrejas) capazes de fornecer apoio nas actividades do quotidiano em resposta a acontecimentos de vida regulares ou não regulares. O suporte formal abrange as organizações sociais formais (hospitais, serviços de saúde) e os profissionais

(médicos, assistentes sociais, psicólogos) tendo como finalidade prestar auxílio ou assistência aos indivíduos necessitados.

Weiss (1974) propõe seis dimensões de suporte social: intimidade; integração social; suporte afectivo; mérito; aliança; e orientação.

Posteriormente, Dunst e Trivette (1990) consideram existir onze dimensões fundamentais de suporte social: tamanho da rede social; a existência de relações sociais; a frequência de contactos; a necessidade de suporte; o tipo e a quantidade de suporte; a congruência; a utilização; a dependência; a reciprocidade; a proximidade; e a satisfação.

Os mesmos autores supra referidos subdividem o suporte social em cinco componentes articulados entre si, incluindo cada um, diversas dimensões: a) Componente constitucional (inclui as necessidades e a conformidade entre estas necessidades e o suporte existente); b) componente relacional (diz respeito ao estatuto familiar, estatuto profissional, tamanho da rede social e participação em organizações sociais); c) componente funcional (refere-se ao tipo, qualidade e quantidade de suporte disponível); d) componente estrutural (inclui a proximidade física e a frequência dos contactos sociais, proximidade psicológica, nível da relação, reciprocidade e consistência); e, e) componente de satisfação (diz respeito à utilidade e ajuda fornecida) (Dunst & Trivette, 1990).

Em suma, o suporte social tem sido largamente discutido e abordado por múltiplas concepções. No entanto, é consensual que se trata de um conceito complexo, dinâmico e que é percepcionado de acordo com as circunstâncias e intervenientes (Santos, Ribeiro & Lopes, 2003).

3.2.2. Suporte social e saúde.

Existe actualmente um conjunto substancial de investigações que demonstram o impacto positivo do suporte social em diversas esferas da vida dos indivíduos, nomeadamente ao nível da promoção da saúde e bem-estar, e na prevenção da doença (Barrera, 1981; Cohen & Syme, 1985; Cutrona, 1996; Heinrich & Gullone, 2006; Kessler, 1992; Pais Ribeiro, 1999; Pinheiro & Ferreira, 2002; Sarason et al., 1984).

Vaz Serra (2011) menciona que os indivíduos que têm a percepção de pertencerem a uma rede social forte, que lhes presta ajuda quando vivenciam ocorrências dramáticas, sentem as situações stressantes de forma menos intensa. Assim sendo, na perspectiva deste autor, um apoio social de boa qualidade tem um efeito

atenuante relativamente ao stresse protegendo o indivíduo contra a deterioração da sua saúde e bem-estar.

O suporte social proporcionado pelas redes sociais diminui os sentimentos de solidão e de fracasso e aumenta a auto-estima, os sentimentos positivos, o optimismo, o humor positivo e a satisfação de vida dos indivíduos (Awasthi & Mishra, 2007; Cassel, 1976; Cobb, 1976; Hohaus & Berah, 1996).

Ramos (2001) salienta que o suporte social contribui para evitar e reduzir o impacto causado no indivíduo pelos factores stressantes, actuando como amortecedor do impacto nocivo do stresse na saúde (Bolger & Amarel, 2007; Callaghan & Morrissey, 1993; Cohen & Hoberman, 1983; Dunbar, Ford & Hunt, 1998; Siqueira & Padovam, 2007).

Jesus e Costa (1998) consideram que os indivíduos com uma relação familiar estável, com boas relações sociais e integrados no meio em que residem, são menos vulneráveis a sintomas de distresse.

Vários estudos referem a existência de uma relação inversa significativa entre um suporte social de boa qualidade e estados de depressão ou ansiedade (Brandt & Weinert, 1981; Guedea et al., 2006; Holahan, et al., 1995; Krause, et al., 1998; Minardi & Blanchard, 2004; Rascle et al., 1997; Sarason, Sarason, Potter & Antoni, 1985; Silva et al., 2003).

No entanto, Newman e Newman (1995) chamam à atenção para o facto de que o suporte social promove a saúde e o bem-estar do individuo mesmo quando este não se tem de confrontar com situações stressantes.

Visão análoga apresenta Cutrona (1996) ao considerar o suporte social como um requisito permanente que se torna benéfico para o ajustamento e o bem-estar do indivíduo, melhorando a qualidade de vida independentemente do surgimento ou não de situações stressantes.

Assim a literatura é consensual ao considerar que as relações interpessoais satisfatórias são vitais para a promoção da saúde e bem-estar, contribuindo o suporte social para a redução do risco de depressão e de ansiedade bem como para a diminuição dos níveis de stresse.

PARTE II – ESTUDOS EMPÍRICOS

4. Objectivos e Questões de Investigação

A revisão de literatura anteriormente efectuada possibilita-nos concluir que uma crise económica afecta a saúde física e mental da população, isto é, que os stressores económicos têm impacto nos indicadores de saúde mental (stresse, ansiedade e depressão).

Todavia, a literatura consultada indica que existem recursos que protegem os indivíduos dos efeitos negativos de uma crise económica. O coping e o suporte social podem moderar a influência dos stressores económicos sobre alguns indicadores de saúde mental, isto é, podem alterar as reacções aos stressores económicos amenizando notavelmente os efeitos psicológicos no indivíduo.

A presente dissertação teve como finalidade investigar cientificamente os factores psicológicos associados à recente crise económica, bem como testar o efeito moderador do coping e do suporte na relação entre os stressores económicos e os indicadores de saúde mental.

Os estudos empíricos seguintes procuraram dar respostas a questões de investigação tão específicas como: Qual será o impacto das variáveis dificuldade económica, ameaça financeira e bem-estar financeiro (stressores económicos) sobre o stresse, ansiedade e depressão (indicadores de saúde mental)? Será que o coping modera a relação supra mencionada? Será que o suporte social modera a influência dos stressores económicos sobre alguns indicadores de saúde mental? Será que o coping em conjunto com o suporte social moderam o impacto dos stressores económicos sobre o stresse, ansiedade e depressão?

5. Estudo Empírico I

Leal, R., Viseu, J., Jesus, S. N., Paixão, O., & Greenglass, E. (2014). Economic stressors and symptoms of psychological distress: Data from a Portuguese sample. In K. Kaniasty, K. Moore, S. Howard, & P. Buchwald (Eds.), *Stress and Anxiety: Applications to Social and Environmental Threats, Psychological Well-Being, Occupational Challenges, and Developmental Psychology* (pp. 17-23). Berlin: Logos Verlag.

ECONOMIC STRESSORS AND SYMPTOMS OF PSYCHOLOGICAL DISTRESS: DATA FROM A PORTUGUESE SAMPLE

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The current financial and economic crisis has generated perceptions of threat and uncertainty in many countries. These feelings emerged due to increasing difficulties in the management of individual or family budgets and the risk of becoming economically vulnerable. These stressors may contribute negatively to individuals' psychological health. The present study with 729 Portuguese participants evaluated the association between economic stressors (i.e., economic hardship, financial threat, and expense ratio) and symptoms of psychological distress (i.e., depression, anxiety, and tension/irritability). The obtained results demonstrated that economic hardship and financial threat were significant predictors of distress, anxiety, and depression, whereas expense ratio did not significantly predict these outcome variables. Although, the results are generally congruent with the existing literature, the absence of a significant association between expense ratio and distress measures requires further exploration. Additional studies that include longitudinal designs and participants from different social and economic strata are needed.

Introduction

Since 2007, many countries have been facing a serious financial and economic crisis, considered the most severe since the Great Depression (Crotty, 2009). This period has been characterized by problems in the banking system and vulnerabilities in the sovereign debt of several countries (Crotty, 2009). The major effects of financial crises are decreases in job security, wages, social service benefits and healthcare expenditures. Increases in unemployment rates and household costs are also common, primarily among younger workers (Hagquist, 1998; Keegan, Thomas, Normand, & Portela, 2013; Mielcova, 2012).

Economic recessions create perceptions of threat and uncertainty in populations as a result of the above factors (Marjanovic, Greenglass, Fiksenbaum, & Bell, 2013).

Marjanovic et al. (2013) emphasize that this situation may have a negative effect on individuals' psychological health, mainly in their subjective well-being (i.e. life satisfaction evaluations, positive and negative affects; see Diener, 2013; Stevenson & Wolfers, 2008). There is a strong association between income levels and subjective well-being. Several studies (e.g. Diener, Ng, Harter, & Arora, 2010) demonstrated that incomes are strongly correlated with life satisfaction, and moderately correlated with positive and negative affect. There is also evidence that individuals with low incomes, frequently observed during economic downturns, report low subjective well-being (Stevenson & Wolfers, 2008). In addition to a reduction in subjective well-being, economic hardship and financial threat also contribute to negative psychological outcomes (Marjanovic et al., 2013).

According to Catalano et al. (2011), Althouse, Allem, Childers, Dredze, and Ayers (2014), and Astell-Burt and Feng (2013), symptoms of distress, depression, and anxiety are the most important outcomes observed during adverse economic periods. These symptoms are manifestations of psychological distress which can be defined as a state of psychological suffering (Mirowsky & Ross, 2002; Payton, 2009), characterized by an increase in tension/irritability, anxiety, and depression, related to changes in social, individual or economic circumstances (e.g. financial crises).

Given the importance of the aforementioned constructs (i.e. tension/irritability, anxiety, and depression), a set of studies that indicate the existence of an association between tension/irritability, anxiety, and depression, and economic hardship, financial threat, and expense ratio, is presented below.

In a review, Catalano (1991) argued that symptoms of distress are significantly correlated with economic recessions. Mandal and Roe (2008) also emphasized that job loss, one consequence of a downturn in the economy, is highly correlated with distress. Angel, Frisco, Angel, and Chiriboga (2003) indicated that difficult financial periods are associated with depression, particularly because individuals' feel a diminished sense of control over their lives. In an Australian longitudinal study, a significant increase in depression and anxiety symptoms was observed during the recent global financial crisis (Sargent-Cox, Butterworth, & Anstey, 2011). Butterworth, Rodgers, and Windsor (2009) demonstrated that financial hardship correlated highly with depression. Greenglass, Marjanovic, and Fiksenbaum (2013) showed that economic hardship is closely related to anxiety. In the current global economic crisis, individuals are having more expenditures than incomes due to an increase in unemployment rates and

household expenses, and a reduction in wages and personal savings; these compounding factors cause discrepancies in expense ratios, the quotient between earnings and expenditures, because annual expenses are higher than total annual incomes (Mielcova, 2012), a factor that contributes to a higher prevalence of tension/irritability, anxiety, and depression (McLaughlin et al., 2012).

To summarize, different indicators of economic and financial crises were empirically shown to affect people's mental health, contributing to an increase of tension/irritability, anxiety, and depression symptoms. The present study investigated the relationship between economic stressors (e.g., economic hardship, financial threat, expense ratio) and tension/irritability, anxiety, and depression. To accomplish this objective one research hypothesis was developed:

- Hypothesis: Economic stressors would be significantly associated with poorer psychological health.

Method

Sample and Procedure. The present study is part of a larger study of psychological effects of the recession conducted by Esther Greenglass. A total of 729 Portuguese participants responded to a questionnaire consisting of established instruments that assessed economic stressors, psychological resources, and symptoms of psychological distress (Greenglass, 2008). The sample's mean age was 36.99 (*SD* =12.81), and it consisted of 482 (66.1%) women and 247 (33.9%) men. The majority of the respondents were married or in common law partnership (*n* = 376; 51.9%), followed by single respondents (*n*=294; 40.6%), separated or divorced (*n* = 47; 6.5%), and those who were widowed (*n* = 7; 1%).

With regard to educational background, 53% (*n* = 379) of respondents held Master's and PhD degrees, 13% (*n* = 96) held bachelor's degrees, 29% (*n* = 211) were high school graduates, and 5% (*n* = 35) of participants had elementary school education.

The questionnaire was administered between March and June of 2013. The participants were asked to read and sign an informed consent statement. The administration of the instruments occurred by means of an online survey and paper-and-pencil group sessions. In the online version, the questionnaire was distributed via email that explained the objectives of the study and provided the link to the questionnaire. The response rate of the online survey was 73% (*n*=489). Group administration sessions

were based on a random sample of college students (*n*=240, response rate = 100%). The recruitment of the participants in the online version was made through a database of participants of previous studies conducted at a Portuguese University. Regarding the students sample, they were recruited at the end of seminars designed to increase the awareness regarding the several effects of the current economic crisis.

Measures. Table 1 presents means, standard deviations, and Cronbach's internal reliability coefficients for the main measures used in the present study.

Table 1. Internal consistency and descriptive analysis (*N*=729)

	M[1]	***SD***[2]	***α***[3]
Economic Hardship Questionnaire	2.49	.65	.85
Financial Threat Scale	3.30	.86	.91
Expense ratio	.83	.74	*
Depression Anxiety Stress Scale 21-item version			
Tension/Irritability	7.17	5.39	.92
Anxiety	4.06	4.51	.90
Depression	4.85	4.84	.86

Note. [1]*M*=Mean; [2]*SD*=Standard-deviation; [3]*α*=Cronbach's Alpha; * Expense ratio is not a standardized measure so it was omitted from this analysis.

Financial Threat Scale (FTS) (Marjanovic et al., 2013). This measure was developed from previous works on health threats (e.g. Lee-Baggley, DeLongis, Voorhoeve, & Greenglass, 2004). According to Marjanovic et al. (2013) FTS assesses feelings of uncertainty and perceived threat in relation to an individual's financial situation. This instrument was composed by five items with a five-point Likert-scale (*1-Not at all; 5-Extremely uncertain*). Individuals' scoring higher on the FTS are considered as demonstrating high levels of perceived financial threat.

Economic Hardship Questionnaire (EHQ) (Lempers, Clark-Lempers, & Simons, 1989). Based on the work of Lasley (1984), this questionnaire evaluates the adjustments families have to make due to adverse economic situations. The EHQ included 10 items with four answer options (*1-Never; 4-Very often*).

Expense ratio. This ratio was calculated by the quotient of annual incomes and expenses. The expense ratio allows analyzing whether, under the current financial conditions, individuals' are in debt situation (i.e. expenses are higher than incomes).

Depression Anxiety Stress Scale (DASS-21) (Lovibond & Lovibond, 1995). DASS-21 assessed with 7 items each of three distinct dimensions of symptoms of

psychological distress (see Clark & Watson, 1991): depression, anxiety, and reactions of tension and irritability Respondents were asked to indicate on a four-point scale (*0-Didn't apply do me at all - Never; 3-Applied to me very much, or most of the time – Almost Always*) how much each of the 21 psychosocial reactions applied to them in the past week.

Results

Linear regressions were used to test the research hypothesis. Specifically, three different regressions were conducted in order to examine predictors of tension/irritability, anxiety, and depression. In each regression, predictors were the participants' financial threat, economic hardship, and expense ratio. Table 2 summarizes the results of regression analyses predicting three outcome variables.

Table 2. Economic stressors as predictors of tension/irritability, anxiety, and depression

Predictors	β	R^2	*SE*	*F (3, 441)*
		Tension/Irritability		
Financial threat	.26	.21	.31	40.70*
Economic hardship	.27		.41	
Expense ratio	.02		.29	
		Anxiety		
Financial threat	.20	.14	.27	24.32*
Economic hardship	.23		.36	
Expense ratio	.02		.25	
		Depression		
Financial threat	.28	.21	.27	39.053*
Economic hardship	.24		.35	
Expense ratio	.07		.25	

Note. β=Standardized beta coefficient; R^2=Determination coefficient; *SE*=Standard Error; *F*-ratio=ANOVA; $^*p<.01$.

Financial threat, economic hardship, and expense ratio explained 21.2% of the variance in tension/irritability. However, only economic hardship and financial threat were significantly associated with tension/irritability.

In the case of the second regression, the predictors explained 13.6% of the variance in anxiety symptoms. As with the first regression, expense ratio did not predict anxiety significantly; economic hardship and financial threat were significant predictors of anxiety.

Regarding the third regression, it was observed that economic hardship, financial threat, and expense ratio explained 20.7% of the variation in depression symptoms. Financial threat was the most important predictor, followed by economic hardship and expense ratio. No other variables were significantly associated with depression scores.

Discussion

Our study with Portuguese respondents showed that, in times of economic crisis, economic hardship (i.e. difficulties in the management of family budget) and financial threat (i.e. threats created by fragile economic situations) were significant predictors of anxiety, depression, and symptoms of physiological tension (i.e. "stress"). These results are consistent with earlier work conducted by Angel et al. (2003), Sargent-Cox et al. (2011), and Greenglass et al. (2013). However, the quotient based on earnings and expenditures (expense ratio) was not significantly associated with any of the examined mental health indicators. Therefore, our predictions were only partially confirmed. In other studies (e.g. McLaughlin et al., 2012) expense ratio was a significant predictor of symptoms of psychological tension, anxiety, and depression. One possible explanation for this discrepancy is the existence of moderating and/or mediating variables, such as coping strategies or social support (e.g. Mendoza, 2011; Wang & Xiao, 2009), that can mitigate the effect of expense ratio on psychological distress. Although some studies (e.g. Butterworth et al., 2009) pointed to the importance of socio-demographic variables in economic crises, our analyses showed that these variables were not significantly associated with, anxiety, depression, and tension/irritability.

There were some limitations in the present study that should be noted. Firstly, the cross-sectional design precludes the inference of causality because a reverse causality or intermediate variables (e.g. coping strategies) may have affected the relationship between predictors and outcomes. Part of the studied sample was recruited based on the participant-database from previous research, which might have limited heterogeneity of the sample. Furthermore, the inclusion of college students may have influenced the results, because the majority of students do not work and therefore may not be directly affected by aspects such as wage cuts. However, previous studies (e.g. Greenglass et al., 2013) showed that college students feel threatened by financial crises because of student loan debt. Further, economic statistics show that youth employment

in most counties is often higher than the national average, making young people more vulnerable to the deleterious effects of unemployment (Mroz & Savage, 2001). Future studies on the relationship between economic crises and psychological health should use longitudinal designs, in order to identify those economic stressors that produce psychological distress over different measurement periods. The sampling process of those studies should also focus on participants from different economic and social strata, to ensure greater heterogeneity. Moderator variables (e.g. coping strategies or styles, social support, resilience) should be assessed to establish their impact on the relationship between economic stressors and mental health indicators.

Navarro (2012) suggested two broad interventions to achieve economic growth that may help reduce economic hardship and financial threat - boost job creation, and promote fiscal system adjustments. Job creation, mainly for younger workers, must come from public investment, in order to fill the absence of private investment and to reduce unemployment rates that generally increase in crisis periods. Fiscal adjustment would decrease the taxes paid by the citizens, reliving their financial burden.

Adolescents and younger workers need to be assisted in preparing for the difficulties they will encounter during an economic crisis. Educational programs and parents may teach youngsters how to create and manage their own budget, avoiding situations of unnecessary expenses. Younger workers, as well as job seekers, may benefit from counseling programs, in order to help them develop the skills required by the job market. Furthermore, economistic values and individualism should be replaced by humanistic values, solidarity and mutual aid. For that, psychologists may have an important role in direct actions with children, and in indirect actions with families and teachers.

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6. Estudo Empírico II

Title:

The economic recession and mental health: analysis of the Portuguese situation*

Abstract

Some European countries recently suffered an economic recession. Economic stressors, such as economic hardship and financial threat, may contribute negatively to individuals' psychological health. The objective of the current research is to analyze the impact of some economic stressors on some mental health indicators (i.e., stress, anxiety, and depression). Data from a sample of 729 Portuguese participants was collected, 482 (66.1%) women and 247 (33.9%) men, with an average age of approximately 37 years old (*M*=36.99; *SD*=12.81). SEM was used to examine the relationship between the economic stress variables and the psychological health variables. The obtained results demonstrated a model with economic hardship and financial threat as significant predictors of stress, anxiety, and depression, while financial well-being was a significant predictor of anxiety and depression. Some implications of these results are discussed.

Keywords

anxiety; depression; economic stressors; mental health; stress

* Este artigo está preparado para ser enviado para a revista Stress & Health.

Introduction

The current global economic downturn, which emerged in 2007, has had a negative impact on economies all over the world (Gabor-Supuran, Borza, & Muresan, 2010). Various countries (e.g., Greece, Ireland, and Portugal), have been facing problems in the banking system and vulnerabilities in the sovereign debt (Crotty, 2009; Kouretas & Vlamis, 2010; Monastiriotis, 2013; Yurtsever, 2011). In order to deal with these situations, some countries (e.g., Portugal) have implemented austerity measures (Monastiriotis, 2013).

Economic downturns generate uncertainty in populations (Cooper, 2012), specially because of decreases in: (a) job security; (b) wages; (c) social service benefits; and (d) healthcare expenditures (Boyd, Tuckey, & Winefield, 2013; Hampson & McGoldrick, 2011; Keegan, Thomas, Normand, & Portela, 2013; Marjanovic, Greenglass, Fiksenbaum & Bell, 2013). On the other hand, increases in: (a) debt levels; (b) investment losses; (c) unemployment, mainly youth unemployment; and (d) household costs, also contribute to an increase in threat perceptions (Adkins, Werbel, & Farh, 2001; Boone, van Ours, Wuellrich, & Zweimuller, 2011; Deaton, 2012; Fashoyin, 1990; Hagquist, 1998; Keegan et al., 2013; Mielcova, 2012).

Personal financial situations have worsened, for some to the point of exasperation (Ayers et al., 2012; Barr, Taylor-Robinson, Scott-Samuel, McKee, & Stuckler, 2012; Richman et al., 2012; Tefft, 2011). According to a study of Sperling, Bleich, and Reulbach (2008), the public's initial reaction to the crisis was characterized by fear, anxiety, and a generalized sense of panic. Several years into the crisis, the mood of populations about their health and trajectory of their economies remains largely negative (Erlanger, 2010; Hill, 2012; Marlar, 2012).

Health-related consequences, such as substance abuse (mostly alcohol), coronary heart problems, and suicide are also common in difficult economic periods (Catalano, 1991; Dávalos, Fang, & French, 2012; Ferrie, Kivimaki, Shipley, Smith, & Virtanen, 2013; Hagquist, Silburn, Zubrick, Lindberg, & Weitoft, 2000; Vijayasiri, Richman, & Rospenda, 2012).

Recent studies across the social sciences have shown that the deterioration of personal finances, which is itself exacerbated by economic downturns, is a major source psychological turmoil (Angel, Frisco, Angel, & Chiriboga, 2003; Mandal & Roe, 2008; Sargent-Cox, Butterworth, & Anstey, 2011). In fact, studies have linked personal

financial problems as a contributing factor to a wide array of negative psychosocial outcomes, such as psychological distress, mental illness (Brown, Taylor, & Wheatley Price, 2005; Fitch, Hamilton, Bassett, & Davey, 2011; Jenkins et al., 2008; Roberts, Golding, Towell, & Weinreb, 1999), depression (Mirowsky & Ross, 2001), dissatisfaction with life, stress, and dysfunctional impulsivity (Bechtel, 2012; Norvilitis, Szablicki, & Wilson, 2003).

In the opinion of several authors (e.g., Catalano et al., 2011; Althouse, Allem, Childers, Dredze, & Ayers, 2014; Astell-Burt & Feng, 2013; Mirowsky & Ross, 2002; Payton, 2009) economic downturns are responsible for states of acute psychological suffering, which are manifested by stress, anxiety, and depression.

A set of studies that indicate the existence of an association between the aforesaid constructs (i.e., distress, anxiety, and depression) and economic hardship, financial threat, and financial well-being, is presented below.

In Catalano's (1991) review about the effects of economic insecurity in health, it was demonstrated that stress levels increase during adverse economic periods. Aspects such as unemployment, an aspect that rises in economic recessions, is also associated with distress (Mandal & Roe, 2008). Three researches (Angel et al., 2003; Butterworth, Rodgers, & Windsor, 2009; Sargent-Cox et al., 2011) observed that anxiety and depression were significant correlated with economic hardship. Similar results were verified by Greenglass, Marjanovic, and Fiksenbaum (2013). A recent study (Leal, Viseu, Jesus, Paixão, & Greenglass, 2014), conducted in Portugal, presented some explanatory results about the influence of financial threat and economic hardship on the variance of stress, depression, and anxiety.

If financial satisfaction is an integral component of overall life satisfaction and well-being (Diener, 2013; Plagnol, 2011; Stevenson & Wolfers, 2008) than the accumulation of financial stressor events may cause financial stress and lower financial well-being. Norvilitis et al. (2003), Diener, Ng, Harter, and Arora (2010), and Stevenson and Wolfers (2008) demonstrated that perceived financial well-being is related to one's overall psychological well-being. Research has also shown that lack of financial well-being may cause social, physical, and emotional stress (Bagwell, 2000; Weisman, 2002).

In the Portuguese case, it is very important to study the psychological impact of the economic crisis. This country was the third, within Europe, to have an assistance program developed by the International Monetary Fund (IMF), European Comission

(EC), and European Central Bank (ECB) (Kouretas & Vlamis, 2010; Yurtsever, 2011). However, before the execution of the abovementioned program, Portugal was already implementing austerity measures defined by the country's Government (Torres, 2009). Cabral (2013) and, Kouretas and Vlamis (2010) argued that the main consequences of the Portuguese crisis were: (a) high sovereign debt; (b) high external debt; and (c) lack of equilibrium in the balance of payments, since the volume of imports was higher than the level of exports. Wage cuts, reduction of retirement pensions, and a large increase in taxes, namely in the value-added tax (VAT), were the key financial consolidation measures introduced (Cabral, 2013). As a result of these measures, and due to the external environment of the country, it was verified, between 2007-2013, a growth in the number of companies that requested insolvency or bankruptcy (Directorate-General for Justice Policy, 2013) and a raise in unemployment taxes, between January-April of 2011 Portugal had 12.4% of unemployed, nevertheless that value expanded to 15.8% between January-April 2012 (Cabral, 2013). Relating to youth unemployment, it was possible to observe an enlargement of this rate by about 20% between late 2010 and January-March of 2013 (2010: 23%; 2012: 40%; January-March 2013: 42.1%) (Statistics Portugal, 2013). As a consequence of this situation (i.e., rise of youth unemployment), there has been an increased flow of emigration in highly qualified graduates (Cairns, 2013).

The objectives of the current research are to analyze the relationship between economic stressors (i.e., economic hardship, financial threat, and financial well-being) and mental health indicators (i.e., stress, anxiety, and depression). To accomplish this objective, nine research hypotheses are proposed:

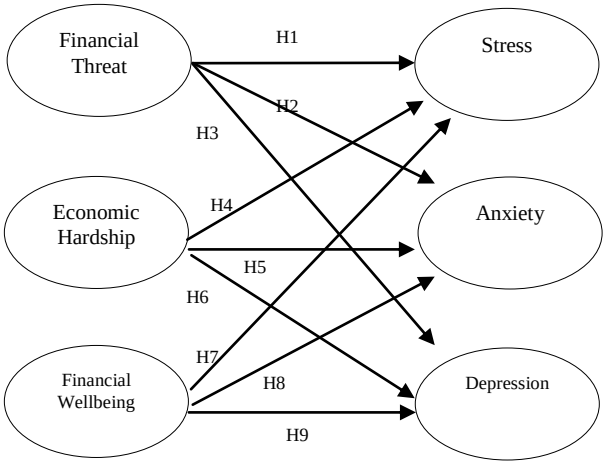

Figure 1. Presentation of the conceptual model with the defined research hypotheses.

To sum up, the following hypotheses are proposed:

H1. Financial threat positively influences stress.

H2. Financial threat positively influences anxiety.

H3. Financial threat positively influences depression.

H4. Economic hardship positively influences stress.

H5. Economic hardship positively influences anxiety.

H6. Economic hardship positively influences depression.

H7. Financial well-being positively influences stress.

H8. Financial well-being positively influences anxiety.

H9. Financial well-being positively influences depression.

Method

Participants and Procedures

The study's sample was composed by 729 Portuguese participants who answered a research protocol designed by Greenglass (2008). In the present research were evaluated economic stressors (i.e., economic hardship, financial threat, and financial well-being) and mental health indicators (i.e., stress, anxiety, and depression). The respondent's mean age was, approximately, 37 years old (*M*=36.77; *SD*=12.81). A description of the sample is presented in table I.

Table I. Sample characterization (*N*=729)

Sample characteristics	*n*	*%*
Gender		
Male	247	33.9
Female	482	66.1
Educational background		
Elementary school	35	5
High school	211	29
Bachelor's degree	96	13
Master's and PhD degrees	379	53

Note. n: number of individuals per characteristic; %: percentage of individuals per characteristic.

The questionnaire was applied between March-June 2013, through an online survey, which was distributed via an email that explained the objectives of the research and provided information about the response link. An inclusion criterion set for the questionnaires' answer was that the respondents had to be over eighteen years old. As a result, responses from participants younger than the abovementioned age were excluded from the sample. The contacted participants were integrated in a contact database created from previous researches at a Portuguese University. Furthermore, in the email sent to the participants, they were asked to forward that message to their personal contacts, originating a "snowball effect".

Measures

Economic hardship was measured by the Economic Hardship Questionnaire (EHQ) (Lempers, Clark-Lempers, & Simons, 1989), which presented 10 items with four answer options (*1 – Never*; *4 – Very often*). In its' validation study (Lempers et al., 1989) this questionnaire presented a Cronbach's Alpha of 0.85 (*M*=2.49; *SD*=0.65).

In turn, financial threat was assessed by the Financial Threat Scale (FTS) (Marjanovic et al., 2013) composed by five items organized in a five-point Likert-scale (*1 – Not at all; 5 – Extremely Uncertain*). In the validation study of FTS (Marjanovic et al., 2013) a Cronbach's Alpha value of 0.91 was obtained (*M*=3.30; *SD*=0.86).

Financial well-being was evaluated with the Financial Well-Being Scale (FWBS) (Norvilitis et al., 2003) that included eight items with a five-point Likert-Scale (*1 – Strongly Disagree*; *5 – Strongly Agree*). The Cronbach's Alpha achieved in the validation process of FWBS (Norvilitis et al., 2003) was 0.74 (*M*=24.77; *SD*=5.92).

Lastly, stress, anxiety, and depression were measured by the Depression Anxiety Stress Scale (DASS-21) (Lovibond & Lovibond, 1995). This scale was composed by 21 items, seven items for each construct (i.e, stress, anxiety, and depression) and possessed a four-point answer scale (*0 - Did not aply to me at all - Never; 3 - Applied to me very much, or most of the time - Almost Always*). The Cronbach's Alpha of this scale for the constructs stress, anxiety, and depression was, respectively: (a) 0.92 (*M*=717; *SD*= 5.39); (b) 0.90 (*M*=4.06; *SD*=4.51); and (c) 0.86 (*M*=4.85; *SD*=4.84) (Lovibond & Lovibond, 1995).

Data Analysis Methods

In a first moment, an exploratory reliability analysis was conducted on the study variables and items that compose their measurement. Some items' scale on one measure were reverted, in order that high values in all items express the same positive or negative perception on that measure. To assess the measures' reliability, the commonly indicators of scale reliability, Cronbach's Alpha and the Cronbach's Alpha if Item Deleted, were observed. The Corrected Item-Total Correlation (CI-TC) was computed, in order to inform about the relationships between individual items and each scale. Items with a CI-TC lower than 0.3 can be excluded from the scale, since they reveal a weak correlation with it (Betz, 2000). The items that were not eliminated as a result from the reliability analysis were considered as indicators in the structural equation model (SEM) used to test the research hypotheses (Table II).

SEM requires that data follows a multivariate normal distribution. There is no consensus about the departures from normality that compromise the conclusions about the quality of the model (Finney & DiSefano, 2006). However, these authors and others (e.g., Curran, West, & Finch, 1996; West, Finch, & Curran, 1995) refer that the most commonly used estimation methods in SEM, the maximum likelihood (ML) and the generalized least squares (GLS) estimation methods, still produce proper results if items report skewness and kurtosis values lower than 2 and 7, respectively. Regarding our study, all items presented in table II fulfilled this condition. SEM was then used to examine the relationship between the economic stress variables and the psychological health variables. AMOS 20.0 was used to estimate and evaluate the model and the ML estimation method was applied. The analysis of the overall model fit relied on three types of measures: (a) absolute fit; (b) incremental fit; and (c) parsimonious fit (Hair, Anderson, Tatham, & Black, 1998). The measurement model was assessed in terms of reliability and (convergent and discriminant) validity. The research hypotheses were tested by observing the sign and statistical significance of the estimated path coefficients.

Results

Overall model fit

Overall model fit indicates the extent to which the chosen indicators represent the hypothesized constructs. Regarding the absolute fit evaluation, the Chi-square statistics is high and statistically significant (χ^2 = 2001.652; p = 0.000), failing to

support a non-significant difference between the actual and the predicted models. However, since this statistics is quite sensitive to sample size and model complexity, other indices assessing the discrepancy between the actual and the predicted models should be observed (Anderson & Gerbin, 1982). The results for these indices are summarized in table II. The Goodness of Fit Index (GFI) and the Root Mean Square Error of Approximation (RMSEA) are 0.861 and 0.058, respectively, indicating a satisfactory absolute fit. Incremental fit measures, which compare the model's fit compared to a null model (i.e., a model with no relations among the constructs and the indicators), ranged from 0.841 to 0.916, suggesting a moderate to good incremental adjustment. The same finding applies to the parsimonious fit indices that assess the model's goodness of fit, but considering the number of parameters being estimated.

Table II. Overall model fit indices

Goodness of fit criterion	Observed value	Comment
Absolute fit measures		
GFI	0.861	Satisfactory fit
RMSEA	0.058	Satisfactory fit
Incremental fit measures		
AGFI	0.841	Satisfactory fit
CFI	0.916	Good fit
NFI	0.885	Satisfactory fit
TLI	0.908	Good fit
IFI	0.916	Good fit
Parsimonious for measures		
PCFI	0.841	Good fit
PNFI	0.814	Good fit
χ^2/df	3.457	Satisfactory fit

Note. GFI: Goodness of Fit Index; RMSEA: Root Mean Square Error of Approximation; AGFI: Adjusted Goodness of Fit Index; CFI: Comparative Fit Index; NFI: Normed Fit Index; TLI: Tucker-Lewis Index; IFI: Incremental Fit Index; PCFI: Parsimony Comparative Fit Index; PNFI: Parsimony Normed Fit Index; χ^2: Chi-square test; df: Degrees of freedom.

Measurement model fit

Before assessing the structural model (and thus make conclusions about the research hypotheses), an adequate measurement model is necessary (Anderson & Gerbin, 1982). So, with an acceptable overall model fit, our evaluation proceeds with the analysis of the measurement model in terms of reliability and validity (Table III). Starting with individual reliability, we can see that all standardized factor loadings are higher than the threshold value of 0.5 and are significant at the 0.01 level (p = 0.000).These results show that all indicators are positively and significantly related to their specified constructs. Construct reliability is also very good since the Cronbach's alpha and the composite reliability (CR) coefficients exceed 0.8 (Kline, 1998).

Table III. Measurement model fit indices

Latent variables and indicators	Std. loadings*	CR	AVE
Financial Threat		0.892	0.628
FT1 - How uncertain do you feel	0.827		
FT2 - How much do you feel at risk	0.924		
FT3 - How much do you feel threatened	0.906		
FT4 - How much do you worry about it	0.703		
FT5 - How much do you think about it	0.652		
Economic Hardship		0.869	0.526
EH1 - Cut back on social activities and entertainment expenses	0.742		
EH2 - Postpone major household purchases	0.724		
EH3 - Postpone clothing purchases	0.737		
EH4 - Change transportation patterns to save money	0.586		
EH5 - Change food shopping or eating habits to save money	0.709		
EH7 - Reduce household utility use	0.768		
Financial Well Being		0.818	0.532
FWB1 - I am uncomfortable with the amount of debt I am in.	0.887		
FWB2 - I worry about repaying my loans.	0.862		
FWB3 -I worry about repaying my credit cards.	0.680		

FWB5 - I think a lot about the debt I am in.	0.837		
Stress		0.926	0.641
S1 - I found it hard to wind down	0.748		
S2 - I tended to over-react to situations	0.739		
S3 - I felt that I was using a lot of nervous energy	0.758		
S4 - I found myself getting agitated	0.809		
S5 - I found it difficult to relax	0.827		
S6 - I was intolerant of anything that kept me from getting on with what I was doing	0.740		
S7 - I felt that I was rather touchy	0.827		
Anxiety		0.912	0.600
A1 - I was aware of dryness of my mouth	0.603		
A2 - I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0.655		
A3 - I experienced trembling (eg, in the hands)	0.700		
A4 - I was worried about situations in which I might panic and make a fool of myself	0.759		
A5 - I felt I was close to panic	0.821		
A6 - I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat)	0.678		
A7 - I felt scared without any good reason	0.790		
Depression		0.923	0.633
D1 - I couldn't seem to experience any positive feeling at all	0.725		
D2 - I found it difficult to work up the initiative to do things	0.671		
D3 - I felt that I had nothing to look forward to	0.765		
D4 - I felt down-hearted and blue	0.817		
D5 - I was unable to become enthusiastic about anything.	0.821		
D6 - I felt I wasn't worth much as a person	0.756		
D7 - I felt that life was meaningless	0.658		

Note. Std. loadings: Standardized factor loadings; CR: Composite reliability; AVE: Average Variance Extracted; *For all standardized loadings: $p = 0.000$.

The average variance extracted (AVE) is a commonly used measure of convergent validity showing the degree to which items' behaviour is explained by the construct. One construct is considered to have sufficient convergent validity when its AVE is higher than 0.5 (Fornell & Lacker, 1981). In our study, all six constructs surpass this threshold value. Lastly, discriminant validity evaluates the extent to which the indicators of one construct are not too related with other constructs. A commonly used way to detect discriminant validity is to verify if the AVE value for one construct is higher than any squared correlation between this construct and the remaining. Table IV shows that discriminant validity is upheld for our measurement model regarding both the economic stress variables (variables 1 to 3) and the psychological health variables (variables 4 to 6).

Table IV. Discriminant validity assessment*

Latent variables	1.	2.	3.	4.	5.	6.
1. Financial Threat	**0.628**					
2. Economic Hardship	0.276	**0.526**				
3. Financial Well Being	0.135	0.133	**0.532**			
4. Stress	---	---	---	**0.641**		
5. Anxiety	---	---	---	0.638	**0.600**	
6. Depression	---	---	---	0.639	0.538	**0.633**

Note. *Bolded values are the AVE's. The remaining values are the squared correlations.

Structural model parameters

Figure 2 shows the standardized path estimates on the model itself. Results show that all estimated coefficients have the expected positive signal. With the exception of the path relationship between stress and financial well-being, all paths proposed in the conceptual model are statistically significant ($p < 0.01$). So, excluding the hypothesis 7, all the research hypotheses are not rejected, supporting causal relationships among the economic stress variables and the psychological health variables. The squared multiple correlations (SMC) for the endogenous constructs (i.e., stress, anxiety, and depression) are within the ellipses. The low values for the SMCs are not surprising, because it is

expected that other constructs, not considered in this study, are also important predictors of the psychological health variables. Since the regression weights are standardized, we can conclude that the stronger relationships are those involving economic hardship and stress (path estimate = 0.262), on one hand, and financial threat and stress (path estimate = 0.238), on the other hand. The weaker relationships were found between financial well-being and depression (path estimate = 0.108), and economic hardship and depression (path estimate = 0.180).

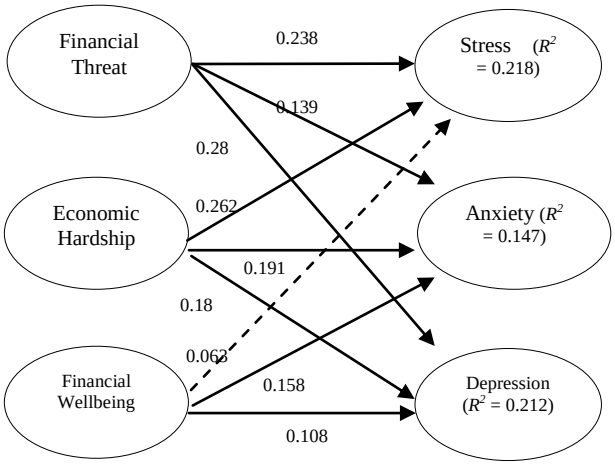

Figure 2. Structural model results. The solid lines indicate paths statistically significant ($p < 0.01$); the dashed line indicates a non significant path ($p > 0.05$).

Discussion

In sum, our study demonstrated that during phases of economic turmoil aspects like financial threat and economic hardship (i.e., economic stressors) have a significant impact on stress, anxiety, and depression (i.e., mental health indicators). The obtained results are congruent with the existing literature. The reviews of Catalano (1991) and Catalano et al. (2011) verified that symptoms of stress, anxiety, and depression increase in periods of economic recessions. Past researches performed by Angel et al. (2003), Butterworth et al. (2009), Greenglass et al. (2013), and Sargent-Cox et al. (2011) demonstrated that anxiety and depression are highly correlated with cycles of financial adversities. Lastly, Leal et al. (2014) also observed the existence of a significant impact of economic stressors on mental-health indicators.

However, although financial well-being has been significantly associated with anxiety and depression, it was not a significant predictor of stress. This is partially

confirmed by other studies (e.g., Bagwell, 2000; Weisman, 2002; Norvilitis et al. 2003), which have demonstrated that perceived financial well-being is related to one's overall psychological well-being.

In other words, our data confirms that, overall, the economic recession influences individual's psychological health, since economic stressors (i.e., economic hardship and financial threat) are significant predictors of mental health indicators (i.e., stress, anxiety, and depression). Therefore, the present research contributes to the current state of the art about the psychological impact of the economic recession, since eight of the nine hypotheses created were confirmed, and the only hypothesis that was not confirmed, given that the statistical results were not significant, pointed in the same direction, the existence of an influence of economic stressors on subject's mental health.

Future researches performed about the relationship established between economic stressors and mental health indicators should use other methodological designs, such as longitudinal designs, because that will allow comparisons between the aforementioned aspects in distinct economic periods (e.g., economic recession vs. economic growth). Furthermore, the sampling criteria ought to be more accurate, including subjects that belong to different social and economic backgrounds. Another interesting proposal is try to understand the reason why financial well-being does not have a significant impact on stress, nevertheless it is a significant predictor of anxiety and depression. Ultimately, it would be useful to realize similar studies in other European countries affected by financial crises (e.g., Cyprus, Greece, Ireland, and Spain), and compare the obtained results.

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7. Estudo Empírico III

Title: Coping as a moderator of the impact of the economic situation on stress, anxiety, and depression*

Abstract

Background and objectives: Over the last years there has been a decline in the economy of several European countries, including Portugal. There is a relationship between a country's economy and the mental health of its' inhabitants, when the first deteriorates the second follows the same path. The aims of the present study, with 729 Portuguese participants, are to examine the relationship between economic hardship, financial threat, and financial well-being (i.e., economic stressors) and stress, anxiety, and depression (i.e., mental health indicators), as well as to test the moderation effect of coping behaviors in the aforementioned relationships. **Design:** This study used a cross-sectional design. **Method:** Structural equation model was used to analyze the relationship between economic stressors and mental health indicators. **Results:** The results showed that coping decreased the influence of the economic stressors on mental health indicators. **Conclusions**: Implications of the obtained results are discussed and goals for future research are defined.

Keywords: anxiety; coping; depression; economic stressors; stress.

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Introduction

Since 2007, several countries, especially in Europe (e.g., Portugal, Greece, Ireland, Spain, and Cyprus), are facing the worse financial and economic crisis since the 1930s (20^{th} century) (Crotty, 2009; Gabor-Supuran, Borza, & Murezan, 2010; Yurtsever, 2011). This period presents two main characteristics: (a) problems in the banking system, which led to the bankruptcy of banks (e.g., Lehman Brothers in the United States of America and Portuguese Bank of Business and Portuguese Private Bank in Portugal); and (b) high levels of sovereign debt (Kouretas & Vlamis, 2010; Monastiriotis, 2013; Torres, 2009; Yurtsever, 2011).

The main effects of this period are the increase in: (a) job insecurity; (b) unemployment, mainly youth unemployment and its' material and psychosocial consequences; (c) families debt levels; and (d) household costs (Adkins, Werbel, & Farh, 2001; Boone, van Ours, Wuellrich, & Zweimuller, 2011; Deaton, 2012; Fashoyin, 1990; Hagquist, 1998; Keegan, Thomas, Normand, & Portela, 2013; Mielcova, 2012; Nuttman-Shwartz & Gadot, 2011). Other aspects are worth considering, for example: (a) decreases in wages; (b) loss of purchasing power; (c) reductions in social service benefits; (d) increase in healthcare expenditures; and (e) reduced response capacity from social support nets (Boyd, Tuckey, & Winefield, 2013; Hampson & McGoldrick, 2011; Keegan et al., 2013; Marjanovic, Greenglass, Fiksenbaum, & Bell, 2013).

Due the abovementioned aspects, it is possible to state that economic recessions generate uncertainty and threat perceptions in populations, which may propitiate the appearance of mental health problems (Cooper, 2012; Marjanovic et al., 2013).

There is a substantial body of knowledge that points to the influence of economic crises on populations' physical and mental health, namely through the social and behavioral effects that these periods induce (Catalano, 2009; Economou, Nikolaou, & Theodossiou, 2008; Marmot, 2009; Sociedad Española de Salud Pública y Administración Sanitária, 2011; Stuckler, Basu, Suhrcke, Coutts, & Mckee, 2009). Several researches showed the relationship between personal and financial problems and negative consequences for individuals' health, such as (a) psychological distress; (b) depression; (c) anxiety; (d) low life satisfaction; (e) dysfunctional impulsivity; (f) suicide; (g) hypertension; (h) myocardial infarction; (i) diabetes; and (j) infections (e.g., Althouse, Allem, Childers, Dredze, & Ayers, 2014; Astell-Burt & Feng, 2013; Bechtel, 2012; Brown, Taylor, & Wheatley Price, 2005; Catalano et al., 2011; Fitch, Hamilton, Basset, & Davey, 2011; Frank, Davis, & Elgar, 2013; Jenkins et al., 2008; Mirowsky &

Ross, 2001; Norvilitis, Szablicki, & Wilson, 2003; Payton, 2009; Roberts, Golding, Towell, & Weinreb, 1999; Yip, Yang, Watson, Ip, & Law, 2007).

Thus, we present below a set of studies that underline the existence of a relationship between anxiety, depression, and distress and economic stressors (i.e., economic hardship, financial threat, and financial well-being).

Economic hardship is associated with a variety of physical and psychological health problems (e.g., distress and depression) (Angell, 1965; Angel, Frisco, Angel, & Chiriboga, 2003; Baldwin & Revenson, 1986; Butterworth, Rodgers, & Windsor, 2009; Elder, 1974; Greenglass, Marjanovic, & Fiksenbaum, 2013; Horwitz, 1984; Kelvin & Jarrett, 1985; Nelson & Skidmore, 1983; Sargent-Cox, Butterworth, & Anstey, 2011). The combination of situations of economic hardship, financial threat, and lack of financial well-being also contributes to the appearance of negative psychological outcomes (Kim, Garman, & Sorhaindo, 2003; Marjanovic et al., 2013; Norvilitis et al., 2003).

Peoples' well-being can be affected by work-related aspects (Fenge et al., 2012; Tausig & Fenwick, 1999), such as job dissatisfaction and unemployment, which, in turn, also contributes to the appearance of depressive symptoms (Tausig & Fenwick, 1999).

Norvilitis et al. (2003) and Kim et al. (2013) emphasized that financial well-being is closely related to health and psychological well-being. In turn, Weisman (2002), Prawitz et al. (2006), Bagwell (2000), and McGuigan (1999), observed that a perception of low financial well-being potentiates the increase of stress.

Recently, in Portugal, it was verified that financial well-being significantly predicted anxiety and depression (Leal et al., in press) and that economic stressors (e.g., economic hardship and financial threat) significantly explained anxiety, depression, and stress (Leal et al., 2014).

It is crucial to analyze the psychological impact of the current economic and financial crisis in Portugal, country that requested an extraordinary funding from the International Monetary Fund (IMF), European Central Bank (ECB), and European Commission (EC) (Kouretas & Vlamis, 2010; Yurtsever, 2011). Despite this, Portugal was implementing austerity measures, considered insufficient, before the request for extraordinary funding (Monastiriotis, 2013; Torres, 2009).The labour market, in Portugal, suffered greatly with the austerity measures implemented, in the second semester of 2014 the unemployment rate was 13.9% and in the second quarter of 2014

the youth unemployment rate was 35.6% (Statistics Portugal, 2014). Due to this situation, and despite the high qualifications of the Portuguese youth population, the current economic situation hampers their access to the labour market (Cairns, 2013). These difficult situations condition or postpone their decision to constitute family and to leave their parents house or, in more extreme situations, leads to emigration (Cairns, 2013).

According to the Portuguese Observatory of Health Systems (2014) the main consequences felt due to the implementation of austerity measures were: (a) anxiety; (b) depression; (c) low self-esteem; (d) helplessness; and (e) suicide attempt, aspects that are mainly associated with (a) unemployment; (b) unemployment threat; (c) indebtedness; and (d) sudden impoverishment (Falagas, Vouloumou, Mavros, & Karageorgopoulos, 2009). The current economic crisis and its' relation with unemployment may lead to acute states of stress and mental health problems, such as depression and anxiety (Almeida & Xavier, 2013; Catalano, 2009; Murphy & Athanasou, 1999).

The economic crisis has led to an increasing concern over the populations' mental health, since this period potentiated the emergence of situations of stress, anxiety, and depression. In order to deal with these negative outcomes, individuals must adapt coping behaviors. Lazarus and Folkman (1984) emphasized that coping behaviors are used when a stressful event emerges, aiming to decrease the stressors' intensity, and preventing the appearance of psychopathology (Wadsworth, Raviv, Compas, & Connor-Smith, 2005). In sum, coping behaviors are employed when stressful events, such as economic and financial crises, emerge and moderate their relationship with an individual's psychological health, thus reducing the negative impact of, for example, stress, anxiety, and depression.

Based on these previous assumptions, the objective of this research is to analyze the impact of economic stressors, such as economic hardship, financial threat and financial well-being, on stress, anxiety, and depression, defined as mental health indicators, as well as to test the moderation effect of coping behaviors in the aforementioned relations. In Figure 1 is presented the theoretical model with the respective research hypotheses.

(Insert Figure 1 about here)

Overall, our model relies on the assumption that there are positive relationships between economic stress variables (financial threat, economic hardship, and financial well-being) and psychological health variables (stress, anxiety, and depression), as analysed in Leal et al. (in press). So, we are expecting that the relationships H1 to H9 are positive and statistically significant. The novelty of this study is to assess to what extent positive coping strategies can affect the strength of these relationships. More specifically, we propose that the later are significantly lower within individuals with good coping strategies. In other words, hypotheses H1 to H9 state that coping moderates the causal relations between the economic stressors and psychological health, which implies positive and significant differences between the models' path coefficients: model 2 (without coping) and model 1 (with coping).

Method

Participants

A total of 729 participants, 247 (33.9%) men and 482 (66.1%) women, responded to the research protocol. The participants mean age was 36.99 (*SD*=12.81) years old, being the majority married or in common law (*n*=376; 51.9%). In the sample were also present 294 (40.6%) single respondents, 47 (6.5%) separated or divorced, and 7 (1%) widowed. Academic background information demonstrated that the most common levels were the Master's and PhD degrees (*n*=379; 52.6%), subsequent were high school (*n*=211; 29.3%), bachelor's degree (*n*=96; 13.3%), and elementary school (*n*=35; 4.9%).

Measures

Economic hardship was assessed by the Economic Hardship Questionnaire (EHQ) (Lempers, Clark-Lempers, & Simon, 1989) that included 10 items organized in a four-point scale (*1 – Never; 4 – Very often*). The Cronbach's Alpha of EHQ, in its' validation study (Lempers et al., 1989), was .85 (*M*=2.49; *SD*=.65).

Financial threat was evaluated with the Financial Threat Scale (FTS) (Marjanovic et al., 2013). This scale presented five items arranged in a five-point scale (*1 – Not at all*; *5 – Extremely uncertain*). A Cronbach's Alpha of .91 (*M*=3.30; *SD*=.86) was registered in the validation study of FTS (Marjanovic et al., 2013).

Financial well-being was measured by the Financial Well-Being Scale (FWBS) (Norvilitis et al., 2003) that contained eight items with five answer options (*1 – Strongly disagree*; *5 – Strongly agree*). In its' validation study (Norvilitis et al., 2003) this scale presented a Cronbach's Alpha of .91 (*M*=24.77; *SD*=5.92).

Stress, anxiety, and depression were assessed with the Depression Anxiety Stress Scale (Lovibond & Lovibond, 1995). This scale had 21 items that were divided in three groups, with seven items each, which measured stress, anxiety, and depression. DASS-21 presented, also, a four-point response scale (*0 – Did not apply to me at all*; *3 – Applied to me very much, or most of the time – Almost always*). This scales' three dimensions (i.e., stress, anxiety, and depression) achieved values of Cronbach's Alpha, in its' validation process (Lovibond & Lovibond, 1995), of: (a) .92 (*M*=7.17; *SD*=5.39) – stress; (b) .90 (*M*=4.06; *SD*=4.51) – anxiety; and (c) .86 (*M*=4.85; *SD*=4.84) – depression.

Coping was evaluated by the Pro-Active Coping Scale (PACS) (Greenglass, Schwarzer, & Taubert, 1999), which presented 14 items organized in a four-point scale (*1 – Not at all true; 4 – Completely true*). The Cronbach's Alpha obtained in PACS validation (Greenglass et al., 1999) was .75 (*M*=41.99; *SD*=6.21).

Procedures

A research protocol, that evaluated economic stressors and mental health indicators, was created by Greenglass (2008). This protocol was administered between the months of March and June 2013. The application process occurred online, via email, where the participants were informed about the research objectives. Only questionnaires from participants over 18 years old were considered. The collected sample was part of a contact database designed through previous research projects of a Portuguese University. In order to reach the highest number of participants as possible, the contacted respondents were asked to forward the received email to their contacts.

Data Analysis

As a first step in the analysis, the scale of some items was reverted with the purpose of ensuring that, regarding each construct, high values in all items indicated a positive perception on that construct. Then, the seven constructs (i.e., financial threat,

economic hardship, financial well-being, stress, anxiety, depression, and coping) and corresponding items were subject to an exploratory reliability analysis. In this analysis, only items with a Corrected Item-Total Correlation (CI-TC) coefficients higher than .3 were considered to show enough correlation with the corresponding construct and, thus, remained in the study (Betz, 2000). Items measuring stress, anxiety, and depression, which were not eliminated after the reliability analysis, were considered as indicators of these constructs in the structural equation model (SEM) proposed in Figure 1. To note that, in order to make a comparison possible, the items used to measure financial threat, economic hardship, financial well-being, stress, anxiety, and depression were the same used in Leal et al. (in press). Regarding coping, the items that remained after the reliability analysis were used to build a coping score for each subject by summing the corresponding items. Then, for each subject, the average coping score was computed. In this new variable, high values mean good coping strategies and vice-versa. The items used to measure financial threat, economic hardship, and financial well-being, on one hand, and the average coping score, on the other hand, were used to build the interaction terms needed to assess the moderator effects. Following Frazier, Tix, and Barron (2004), each interaction term was computed as the product of the corresponding indicators. All indicators are presented in Table 2.

The analysis proceeded by applying SEM to test the relationship between the economic stress variables, once moderated by the coping variable, and the psychological health variables. The software AMOS 20.0 was applied to conduct the analysis and the maximum likelihood estimation method was used to estimate the model. The analysis of the overall model fit relied on three types of measures: (a) absolute fit; (b) incremental fit; and (c) parsimonious fit (Hair, Anderson, Tatham, & Black, 1998). The measurement model was assessed in terms of reliability and validity. The research hypotheses were tested by observing the sign and the statistical significance of the estimated path coefficients. Results were compared to those obtained in Leal et al. (in press) in which the coping effect was not considered.

Results

Overall model fit

Firstly our model was assessed regarding overall model fit which implies a threefold evaluation: (a) absolute fit; (b) incremental fit; and (c) parsimonious fit. In

terms of absolute fit evaluation, results show a high and statistically significant Chi-square statistics (χ^2 = 2016.879; p = .000), suggesting a significant difference between the predicted and actual models. However, given that this test is too sensitive to a large sample size other absolute fit indexes should be observed (Anderson & Gerbin, 1982) (Table 1). In this regard, a satisfactory absolute fit was observed giving the Goodness of Fit Index (GFI) and the Root Mean Square Error of Approximation (RMSEA) values (.856 and .058, respectively). In terms of incremental and parsimonious adjustment, results indicate a moderate to good model. These results are quite close to those observed in Leal et al. (in press) without coping as moderator variable.

(Insert Table 1 about there)

Measurement model fit

A suitable measurement model fit is required before the causal relationships between the latent variables can be assessed (Anderson & Gerbin, 1982). The main results from the measurement model analysis are presented in Table 2. As can be observed, all indicators report individual reliability, since all standardized factor loadings surpass the threshold value of .5 and are statistically significant (p = .000). Construct reliability is also found as evidenced by a high Cronbach's alpha value and the composite reliability (CR) coefficients (Kline, 1998). The model also reports good convergent validity given that all Average Variance Extracted (AVE) values are higher than the threshold value of .5 (Fornell & Lacker, 1981). Concerning discriminant validity, each AVE's value should be higher than the squared correlation between the corresponding construct and the other. As Table 3 shows, this condition is applied to the six latent variables. Overall, these results for the measurement model are very similar to those found in Leal et al. (in press) in the model without coping as a moderator variable.

(Insert Table 2 about here)

(Insert Table 3 about here)

Structural model parameters

Table 4 shows the standardized path estimates of the structural model proposed in Figure 1 (here referred to as Model 1), as well as the corresponding estimates in a similar model, but without the coping effect (Model 2) (Leal et al., in press). This table also highlights the conclusions about the path relationships. In model 2, all estimated coefficients, but one, had the expected positive signal and were statistically significant ($p < .01$). The exception was the path coefficient between financial well-being and stress, giving rise to the rejection of this relationship. In other words, in this case, eight of nine path relationships were not rejected, validating, overall, significant causal relationships between economic stress variables and psychological health variables. Under model 1, which considers the moderator effect of coping, the results are quite different. The first aspect to note is that now four path relationships are rejected: the same path connection also rejected in model 2 (R7), but also two path relationships involving economic hardship (R5 and R6) and one involving financial threat (R2). This means that when subjects have good coping strategies, financial stress, in some of its dimensions, does not significantly affect psychological health.

Another important result is that the effect of financial threat in stress and well-being (R1 and R3, respectively), and between economic hardship and stress (R4) is weaker under good coping strategies. In fact, the estimated path coefficients in model 1 are lower than in model 2 and, excluding R3, the difference between estimates in the two models' coefficients is statistically significant. An opposite finding characterises the relationship between financial well-being and anxiety (R8), and between financial well-being and depression (R9). In these relationships, the effects are stronger within individuals with stronger coping strategies.

Finally, regarding the research hypotheses, the first aspect to note is that, in six situations, H1 to H6, the estimated coefficients in model 2 exceed those in model 1, according to our expectation that the impact of economic stress on psychological health is attenuated under good coping strategies. From these, the differences are significant in four situations and the respected research hypotheses are not rejected (H3 to H6) ($p <$ 01).

(Insert Table 4 about there)

Discussion

Globally, results showed that coping affects the relationships between economic stress variables and psychological health variables.

The effect of economic stressors on psychological variables is always significant (model 2), with the exception of R7. When coping arises as a moderator (model 1) this effect also ceases to exist in R2, R5, and R6, showing the coping benefits. However, the added value of coping as a moderator is best revealed when analyzing the differences between the two models. There is a decrease of the influence of financial stressors in most relations (R1 to R6), and this decrease is significant in R3, R4, R5, and R6. Furthermore, although it continues to be significant, the effects of financial stressors on psychological health variables in R3 and R4, the decrease is significant, highlighting the benefits of coping as a moderator.

This is congruent with the assertions of Lazarus and Folkman (1984), and Wadsworth et al. (2005), when they affirm that the use of coping behaviors "protects" individuals' psychological health from potential menaces. When subjects have good coping strategies, the economic stressors effects become non-significant (R2, R5, R6, and R7 in model 1, model with coping as moderator). Moreover, in most situations, coping reduces the impact of the economic stressors on the psychological variables, being the path coefficients for relationships R1 to R6 lower in model 1 than in model 2 (baseline model).

When comparing the obtained results with those from Leal et al. (in press), it is possible to verify that coping strategies affect the relationships between predictors and outcomes, whereby is worthwhile to include the coping effect. This is congruent with the perspective of Lazarus (1966), according to which, coping strategies correspond to mechanisms developed by the individual, in order to minimize the effects of stressful situations or situations that may prejudice the subjects' mental health.

Thus, interventions involving skill training, in particular, those who teach how to use coping strategies could avert mental health deterioration in times of economic recession. Stress management interventions with a particular focus on the learning of coping strategies could be an important way for stress, anxiety, and depression prevention. The unemployed subjects could be an important specific group for this type of intervention, but the training of coping strategies may be useful for adults in general, namely in organizations, for workers, and in universities, for college students.

The present research possesses limitations, particularly regarding the sampling process, namely the collected sample should present a higher number of participants, seeking to ensure the strength of the obtained results.

Also, other type of participants could be studied in the future, namely children and adolescents from families with economic difficulties, to analyze the importance of family coping strategies.

Future research should examine the hypothesized model using longitudinal data, in order to address conceptual and methodological issues concerning inferences of causality. Furthermore, other moderator variables (e.g., social support) can be used, trying to understand their effect on the relationships between economic stressors and mental health indicators. Finally, it would be useful to realize similar studies in other European countries more affected by the financial crisis with the objective of comparing the obtained results.

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Table 1. Overall model fit indices

Goodness of fit criterion	Observed value	Comment
Absolute fit measures		
GFI	.856	Satisfactory fit
RMSEA	.058	Satisfactory fit
Incremental fit measures		
AGFI	.834	Satisfactory fit
CFI	.920	Good fit
NFI	.892	Satisfactory fit
TLI	.913	Good fit
IFI	.920	Good fit
Parsimonious for measures		
PCFI	.846	Good fit
PNFI	.820	Good fit
χ^2/df	3.483	Satisfactory fit

Note. GFI: Goodness of Fit Index; RMSEA: Root Mean Square Error of Approximation; AGFI: Adjusted Goodness of Fit Index; CFI: Comparative Fit Index; NFI: Normed Fit Index; TLI: Tucker-Lewis Index; IFI: Incremental Fit Index; PCFI: Parsimony Comparative Fit Index; PNFI: Parsimony Normed Fit Index; χ^2: Chi-square test; df: Degrees of freedom.

Table 2. Measurement model fit indices

Latent variables and indicators	Std. loadings*	CR/ Alpha	AVE
Financial Threat × Coping		.922/.922	.748
FT1×C - How uncertain do you feel × Coping score	.852		
FT2×C - How much do you feel at risk × Coping score	.931		
FT3×C - How much do you feel threatened × Coping score	.916		
FT4×C - How much do you worry about it × Coping score	.746		
FT5×C - How much do you think about it × Coping score	.704		
Economic Hardship × Coping		.869/.900	.526
EH1×C - Cut back on social activities and entertainment expenses × Coping score	.813		
EH2×C - Postpone major household purchases × Coping score	.783		
EH3×C - Postpone clothing purchases × Coping score	.812		
EH4×C - Change transportation patterns to save money × Coping score	.654		
EH5×C- Change food shopping or eating habits to save money × Coping score	.768		
EH7×C - Reduce household utility use × Coping score	.816		
Financial well-being × Coping		.894/.743	.681
FWB1×C - I am uncomfortable with the amount of debt I am in × Coping score	.884		
FWB2×C - I worry about repaying my loans. × Coping score	.862		
FWB3×C - I worry about repaying my credit cards× Coping score	.698		
FWB5×C - I think a lot about the debt I am in× Coping score	.843		
Stress		.906/.915	.618
S1 - I found it hard to wind down	.746		
S2 - I tended to over-react to situations	.739		
S3 - I felt that I was using a lot of nervous energy	.759		
S4 - I found myself getting agitated	.809		
S5 - I found it difficult to relax	.825		
S6 - I was intolerant of anything that kept me from getting on with what I was doing	.741		
S7 - I felt that I was rather touchy	.829		
Anxiety		.818/.897	.517
A1 - I was aware of dryness of my mouth	.603		

A2 - I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion)	.655		
A3 - I experienced trembling (e.g., in the hands)	.699		
A4 - I was worried about situations in which I might panic and make a fool of myself	.759		
A5 - I felt I was close to panic	.821		
A6 - I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat)	.678		
A7 - I felt scared without any good reason	.791		
Depression		.907/.897	.583
D1 - I couldn't seem to experience any positive feeling at all	.725		
D2 - I found it difficult to work up the initiative to do things	.673		
D3 - I felt that I had nothing to look forward to	.762		
D4 - I felt down-hearted and blue	.817		
D5 - I was unable to become enthusiastic about anything	.822		
D6 - I felt I wasn't worth much as a person	.758		
D7 - I felt that life was meaningless	.658		

Note. Std. loadings: Standardized factor loadings; CR: Composite reliability; AVE: Average Variance Extracted; *For all standardized loadings: $p = .000$.

Table 3. Discriminant validity assessment*

Latent variables	1.	2.	3.	4.	5.	6.
1. Financial Threat × *Coping*	**.748**					
2. Economic Hardship × *Coping*	.622	**.526**				
3. Financial well-being × *Coping*	.394	.127	**.681**			
4. Stress × *Coping*	---	---	---	**.618**		
5. Anxiety × *Coping*	---	---	---	.608	**.517**	
6. Depression × *Coping*	---	---	---	.604	.501	**.583**

Note. *Bolded values are the AVE's. The remaining values are the squared correlations.

Table 4. Structural model results

Causal Relationships	Model 1 (With Coping)		Model 2 (Without Coping)		Difference between estimates	
	Path coefficient estimate (a)	Structural relationship	Path coefficient estimate (b)	Structural relationship	Difference (b)-(a) *	Research hypothesis
R1: Financial Threat → Stress	.212*	**Not rejected**	.238*	**Not rejected**	.026	**H1 rejected**
R2: Financial Threat → Anxiety	.084	Rejected	.139*	**Not rejected**	.055	**H2 rejected**
R3: Financial Threat → Depression	.171*	**Not rejected**	.280*	**Not rejected**	.109*	**H3 Not rejected**
R4: Economic Hardship → Stress	.107*	**Not rejected**	.262*	**Not rejected**	.155*	**H4 Not rejected**
R5: Economic Hardship → Anxiety	,047	Rejected	.191*	**Not rejected**	.144*	**H5 Not rejected**
R6: Economic Hardship → Depression	-.044	Rejected	.180*	**Not rejected**	.224*	**H6 Not rejected**
R7: Financial Well-being → Stress	.084	Rejected	.063	Rejected	-.014	**H7 rejected**
R8: Financial Well-being → Anxiety	.166*	**Not rejected**	.158*	**Not rejected**	-.008	**H8 rejected**
R9: Financial Well-being → Depression	.122*	**Not rejected**	.108*	**Not Rejected**	-.021	**H9 rejected**

Note. * p <.01

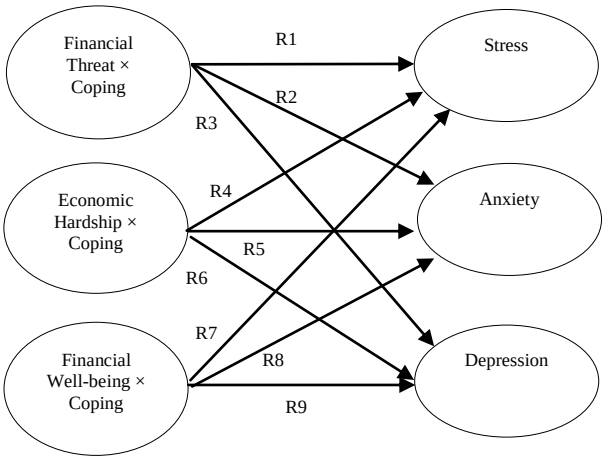

Figure 1. Presentation of the conceptual model with the defined research relationships. Financial threat, economic hardship, and financial well-being are defined as economic stressors. Stress, anxiety, and depression are mental health variables. Coping is used as a moderator variable between economic stressors and mental health indicators.

8. Estudo Empírico IV

Title (english): Social support as a moderator in the relationship between economic stressors and psychological health indicators*

Título (spanish): El apoyo social como moderador en la relación entre factores de estrés económicos e indicadores de salud mental

Abstract

The current economic and financial crisis has had a detrimental impact on the economies of several European countries, especially in Portugal. In the literature it is emphasized that periods of economic instability, such as the present one, potentiate the appearance of mental health problems and diminish populations' well-being. The presented study was conducted in a Portuguese sample (*N*=729) and aimed to analyze the relationship between economic stressors (economic hardship, financial threat, and financial well-being) and psychological health variables (stress, anxiety, and depression), as well as to test the moderator effect of social support. A structural equation model (SEM) was used to examine the research hypotheses and it was verified that social support moderates the influence of economic stressors on psychological health variables. Lastly, implications of the obtained results are discussed, as well as study's limitations and directions for future research.

Key words: Anxiety, Depression, Economic Stressors, Social Support, Stress.

Resumen

La crisis económica y financiera actual ha tenido un impacto negativo en las economías de varios países europeos, especialmente en Portugal. En la literatura se ha subrayado que los periodos de inestabilidad económica como el presente potencian la aparición de problemas de salud mental y la disminución del bienestar de la población. El presente estudio se realizó con una muestra portuguesa (*N*=729) y tuvo como objetivos analizar la relación entre factores de estrés económicos (dificultades económicas, amenaza financiera y bienestar financiero) y variables de salud mental (estrés, ansiedad y depresión), bien como testar el efecto moderador del apoyo social. Se utilizó un modelo de ecuaciones estructurales para testar las hipótesis de investigación y se halló que el apoyo social modera la influencia de los factores de estrés económico en las variables

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de salud mental. Por último, las implicaciones de los resultado obtenidos se discuten, así como las limitaciones del estudio y sugerencias para investigaciones futuras.
Palabras Clave: Ansiedad, Depresión, Factores de estrés económico, Apoyo social, estrés.

Introduction

The economic and financial crisis, that emerged between 2007-2008, had a detrimental impact in the economies of various countries, namely Portugal. Initially, the effects of this crisis were observed in the banking system with the bankruptcy of two banks, Portuguese Bank of Business and Portuguese Private Bank. Subsequently, Portugal began to pay high interest rates in the public debt market, situation exacerbated by the high levels of the country's sovereign debt (Cabral, 2013; Crotty, 2009; Kouretas & Vlamis, 2010; Yurtsever, 2011). As a result, the Portuguese government was forced to request additional financial support to three entities, (a) European Central Bank; (b) International Monetary Fund; and the (c) European Commission (Kouretas & Vlamis, 2010; Yurtsever, 2011).

The financial assistance program was accompanied by a set of demands, austerity measures, to ensure the country's solvency (Monastiriotis, 2013). The main consequences of these measures were: (a) an increase in bankruptcy rates in the business sector; and (b) growth in the global and youth unemployment rates (Statistics Portugal, 2014). This last aspect (i.e., youth unemployment) has led to an increase in emigration rates (Cairns, 2013), despite the fact that Portuguese young adults possess high academic qualifications. At the psychological health level, austerity measures also had a negative impact. It was verified, during the financial assistance program, a significant increase on mental health problems, namely anxiety, distress, and depression (Almeida & Xavier, 2013; Portuguese Observatory of Health Systems, 2014). The most important predictor of the abovementioned problems, according to the Portuguese Observatory of Health Systems (2014), was the increase in unemployment rates.

Putting aside the Portuguese case, an analysis of the main consequences of the global economic crisis is presented below. In the opinion of Sperling, Bleich, and Reulbach (2008) the recession led, initially, to an increase in anxiety and threat perceptions, mainly because of the raise in: (a) job insecurity; (b) unemployment rates (global and youth); (c) household costs; and (d) family and individual indebtedness (Adkins, Werbel, & Farh, 2011; Boone, van Ours, Wuellrich, & Zweimuller, 2011; Dávalos, Fang, & French, 2012; Deaton, 2012; Keegan, Thomas, Normand, & Portela, 2013; Mielcova, 2012). In addition, other situations, such as the decrease in: (a) private consumption; (b) wages; (c) job vacancies; and (d) social assistance, also contributed to a deterioration in populations' mental health (Boyd, Tuckey, & Winefield, 2013;

Hampson & McGoldrick, 2011; Stiglitz, 2013). Several authors (e.g., Catalano et al., 2011; Cobb & Kasl, 1977; Cohn, 1978; Dooley, Catalano, & Wilson, 1994; Liem & Liem, 1978; McKee-Ryan, Song, Wanberg, & Kinicki, 2005; Mossakowski, 2009) pointed that unemployment, one of the major consequences of economic turmoil, increases distress, depression, and negative affects, as well as reduces well-being, self-satisfaction, and demoralization.

Economou, Nikolaou, and Theodossiou (2008), Marmot (2009), and Stuckler, Basu, Suhrcke, Coutts, and McKee (2009) emphasized that economic recessions contribute to the prevalence of mental health problems, including (a) depression; (b) anxiety; and (c) distress (Althouse, Allen, Childers, Dredze, & Ayers, 2014; Astell-Burt & Feng, 2013; Catalano et al., 2011). Due to this aspect, it is presented below a group of studies that underline the relationships between these variables (i.e., stress, anxiety, and depression) and economic stressors, such as economic hardship, financial threat, and financial well-being.

Economic hardship is pointed, by a substantial body of knowledge (e.g., Angel, Frisco, Angel, & Chiriboga, 2003; Butterworth, Rodgers, and Windsor, 2009; Fyers, Melzer, & Jenkins, 2003; Greenglass, Marjanovic, & Fiksenbaum, 2013; Lahelma, Laaksonen, Martikainen, Rahkonen, & Sarlio-Lahteenkorva, 2006; Sargent-Cox, Butterworth, & Anstey, 2011), as a significant predictor of anxiety, distress, and depression. In turn, financial threat is significantly associated with depressive symptoms and distress (Greenglass & Mara, 2012; Marjanovic, Greenglass, Fiksenbaum, & Bell, 2013). Lastly, Prawitz et al. (2006) and Weisman (2002) reported that as financial well-being diminishes the levels of distress increase. Relatively to Portugal, a set of researches by Leal, Jesus, Viseu, Paixão, and Greenglass (2014), and Leal et al. (in press), demonstrated that economic stressors influence mental health indicators.

Nevertheless, there are resources, such as social support, that alleviate negative psychological outcomes in difficult situations (e.g., economic and financial crisis). Past researches (e.g., Cutrona, 1996; Greenglass, 1993; Kessler, 1992; Marshall & Barnett, 1992) emphasized the benefits of social support on psychological well-being.

The present study aims to investigate the impact of economic hardship, financial threat, and financial well-being (i.e., economic stressors), on stress, anxiety, and depression (i.e., psychological health indicators), as well as to test the moderation effect of social support in the abovementioned relations. Below it is presented the conceptual model with the defined research hypotheses.

Conceptual model

The basis of the model presented in Figure 1 is that economic stress (represented by the variables financial threat, economic hardship, and financial well-being) positively affects the psychological health variables (stress, anxiety, and depression). The nine hypothesized relationships presented were tested in previous works (Leal et al., in press) and, excepting the connection between financial well-being and stress (R7), they were not rejected. This study also intends to test these relationships, referred to as R1 to R9, but now considering the moderating role of social support. The contribution of this study is to understand if social support moderates these relationships. So, besides testing R1 to R9, it is expected that the strength of the relationship between each economic stress variable and each psychological health variable significantly decreases when subjects have a solid social support.

(Insert Figure 1 about here)

Method

Participants

The analyzed sample was constituted by 729 Portuguese participants. From these, 247 (33.9%) were men and 482 (66.1%) were women. The average age of the respondents was 36.99 (*SD*=12.81) years old. In terms of marital status, the married or in common law respondents (*n*=376; 51.9%) dominated the gathered sample, followed by the single (*n*=294; 40.6%), separated or divorced (*n*=47; 6.5%), and widowed (*n*=7; 1%). Lastly, the majority of the participants held Master's and PhD degrees (*n*=379; 52.6%), individuals with high school formation (*n*=211; 29.3%), bachelor's degree (*n*=96; 13.3%), and elementary school (*n*=35; 4.9%) were also represented in the sample.

Measures

Economic hardship was evaluated by the Economic Hardship Questionnaire (EHQ) (Lempers, Clark-Lempers, & Simon, 1989). The 10 items of EHQ presented a four-point scale, ranging from *1–Never* to *4–Very often*. The Cronbach's Alpha of this questionnaire was .85 (Lempers et al., 1989).

The Financial Threat Scale (FTS) (Marjanovic et al., 2013) was used to assess financial threat. This scale consisted in five items with a Likert scale of five points (*1 – Not at all*; *5–Extremely uncertain*). The FTS achieved a Cronbach's Alpha of .91 in its' validation study (Marjanovic et al., 2013).

Financial well-being was assessed with the Financial Well-Being Scale (FWBS) (Norvilitis, Szablicki, & Wilson, 2003). This scale presented eight statements with five response options, ranging from *1–Strongly disagree* to *5–Strongly agree*. The FWBS, in its' validation study (Norvilitis et al., 2003), obtained a Cronbach's Alpha of .91.

Stress, anxiety, and depression were evaluated by the Depression Anxiety Stress Scale 21-item version (DASS-21) (Lovibond & Lovibond, 1995). This scale presented 21 items divided in equal number by its' three dimensions (i.e., stress, anxiety, and depression). Individuals' were asked to report if they felt, in the past week, symptoms of stress, anxiety, and depression in a four-point scale (*0–Did not apply to me at all*; *3 – Applied to me very much, or most of the time –Almost always*). The three dimensions of DASS-21obtained values of Cronbach's Alpha, in its' validation process (Lovibond & Lovibond, 1995), of .92, .90, and .86, referring, respectively, to stress, anxiety, and depression.

Social support was measured with Informational, Practical, and Emotional Support (IPES) (Greenglass, Fiksenbaum, & Burke, 1996 adapted from Caplan, Cobb, French, Van Harrison, & Pinneau, 1975). This scale was composed by nine items ordered in a four-point scale (*1–Not at all; 4–Very much*) and presented three dimensions of social support, (a) practical support (3 items); (b) emotional support (3 items); and (c) informational support (3 items). Relatively to the Cronbach's Alpha values, the dimensions practical and emotional support achieved a value of .89, and the dimension informational support possessed a value of .90 (Greenglass et al., 1996).

Procedures

The present study is part of an international project that aims to analyze the psychological impact of the recent economic and financial crisis. Thus, a questionnaire was developed (Greenglass, 2008) that measured economic stress and mental health variables. In Portugal, this instrument's application occurred between March-June 2013. One eligibility criteria was defined, the participants of the study had to be over eighteen years old. For the questionnaire's dissemination a contact database, with participants

from past projects, was developed. The email sent to the participants contained informations relatively to the research objectives and the online version of the instrument. In addition, the participants were asked to redirect the email to other contacts.

Data Analysis Methods

Data analysis began by reverting some items' scale in order that high values in all items meant a positive perception on each construct. Afterwards, a reliability analysis on the items and corresponding constructs (financial threat, economic hardship, financial well-being, stress, anxiety, depression, and social support) was carried out. Under this procedure, items reporting a Corrected Item-Total Correlation (CI-TC) coefficients lower than .3 were excluded from the analysis, since they were expressing insufficient correlation with the corresponding construct (Betz, 2000). The remaining items would be the indicators of the six constructs in the structural equation model (SEM) to be estimated and tested. Given that the hypotheses will be tested by comparing the coefficient of the Model with social support (Figure 1) and the baseline Model (Model estimated in Leal et al., in press), the items used to measure the six constructs will be the same in both models. A social support score was computed by summing the items that were kept after the reliability analysis. Thus, for each subject, the average social support score was determined. This procedure gave rise to a new variable in which high values mean good social support. Then, the interaction terms needed to assess the moderator effects were computed as the product of the items measuring the financial stress variables (i.e., financial threat, economic hardship, and financial well-being) and the average social support score (Frazier, Tix, & Barron, 2004). Table 2 shows the items used to estimate the Model. Before estimating the model, all indicators were standardized.

The software AMOS 20.0 was used to estimate the model and the maximum likelihood estimation (MLE) method was applied. To evaluate the model, the overall model fit was observed, as well as the quality of the measurement model (reliability and validity). The research hypotheses were tested by comparing the estimated path coefficients in the proposed model with those obtained in Leal et al. (in press), without the social support moderation. Hypotheses will not be rejected if these coefficients significantly decrease when subjects report positive social support.

Results

Overall model fit

In order to evaluate the overall model fit, absolute, incremental, and parsimonious fit indexes were observed. Regarding absolute fit evaluation, a high and statistically significant Chi-square statistics (χ^2 =1977.4; p=.000) was found, indicating a significant difference between the predicted and actual models. Since this is an expected result in large sample sizes, other absolute fit indexes were considered (Anderson & Gerbing, 1982) (Table 1). With this purpose, the Goodness of Fit Index (GFI) and the Root Mean Square Error of Approximation (RMSEA) values (.862 and .058, respectively) suggest a satisfactory absolute fit. Findings regarding incremental and parsimonious adjustment are also supportive of a moderate to good model. These results are quite similar to those reported in Leal et al. (in press) regarding the baseline Model (without the social support moderator effect).

(Insert Table 1 about here)

Measurement model fit

The most important results relative to the measurement model analysis are shown in Table 2. All indicators reveal individual reliability with a standardized factor loading higher than .5 and are statistically significant (p=.000). Moreover, high Cronbach's Alpha and composite reliability (CR) coefficients suggest good construct reliability (Kline, 1998). Adequate convergent validity was also observed, since the Average Variance Extracted (AVE) values exceed the threshold value .5 (Fornell & Lacker, 1981). Finally, and confirming discriminant validity, each AVE's value surpass the squared correlation between the corresponding construct and the remaining (Table 3). To note that these findings are close to those obtained in Leal et al. (in press) in the baseline Model.

(Insert Table 2 about here)

(Insert Table 3 about here)

Structural model parameters

Table 4 allows the comparison between the standardized path estimates of Model 1 (with social support as moderator) with the corresponding estimates in Model 2 (without social support as moderator) (Leal et al., in press). It also enables us to make conclusions about the relationships being tested. When social support is not considered (Model 2), all estimated coefficients, but one, report the expected positive signal and are statistically significant ($p<.01$). So, excluding the link between financial well-being and stress, we would say that the economic stress variables positively and significantly affect the psychological health variables. Different results are found when social support is considered as moderating factor. The first aspect to note is that now three relationships are rejected: (a) two involving economic hardship (R5 and R6); and (b) one involving financial threat (R2). This means that when subjects have social support, some economic stress variables, in some of its' dimensions, do not significantly affect psychological health.

Another important result is that the effect of financial threat and economic hardship in stress, anxiety, and depression (R1 to R6) is weaker when individuals feel an adequate social support. In fact, the corresponding estimated path coefficients in Model 1 are lower than in Model 2 and, excluding R1 and R2, the differences between estimates in the two models' coefficients are statistically significant. Opposite findings characterize the relationship between financial well-being and the three psychological health variables. In this regard, the relationship between financial well-being and stress, anxiety, and depression is stronger when individuals have a good social support. In fact, the coefficients associated to R7 to R9 in Model 1 (with social support) are higher than the corresponding coefficients in Model 2 (without social support). However, the differences between coefficients in the three situations are not statistically significant ($p>.05$).

The final comments concern the research hypotheses. Although in most cases the estimated coefficients are higher in Model 2 than in Model 1, confirming our expectation that stronger social support decreases the impact of economic stress on psychological health, only in four situations the differences between coefficients were statistically significant, and thus the corresponding hypotheses are not rejected (H3 to H6).

(Insert Table 4 about here)

Discussion

The present study explored the impact of economic stress variables on psychological health indicators, as well as tested the moderation effect of social support. The obtained results confirmed that social support moderates the abovementioned relationship. These findings are consistent with several researches that demonstrated a positive impact of social support on the diverse domains of an individuals' life (Barrera, 1981; Cohen & Syme, 1985; Cutrona, 1996; Heinrich & Gullone, 2006; Kessler, 1992; Sarason, Levine, Basham, & Sarason, 1984). When subjects experience stronger social support, some of these effects are not statistically significant (R2, R5, and R6). Moreover, in most cases, R1 to R6, these effects are lower than in the baseline model, in other words when the moderating effect of social support is not considered. Within these cases, significant differences were found in four situations, leading to the non-rejection of four research hypotheses, H3 to H6. Only in three situations social support produced the opposite result (H7 to H9) but, in these cases, the difference to the baseline situation (when social support is not considered) is not significant.

After comparing the results of the present study with those from Leal et al. (in press) it is possible to observe the positive impact of social support on the relationship between economic stressors and mental health indicators. This is congruent with the assertions of Vaz Serra (2011) when this author states that when individuals are integrated in a strong social network, that supports them in difficult situations (e.g., financial problems), the malaise situations experienced are felt as less threatening. Thus, in the perspective of this author, the existence of an adequate social support has a protective effect on an individual's mental health and well-being.

This study presents some limitations worth considering. Firstly, the collected sample is not representative of the Portuguese population and, in this sense, future studies may present a greater and more heterogeneous sample. Also with the objective of ensuring a more heterogeneous sample, future researches must guarantee an equivalence, in terms of social and economic aspects, in the number of participants inquired. This situation would allow, for example, the comparison of the impact of economic stressors in mental health indicators between individuals from different groups of the population.

Future studies about this theme may employ longitudinal designs, in order to observe if there are variations among the relationship between economic stressors and mental health indicators in distinct economic periods (e.g., economic growth vs. economic recession). The realization of parallel studies in other countries affected by the economic recession may be useful, because it will allow the observation of how mental health aspects, in diverse populations, are affected by adverse economic situations. Lastly, several researches are needed with the objective of knowing how economic downturns affect individuals' mental health and to develop strategies to prevent or minimize those effects.

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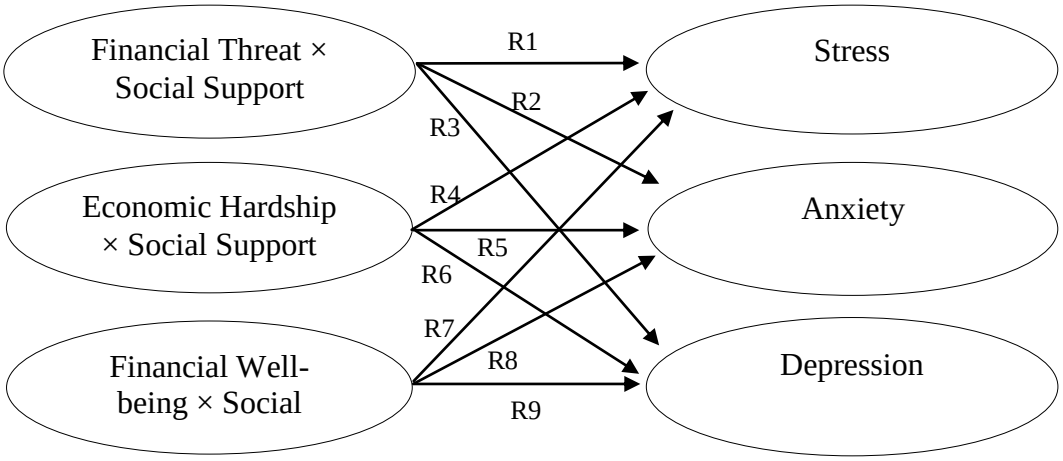

Figure 1. Presentation of the conceptual model with the research hypotheses.

Table 1. Overall model fit indices

Goodness of fit criterion	Observed value	Comment
Absolute fit measures		
GFI	.862	Satisfactory fit
RMSEA	.058	Satisfactory fit
Incremental fit measures		
AGFI	.842	Good fit
CFI	.922	Good fit
NFI	.894	Satisfactory fit
TLI	.915	Good fit
IFI	.922	Good fit
Parsimonious for measures		
PCFI	.847	Good fit
PNFI	.821	Good fit
χ^2/df	3.415	Satisfactory fit

Note. GFI: Goodness of Fit Index; RMSEA: Root Mean Square Error of Approximation; AGFI: Adjusted Goodness of Fit Index; CFI: Comparative Fit Index; NFI: Normed Fit Index; TLI: Tucker-Lewis Index; IFI: Incremental Fit Index; PCFI: Parsimony Comparative Fit Index; PNFI: Parsimony Normed Fit Index; χ^2: Chi-square test; df: Degrees of freedom.

Table 2. Measurement model fit indices

Latent variables and indicators	Std. loadings*	CR/Alpha	AVE
Financial Threat × Social Support (SS)		.928/.931	.723
FT1×SS - How uncertain do you feel × SS score	.873		
FT2× SS - How much do you feel at risk × SS score	.934		
FT3× SS - How much do you feel threatened × SS score	.920		
FT4× SS - How much do you worry about it × SS score	.771		
FT5× SS - How much do you think about it × SS score	.734		
Economic Hardship × Social Support		.897/.896	.594
EH1× SS - Cut back on social activities and entertainment expenses × SS score	.809		
EH2× SS - Postpone major household purchases × SS score	.788		
EH3×SS - Postpone clothing purchases × SS score	.797		
EH4× SS - Change transportation patterns to save money × SS score	.638		
EH5× SS - Change food shopping or eating habits to save money × SS score	.764		
EH6× SS - Reduce household utility use × SS score	.814		
Financial Well-being × Social Support		.885/.882	.661
FWB1× SS - I am uncomfortable with the amount of debt I am in × SS score	.876		
FWB2× SS - I worry about repaying my loans. × SS score	.854		
FWB3× SS - I worry about repaying my credit cards× SS score	.661		
FWB4× SS - I think a lot about the debt I am in× SS score	.841		
Stress		.915/.915	.607
S1 - I found it hard to wind down	.746		
S2 - I tended to over-react to situations	.739		

S3 - I felt that I was using a lot of nervous energy	.757		
S4 - I found myself getting agitated	.809		
S5 - I found it difficult to relax	.828		
S6 - I was intolerant of anything that kept me from getting on with what I was doing	.739		
S7 - I felt that I was rather touchy	.828		
Anxiety		.880/.897	.515
A1 - I was aware of dryness of my mouth	.602		
A2 - I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion)	.651		
A3 - I experienced trembling (eg, in the hands)	.698		
A4 - I was worried about situations in which I might panic and make a fool of myself	.756		
A5 - I felt I was close to panic	.818		
A6 - I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat)	.678		
A7 - I felt scared without any good reason	.793		
Depression		.898/0.897	.559
D1 - I couldn't seem to experience any positive feeling at all	.725		
D2 - I found it difficult to work up the initiative to do things	.669		
D3 - I felt that I had nothing to look forward to	.763		
D4 - I felt down-hearted and blue	.820		
D5 - I was unable to become enthusiastic about anything.	.822		
D6 - I felt I wasn't worth much as a person	.758		
D7 - I felt that life was meaningless	.657		

Note. Std. loadings: Standardized factor loadings; CR: Composite reliability; AVE: Average Variance Extracted; *For all standardized loadings: $p = .000$.

Table 3. Discriminant validity assessment*

Latent variables	1.	2.	3.	4.	5.	6.
1. Financial Threat × Social Support	**.723**					
2. Economic Hardship × Social Support	.604	**.594**				
3. Financial Well-being × Social Support	.389	.383	**.661**			
4. Stress	---	---	---	**.607**		
5. Anxiety	---	---	---	.658	**.515**	
6. Depression	---	---	---	.602	.510	**.559**

Note. *Bolded values are the AVE's. The remaining values are the squared correlations.

Table 4. Structural model results

Causal Relationships	Model 1 (With Social Support)		Model 2 (Without Social Support)			
	Path coefficient estimate (a)	Structural relationship	Path coefficient estimate (b)	Structural relationship	Difference between estimates (b)-(a)	Research hypothesis
R1: Financial Threat → Stress	.161**	**Not rejected**	.238**	**Not rejected**	.077	**H1 rejected**
R2: Financial Threat → Anxiety	.061	Rejected	.139**	**Not rejected**	.078	**H2 rejected**
R3: Financial Threat → Depression	.162**	**Not rejected**	.280**	**Not rejected**	.118*	**H3 Not rejected**
R4: Economic Hardship → Stress	.106*	**Not rejected**	.262**	**Not rejected**	.156*	**H4 Not rejected**
R5: Economic Hardship → Anxiety	.049	Rejected	.191**	**Not rejected**	.142*	**H5 Not rejected**
R6: Economic Hardship → Depression	-.010	Rejected	.180**	**Not rejected**	.190*	**H6 Not rejected**
R7: Financial Well-being → Stress	.104*	**Not rejected**	.063	Rejected	-.041	**H7 rejected**
R8: Financial Well-being → Anxiety	.189**	**Not rejected**	.158**	**Not rejected**	-.031	**H8 rejected**
R9: Financial Well-being → Depression	.136**	**Not rejected**	.108**	**Not Rejected**	-.028	**H9 rejected**

Note. $^{*}p < .05$; $^{**}p < .01$.

9. Estudo Empírico V

Title (English): Coping and social support as moderators of the relationship betweenthe economic situation and mental health indicators ⁎

Title (Spanish): Afrontamiento y apoyo social como moderadores de la relación entre la situación económica e indicadores de salud mental

Abstract: Portugal has been affected, since 2011, by a serious financial crisis. These periods are characterized by a reduction of the amount of capital available to families and organizations, leading to situations of bankruptcy and unemployment. As a result, populations' develop threat perceptions which may lead to mental health problems. The present study aims to examine the psychological factors associated to the recent economic recession, exploring the impact of economic stressors (i.e., economic hardship, financial threat, and financial well-being) on mental health indicators (i.e., stress, anxiety, and depression), as well as to test the moderation effect of coping and social support. Data from a sample of Portuguese participants (*N*=729) was collected and structural equation model (SEM) was used to evaluate the created model. The obtained results indicate that coping strategies and social support moderate the impact of economic stressors on mental health indicators. Theoretical and practical implications are discussed.

Key words: Anxiety, coping, depression, economic stressors, social support, stress.

Resumen: Desde 2011 Portugal ha sido afectado por una grave crisis financiera. Estos periodos se caracterizan por una reducción de la cantidad del capital disponible de las familias y las organizaciones, llevando a situaciones de bancarrota y desempleo. Como resultado, la población desarrolla percepciones de amenaza que pueden conducir a problemas de salud mental. Este estudio tiene como objetivos examinar los factores psicológicos asociados a la crisis económica actual, explorando el impacto de factores de estrés económicos (dificultades económicas, amenaza financiera y bienestar financiero) en indicadores de salud mental (estrés, ansiedad y depresión), bien como testar el efecto moderador del afrontamiento y apoyo social. Se recogieron datos de una muestra de 729 participantes portugueses y se utilizaron modelos de ecuaciones estructurales para evaluar el modelo propuesto. Los resultados obtenidos indican que las estrategias de afrontamiento y el apoyo social moderan el impacto de los factores de

⁎ Este artigo está preparado para ser enviado para a revista Ansiedad y Estrés.

estrés económicos sobre los indicadores de salud mental. Se discuten las implicaciones teóricas y prácticas de estos resultados.
Palabras clave: Ansiedad, afrontamiento, depresión, factores de estrés económicos, apoyo social, estrés.

Portugal, as other European countries (e.g., Greece and Ireland), has been facing a severe economic crisis (Cabral, 2013; Crotty, 2009; Gabor-Supura, Borza, & Muresan, 2010; Torres, 2009). Due to the country's sovereign debt, problems with the banking system, high deficit, and the lack of competitiveness in the economy the Portuguese Government, in 2011, requested additional funding (i.e., financial assistance) to three organizations, International Monetary Fund, European Central Bank, and European Commission (Kouretas & Vlamis, 2010; Yurtsever, 2011). This program was composed by a set of measures (e.g., wage reduction and tax increase) which aimed to recover the country's financial situation (Cabral, 2013). Two major consequences emerged from the abovementioned measures, increase in unemployment rates and the bankruptcy of several companies (Directorate-General for Justice Policy, 2013; Statistics Portugal, 2014). A high youth unemployment rate, according to the Statistics Portugal (2014) approximately 36% in the second quarter of 2014, led to a growth in emigration flow (Cairns, 2013).

On the one hand, crisis periods are characterized by increases in: (a) unemployment rates; (b) household costs; (c) debt levels; (d) bankruptcies (e.g., at a family and organizational level); (e) impoverishment; and (f) job insecurity (Boone, van Ours, Wuellrich, Zweimuller, 2011; Dávalos, Feng, & French, 2012; Mielcova, 2012). On the other hand, decreases in: (a) economic activity; (b) public investment; (c) wages; (d) social service benefits; and (e) health care expenditures, are also characteristic of these periods (Hampson & McGoldrick, 2011; Keegan, Thomas, Normand, & Portela, 2013; Stiglitz, 2013). Due to these factors, populations' may develop uncertainty perceptions which may result in negative psychological outcomes (Cooper, 2012). Some of these outcomes are, according to Althouse, Allem, Childers, Dredze, and Ayers (2013), Astell-Burt and Feng (2013), Catalano et al. (2011), Payton (2009), and Stuckler, Basu, Suhrcke, Coutts, and McKee (2009), distress, anxiety, and depression.

The aforementioned outcomes are closely related to economic hardship, financial threat, and financial well-being, defined as economic stressors. Economic hardship has a significant impact on distress, anxiety, and depression (Butterworth, Rodgers, & Windsor, 2009; Elder, 1974; Fryers, Melzer, & Jenkins, 2003; Greenglass, Marjanovic, & Fiksenbaum, 2013; Lahelma, Laaksonen, Martikainen, Rahkonen, & Sarlio-Lahteenkorva, 2006; Lorant et al., 2007; Mirowsky & Ross, 2001; Sargent-Cox, Butterworth, & Anstey, 2011; Whelan, 1994), as economic difficulties increase, an increase in distress, anxiety, and depression is also observed. According to Greenglass and Mara (2012), and Marjanovic, Greenglass, Fiksenbaum, and Bell (2013) feelings of uncertainty and threat perceptions related to one's financial situation (i.e., financial threat) are linked to distress, depression, and other negative psychological outcomes. Financial well-being, one of the dimensions of psychological well-being and an important aspect of life satisfaction (Diener, Ng, Harter, & Arora, 2010; Norvilitis, Szablicki, & Wilson, 2003), was correlated, in several researches (e.g., Bagwell, 2000; Prawitz et al., 2006), with distress and depression. In Portugal, two studies (Leal, Jesus, Viseu, Paixão, & Greenglass, 2014; Leal et al., in press) observed that mental health indicators (i.e., stress, anxiety, and depression) were influenced by economic hardship, financial threat, and financial well-being (i.e., economic stressors). Other researches showed that the relationship between economic stressors and psychological health variables was moderated by coping strategies (Jesus et al., in press) and social support (Viseu et al., in press). These studies emphasized that there are resources which protect individuals' mental health from the negative impact of stressful events (e.g., financial crises).

Coping strategies are used when individuals are confronted with a set of situations (e.g., economic crises) that exceed their individual resources and its' goals are to minimize the negative effects of those situations, thus preventing the appearance of mental health problems (Lazarus & Folkman, 1984). In turn, social support, which refers to the support provided to an individual in a variety of situations (e.g., economic crises), is associated with psychological health (Greenglass, 1993; Greenglass, Fiksenbaum, & Burke, 1996). Considering these aspects, it can be stated that these two concepts aim to decrease the impact of negative psychological outcomes that result from adverse situations (Greenglass & Fiksenbaum, 2009).

The purpose of this study is to explore the influence of economic stressors (i.e., economic hardship, financial threat, and financial well-being) on mental health

indicators (i.e., stress, anxiety, and depression), as well as to test the moderation effect of coping strategies and social support in the aforesaid relation. The research's conceptual model and the respective hypotheses are presented below.

Conceptual model

The model presented in Figure 1 relies on the assumption that economic stressors (defined by the variables financial threat, economic hardship, and financial well-being) positively influence mental health variables (i.e., stress, anxiety, and depression). These nine relationships were analyzed in Leal et al. (in press) and, except the relationship between financial well-being and stress, all the research hypotheses were not rejected. The novelty of this research is to evaluate how coping strategies and social support together moderate the impact of economic stressors on mental health indicators. In addition to evaluating R1 to R9, it is expected that the influence of economic stressors on stress, anxiety, and depression significantly decreases when individuals have good coping strategies and adequate social support, which implies the existence of positive and significant differences between the models' path coefficients: (a) Model 2 (baseline model); and (b) Model 1 (with coping and social support).

(INSERT FIGURE 1 HERE)

Method

Participants

The study's sample was formed by 247 men (33.9%) and 482 (66.1%) women in a total of 729 Portuguese participants with a mean age of 36.99 (*SD*=12.81) years old. Relatively to the marital status, (a) 376 (51.9%) were married or in common law; (b) 294 (40.6%) were single; (c) 47 (6.5%) were separated or divorced; and (d) 7 (1%) were widowed. Educational level informations demonstrated that, in most cases, the participants possessed a Master's or a PhD degrees (*n*=379; 52.6%), followed by participants with high school (*n*=211; 29.3%), bachelor's degree (*n*=96; 13.3%), and elementary school (*n*=35; 4.9%) qualifications.

Measures

Economic stressors were evaluated by the Economic Hardship Questionnaire (EHQ) (Lempers, Clark-Lempers, & Simon, 1989), Financial Threat Scale (FTS) (Marjanovic et al., 2013), and the Financial Well-Being Scale (FWBS) (Norvilitis, et al., 2003) referring, respectively, to the constructs economic hardship, financial threat, and financial well-being. In turn, stress, anxiety, and depression were examined by the

Depression Anxiety Stress Scale 21-item version (DASS-21) (Lovibond & Lovibond, 1995). Lastly, personal resources were assessed by the Pro-Active Coping Scale (PACS) (Greenglass, Schwarzer, & Taubert, 1999) in the case of coping and the Informational, Practical, and Emotional Support (IPES) (Greenglass et al., 1996 adapted from Caplan, Cobb, French, van Harrison, & Pinneau, 1975) in the case of social support. The characteristics of each instrument are summarized in Table 1.

(INSERT TABLE 1 HERE)

Procedures

A questionnaire, composed by instruments assessing economic stressors, psychological health variables, and personal resources, was developed by Greenglass (2008) as part of an international research project about the impact of the current recession on mental health variables. This questionnaire was created in an online platform and its' application took place between March and June 2013. The participation in the research was intended, solely, to respondents over eighteen years old. An email was sent to a contact database, generated from previous researches at a Portuguese University, explaining the study's objective and ensuring the respect for ethical standards (informed consent).

Data Analysis Methods

Relatively to the data analysis, firstly the scale of some items was reverted in order that high values in all items indicate the same positive or negative perception on that measure. Then, a reliability analysis on the eight constructs considered (financial threat, economic hardship, financial well-being, stress, anxiety, depression, coping, and social support) and the corresponding items was carried out. In this analysis, items with a Corrected Item-Total Correlation (CI-TC) lower than .3 can be excluded from the scale, since they reveal a weak correlation with it (Betz, 2000). The items that were not eliminated would be the indicators of the eight constructs in the structural equation model (SEM) to be estimated and tested. With the purpose of comparing the coefficient of the Model with coping and social support (Figure 1) and the baseline Model (Model estimated in Leal et al., in press), the items used to measure the six constructs (i.e., economic hardship, financial threat, financial well-being, stress, anxiety, and depression) were the same in both models. Coping and social support scores were calculated by summing the items that were not eliminated after the reliability analysis. After that, for each subject, the average coping and social support score was computed.

In this new variable, high values meant good coping strategies and social support, and vice-versa. The interaction terms necessary to evaluate the moderator effects were calculated as the product of the items measuring financial threat, economic hardship, and financial well-being (i.e., economic stressors), and the average coping and social support score (Frazier, Tix, & Barron, 2004). All indicators are shown in Table 2.

The software AMOS 20.0 was used to estimate the model and the maximum likelihood estimation (MLE) method was applied. The model was evaluated in terms of reliability and validity (i.e., the overall model fit was observed as well as the quality of the measurement model). The research hypotheses were tested by comparing the estimated path coefficients in the proposed Model with those obtained in Leal et al. (in press), in which coping and social support effects were not considered. Hypotheses will not be rejected if these coefficients significantly decrease when individuals report good coping strategies and adequate social support.

Results

Overall model fit

The analysis of the overall model fit involves three types of measures: (a) absolute fit; (b) incremental fit; and (c) parsimonious fit, following the assumptions of Hair, Anderson, Tatham, and Black (1998). About the absolute fit evaluation, results indicate a high and statistically significant Chi-square statistics (χ^2 =1957.6; p=.000), demonstrating a significant difference between the predicted and actual models. Since this is an expected result in large sample sizes, other absolute fit indexes should be observed (Anderson & Gerbing, 1982) (Table 2). With this objective, the Goodness of Fit Index (GFI) and the Root Mean Square Error of Approximation (RMSEA) values (.864 and .057, respectively) suggest a satisfactory absolute fit. Regarding the incremental and parsimonious adjustment, results show a moderate to good model. These results are quite similar to those described in Leal at al. (in press), without coping and support social as moderators.

(INSERT TABLE 2 HERE)

Measurement model fit

According Anderson and Gerbing (1982), before evaluating the structural model a suitable measurement model fit is required. The most important results from the measurement model analysis are demonstrated in Table 3. All indicators report

individual reliability with a standardized factor loading higher than .5 and are statistically significant (p=.000). Furthermore, high Cronbach's Alpha and composite reliability (CR) values indicate good construct reliability (Kline, 1998). The model also reports good convergent validity since all Average Variance Extracted (AVE) coefficients exceed the threshold value .5 (Fornell & Larcker, 1981). As regards to discriminant validity, each AVE's value should be higher than the squared correlation among the corresponding construct and the other (Table 4). These findings are similar to those obtained in Leal et al. (in press), in the model without coping and social support as moderators.

(INSERT TABLE 3 HERE)

(INSERT TABLE 4 HERE)

Structural model parameters

Table 5 demonstrates the standardized path estimates of Model 1 (with coping and social support as moderator variables) with the corresponding estimates in Model 2 (without coping and social support as a moderator variables) (Leal et al., in press). This table also allows the inference of conclusions about the path relationships. In Model 2, when coping and social support are not considered, all estimated coefficients but one report the expected positive signal and are statistically significant (p<.01). Excluding the path coefficient between financial well-being and stress, all the research hypotheses are not rejected, supporting causal relationships between the economic stress and mental health variables. When coping and social support are considered as moderating variables (Model 1) the results are quite different. The first aspect to note is that now eight path relationships are rejected: (a) three involving financial threat (R1, R2, R3); (b) three involving economic hardship (R4, R5, R6); and (c) two involving financial well-being (R7, R9), i.e., excluding the relationship between financial well-being and anxiety, all the research hypotheses are rejected. This means that when subjects have good coping strategies and social support, economic stressors, in some dimensions, do not significantly affect mental health.

Another important result is that the effect of financial threat and economic hardship in stress, anxiety, and depression (R1 to R6), and financial well-being in anxiety and depression (R8, R9) is weaker in the presence of coping strategies and social support. In fact, the estimated path coefficients in Model 1 are lower than in Model 2 and, excluding R8 and R9, the differences between estimates in the two

models' coefficients are statistically significant. An opposite finding characterizes the relationship between financial well-being and stress (R7). In this relationship, the effects are stronger within individuals with adequate coping strategies and social support. In fact, the coefficient associated to R7 in Model 1 (with coping and social support) is higher than the corresponding coefficient in Model 2 (without coping and social support). However, the difference between coefficients, in this situation, is not statistically significant ($p>.05$).

Regarding the research hypotheses, in eight situations, H1 to H6 and H8 to H9, the estimated coefficients are higher in Model 2 than in Model 1, confirming our expectation that good coping strategies and strong social support attenuate the impact of economic stress on mental health. From these, only in six situations the differences between the coefficients are statistically significant and the corresponding hypotheses are not rejected (H1 to H6) ($p<.01$).

(INSERT TABLE 5 HERE)

Discussion

Generally, the obtained results demonstrated that coping strategies and social support moderate the impact of economic stressors on mental health indicators, results consistent with the existing literature. Parkes (1994) affirms that when confronted with stressful situations, such as economic crises, individuals employ coping strategies in order to: (a) change the outcomes of those situations; (b) reassess the situations; or (c) alleviate the generated adverse effects. Jesus et al. (in press) demonstrated that the influence of economic stressors on stress, anxiety, and depression is moderated by coping behaviors. In turn, several works (e.g., Rodin & Salovey, 1989) pointed that social support reduces malaise symptoms contributing to the prevention of mental health. Viseu et al. (in press) highlighted that social support moderates the impact of economic stressors on mental health indicators.

When subjects have good coping strategies and experience strong social support some of these effects are not significant (R1 to R7 and R9) or they significantly decrease (H1 to H6). Only in one situation coping and social support produced the opposite expected result (R7), but in this case, the difference to Model 2 (when coping and social support are not considered) is not significant (H7 is rejected). After comparing the obtained results with those from Leal et al. (in press), it is observed that

coping and social support moderate the reactions to economic stressors, contributing to a decrease in symptoms of distress, anxiety, and depression.

The use of longitudinal data, in future studies, may be useful to confirm if in different economic eras, the variables economic hardship, financial threat, and financial well-being produce different effects on mental health aspects. Furthermore, large sample sizes are needed, in order to gather a representative sample of the Portuguese population, and the sampling process should be more accurate with the objective of collecting a more heterogeneous sample. In addition, other moderator variables (e.g., resilience and self-efficacy) could be tested to observe its' effect on the relationship between economic stressors and mental health indicators. Another proposal is to realize similar studies in countries affected by this crisis.

In sum, with the objective of designing adequate answers relatively to the impact of economic crises on health aspects, a substantial body of knowledge is necessary, to create intervention programs that counter the harmful effects of these periods at an individual, family, and work level.

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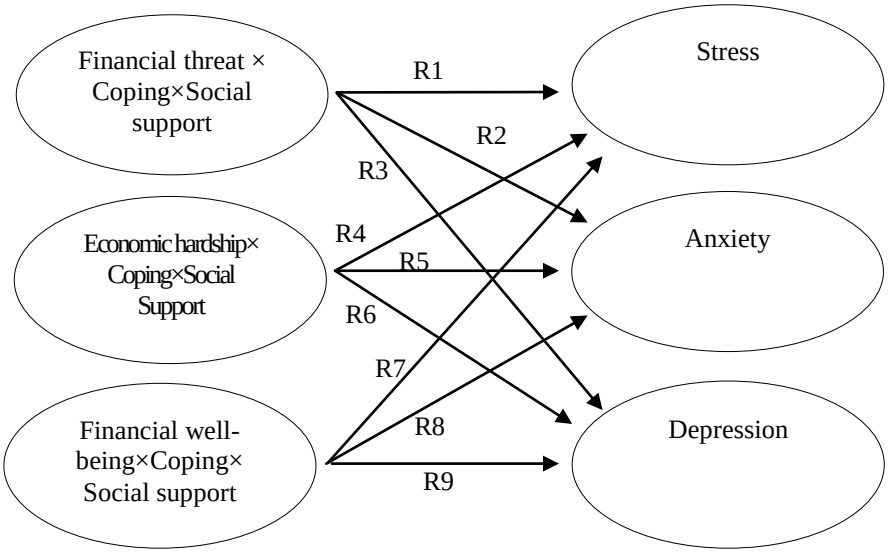

Figure 1. Conceptual model with the respective research hypotheses.

Table 1. Instruments characterization

Instrument's name	Total items	Items per dimension	Response scale	Cronbach's Alpha value
Economic Hardship Questionnaire (Lempers et al., 1989)	10	Not applied	(*1 –Never*; *4 – Very often*)	.85
Financial Threat Scale (Marjanovic et al., 2013)	5	Not applied	(*1 – Not at all*; 5 – Extremely uncertain)	.91
Financial Well-Being Scale (Norvilitis et al., 2003)	8	Not applied	(*1 – Strongly disagree*; *5 – Strongly agree*)	.91
Depression Anxiety Stress Scale 21-item version (Lovibond & Lovibond, 1995)	21	Depression – 7 Anxiety – 7 Stress – 7	(*0 – Did not apply to me at all*; *3 – Applied to me very much or most of the time*)	.86 (Depression) .92 (Stress) .90 (Anxiety)
Pro-Active Coping Scale (Greenglass et al., 1999)	14	Not applied	(*1 – Not at all true*; *4 – Completely true*)	.75
Informational, Practical, and Emotional Support (Greenglass et al., 1996)	9	Informational – 3 Practical – 3 Emotional – 3	(*1 – Not at all*; *4 – Very much*)	.90 (Informational) .89 (Practical) .89 (Emotional)

Table 2. Overall model fit indices

Goodness of fit criterion	Observed value	Comment
Absolute fit measures		
GFI	.864	Satisfactory fit
RMSEA	.057	Satisfactory fit
Incremental fit measures		
AGFI	.844	Satisfactory fit
CFI	.925	Good fit
NFI	.897	Satisfactory fit
TLI	.918	Good fit
IFI	.925	Good fit
Parsimonious for measures		
PCFI	.850	Good fit
PNFI	.824	Good fit
χ^2/df	3.381	Satisfactory fit

Note. GFI: Goodness of Fit Index; RMSEA: Root Mean Square Error of Approximation; AGFI: Adjusted Goodness of Fit Index; CFI: Comparative Fit Index; NFI: Normed Fit Index; TLI: Tucker-Lewis Index; IFI: Incremental Fit Index; PCFI: Parsimony Comparative Fit Index; PNFI: Parsimony Normed Fit Index; χ^2: Chi-square test; df: Degrees of freedom.

Table 3. Measurement model fit indices

Latent variables and indicators	Std. loadings*	CR/Alpha	AVE
Financial Threat × Social Support (SS)		.934/.939	.749
FT1×SS - How uncertain do you feel × SS score	.874		
FT2× SS - How much do you feel at risk × SS score	.940		
FT3× SS - How much do you feel threatened × SS score	.932		
FT4× SS - How much do you worry about it × SS score	.803		
FT5× SS - How much do you think about it × SS score	.762		
Economic Hardship × Social Support		.890/.899	.594
EH1× SS - Cut back on social activities and entertainment expenses × SS score	.817		
EH2× SS - Postpone major household purchases × SS score	.682		
EH3×SS - Postpone clothing purchases × SS score	.800		
EH4× SS - Change transportation patterns to save money × SS score	.659		
EH5× SS - Change food shopping or eating habits to save money × SS score	.761		
EH6× SS - Reduce household utility use × SS score	.816		
Financial Well Being × Social Support		.898/.806	.689
FWB1× SS - I am uncomfortable with the amount of debt I am in × SS score	.894		
FWB2× SS - I worry about repaying my loans. × SS score	.866		
FWB3× SS - I worry about repaying my credit cards× SS score	.712		
FWB4× SS - I think a lot about the debt I am in× SS score	.849		
Stress		.915/.915	.607
S1 - I found it hard to wind down	.746		
S2 - I tended to over-react to situations	.738		
S3 - I felt that I was using a lot of nervous energy	.758		
S4 - I found myself getting agitated	.809		
S5 - I found it difficult to relax	.827		
S6 - I was intolerant of anything that kept me from getting on with what I was doing	.740		
S7 - I felt that I was rather touchy	.828		
Anxiety		.880/.897	.515
A1 - I was aware of dryness of my mouth	.603		
A2 - I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion)	.651		
A3 - I experienced trembling (e.g., in the hands)	.698		
A4 - I was worried about situations in which I might panic and make a fool of myself	.756		
A5 - I felt I was close to panic	.818		
A6 - I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat)	.678		

A7 - I felt scared without any good reason	.793		
Depression		.898/.897	.559
D1 - I couldn't seem to experience any positive feeling at all	.725		
D2 - I found it difficult to work up the initiative to do things	.669		
D3 - I felt that I had nothing to look forward to	.763		
D4 - I felt down-hearted and blue	.819		
D5 - I was unable to become enthusiastic about anything.	.822		
D6 - I felt I wasn't worth much as a person	.758		
D7 - I felt that life was meaningless	.658		

Note. Std. loadings: Standardized factor loadings; CR: Composite reliability; AVE: Average Variance Extracted; *For all standardized loadings: p=.000.

Table 4. Discriminant validity assessment*

Latent variables	1.	2.	3.	4.	5.	6.
1. Financial Threat × Social Support	**.865**					
2. Economic Hardship × Social Support	.628	**.759**				
3. Financial Well Being × Social Support	.468	.447	**.830**			
4. Stress	---	---	---	**.779**		
5. Anxiety	---	---	---	.641	**.718**	
6. Depression	---	---	---	.600	.510	**.748**

Note. * Bolded values are the AVE's. The remaining values are the squared correlations.

Table 5. Structural model results

Causal Relationships	Model 1 (With Coping and Social Support)		Model 2 (Baseline model)			
	Path coefficient estimate (a)	Structural relationship	Path coefficient estimate (b)	Structural relationship	Difference between estimates (b)-(a)	Research hypothesis
R1: Financial Threat → Stress	.063	Rejected	.238*	**Not rejected**	.175*	**H1 Not rejected**
R2: Financial Threat → Anxiety	.002	Rejected	.139*	**Not rejected**	.137*	**H2 Not rejected**
R3: Financial Threat → Depression	.078	Rejected	.280*	**Not rejected**	.202*	**H3 Not rejected**
R4: Economic Hardship → Stress	.132	Rejected	.262*	**Not rejected**	.130*	**H4 Not rejected**
R5: Economic Hardship → Anxiety	.075	Rejected	.191*	**Not rejected**	.116*	**H5 Not rejected**
R6: Economic Hardship → Depression	.017	Rejected	.180*	**Not rejected**	.163*	**H6 Not rejected**
R7: Financial Wellbeing → Stress	.083	Rejected	.063	Rejected	-.020	**H7 Rejected**
R8: Financial Wellbeing → Anxiety	.142**	**Not rejected**	.158*	**Not rejected**	.016	**H8 Rejected**
R9: Financial Wellbeing → Depression	.042	Rejected	.108*	**Not Rejected**	.066	**H9 Rejected**

Note. $^{*}p<.01$.

Figure title and legend:
Figure 1. Conceptual model with the respective research hypotheses.

Table title and legend:
Table 1. Instruments characterization

Table 2. Overall model fit indices

Note. GFI: Goodness of Fit Index; RMSEA: Root Mean Square Error of Approximation; AGFI: Adjusted Goodness of Fit Index; CFI: Comparative Fit Index; NFI: Normed Fit Index; TLI: Tucker-Lewis Index; IFI: Incremental Fit Index; PCFI: Parsimony Comparative Fit Index; PNFI: Parsimony Normed Fit Index; χ^2: Chi-square test; df: Degrees of freedom.

Table 3. Measurement model fit indices

Note. Std. loadings: Standardized factor loadings; CR: Composite reliability; AVE: Average Variance Extracted; *For all standardized loadings: p=.000.

Table 4. Discriminant validity assessment*

Note.*Bolded values are the AVE's. The remaining values are the squared correlations.

Table 5. Structural model results

Note. *p<.01.

Conclusões

Em traços gerais, a presente investigação teve como objectivo analisar o impacto dos stressores económicos (dificuldade económica, ameaça financeira e bem-estar financeiro) sobre alguns indicadores de saúde mental (stresse, ansiedade e depressão). Foi ainda nosso propósito perceber em que medida as variáveis moderadoras coping e suporte social influenciam a relação supra mencionada.

Todos os instrumentos de recolha dos dados utilizados apresentam condições de validade e de fiabilidade adequadas para medir as variáveis que pretendem avaliar, nomeadamente por apresentarem valores de consistência interna (α) de $\alpha \geq 0{,}70$.

Os estudos empíricos efetuados no âmbito da presente dissertação permitiram-nos chegar a diversas conclusões.

Relativamente ao estudo empírico I, os resultados obtidos demonstram que a dificuldade económica e a ameaça financeira foram preditores significativos da ansiedade, depressão e stresse, ao passo que o rácio de despesa (quociente baseado nos ganhos e despesas) não foi significativamente preditor destas variáveis.

No que diz respeito ao estudo empírico II, os resultados encontrados evidenciam que a dificuldade económica e a ameaça financeira têm um impacto significativo no stresse, ansiedade e depressão. No entanto, apesar do bem-estar financeiro ter sido significativamente associado com a ansiedade e a depressão, não foi um preditor significativo do stresse.

No que concerne aos resultados do estudo empírico III, verificamos que o coping modera a influência dos stressores económicos sobre os indicadores de saúde mental.

Os resultados do estudo empírico IV permite-nos concluir que o impacto dos stressores económicos sobre o stresse, ansiedade e depressão pode ser moderado pelo suporte social.

Por fim, os resultados do estudo empírico V possibilita-nos afirmar que o coping e o suporte social em conjunto moderam a influência dos stressores económicos sobre os indicadores de saúde mental, isto é, reduzem notavelmente as experiências de stresse, ansiedade e depressão.

Assim sendo podemos referir que os resultados deste trabalho estão em consonância com a literatura consultada, isto é, os resultados dos estudos empíricos efectuados confirmam que, de uma maneira geral, a recessão económica influencia a saúde psicológica dos indivíduos, uma vez que os stressores económicos são preditores significativos dos indicadores de saúde mental. Por outro lado, observamos também que o impacto dos stressores económicos sobre o stresse, ansiedade e depressão pode ser moderados pelo coping e pelo suporte social.

Todavia, é fundamental apontar algumas limitações encontradas nos nossos estudos empíricos.

A amostra destes estudos empíricos não é representativa da população portuguesa.

Ao tratar-se de um estudo transversal não considera um delineamento temporal das variáveis em estudo resultando numa limitação dado que apenas estabelece uma relação causal entre os stressores económicos e os alguns indicadores de saúde mental num determinado momento.

Tendo em conta as principais limitações e fragilidades encontradas no presente trabalho consideramos pertinente propor um conjunto de sugestões para futuras investigações neste âmbito.

Futuros estudos acerca desta temática deverão utilizar um desenho longitudinal de modo a confirmar se em diferentes períodos económicos (e.g., recessão económica vs. crescimento económico) os stressores económicos têm influência na ansiedade, stresse e depressão.

Além disso, a amostra deverá incluir um maior número de participantes com o objectivo de ser representativa da população portuguesa, bem como o processo de amostragem deverá ser mais preciso no sentido de garantir uma maior heterogeneidade da amostra, incluindo indivíduos que pertençam a diferentes estratos sociais e económicos.

Propomos ainda que outros estudos tentem compreender a razão pela qual a variável rácio de despesa não foi um preditor significativo do stresse, ansiedade e depressão, bem como entender a razão pela qual o bem-estar financeiro não teve um impacto significativo no stresse, não obstante ser um preditor significativo da ansiedade e depressão.

Outras variáveis moderadoras (e.g., resiliência, auto-eficácia) poderão ser testadas no sentido de compreender o seu efeito no impacto dos stressores económicos sobre os indicadores de saúde mental.

Outra proposta interessante será realizar estudos similares noutros países europeus afectados por esta crise económico-financeira com o intuito de comparar os resultados encontrados.

A crise económico-financeira acarreta múltiplas consequências para a saúde e bem-estar dos indíviduos o que torna premente a realização de estudos sobre esta temática. O conhecimento aprofundado dos efeitos da actual crise económica na saúde poderá possibilitar uma intervenção útil e adequada no sentido de permitir ao indivíduo desenvolver um conjunto de competências e estratégias relevantes que o tornem mais eficaz no confronto com os efeitos nocivos desta crise económico-financeira.

Nesta linha de pensamento, poderia ser útil a implementação de programas de prevenção de stresse, ansiedade e depressão adequadamente adaptados aos indivíduos afectados pela crise económica. Nestes programas, a intervenção poderia incidir, entre outros aspectos, sobre o treino de competências, em particular sobre estratégias de coping e de relacionamento interpessoal, uma vez que a literatura indica que o coping e o suporte social evitam a deterioração da saúde mental em períodos de recessão económica.

O mercado de trabalho em Portugal sofreu muito com a actual crise económica e neste sentido os indivíduos desempregados poderiam beneficiar de programas de aconselhamento com o intuito de ajudá-los a desenvolver as competências requeridas pelo mercado de trabalho.

Esperamos que este trabalho possa ser útil como ponto de reflexão sobre o impacto da actual crise económica sobre alguns indicadores de saúde mental, bem como ponto de partida para futuras investigações, uma vez que é necessário um conjunto substancial de conhecimentos para criar programas de intervenção com a finalidade de reduzir os efeitos negativos ao nível da saúde mental provocados pela crise económica.

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Anexo