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VIVO Questionnaire. A measure of human worldviews and identity in trauma, crisis and loss. Validation and preliminary findings.

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Abstract

Various proposals have been made in order to measure worldviews and identity in extreme trauma or loss experiences. The use of these scales has provided mixed results.

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Abstract

The Vital Impact Assessment Scale (VIVO) was designed to fill some of the gaps of the existing tools: (1) to be administered to the general population, as well as to survivors of extreme experiences; (2) to include an extensive range of human responses to extreme situations; (3) to be able to administer it to large samples of population from different cultural backgrounds; (4) to avoid anchoring to a specific personal experience; (5) to work with extensive and complex response profiles. Validation data and preliminary results are presented for the Spanish version, and an English formulation is proposed. The final version of the VIVO questionnaire, composed of 116 items, offers an organized profile divided into 10 conceptual blocks (Worldviews, Attitude towards the World, View of Human Beings, Coping, Impact of Past Situations, Emotions, Telling the Experience, Consequences, Social Support and Identity) and 35 subscales.

Key Words: Instrumental Study, Worldviews, Identity, Trauma, Post-Traumatic Stress Disorder, Loss, Assumptions.

Introduction

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

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

Tools of this type face some particular epistemological difficulties: (1) they try to measure constructs which are dynamic, elusive and dialectical with their environment; (2) the person often lacks a clear insight and a global vision of his worldviews; (3) while the items pretend to capture abstract or existential concepts, the person usually answers by resorting to personal or vicarious situations that are considered to be prototypical (Tourangeau, Rips, & Rasinski, 2000). When these situations do not exist or cannot be recalled at the moment, people respond from a purely speculative point of view or based on an estimate of how they consider that they would react, which corresponds to a desideratum (*wishful thinking*) or to a socially desirable answer (Sumalla, Ochoa, & Blanco, 2008); (4) worldviews measures have not been designed to be applied to the general population, and the studies must compare

groups of people with experiences of different levels of intensity (Solomon, Iancu, & Tyano, 1997). This goes against accumulated knowledge indicating a profound individuality in the trauma response and a lack of a dose-response connection between the type or intensity of the traumatic event and changes in worldviews (Basoglu & Parker, 1995; Fujita & Nishida, 2008). It is also important to add the difficulties of establishing causal inferences from studies which are cross-sectional (Kaler et al., 2008) and which do not provide follow-up data to see the sensitivity of worldviews measures to change.

The Vital Impact Assessment Scale (Escala de Valoración del Impacto Vital, VIVO) has been developed with various purposes: (1) to have a scale that can be administered to the general population, as well as to those who have survived extreme experiences, in order to obtain comparative data; (2) to take into account a very extensive range of human responses to extreme situations; (3) to be able to administer it to large groups of population from different cultural backgrounds; (4) to avoid anchoring to a personal experience; (5) to work with "response profiles" instead of with added scores. The validation of the VIVO scale has been carried out according to the standards for the development and the review of instrumental studies and its results are presented herein.

Method

Samples and Recruitment Procedures

The questionnaire has been developed during the last four years. Initial drafts of the VIVO Questionnaire (2005-2007) were tested with ad hoc samples of the general population, psychologists, firemen and ambulance drivers, in-patients in burn units at a general hospital and out-patients in the department of psychiatry of a complex trauma unit. The Scale was used in a paper version and individual interviews were conducted to

check item by item for content validity and suggestions. The VIVO was also placed in a web page (May 2007) asking for voluntary participation. Participants (n=189) were offered through a form the possibility to explain their answers to every item, and to suggest additional wording and potential unexplored issues according to their life experience. Both paper and web questionnaires were compared item by item and global scores (T-Test), yielding no significant differences after adjusting for multiple comparisons.

The final sample of the scale was recruited through the project's webpage (http://www.psicosocial.info/) from September 2007 to February 2008 (n=3130 version-1). Preliminary analysis showed the convenience of changing the anchoring system of the items and launching a second wave (March 2008 - October 2008, n=827) version-2 and final). It was decided to obtain samples using the Internet, as a strategy to obtain a number of responses large enough to have some key traumatic events well represented and to have a big sample from different countries and different cultures. Therefore, voluntary collaboration was requested in approximately 1400 internet forums using the Spanish language. The forums were randomly selected using the main search engines and they correspond to the endless and heterogeneous scope of subject matters that these types of public space have (complete list available on request). The questionnaires obtained were later analyzed one by one by three independent judges, ruling out acquiescent answers or answers with incoherent or extreme profiles (outliers) (n=314; 4.9%). The final refined sample was composed of 3808 people (3020 for version 1 and 788 for the slightly modified version 2). From a demographical point of view, there were no differences between the questionnaires that were ruled out and those that were finally analyzed. Despite the self-selection bias that this type of procedure may exhibit, its correct use together with individualized screening filters has

been widely accepted as an adequate and valid contemporaneous sampling method (Eiroá-Orosa, Fernández-Pinto, & Pérez-Sales, 2008; Fortson, Scotti, del Ben, & Chen, 2006). Our online questionnaire followed the technical recommendations provided by the main web-based studies available to date (Dillman, 2007).

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

During these years drafts of the VIVO questionnaire have been used in studies with relatives of people who were detained or disappeared for political reasons in Argentina (Arnoso-Martínez & Eiroa-Orosa, 2010), victims of massacres in Colombia claiming for reparation, victims of torture and asylum seekers and adolescents with antecedents of child sexual abuse in Spain (unpublished results).

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

Measures.

VIVO Questionnaire. An initial pool of 128 expressions in Spanish was derived from survivors' testimonies and expert consensus corresponding to (a) basic beliefs, (b) signs of subjective damage, resilience and growth, (c) ways of social, cognitive and behavioural appraisal and processing of extreme experiences (Pérez-Sales, 2006) and an extensive review of existing models and measures on the impact of extreme experiences (Antonovsky, 1987; Calhoun & Tedeschi, 1999; Ehlers & Clark, 2000; Epstein, 1989; Janoff-Bulman, 1992; Kauffman, 2002; Kobasa, 1983; Pennebaker, 1990; Stroebe, Schut, & Finkenauer, 2000), ethnographic and qualitative studies (Lifton, 1967; Pérez-Sales, Bacic, & Durán, 1998) or autobiographical accounts of victims' experiences (Amery, 2001; Frankl, Lasch, & Allport, 1963; Levi, 1987; Steinberg, 2001). 80 items were suitable for the general population, 48 were meaningful only for survivors. In earlier versions the participants had to choose between opposing expressions of a concept. This was later changed to a classic five-point Likert scale. Although we present results for version 2 (n=788) of the final sample, all statistical analyses were repeated independently of the previous one (n=3020), yielding almost identical results.

In addition to the VIVO Questionnaire, participants completed

- . *Inventory of Extreme Experiences (IEE)* (Pérez-Sales, Cervellón, Vázquez, Vidales, & Gaborit, 2005). This collects data on 24 experiences (most commonly linked to trauma, loss or crisis and 5 positive life-events).
- . *PTSD Checklist–Civilian Version (PCL-C)*. A 17-item scale that assesses post-traumatic stress disorder (Weathers, Huska, & Keane, 1991). Different cut-off points have been proposed (Vazquez, Pérez-Sales, & Matt, 2006), but only the overall score was used in this study.

- . Overall Satisfaction with Life. Ranked from (1) I consider myself to be happy with life (3) I consider myself to be unhappy overall.
- . *Overall Self-image*. Ranked from (1) I like the way I am and I would change very little and (3) There are more things that I don't like about myself than things that I do.
- . Average Positive, Negative and Overall Mood, Emotions of Sadness and Joy/Happiness were evaluated (from 1 Constantly to 5 Never) throughout the previous two weeks, as well as the Overall Mood (from 1 Euphoric and full of vitality during most of the day to 5 Very sad during most of the day).

Results

Test for Normality and Item Distribution

Descriptive statistics and the actual distribution of responses were computed for each VIVO item. Means range from 1.84 to 4.33 (full data available on request). Most of them fall around the expected value (mean=3) and all are in the range of one Standard Deviation from the theoretical mean (1.4 - 4.6), have a skewness ≤ 2 and a kurtosis ≤ 7 (Fabrigar, Wegener, MacCallum, & Strahan, 1999).

Factor Structure

The items were split into ten conceptual blocks according to the results obtained from preliminary studies (Pérez-Sales et al., 2010), the theoretical framework of the model and an experts' consensus. Five blocks correspond to the 80 items suitable for the general population and survivors and five blocks correspond to the 48 items only suitable for survivors. We performed factor analyses using principal component methods with varimax rotation in each of these ten conceptual blocks. 35 factors were obtained (see Table 1) which explained between 44.1% (Coping) and 56% (Emotions associated with what happened) of the variance. There were seven items with low factor

loading in 4 of the 35 factors ("Tolerance of ambiguity and uncertainty", "Search for logic", "Capability of communicating what happened" and "Development of victim identity"); these were retained because previous results showed their conceptual contribution to the scale's global interpretation.

The structure of these 35 factors presents Cronbach α values from 0.6 to 0.83, with the exception of the 4 previously mentioned factors, which have lower values that range from 0.33 to 0.38.

Table 1. <u>Factor</u> loading for each factor analysis. Means, standard deviations and internal consistency for each of the factors of General Population (1-21) and Survivors (22-35).

VIVO. VE: Variability Explained by the factorial structure of each conceptual block; α : Safety Coefficient; Cronbach's α of each factor, M: Mean Score of each factor SD: Standard Deviation of each factor. . † items retained based on theoretical criteria

<u>I.</u>	II. Attitude	III. View of 1	Human Beings	IV. Coping	V. Impact of P	ast Situations
Worldviews	towards the	VE: 49,7%	_	VE: 44,1%	VE: 47,02%	_
VE: 51,5%	World			V L. 44,170		
	VE: 48,8%					
1.	4. Suicide	8. Sharing	10. Human	14.	17. Guilt	19. Learning
Worldviews	$(\alpha = 0.826)$	the	kindness	Ruminating	(α 0,699	from
$(\alpha = 0.774)$	M 13,93 SD	experience	$(\alpha 0,709)$	$(\alpha 0,727)$	M 21,43 SD	mistakes
M 20,02 SD	2,50)	$(\alpha 0,737)$	M 12,31 SD	M 10,20 SD	3,30)	$(\alpha 0,724)$
5,14)	69 0,869	M 22,90 SD	3,38)	3,81)	13 0,657	M 16,00 SD
15 0,815	31 0,766	5,32)	52 0,651	35 0,748	2 0,622	3,30)
24 0,575	10 -0,702	70 -0,578	12 0,507	61 0,591	43 0,469	50 0,637
48 0,378	20 -0,660	26 -0,531	66 -0,713	57 -0,543	59 -0,532	36 0,381
72 -0,804	5. Destiny	4 -0,484	30 -0,469	29 -0,547	55 -0,459	51 -0,802
1 -0,455	$(\alpha 0,785)$	54 0,751	11. Trusting	15. Coping -	27† -0,245	41 -0,509
60 -0,317	M 6,78 SD	6 0,599	people	active	18 Self-	20. Belief in
2. Purpose of	2,52)	25 0,571	$(\alpha 0,79)$	$(\alpha 0,68)$	confidence	the
life	45 0,812	9.	M 5,67 SD	M 14,54 SD	$(\alpha 0,779)$	possibility of
$(\alpha 0,835)$	5 -0,809	Significance	2,21)	3,55)	M 15,06 SD	change
M 7,98 SD	6. Ambiguity	of suffering	16 0,780	53 0,781	3,80)	$(\alpha 0,721)$
2,30)	and	$(\alpha 0,703)$	3 -0,795	68 0,427	71 0,829	M 7,29 SD
7 0,670	uncertainty	M 22,07 SD	12. Finding	23 -0,667	56 0,299	2,18)
34 -0,832	$(\alpha 0,34)$	4,59)	the words	63 -0,391	62 -0,817	67 0,817
3. Beliefs	M 5,94 SD	9 0,482	$(\alpha 0.81)$	16.	17 -0,332	11 -0,646
and	1,82)	8 0,420	M 4,24 SD	Remembering		21. Fears
convictions	18† 0,258	47 0,355	2,43)	and		$(\alpha 0,757)$
$(\alpha 0,828)$	32 -0,726	40 -0,556	21 0,835	forgetting		M 5,86 SD
M 12,46 SD	7. Search for	22 -0,663	39 -0,693	$(\alpha 0,715)$		2,49)
5,01)	logic in	49 -0,665	13. Dreams	M 6,58 SD		37 0,736
28 0,760	everyday		$(\alpha 0,702)$	2,36)		58 -0,769
14 0,699	situations		M 6,26 SD	44 0,597		
65 -0,780	$(\alpha 0,398)$		2,50)	42 -0,897		
46 -0,638	M 5,02 SD		33 0,705			
	1,94)		38 -0,738			
	64 0,646					
	19 -0,393					

VI. Emotions	VII. Telling the	VIII. Consequences	IX Social Support	X. Identity
VE: 56%	Experience VE: 45,9%	VE: 45,3%	VE: 44,3%	VE: 52,30%
22. Emotions associated with what happened (α 0,825 M 18,01 SD 6,39) 114 0,605 79 0,667 96 0,410 89 -0,796 106 -0,662 113 -0,544 23. Control over the situation (α 0,841 M 5,03 SD 2,68) 91 0,842 81 -0,804 24. Tolerance of feelings (α, 0,8 M 6,32 SD 2,49) 97 0,823 101 -0,747	25. Testimony (α 0,769 M 7,34 SD 2,22) 99 0,814 80 -0,730 26. Expressing all that happened (α 0,337 M 5,12 SD 2,05) 95 -0,288 76 0,655	27. Sensitivity – insensitivity towards others (α 0,694 M 13,84 SD 3,77) 112 0,591 88 0,728 83 -0,546 107 -0,523 28. Capacity to feel affection for others (α 0,796 M 7,26 SD 2,65) 78 0,851 92 -0,727 29. Acceptance of chance (α 0,421 M 5,17 SD 2,16) 75 0,339 94 -0,745	30. Social support (α 0,728 M 13,04 SD 4,06) 116 0,598 86 0,664 110 -0,403 100 -0,745 31. Blaming the victim (α 0,607 M 6,81 SD 2,46) 93 0,735 103 -0,546	32. Future and hope (α 0,876 M 23,77 SD 5,76) 108 0,841 90 0,807 105 0,687 82 -0,749 74 -0,750 104 -0,567 33. Identity changes (α 0,777 M 9,46 SD 3,98) 109 0,826 98 0,656 87 -0,698 84 -0,511 34. Change in priorities (α 0,840 M 5,32 SD 2,71) 85 0,912 77 -0,738 35. Victimhood as key to identity (α 0,385 M 13,80 SD 3,16) 111 0,95 102 ,137 73 115 115 ,212

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

Table 2 provides the definition of the factors included in the VIVO scale.

Table 2. Definition of each factor that is part of the Vital Impact Assessment Scale, VIVO.

Subscale	Those who score high	Those who score low
	SUBSCALES FOR GENERAL PO	
	Conceptual Block I – World	
***	perceive the world as a grey and unsafe place	see the world as a beautiful, pleasant and safe place.
Worldviews	and as somewhere where it is not possible to	
	enjoy life.	
Meaning of life	consider life to have no meaning.	consider their lives to be meaningful.
	· ·	
D 11 C 1 1 1 1	think that they do not have ideological or	think that their ideologies and personal convictions
Beliefs and convictions	spiritual convictions or that these have not	helped them in confronting difficult situations.
	helped them in confronting difficult situations.	1 4 10 11
	Conceptual Block II - Attitude towaconsider suicide to be a legitimate option and	
Suicide		consider that suicide is not an option and no one
Suicide	may have even considered it.	should ever give up on life.
	consider that destiny plays a decisive role in	consider that destiny does not exist.
Destiny	their lives.	consider that destiny does not exist.
	think that life is about accepting uncertainty	look for certainty in their relationships with others an
Ambiguity-uncertainty	and ambiguity.	in circumstances of life.
	and amorganty.	in circumstances of inc.
	tend to look for logic/rational in life	accept situations as they occur.
Search for logic (rational) in	situations and ask themselves why things	decept studitions as they occur.
everyday situations	happened.	
	Conceptual Block III: View of Hi	ıman Reinos
	consider that talking about the experience is	consider that sharing the experiences helps and that it
Sharing the experience	not very useful and that silence or leaving	provides a sense of relief.
	things behind are better strategies.	F
	consider that suffering is useless and that it	consider that suffering is an opportunity for learning
Significance of suffering	ruins people.	and overcoming situations, and that it is possible to be
	Fraker	happy even while suffering.
	consider that evil generally triumphs and that	consider that there is a human tendency towards
Human kindness	people don't tend to help those who are close to	kindness.
	them.	
m .: 1	tend to not trust others.	tend to trust others.
Trusting people		
	consider that there are no words to express	consider that there are always words to express even
Finding words	the horror and that if there were, it still	the most horrific experiences.
Ç	wouldn't be understood by others.	
D	consider that their suffering is expressed in	usually do not remember their dreams and tend to not
Dreams	their dreams.	give importance to them.
	Conceptual Block IV: Co	ping
Ruminating	tend to not stop thinking about the situations	can easily stop thinking about what worries them.
Kummaung	they go through, or cannot stop thinking easily.	
Active coning	tend to cope with unforeseen situations by	Consider that they tend to freeze up and react with fear
Active coping	thinking calmly and in a direct manner.	when facing a threat.
Remembering and	consider that it is not possible to forget	consider that they can leave unpleasant situations
forgetting	unpleasant situations.	behind if they want to.
	Conceptual Block V: Impact of Pa	
Guilt	consider that they have painful feelings of	consider that they can assume responsibility for the
Guilt	guilt.	past or that it is possible to understand or forgive others.
	consider that they have lost confidence in	consider that their self-confidence remains intact.
Self-confidence	themselves and their capability of confronting	
	their problems.	
Learning from mistakes	consider that it is not possible to learn from	consider that they have learned or that they have
Learning from mistakes	one's mistakes.	become stronger from the adverse experiences.
Belief in the possibility of	consider that it is not possible for human	consider that changes are part of being human.
change	beings to change.	
Specific/unspecific Fears	consider that their fears are difficult to	are usually able to identify their fears.
Specific, anspecific 1 cars	identify.	
	SPECIFIC SUBSCALES FOR S	
	Conceptual Block VI: Emo	
Emotions associated with	associate the traumatic experience with	associate the extreme experience with situations of
the experience	situations of humiliation, indignity or shame.	pride, dignity or resistance.
Control over the situation	associate the traumatic experience with	do not associate the traumatic experience with a sense
	situations of helplessness and loss of control.	of loss of control.
Tolerance of feelings	reject feelings that are related to the extreme	tolerate and accept their feelings.
<i>6</i> -	situation.	E
	Conceptual Block VII: Telling the	
Testimony	consider that to give testimony to others	consider that to give their testimony gives life a
•	about the difficult situations is irrelevant.	meaning.
Expressing all that	prefer not to communicate all parts of their	have tried to communicate almost everything. Expres
happened	experience or do not know how to express what	the situation completely.

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

An analysis using Spearman's correlation on the 35 factors showed values ranging between 0.001 and 0.583. Viewed overall, 441 (36%) showed null or very low correlations (between 0 and +/-0.2), 686 (56%) showed low correlations (between +/-0.2 and +/-0.4) and 98 (7.7%) showed moderate correlations (between +/-0.4 and +/-0.58).

Test-Retest. In May 2008 all participants who had completed the VIVO in the period October-December 2007 were contacted. 186 participants agreed to complete the questionnaire again.

Paired T-Tests item by item showed stability in 125 of the 128 items.

Validity of Criteria.

Table 3 shows the correlations between the different sub-scales and the external criteria on validation.

Table 3. Concurrent validity of the factors of the VIVO scale with PTSD, Self-image, Satisfaction with life and State of mind.

		PCL-C	Self-Image	Sadness	Level of Satisfaction with life	Happiness	State of Mind
1.	Worldviews	-,516(**)	-,479(**)	,492(**)	-,629(**)	-0,525	,622(**)
2.	Meaning of life	-,319(**)	-,360(**)	,335(**)	-,501(**)	-0,381	,433(**)
3.	Beliefs and convictions	-0,073	-,208(**)	,107(**)	-,285(**)	-0,201	,190(**)
4.	Suicide	-,184(**)	-,180(**)	,227(**)	-,313(**)	-0,252	,292(**)
5.	Destiny	-0,019	0,017	,080(*)	-0,007	0,012	0,058
6.	Ambiguity	-0,048	-0,026	0,058	-0,043	0,004	0,030
7.	Search for logic	-0,063	0,061	,120(**)	-0,038	0,011	0,046
8.	Sharing the experience	-0,062	-,173(**)	0,055	-,200(**)	-0,150	,123(**)
9.	Significance of suffering	-,265(**)	-,297(**)	,240(**)	-,355(**)	-0,296	,342(**)
10.	Human kindness	-,257(**)	-,278(**)	,282(**)	-,346(**)	-0,269	,326(**)
11.	Trusting people	-,142(**)	-,141(**)	,151(**)	-,199(**)	-0,163	,196(**)
12.	Finding the words	-,169(**)	-0,054	,119(**)	-0,064	-0,062	,112(**)
13.	Dreams	-,349(**)	-0,052	,189(**)	-,099(**)	-0,111	,177(**)
14.	Ruminating	-,371(**)	-,273(**)	,401(**)	-,286(**)	-0,213	,374(**)
15.	Coping - active	-,460(**)	-,319(**)	,380(**)	-,327(**)	-0,284	,415(**)
	Remembering and forgetting	-0,061	-,128(**)	,181(**)	-,116(**)	-0,144	,201(**)
17.	Guilt	-,490(**)	-,361(**)	,378(**)	-,359(**)	-0,286	,402(**)
18.	Self-confidence	-,454(**)	-,481(**)	,440(**)	-,444(**)	-0,375	,497(**)
19.	Learning	-,273(**)	-,287(**)	,264(**)	-,346(**)	-0,294	,365(**)
20.	Belief in the possibility of change	-0,087	-,094(**)	,141(**)	-,180(**)	-0,108	,165(**)
21.	Fears	-,312(**)	-,182(**)	,281(**)	-,194(**)	-0,105	,245(**)
22.	Emotions	-,448(**)	-,295(**)	,313(**)	-,330(**)	-0,257	,354(**)
23.	Control over the	-,459(**)	-,151(**)	,278(**)	-,197(**)	-0,087	,205(**)
24.	situation Tolerance of	-,316(**)	-,185(**)	,283(**)	-,313(**)	-0,254	,327(**)
25.	feelings Testimony	-0,052	-,229(**)	0,105	-,266(**)	-0,239	,204(**)
26.	Communicating	0,017	-,162(**)	0,086	-0,072	-0,091	0,077
27.	what happened Sensitivity - insensitivity to	-0,034	-,234(**)	,108(*)	-,237(**)	-0,280	,240(**)
28.	others Capacity to feel affection for others	-,386(**)	-,234(**)	,316(**)	-,303(**)	-0,264	,344(**)
29.	Acceptance of chance	-,271(**)	-,190(**)	,305(**)	-,247(**)	-0,222	,311(**)
30.	Social support	-,393(**)	-,302(**)	,263(**)	-,358(**)	-0,292	,331(**)
31.	Blaming the victim	-,433(**)	-,117(*)	,209(**)	-,259(**)	-0,207	,257(**)
32.	Future and hope	-,533(**)	-,430(**)	,439(**)	-,661(**)	-0,514	,581(**)
33.	Identity changes	-,287(**)	0,031	,111(*)	-0,093	-0,060	0,085
34.	Change in priorities	-,220(**)	0,006	0,053	-0,014	-0,022	0,052
35.	Victimhood as key to identity	-,449(**)	-,280(**)	,424(**)	-,413(**)	-0,305	,444(**)

In 23 out of 25 sub-scales, there are significant, but moderate, correlations between vital impact sub-scales and post-traumatic stress measures. Similar patterns with moderate correlations can be observed between the Vital Impact measured with the VIVO scale and Self-image (28 factor of 35), Satisfaction with life (28/35), Sadness (31/35), Happiness (27/35) and Overall mood (29/35). In the VIVO sub-scales the lower scores are associated with negative impact, damage or management difficulties, which is why the negative correlations with the criteria variables indicate that people who have a better image of themselves, who are more satisfied with the way their life is going and who show more happiness and a better overall mood and state of mind, also tend to obtain higher values in the VIVO sub-scales. The positive correlation with sadness indicates, as expected, that feelings of sadness are associated with lower scores in most of the VIVO sub-scales. The scales that do not show a negative correlation with post-traumatic stress, satisfaction, and overall mood measures are, constantly and homogeneously (see Table 3), the ones related to attitudes towards the world (political or religious convictions, belief in destiny, ambiguity and uncertainty, search for logic in life situations) and to finding the words (sharing the experience, leaving behind as a way of coping, value of testimony, communicating what happened, sensitivity-insensitivity towards others). This indicates that both types of variables are independent regarding the vision that the person has of others, of him or herself and of the world. Additionally, in relation to self-image, there are some expected negative correlations, particularly under the specific sub-scales related to Survivors, experiencing identity changes and a change in priorities (Table 3).

Discussion

We present a scale which analyzes the worldviews and assesses the impact caused by vital experiences of trauma, loss or crisis, and that can be administered to the general population and to survivors. The scale was developed based on a series of studies that have

been carried out by our team throughout the last 4 years. During its first versions (2006-2007), we carried out validation processes on clinical and non-clinical samples and test-retest analysis after the first 6 months, showing good results. We compared paper and pencil and web samples showing the adequacy of both methods for the purpose of validating the VIVO. Using a large sample (n=788), which was backed up by another sample obtained with an identical older version, except for the type of anchoring (n=3130), a structure with 10 conceptual blocks and 35 sub-scales which cover areas related to the Worldviews, Attitude towards the world, View of human beings, Coping, Impact of past situations, Emotions, Communication, Consequences, Social support and Identity was obtained. The result is a final questionnaire of 116 items (see Annex 1). The general population answers only the first 72 items and survivors go on to answer the remaining 44. The estimated time to complete the questionnaire ranges from 30 to 45 minutes, depending on the person's level of education. It is a complex questionnaire, not so much because of the questions or the phrasing (in previous versions and based on different patients and groups of people, the majority of complex terms or ambiguous expressions have been eliminated), but because of the profoundness of the aspects explored, which require a certain introspective effort. As a result of that, although the questionnaire has shown excellent clinical results and it has proven to be very useful when it comes to psychotherapy-related work with survivors in general, it presents some difficulties when working with indigenous or elderly people.

Psychometrically speaking, we have chosen a solution with a high number of short sub-scales (35) - 2 to 12 items per scale-. We found good values of explained variance and reliability coefficients within acceptable ranges, apart from some exceptions that are retained based on theoretical criteria. Several studies have shown that scales with few items, like the ones that make up the VIVO questionnaire, can be solid and useful measures (Cappelleri et al., 2009). There is a growing tendency in contemporary research to favour using multiple

scales with a reduced number of items instead of a short array of very long measures. The worldviews of a person cannot be reflected by a global score of partial aspects. The positive or negative impact on a sole nuclear aspect out of the many aspects explored by VIVO can change a person's life, and this is critical to our proposal of working with extensive profiles addressing the key components of a survivor's experience. In conclusion, throughout these past years we intended to find a delicate balance between an instrument that explores the complexity of existential responses to traumatic situations of loss and crisis, which can also be simple and manageable enough to be used in research and in everyday clinical activities.

The result is not a group of values (it is complicated to interpret each one of them separately), but a profile. From a clinical point of view, the VIVO questionnaire helps to easily detect key issues and areas to be explored in psychotherapy (Pérez-Sales, 2006). Figure 1 shows the profiles for two persons, the first one with no significant traumatic background and the second corresponding to a woman from Columbia who lost her husband and a five-year old son in an attack by paramilitary forces and was subsequently a victim of forced displacement.

The correlations between the VIVO scales and the PCL-C are moderately significant (the values are not higher than 0.5), which supports the idea that, although the impact of extreme experiences on worldviews is related to PTSD, both constructs are sufficiently different and add complementary views to our understanding of human response to trauma. While PTSD, generally speaking, can be conceptualized as a physiological response related to the biological circuits of fear and to the difficulties that arise from the fact that the memories associated with the disorder are registered into a coherent sequence of events in one's episodic memory (Shin & Handwerger, 2009), measures on vital impact deal with the most profound aspects of a human being's experiences, which are often linked to non-conscious information processing. As long as the answers to questionnaires are based on

reflexive processes, they will have to be complemented with research using experimental measures of unconscious information processes (like selective attention neuropsychological tests, response systems under time pressure, etc.). Finally, scores in the VIVO scales linked to resilience show a high direct correlation with measures of self-image, satisfaction with life and a positive mood, but not with sadness, in line with previous studies (Tomich & Helgeson, 2002; Wilson, 2006), with the exception of sub-scales that are related to communication of experiences and attitudes towards the world, which was also pointed out in a validation study of the World Assumptions Scale (Kaler, 2008). Due to the cross-sectional nature of our data, it is not possible to state whether being in a better mood led to answering the questionnaire with more benign responses or vice versa. Until this is clearly stated, our data suggests that when using the VIVO questionnaire, it might be beneficial to include an emotional state measure and to control its possible influence as a co-variable.

In short, the VIVO questionnaire adds some innovative new features and concepts that can help to explore hypothetical relations between certain types of experiences and certain impact profiles in survivors. The subscales have shown high internal consistency, a well justified structure derived both from theory and results and an adequate concurrent and discriminant validity. Our team is now conducting research on the impact of interpersonal violence versus other types of violence, the differential impact of trauma and loss on worldviews through lifespan, or the specific effect on worldviews of political violence, just to provide some examples. We consider that relevant fields can be explored for comprehending the experiences that human beings go through in extreme situations.

References

- Ali, T., Dunmore, E., Clark, D. M., & Ehlers, A. (2002). The role of negative beliefs in posttraumatic stress disorder: a comparison of assault victims and non victims. *Behavioural and Cognitive Psychotherapy*, 30(3), 249.
- Amery, J. (2001). Más allá de la culpa y la expiación. Tentativas de superación de una víctima de la violencia. Valencia: Ed Pre-Textos (original de 1974).
- Antonovsky, A. (1987). Unravelling the mystery of health: How people manage stress and stay well. San Francisco: Jossey-Bass.
- Arnoso-Martínez, M., & Eiroa-Orosa, F. J. (2010). Psychosocial research and action with survivors of political violence in Latin America: methodological considerations and implications for practice. *Intervention*, 8(1), 3-13.
- Basoglu, M., & Parker, M. (1995). Severity of trauma as predictor of long-term psychological status in survivors of torture. *Journal of Anxiety Disorders*, 9(4), 339-350.
- Calhoun, L. G., & Tedeschi, R. G. (1999). Facilitating Posttraumatic Growth: A Clinician's Guide. Mahwah, N.J.: Lawrence Erlbaum Associates.
- Cappelleri, J., Bushmakin, A., McDermott, A., Sadosky, A., Petrie, C., & Martin, S. (2009). Psychometric properties of a single-item scale to assess sleep quality among individuals with fibromyalgia. *Health and Quality of Life Outcomes* 2009, 7, 54.
- Carretero-Dios, H., & Pérez, C. (2007). Standards for the development and the review of instrumental studies: Considerations about test selection in psychological research. International Journal of Clinical and Health Psychology, 7, 863-882.
- Dillman, D. A. (2007). *Mail and Internet Surveys: The Tailored Design* (Second Edition). Hoboken, N.J.: John Wiley, p. 523.
- Ehlers, A., & Clark, D. M. (2000). A cognitive model of post-traumatic stress disorder. Behaviour Research and Therapy, 38.
- Eiroá-Orosa, F., Fernández-Pinto, I., & Pérez-Sales, P. (2008). Cuestionarios psicológicos e investigación en internet: una revisión de la literatura. *Anales de Psicología*, 24(1).
- Epstein, S. (1989). Post-traumatic stress disorder: a review of diagnostic and treatment issues. *Psychiatric Annals*, *19*(10), 556-563.
- Fabrigar, L. R., Wegener, D. T., MacCallum, R. C., & Strahan, E. J. (1999). Evaluating the use of exploratory factor analysis in psychological research. *Psychological Methods*, 4, 272-299.

- Foa, E. B., Ehlers, A., Clark, D., Tolin, D., & Orsillo, S. (1999). The Posttraumatic Cognitions Inventory (PTCI): Development and validation. *Psychological Assessment*, 11, 303–314.
- Fortson, B., Scotti, J., del Ben, K., & Chen, Y. (2006). Reliability and validity of an internet traumatic stress survey with a college student sample. *Journal of Traumatic Stress*, 19(5), 709-720.
- Frankl, V. E., Lasch, I., & Allport, G. W. (1963). *Man's search for meaning: an introduction to logotherapy* (Rev. and enl. ed.). New York: Washington Square Press.
- Fujita, G., & Nishida, Y. (2008). Association of objective measures of trauma exposure from motor vehicle accidents and posttraumatic stress symptoms. *Journal of Traumatic Stress*, 21(4), 425-429.
- Harris, H. N., & Valentiner, D. P. (2002). World assumptions, sexual assault, depression, and fearful attitudes toward relationships. *Journal of Interpersonal Violence*, 17(3), 286-305.
- Janoff-Bulman, R. (1992). Shattered assumptions. Towards a new psychology of trauma. New York: Free Press.
- Jeavons, S., & Godber, T. (2005). World Assumptions as a measure of meaning in rural road crash victims. *Australian Journal of Rural Health*, *13*, 226-231.
- Kaler, M., Frazier, P., Anders S. L., Tashiro, T., Tomich, P., Tennen, H., et al. (2008). Assessing the psychometric properties of the WAS. *Journal of Traumatic Stress*, 21(3), 326-332.
- Kauffman, J. (Ed.) (2002). Loss of the assumptive world. A theory of traumatic loss. New York: Brunner.
- Kobasa, S. (1983). Personality and social resources in stress resistance. *J Pers Soc Psychol*, 45(4), 839-850.
- Levi, P. (1987). Los Hundidos y los Salvados. Barcelona: Muchnich Editores.
- Lifton, R. (1967). Death in Life. Survivors of Hiroshima. New York: Basic Books.
- Linley, P. A., & Joseph, S. (2004). Positive Change Following Trauma and Adversity: A Review. *Journal of Traumatic Stress*, 17(1), 11-21.
- Magwaza, A. (1999). Assumptive world of traumatized South African adults. *J Soc Psychol, Oct;139(5):622-630*.
- Pennebaker, J. W. (1990). Opening up: the healing power of confiding in others. New York: William Morrow.

- Pérez-Sales, P. (2006). *Trauma Culpa y Duelo: hacia una Psicoterapia Integradora*. Madrid: Desclée de Brouwer.
- Pérez-Sales, P., Bacic, R., & Durán, T. (1998). *Muerte y Desaparición Forzada en la Araucanía : una perspectiva étnica*: Ed Universidad Católica de Chile LOM.
- Pérez-Sales, P., Cervellón, P., Vázquez, C., Vidales, D., & Gaborit, M. (2005). Post-traumatic factors and resilience: The role of shelter management and survivors' attitudes after the earthquakes in El Salvador (2001). *Journal of Community & Applied Social Psychology, 15*, 368-382.
- Shin, L. M., & Handwerger, K. (2009). Is posttraumatic stress disorder a stress-induced fear circuitry disorder? *Journal of Traumatic Stress*, 22(5), 409-415.
- Solomon, Z., Iancu, I., & Tyano, S. (1997). World Assumptions Following Disaster. *Journal of Applied Social Psychology*, 27(20), 1785-1798.
- Startup, M., Makgekgenene, L., & Webster, R. (2007). The role of self-blame for trauma as assessed by the Posttraumatic Cognitions Inventory (PTCI): a self-protective cognition? *Behaviour Research and Therapy*, 45(2), 395-403.
- Steinberg, P. (2001). Speak You Also: A Survivor's Reckoning. London: Allen Lane.
- Stroebe, M. S., Schut, H., & Finkenauer, K. (2000). The traumatization of grief? A conceptual framework for understanding the trauma-bereavement interface. *Israeli Journal of Psychiatry*, 38, 185-201.
- Sumalla, E., Ochoa, C., & Blanco, I. (2008). Posttraumatic growth in cancer: reality or illusion? *Clinical Psychology Review*, 29(1), 24-33.
- Tomich, P. L., & Helgeson, V. S. (2002). Five years later: A cross-sectional comparison of breast cancer survivors with healthy women. *Psycho-Oncology*, *11*, 154-169.
- Tourangeau, R., Rips, L., & Rasinski, K. (2000). *The psychology of survey response*. Cambridge, UK: Cambridge University Press.
- Ullman, S. E. (1997). Attributions, world assumptions, and recovery from sexual assault. *Journal of Child Sexual Abuse*, 6(1), 1-19.
- Vazquez, C., Pérez-Sales, P., & Matt, G. (2006). Post-Traumatic Stress Reactions Following the March 11, 2004 Terrorist Attacks in a Madrid Community Sample: A Cautionary Note about the Measurement of Psychological Trauma. *Spanish Journal of Psychology*, 9(1), 61-74.
- Weathers, F. W., Huska, J. A., & Keane, T. M. (1991). *The PTSD Checklist-Civilian Version* (*PCL-C*). Boston: National Center for PTSD Behavioral Science Division.

Wilson, J. (2006). The posttraumatic self: restoring meaning and wholeness to personality.: New York: Routledge.

ANNEX 1- Vital Impact Assessment Questionnaire (VIVO)

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

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

		1	2	3	4	5
	La mayoría de días el mundo está lleno de cosas bellas.					
1.	Most days the world is full of beautiful things.					1
	Me obsesiona pensar en que sería feliz si pudiera arreglar el mal que					
	he hecho.					1
	I am constantly thinking that I'd be happy if I could only fix the					ì
2.	damage I've done.					ì
Δ.	Tiondo o configuran la conta					
3.	Tiendo a confiar en la gente.					ì
3.	I tend to trust people. Lo que no se habla se acaba olvidando y deja de doler.					
	What isn't talked about ends up being forgotten and stops being					ì
4.	painful.					i
т.	El destino no existe.					
5.	Destiny doesn't exist.					ì
	Ante experiencias muy graves de la vida como enfermedades,	1				
	accidentes, pérdidas u otras, contarlo a la gente que quiero me					ì
	ayuda.					ì
	It helps me to talk about the grave experiences of my life like					ì
6.	sicknesses, accidents, or losses with those I care about.					1
	No creo que la vida tenga sentido, pero supongo que hay que vivirla.					
7.	I don't think life makes sense but I guess it has to be lived.					ì
	El sufrimiento es un dolor inútil.					
8.	Suffering is useless pain.					ì
	Sólo puede haber felicidad cuando no haya sufrimiento.					
9.	There can only be happiness when there is no suffering.					i
	No creo que deba renunciarse nunca a la vida.					
10.	I don't believe that one should ever give up on life.					
	Los errores ayudan a cambiar la forma de ser de uno/a mismo/a.					ì
11.	Mistakes help change the way you are.					
	Pienso que en el mundo triunfa el mal.					ì
12.	I believe that in this world evil wins.					
1.0	Hay errores en mi pasado de los que no soporto acordarme.					ì
13.	I've made mistakes in the past that I can't bear to remember.					
	No tengo convicciones ideológicas o si las tengo, éstas no han sido					ì
	de ayuda en momentos difíciles.					ì
1.4	I don't believe in ideologies, or if I do they haven't helped me in					ì
14.	difficult times.					
1.5	Soy incapaz de disfrutar plenamente de la vida.					ì
15.	I'm incapable of enjoying life to the full. Tiendo a no fiarme del todo de la gente.					
16						1
16.	I tend not to completely trust people.	1				
	Pienso que las cosas que me encargan están en buenas manos. I believe that when others assign me responsibilities, they are in					1
17.						i
1/.	j good nanas.	1				

	La vida es evitar la incertidumbre y la ambigüedad			
18.	Life is about controlling uncertainty and ambiguity.			
	Me tranquiliza pensar que las cosas simplemente ocurren.			
19.	It calms me to think that things simply happen.			
	Nunca he considerado el suicidio como una opción.			
20.	I have never considered suicide as an option.			
20.	Hay cosas horribles para las que no hay palabras.			
21.	Some things are too horrible for words to describe.			
21.				
22	Del sufrimiento se aprende.			
22.	You learn from suffering.			
	Cuando me ocurre algo grave que me afecta mucho tiendo a mirar			
	fríamente cómo resolverlo.			
	When something serious happens to me I tend to think calmly and			
23.	coolly about how to solve it.			
	La mayoría de días el mundo es gris.			
24.	Most days the world is grey.			
	Lo que no se habla se enquista en el cuerpo.			
25.	What isn't talked about gets stuck inside you.			
	Ante experiencias muy graves de la vida como enfermedades o			
	accidentes, no siento que contarlo, ni siquiera a la gente que quiero,			
	me vaya a ayudar.			
	I don't think it's helpful to talk about the grave experiences in my life			
26.	like sicknesses or accidents, to others, even to those I care about.			
20.	Siento que hasta las peores culpas pueden ser perdonadas.	\vdash	+	+
27.	I holiova than even the worst feelings of quilt can be forgiven	f		
<u> </u>	I believe than even the worst feelings of guilt can be forgiven. No tengo convicciones espirituales o si las tengo, éstas no han sido	\vdash	+	-+
	de avude en momentes difíciles			
	de ayuda en momentos difíciles.			
20	I don't have spiritual convictions, or if I have them they haven't			
28.	helped me in difficult times.		_	
20	Tengo la sensación de romper todo lo que toco.			
29.	I feel like I break everything I touch.			
20	Pienso que en el mundo triunfa el bien.			
30.	I believe that in this world good wins.			
	El suicidio es una opción digna que he considerado seriamente.			
31.	Suicide is a dignified option that I have seriously considered.			
	La vida es aceptar la incertidumbre y la ambigüedad.			
32.	Life is about accepting uncertainty and ambiguity.			
	Expreso lo que sufro a través de sueños.			
33.	I express my suffering through dreams.			
	La vida tiene sentido y por eso hay que vivirla.			
34.	Life makes sense and that's why it has to be lived.			
	Me paso el día dándole vueltas a algunas cosas que me han pasado.			
35.	I spend a lot of time thinking about things that have happened to me.			
	En realidad nunca se aprende de los errores.			
36.	You never really learn from your mistakes.			
30.	A veces tengo miedos que no logro identificar.	\vdash	+	-+
27	Comptimes I have fears that I can't seem to identify			
37.	Sometimes I have fears that I can't seem to identify.	\vdash		+
	No me suelo acordar de lo que he soñado o si me acuerdo no le doy			
	importancia.	f		
20	I don't usually remember my dreams and if I remember them I don't	f		
38.	usually find them important.	igwdown		\longrightarrow
-	Siempre hay palabras para explicar el horror.			
39.	There are always words to describe even the most horrible things.			
	Aunque haya sufrimiento puede haber momentos de felicidad.			
40.	Even when there is suffering there can be moments of happiness.	<u>[</u>		
	He aprendido de mis errores en esta vida.			
41.	I've learned from my mistakes in life.			
	Olvidar depende de uno/a mismo/a.			
42.	Forgetting depends on yourself.			
1 1	Siento que las culpas no me dejarán de doler mientras no haya un			
	castigo.			
43.	I feel that in order to get rid of my guilt, I need to be punished.			
73.	Olvidar no se elige.			\dashv
44.	You don't choose to forget.			
77.	El destino determina nuestras vidas.	 		-+
45.	Our lives are predetermined by destiny.			
+ J.	Mis convicciones ideológicas me han sido de ayuda en momentos	\vdash		-+-
16	difíciles.			
46.	uniones.			

	My ideological convictions have been of great help to me in difficult			
	times.	-		
47.	El sufrimiento te hunde, te quiebra.			
47.	Suffering makes you sink, or break down. Es imposible sentirse seguro en esta vida.			
48.	It's impossible to feel safe and secure in this life.			
10.	Todo sufrimiento es una oportunidad de superación.			
49.	All suffering is an opportunity for growth.			
	No siento que pasar por experiencias horribles me hagan más fuerte			
	como dicen.			
50	I don't think that living through horrible experiences makes me			
50.	stronger, like people say.		+ +	
	Siento que hay experiencias duras de la vida que me han hecho ser mucho más fuerte.			
	I believe that I've been through some tough experiences, which have			
51.	made me stronger.			
	La gente no suele ayudar a los que están cerca.			
52.	People don't usually help those close to them.			
	Cuando me ocurre algo grave que me afecta mucho tiendo a			
50	bloquearme en ese momento.			
53.	When something serious happens to me, I tend to freeze up. Contar las cosas alivia el sufrimiento.			
54.	Talking about things relieves suffering.			
54.	No suelo sentirme culpable por las cosas que ya no tienen remedio.			
55.	I don't usually feel guilty for things that can't be fixed.			
	Puedo dejar de pensar en algo que me preocupa cuando no se puede			
	hacer nada.			
	I can stop thinking about something that worries me when I know			
56.	that there's nothing I can do about it.			
	Lo que pasó, pasado está. De nada vale darle vueltas.			
57	What happened is in the past. Thinking about it doesn't help			
57.	anything. Siempre sé a lo que tengo miedo.			
58.	I always know what my fears are.			
	Aun habiendo cometido errores, puedo asumir mi pasado sin dolor.			
	Even considering the mistakes I've made, I can accept my past			
59.	without regret.			
60	Es posible vivir seguro y sin peligros			
60.	It is possible to live safely and securely and out of danger.	-		
	Cuando intento no pensar en algo que me preocupa, acabo pensando mucho más.			
	When I try not to think about something that worries me, I end up			
61.	thinking about it more.			
	Mis errores no me han hecho perder la confianza en mi mismo/a.			
	The mistakes I've made haven't caused me to lose my self-			
62.	confidence.			
<i>(</i> 2	Tengo más valor que antes para enfrentarme a todo.			
63.	I am more courageous than before when confronting situations.	-	-	
64.	Me tranquiliza pensar por qué suceden las cosas. It calms me to think about why things happen.			
U -1 .	Mis convicciones espirituales me han sido de ayuda en momentos	\vdash	+	
	difíciles.			
65.	My spiritual convictions have helped me in difficult times.			
	La gente siempre que puede ayuda a los que están cerca.			
66.	People help those close to them whenever they can.			
6 7	En realidad la forma de ser de uno/a mismo/a nunca cambia.			
67.	The way you are never really changes.	-		
68.	El miedo me impide hacer cosas que antes podía hacer. Fear stops me from doing things that I used to be able to do.			
00.	El suicidio es una opción digna que podría llegar a considerar.			
69.	Suicide is a dignified option that I could come to consider.			
57.	Contar las cosas trae más sufrimiento.		+ +	
70.	Talking about things brings more suffering.			
	Mis errores me han hecho perder la confianza en mi mismo/a.			
71.	The mistakes I've made have made me lose confidence in myself.			
70	He aprendido a disfrutar plenamente de la vida.			
72. 73.	I've learned to fully enjoy life.	$\vdash \vdash$	+	
13.	Lo que me pasó no me ha quebrado.			

	What happened has not changed who I am.			
7.4	Para mí ahora el futuro está lleno de posibilidades.			
74.	Now I feel like the future is full of possibilities.			
75	Me pregunto por qué a mi			
75.	I ask myself, why me?			
76	He intentado comunicar casi todo.			
76.	I've tried to communicate almost everything.			
77	No cambié mis prioridades en la vida.			
77.	I haven't changed my priorities in life. Siento que ya no puedo querer a nadie igual.			
78.	I feel like I'm unable to love anyone like I used to.			
70.	Mirando hacia atrás, me quedó una sensación de humillación.			
79.	Looking back, I'm left with a feeling of humiliation.			
	Ser testigo o dar testimonio de lo que ha ocurrido o está ocurriendo			
	da sentido a la vida.			
	To bear witness or testify to what has happened or what is			
80.	happening brings meaning to life.			
0.1	Nunca sentí que perdiera el control.			
81.	I've never felt like I've lost control.			
	Siempre miro hacia delante y al futuro esperando que todo saldrá			
	bien. Lalways look towards the future with expectations that everything			
82.	I always look towards the future with expectations that everything will turn out fine.			
02.	Tengo más sentimientos de compasión hacia los demás.			
83.	I feel more compassion towards others.			
	Este hecho sólo ha modificado pequeños aspectos de la manera como			
	yo me entiendo a mi mismo/a y al mundo.			
	What happened has only changed small aspects of the way I see			
84.	myself and the world.			
o -	Cambié mis prioridades sobre lo que es importante en la vida.			
85.	I've changed my priorities about what is important in life.			
96	Sientes el silencio y el vacío. Nadie quiere hablar.			
86.	I felt silence and a void. No one wanted to talk. Siento que este hecho no afectó a mi identidad.			
87.	I don't feel like what happened affects my identity.			
67.	No me preocupo suficiente por las cosas que pasan a mi alrededor.			
88.	I don't care enough about things that happen around me.			
00.	Mirando hacia atrás me siento orgulloso/a de cómo reaccioné.			
89.	Looking back, I feel proud of how I reacted.			
	Para mí, ahora el futuro es lo que nunca llegaré a ser.			
90.	Now the future feels like something I'll never reach.			
	Tuve una sensación imborrable de pérdida absoluta de control.			
91.	I had a feeling of absolute loss of control that I couldn't get rid of.			
0.2	Mi capacidad de querer sigue intacta.			
92.	My ability to love remains intact.			
	Parece como si la sociedad te responsabilizara de lo que te ha			
93.	ocurrido. It's as if society holds you responsible for what happened to you.			
75.	No me pregunto por qué a mí, las cosas son como son.	-	+ +	-+
94.	I do not wonder why me, things are the way they are.			
	He preferido callar algunas cosas.			
95.	There are some things I have preferred to keep to myself.			
	There are some things I have preferred to keep to myself. Me vi a mi mismo vulnerable, indefenso.			
96.	I saw myself as vulnerable, helpless.			
	Lucho contra mis sentimientos.			
97.	I struggle against my feelings.			
	Este hecho se convirtió en un punto de referencia de la manera como			
	yo me entiendo a mi mismo/a ŷ al mundo.			
98.	What happened became a point of reference from which I see myself and the world.			
70.	Dar testimonio o ser testigo de lo que ocurre es irrelevante.	-		
99.	To bear witness or testify to what happens is irrelevant.			
77.	Siempre encuentras a alguien que te escuche.	+	+	
100.	You always find someone who will listen to you.			
	Acepto mis sentimientos.		1 1	
101.	I accept my feelings.			
100	Creo que me he quebrado con lo que pasó.			
102.	I feel like what happened broke me.			

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

Items 1-72 suitable for all respondents. 73-116 only for survivors. SPSS-X sintaxis for automated correction of the Questionnaire is available from authors on request.

Figure 1. Examples of response profiles (severely affected and resistant) according to the VIVO questionnaire factors of the general population.

