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SUMARIO / SUMMARY / RESUMO

Editorial

We launch the first issue of this year with an important novelty. Given the good response we have had from authors who have sent their scientific contributions, it has been decided to increase the number of articles per issue to eight. From here, thank all the people who have trusted our journal to send and publish their research papers, as well as the journal team that makes it possible.

The first article of the current issue is a systematic review that aims to provide knowledge about the physical and psychological consequences of the COVID-19 pandemic. The objective of the review is to find out how the health situation has affected habits such as eating and physical activity, as well as its possible relationship with the development/worsening of symptoms related to the spectrum of eating disorders. The results obtained in this work have a special relevance in the elaboration and implementation of health policies to be able to treat health in an integral way.

The purpose of the following contribution is to analyze childhood attachment as one of the factors that shape our personality and behavior patterns in youth. It is based on the fact that if the parents give contingent responses to the baby's demands, a secure attachment is created. However, if these responses are incongruent, the baby will grow up with an insecure attachment that favors the development of a series of distorted cognitive schemes and dysfunctional patterns of emotional interaction that cause personality profiles prone to dependency.

The third article aims to propose a model of community mental health care in the Canelones East Teaching Assistance Unit of the First Level of Care, Barros Blancos, Uruguay. The work identified a comprehensive practice for the paradigm shift in mental health care, from family and community medicine, health psychology, mental health promotion, human rights, and the community. The proposed model applies as a model for other Primary Care Teaching Assistance Units, as well as for the implementation of the National Mental Health Plan of Uruguay within the framework of the Mental Health Law.

The fourth article addresses the relationship between spiritual intelligence and psychological flexibility within the framework of acceptance and commitment therapy, considering the hypothesis that there is a significant direct relationship between both variables. A quantitative methodology is followed, with a non-experimental, cross-sectional and correlational design. The results are discussed proposing future lines of research.

The fifth proposal consisted of evaluating the efficacy of the psychoeducational intervention for people with addiction problems in the therapeutic community. On many occasions, exacerbated drug use results in the development of a dual pathology, characterized by two clinical foci: a mental disorder accompanied by another disorder caused by the use of substances. Therefore, this study analyzed the efficacy of a psychoeducational intervention in the quality of life of people with dual pathology, users of a therapeutic community (Projecte Home Balears).

The sixth article aims to account for the importance of parenting practices in emotional intelligence and how it affects the academic performance of first grade boys and girls in two Colombian cities. Among the results, it is evident how parenting practices significantly influence emotional intelligence and these, in turn, on academic performance, since there is evidence of a socio-cultural gap between the two cities that affects the categories mentioned above. These results reinforce the importance of education in emotional intelligence in families and its relevance in school curricula.

The penultimate article aims to know the moderating effect of sexual orientation in the relationship between gender and internalization of romantic love myths. It was observed that males manifested significantly more myths than the other genders. Likewise, heterosexual people presented significantly higher scores compared to bisexual people. In turn, homosexual people obtained significantly higher scores than the bisexual group. Finally, it was observed that the scores of heterosexual men were significantly higher compared to those of heterosexual women, bisexual women, bisexual men and non-binary bisexual people. These results can serve to consider carrying out actions that prevent and intervene on the elimination of these myths from the collective imagination.

We close the current number with a descriptive research of an applied nature that aims to disseminate a study carried out in Angola and that reflected on the promotion of the educational practice of positive parenting by fathers and mothers, observing the connection maintained between parents-children and the contribution of the school- family in promoting upbringing. The main results indicate that the respondents are aware of the concept of positive parenting, but its implementation remains a

problem in families. These results allowed the development of a set of psychoeducational actions aimed at parents responsible for the education of adolescent students to promote these practices

Dr. Juan Luís Martín Ayala
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DIET, PHYSICAL ACTIVITY AND TCA WHAT ARE THE CONSEQUENCES OF THE COVID-19 PANDEMIC? A SYSTEMATIC REVIEW

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Summary. The present systematic review aims to pool knowledge about the physical and psychological consequences of the Covid-19 pandemic. We reviewed 54 articles in which we sought to know how the health situation has affected habits such as diet and physical activity, as well as their possible relationship with the development/worsening of symptomatology related to the spectrum of ED.
The results show that there was a significant change in the way of eating and a decrease in the time spent in physical activity in general terms. While it is true that there has been a change in the trend towards gender. Women are the ones who have practiced the most sports and eaten the worst, unlike before the pandemic.
Likewise, although there is an increase in symptomatology in the general population, there is no increase in the number of diagnoses of ACT since they are restricted to quarantine periods and therefore do not meet temporal criteria. However, a significant worsening of the course has been observed in people with a previous diagnosis.
These results have a special relevance in the elaboration and implementation of health policies in order to treat health in a comprehensive manner.

Keywords: pandemic, food, physical activity, eating disorders, eating disorders

ALIMENTACIÓN, ACTIVIDAD FÍSICA Y TCA ¿CUÁLES SON LAS CONSECUENCIAS DE LA PANDEMIA POR COVID-19? UNA REVISIÓN SISTEMÁTICA

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Resumen. La presente revisión sistemática tiene como objetivo aunar el conocimiento acerca de las consecuencias físicas y psicológicas de la pandemia por Covid-19. Se han revisado 54 artículos en los que se buscaba conocer cómo ha afectado la situación sanitaria a hábitos como la alimentación y la actividad física, así como su posible relación con el desarrollo/empeoramiento de sintomatología relacionada con el espectro de TCA.
Los resultados demuestran que se produjo un cambio significativo en el modo de alimentarse y una disminución en el tiempo empleado para la actividad física en términos generales. Si bien es cierto que se ha constatado que se produce un cambio de tendencia entorno al sexo. Las mujeres son las que más deporte ha practicado y peor han comido, al contrario que antes de la pandemia.
Así mismo, a pesar de que existe un aumento de sintomatología en población general no se produce un aumento de diagnósticos de TCA puesto que están restringidos a los períodos de cuarentena y por tanto no cumplen criterios temporales. Sin embargo, se ha constatado un empeoramiento significativo del curso en personas con diagnóstico previo.
Estos resultados tienen una especial relevancia en la elaboración e implementación de políticas sanitarias para poder tratar la salud de forma integral.

Palabras clave: pandemia, alimentación, actividad física, trastornos de conducta alimentaria

Introduction

COVID-19 is a viral disease with respiratory consequences. It started as an epidemic in Hubei (China) at the end of November 2019 but given the high contagiousness it has spread to 124 countries, thus assuming pandemic status (Inchausti et al., 2020).

It has been necessary to resort to public health policies in order to cope with the pandemic such as the use of masks, mandatory quarantines, use of hydroalcoholic gel, mass vaccination ... However, health has not been treated comprehensively, leaving aside mental health (Ramirez et al., 2020).

At the social level the impact has been uneven due to intrinsic characteristics of their culture and way of life and other influencing factors (Venkatesh & Edirappuli, 2020).

Some of the measures such as social distance or social isolation in quarantine cases have disrupted daily routines (Gomez et al., 2020). All this, within a context of uncertainty and the consequent psychological consequences it entails (Tyrrell & Williams 2020). There are studies such as those carried out by Tull et al. (2020) that point to an exponential increase in the levels of anxiety, depression and stress related to financial worry, fear for health and loneliness caused by the obligation of having to do quarantines, especially pronounced in women and young people.

In this scenario, it is understood that habits such as eating or performing physical activity have also been affected by confinement (El Hangouche & Amekran, 2020).

There are external factors that have contributed to dietary change during confinement, such as the difficulty of going to the supermarket, interruptions in food chains or social inequalities (Muscogiuri et al., 2020).

There are also psychological factors specific to each individual that play an important role in the choice of the type of diet. This is something that authors such as Kuijer & Boyce (2012) have also mentioned. They conducted a study that showed how the psychological consequences of a disruptive event, in this case an earthquake, can modify eating habits.

On the other hand, physical activity has also been affected by external factors such as regular activities and the limited possibilities of finding alternatives at home (Castañeda-Babarro et al. 2020).

In addition, psychological factors are also decisive in the motivation to engage in physical activity. This motivation can be intrinsic to promote a healthy lifestyle or extrinsic in order to pursue pre-established canons of beauty set by society. Both have been affected by the pandemic and confinement (Teixeira et al., 2012).

Eating and lifestyle habits are extremely important for health and the prevention of some diseases, especially in a pandemic context (Maraver-Romero, 2020).

In addition, the medium- and long-term consequences create uncertainty (Johnson et al., 2020). These conditions may have consequences in the development of organic diseases (diabetes, hypertension and obesity) or psychological disorders. It may also be the case that pre-existing pathologies worsen (Hudson et al., 2007).

Specifically, habit changes in terms of eating and exercise due to psychosocial stressors that arise due to the pandemic may be triggers or increase symptomatology of eating disorders (ED) due to the difficulty in emotion regulation involved (Brewerton & Dennis, 2016). Something that authors such as Vartanian et al. (2012) already predicted. These authors found that motivations for physical activity that may have occurred during confinement, such as physical appearance, are related to increased symptomatology.

The most prevalent are anorexia nervosa (0.4%), bulimia (1.5%) and binge eating disorder (1.6%), especially among young women (APA, 2014).

During the health crisis there have been external factors to increase certain symptoms of anorexia such as the desire to increase the feeling of control through maladaptive behaviors, dissonance between weight and body shape promoted by increased exposure in RRSS (Schlegl et al., 2020).

Likewise, people with bulimia have been able to increase their polarization by acting in two ways: skipping meals or increasing binge eating due to the increased availability of food because of food insecurity. This phenomenon has also affected binge eating disorder (Touyz et al., 2020).

There is a recurring phenomenon in this type of situation that does not meet the criteria but does share some similarities: emotional eating. (Keller & Siegrist, 2015). Disinhibited eating occurs, as a form of control in the face of intense emotions, such as those produced by the pandemic (Lattimore & Mead, 2015).

As we have seen, extraordinary conditions have arisen and the long-term consequences of this situation are not yet fully known. It is true that the health crisis has highlighted the importance of global health, however, this has not been done in a comprehensive manner (Ramirez et al., 2021).

Difficulty in accessing hospitals or mental health care has also been a factor against being able to know, prevent and treat the consequences in both general and clinical populations (Garriga et al., 2020). It is therefore essential to know the impact on eating and exercise behaviors in order to target interventions appropriately.

Objectives and hypotheses

The main objective is to learn about habit change (diet and physical exercise) and its relationship with behaviors within the spectrum of eating disorders during the Covid-19 pandemic through the current literature.

Secondary objectives: (a) to learn how psychological consequences mediated the changes and (b) to explore in which population strata the greatest changes occurred.

Main hypothesis:

-There has been an increase in diagnoses of ED in the general population.

Secondary hypotheses:

-The course of people with ACT has worsened during the lock-in.

-Lifestyle habits (food and sports) have been less healthy during the confinement.

Method

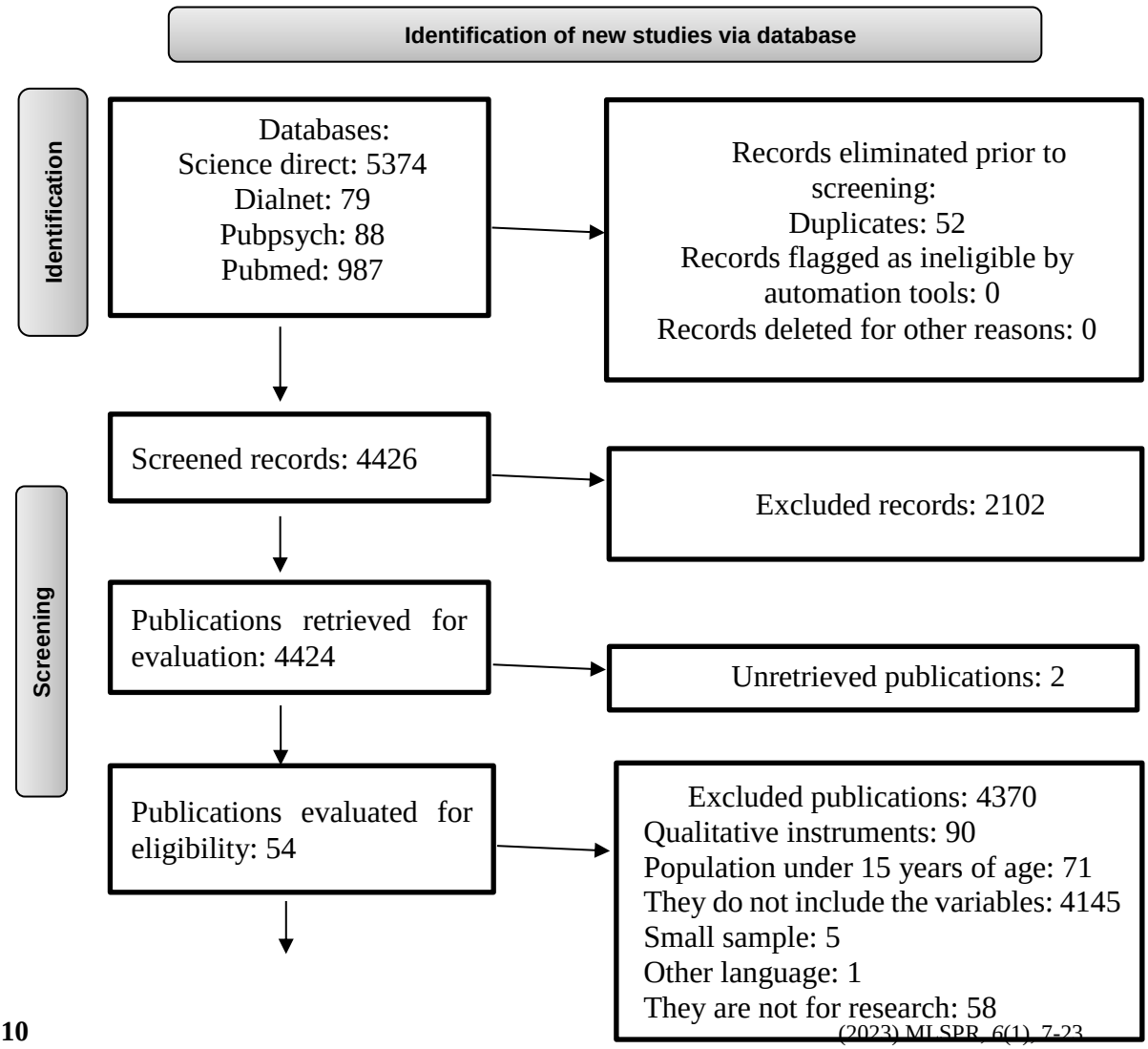
An extensive search for research articles was made among different databases between November and December 2021, given the nature of the problem, only articles from 2020 and 2021 were included. Different databases were chosen: Sciencedirect, Dialnet, Pubmed and Pubpsych. All platforms are Open Acess, one of the reasons why they were chosen.

For the search we used the English terms "eating disorders" "covid" "pandemic" using the Boolean operator "AND" and in Spanish "trastornos de conducta alimentaria", "covid", "pandemia" and the Boolean operator "y" in all the databases.

Along the same lines, the English terms "changes habits", "covid", "pandemic" were used using the Boolean operator "AND" and in Spanish "cambio de hábitos", "covid", "pandemia" and the Boolean operator "y" in all the databases.

The inclusion criteria for the selection of studies were: empirical studies; language: English or Spanish; research related to psychology; that included the variables of the present review; that included at least one validated quantitative measure; and that the target population was between 15 and 65 years of age.

The exclusion criteria for the selection of studies were: reports, clinical commentaries, reviews or conferences; qualitative research; sample of less than 40 participants and suffering from any type of physical and/or mental illness other than an ACT.



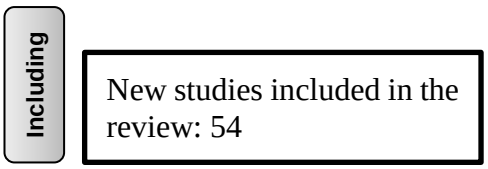


Figure 1. Flowchart according to the PRISMA 2020 statement for systematic reviews.

Results

Participants

Overall, a total of 43,257 subjects participated in the 54 articles.

The gender of the participants was specified in 49 articles, which represents 90.7% of the articles. Likewise, in 45 studies, women participated more than men (92.6%). So much so that 29,063 women (67.2%) and 14,194 men (32.8%) participated.

As for age, 51 studies included the mean (94%). Study participants ranged in age from 15 to 60 years old. In 39 studies (76%) the mean age ranged between 30 and 40, although there were some exceptions.

Given the nature of the present review and its objective, 26 studies (48.8%) studied the impact of the pandemic on the population with ACT. Likewise, it should be taken into account that 14 studies (26%) do not explicitly include the diagnosis among the sociodemographic data but do study the associated behaviors.

In addition, studies from different countries that have been affected by the pandemic have been taken into account. However, it is noteworthy that 49 studies (90.75%) were conducted in Western countries. Only 5 studies (9.25%) report data from an eastern country, which in this case is China (3), Saudi Arabia (1) and Lebanon (1).

Instruments

The *International Physical Activity Questionnaire* [IPAQ] (IPAQ Research Committee, 2005) is the most widely usedtoassess physical activity, included in 11 studies (20.34%). The IPAQ-SF is a 7-item scale that reports the intensity, duration and frequency of physical activity and divides it into vigorous (aerobic) and moderate (cycling) activity and also assesses the time spent sitting during the last 7 days (Lee et al., 2011).

Some studies have measured other variables related to symptomatology, the most widely used being the EDE-Q (6 articles; 11.11%). The *Eating Disorder Examination Questionnaire* [EDE-Q] (Fairburn and Beglin, 1994). It consists of 36 items that assess cognitive and behavioral symptoms of eating behavior in the last 28 days. Items are scored from 0 to 6, with higher scores indicating greater ED-related symptomatology. It has an inter-rater consistency of .95 (Mond et al., 2006)of .95 (Mond et al., 2006).

Other emotional issues are also measured. However, the most widely used are the DASS-21 (6 items; 11.11%) and the PSS (10 items; 18.51%).

The *Depression, Anxiety and Stress Scale* [DASS-21] (Lovibond and Lovibond, 1995). It has 3 self-response scales and consists of 21 items with 4 response options in Likert format. Each scale contains 7 items and the score per subscale reaches 21 points (Román, Santibáñez, & Vinet, 2016). Cronbach's alpha of .9 (Barrera-Herrera et al., 2019).

On the other hand, the *Perceived Stress Scale* [PSS] (Cohen et al., 1983). It is a 10-item scale All items were rated on a 5-point scale with higher scores reflecting higher perceived stress. The internal consistency is de .88 (Lee, 2012).

Procedure

In general, the procedure has been affected by the health emergency situation. This is why in 53 of the studies (98.14%) it was carried out telematically, with the exception of the study conducted by Zhou & Wade (2021), which was completed by having the participants come in person, but once there, they completed it online.

To encourage people's participation, 40 studies (74%) have used the method of nieve method (social networks, Profilit...). On the other hand, 14 studies (26%) used the convenience (26%), used the convenience sampling method by e-mails from official institutions.

As for test administration, it was carried out online in 53 studies (98.2%) and in 1, an interview was conducted by telephone, which is 1.8%. Different platforms such as Survio, Google Forms or Qualtrics were used, but the most widely used was M-turk.

As for administration times, they depend on the research cut-off. In this case, 37 studies (68.5%) were cross-sectional. However, another 17(31.5%) were of longitudinal cut and required more than one time for the application.

Results

Among the studies included in the review, 14 of them include aspects related to food, which represents 26% of the studies.

Mascherini et al. (2021), Dobrowolski & Włodarek (2021) and Cheikh Ismail et al. (2021) reported an increase in food intake. McAtamney et al. (2021) found that the majority of their participants (58.1%) reported no change in the amount of food while 16.2% ate less and 25.7% ate more.

As for the type of diet, depending on the country, the type of food consumed during the pandemic is different from pre-Covid. In all there is some significant tendency for them to be less healthy (Skotnicka et al., 2021; Dobrowolski & Włodarek, 2021). Overall 14% more unhealthy foods were consumed compared to 2019 (Cummings et al., 2021),

In addition, the study conducted by Rogers et al. (2021) shows how 8 months after confinement, high levels of unhealthy diets are maintained by increased out-of-home meals.

In terms of sociodemographic variables there is consensus that women had a greater predisposition to undertake a less healthy diet (Coulthard et al., 2021; Özcan & Yeşİlkaya, 2021; Cummings et al., 2021; Baceviciene & Jankauskien, 2021; d os Santos Quaresma et al., 2021). Especially those with a higher BMI and with an initial tendency to overeat (Coulthard et al., 2021). Also, being a student and being confined for more than 45 days were associated with poor feeding (Intelangelo et al., 2021; Musharaf et al., 2021). In contrast, older men were those who reported a greater tendency to eat a healthy diet (Cummings et al., 2021; Mascherini et al., 2021).

Regarding the effect on diet due to psychological consequences, there is some controversy since the studies carried out by Alon-Tirosh et al. (2021), Coulthard et al. (2021) and Musharaf et al. (2021) show that variables such as distress are determinants of a less healthy diet, while McAtamney et al. (2021) found no relationship between psychological consequences and type of diet.

The present study included 18 articles that included aspects related to physical activity during confinement, which represents 33.33%.

Regarding time spent in physical activity studies report a downward trend (Intelangelo et al., 2021; Savage et al., 2020; Skotnicka et al., 2021; Mascherini et al., 2021; Hargreaves et al., 2021; Bağcı et al., 2021; Maltagliati et al., 2021; Jodczyk et al., 2021; Cheikh Ismail et al., 2021). In contrast, the study conducted by Rogers et al. (2021) report that exercise levels remained similar. While Breiner et al. (2021) reported an increase in time spent exercising.

There is controversy among people who play sports. Intelangelo et al. (2021) reported an increase in time of around 30 minutes, while Savage et al. (2020) reported a decrease of about 28 minutes per week. In this regard, Tornaghi et al. (2020) note that only very active students increased time.

Factors related to the sport were being female, young, a student, separated, or having a house with a garden. On the other hand, factors hindering physical activity were being male, self-employed and widowed (Mascherini et al., 2021; Savage et al., 2020; Baceviciene & Jankauskien, 2021). Women had more negative thoughts about their physical condition which motivated them (León-Zarceño et al., 2021).

Chi et al. (2021) and León-Zarceño et al. (2021) report that exercise acts as a protective factor for depression, anxiety, insomnia... However, the same is not true for stress (Breiner et al., 2021; Savage et al., 2020; Alon-Tirosh et al., 2021)

With regard to behaviors related to ED, 26 articles have been included that provide information on the subject, which represents 48.8% of the studies included.

The risk of eating disorders was not altered in the general population although certain symptoms characteristic of an ED were present. Likewise, individuals who reported a history of ATT showed an increase in symptomatology after confinement. While in those with a previous diagnosis, symptomatology worsened (Meda et al., 2021; Breiner et al, 2021; Martínez-de-Quel et al., 2021; Robertson et al., 2021).

Specifically there are studies that note that 15.5% relapsed into an ATT, 19% recovered and 65.5% reported no change during the pandemic (Branley-Bell & Talbot, 2021).

Participants with anorexia nervosa increased restraint (especially in the second wave), as did purging. People with bulimia nervosa and binge eating disorder had increased binge eating episodes, although they did not differ between waves. It is worth mentioning that the symptomatology of bulimia was more severe than that of anorexia. People with a history noted concerns about relapse (Termorshuizen et al., 2020; Phillipou et al., 2021; Castellini et al., 2020). All increased compensatory exercise (Castellini et al., 2020). In addition to the fact that binge eating did not increase significantly after confinements (Gullo & Walker, 2021).

Decreased feelings of control, increased rumination, and poor sense of social support have been found among people with ACTs (Branley-Bell & Talbot, 2020). Likewise, Giel et al. (2021) state thatpeople with a greater tendency to reappraise as an emotion regulation strategy had less ED symptomatology.

In general population, 56% of the sample reported that it was more difficult to control their eating, and 60% reported being more concerned about food and their appearance during confinement (Robertson et al., 2021; Zhou & Wade, 2021; Trott et al., 2021). Food insecurity and nutritional practices are related to the risk of developing eating disorders (dos Santos Quaresma et al., 2021).

Specifically, there are studies that point out that symptomatology such as fasting (25%), binge eating (29%), overeating (81.0%), loss of control over eating (47.2%), vomiting (10%) and driven exercise (10%) occurred (Ramalho et al., 2021; Zhou & Wade, 2021; Tazeoğlu et al., 2021). However, in physically active people, the possibility of developing symptoms compatible with ACT decreased (Martínez-de-Quel et al., 2021).

Studies agree that being a woman is one of the main risk factors for this type of symptomatology. It is related to increased perceived media pressure and internalization of beauty ideals during confinement (Baceviciene & Jankauskien, 2021; Robertson et al., 2021; Thompson & Bardone-Cone, 2021; Swami et al., 2021; Robinson et al; Fan et al., 2021).

Risk factors for developing weight control behaviors during the pandemic were: having a lower educational level, being white, having a psychiatric diagnosis, obesity, and having had COVIDor COVID. Being younger, having a prior psychiatric diagnosis, having had COVID-19, higher BMI, and experiencing psychological consequences since confinement were associated with overeating (Robinson et al., 2021). Younger people thought more about exercise and had more concerns about their appearance during confinement. In contrast, there were no differences by age group in perceived changes in eating (Robertson et al., 2021).

COVID-19-related stress and anxiety are associated with a more negative body image. In the case of women, they had a desire for thinness. In men, a greater dissatisfaction with muscle development. In both cases, negative thinking regarding their physical appearance was mediated by self-pity (Swami et al., 2021; Flaudias et al., 2020; Gullo & Walker., 2021).

Generically, COVID-19 anxiety, is more strongly related to compulsive exercise and risk of ED for individuals with lower tolerance for uncertainty (Scharmer et al., 2020).

Stress was also associated with the rumination characteristic of TCAs (Branley-Bell & Talbot, 2021).

Li et al. (2021) found that negative emotions and threat of mortality are associated with binge eating episodes. In the same vein, distress, worse living conditions and decreased social life during confinement have been related to emotional eating (Cecchetto et al., 2021; Özcan & YeşİlkAya, 2021; Tazeoğlu et al., 2021; Giel et al., 2021; E lmacıoğlu et al., 2021). The study conducted by Wang et al. (2021) suggests that emotional eating also increased in mothers due to stress and changes in routine. This fact led to a greater use of rewards in terms of food, even with their children.

Discussion and conclusions

The aim of this review is to determine the magnitude of the effect of the health situation on lifestyle habits in terms of diet and physical activity, as well as their relationship with the symptoms of the spectrum of eating disorders.

Regarding the main hypothesis, the risk of developing ACT was not increased in general population although certain characteristic symptoms such as fasting, binge eating, overeating, loss of control over eating, vomiting and impulsive exercise have been present (Ramalho et al., 2021; Zhou & Wade, 2021; Tazeoğlu et al., 2021). The occurrence of increased symptomatology associated with ACTs is to be expected within a disruptive event (Kuijer & Boyce, 2012). However, most of these behaviors appear during the time of confinement and this is less than the minimum time indicated by the reference manuals to be able to carry out the diagnosis.

On the other hand, studies agree that being a woman is one of the main risk factors for suffering from this type of symptomatology, in agreement with many other previous studies such as those carried out by Chao et al. (2016).

Psychological consequences and increased symptomatology are related to perceived lack of control, and compensation through symptomatology serves as a control mechanism for the uncertainty of the situation (Branley-Bell & Talbot, 2021). This phenomenon occurs recurrently and has been reported by Froreich et al. (2016) in other types of disruptive situations.

Along the same lines, the second hypothesis is confirmed, the course worsened in those with previous diagnosis, and was even maintained after confinements (Meda et al., 2021; Breiner et al., 2021; Martinez-de-Quel et al., 2021; Robertson et al., 2021). The

increase in symptomatology in the face of such a disruptive event is amply demonstrated by research such as that carried out by Scharff et al. (2021).

Regarding the third hypothesis, there is a consensus on the change that has occurred in the results found with respect to food. The results show changes in both the quantity and quality of food during the pandemic.

Likewise, the studies suggest that women were more likely to have a less healthy diet during their forties, something that disagrees with previous studies such as the one carried out by Norte Navarro & Ortiz Moncada. (2011) in pre-pandemic situations. This phenomenon may be supported by the fact that women have developed the most psychological consequences of the pandemic and are most likely to develop abnormal eating in the face of a disruptive event (Klatzkin et al., 2019).

There is a downward trend in terms of commitment to physical activity. This result is in line with the general trend of physical inactivity reported by authors such as Pratt et al. (2019).

As has been shown, in those people who were more active during the quarantine period, the psychological consequences were reduced. This phenomenon is in line with many other pre-covid researches collected in the review conducted by Granados & Cuellar (2018).

There is considerable consensus that being a woman is a factor that favors predisposition to exercise during confinement. This fact is in contradiction with previous studies (Marques et al., 2016). León-Zarceño et al. (2021), explain this fact by claiming that women have had more negative thoughts about their condition and health status and this has motivated them more.

Considering the aforementioned, behaviors related to eating and physical activity are not watertight, but are closely related to the possibility of developing some type of symptomatology within the spectrum of ED (dos Santos Quaresma et al., 2021).

These results are of great importance, since they represent an increase in knowledge about the health consequences of the Covid-19 pandemic at all levels. This information is crucial for the implementation of health policies to prevent the main consequences of this situation. Through this knowledge, intervention strategies can be developed to address the consequences and thus treat health in a comprehensive manner.

However, the strength of the present review is that it has addressed health during the pandemic in a comprehensive (physical and psychological) manner. The fact of approaching it as a whole and not only the presence/absence of negative symptoms, implies a more objective approach to the reality of the population and the problem.

As for limitations, one of them is the methodological diversity of the articles, in terms of sample sizes, instruments and their application in a pandemic context. Specifically, the pandemic situation favored an increase in the use of ICTs to meet the challenge posed in the scientific field, expanding the range of possibilities for developing new research processes in which new limitations have been encountered for data collection, data management and interpretation. These difficulties mean that although there are a large number of publications on the subject, very few are based on the scientific method and are limited to describing a subjective reality.

On the other hand, attempts are being made to establish equitable studies between countries. However, neither the health situation, nor the economic situation, nor the measures, nor the time has been similar, which may bias the results.

In the same vein, a major limitation is that the vast majority of the literature reflects the situation in the West. While it is true that ED disorders are closely linked to culture, the lack of research makes it very difficult to know the situation in Eastern countries.

Another limitation is that most of the questionnaires were carried out online, so it has not been accessible to a large number of people, such as elderly people with no technological knowledge, people with low resources, etc.

Along the same lines, one of the criteria is that the sample must be over 15 years of age. This criterion was established due to the complexity of accessing the population under the established age and the few instruments validated for younger ages, so that a large part of the population at risk cannot be analyzed.

Finally, most of them have not taken into account other variables such as economic level, sleep hygiene or consumption of toxic substances that may be determinants in the development of healthy habits and thus better understand the magnitude of the problem.

For its part, one of the great challenges is to improve the methodological designs used in the various investigations, as a line of future research and to include more longitudinal studies in order to accurately understand the evolution of the different stages of the pandemic.

On the other hand, several studies, such as those conducted by Lehberger et al. (2021) suggest that the conditions of the situation led to panic-driven consumption. It would be important to try to know what variables influence food purchases and how these influenced the diet.

Finally, another line of future research could be the integration of coping strategies related to the studied factors such as fostering self-control, stress management, mood and uncertainty in at-risk population in order to combat bad habits or the development of ED-related symptomatology.

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INSECURE ATTACHMENT AS A PREDICTOR VARIABLE OF DEPENDENCE TOWARDS PEOPLE AND SUBSTANCES IN YOUNG PEOPLE

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Summary. The attachment created in childhood is one of the factors that shapes our personality and guides our behavior patterns in our youth. Contingent parental responses to the infant's demands create a secure attachment. However, if these responses are incongruent, the infant will grow up with an insecure attachment. Insecure attachment creates in the infant a series of distorted cognitive schemas and dysfunctional emotional interaction patterns that lead to dependency-prone personality profiles. This dependence can be shown towards relationships (emotional dependence) or substances (drug dependence), among others. The present research, quantitative and cross-sectional, has 81 participants between 18 and 30 years of age to whom the corresponding tests were administered (informed consent, sociodemographic test, CAA, IRIDS-100 and DAST-10). The data obtained were analyzed with SPSS-20 using Student's *t* test for independent samples and a linear regression model. The results indicate that there are differences between the secure and insecure attachment groups with respect to emotional dependence and substance dependence, with higher scores for the insecure attachment group. However, if we speak of a predictive relationship, it is only between insecure attachment and emotional dependence. These results are congruent with the findings of other research and, although certain considerations and limitations must be taken into account, they broaden the knowledge of attachment in relation to emotional dependence and substance dependence in youth and possible forms of prevention from childhood.

Key words: secure attachment, insecure attachment, emotional dependence and substance dependence.

APEGO INSEGURO COMO VARIABLE PREDICTORA DE LA DEPENDENCIA HACIA PERSONAS Y SUSTANCIAS EN JÓVENES

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Resumen. El apego que se crea en la infancia es uno de los factores que configuran nuestra personalidad y guía los patrones de comportamiento en la juventud. Si se dan por parte de los progenitores respuestas contingentes a las demandas del bebé se crea un apego seguro. Sin embargo, si estas respuestas son incongruentes el bebé crecerá con un apego inseguro. El apego inseguro crea en el bebé una serie de esquemas cognitivos distorsionados y pautas de interacción emocional disfuncionales que provocan perfiles de personalidad tendentes a la dependencia. Esta dependencia se puede mostrar hacia relaciones (dependencia emocional) o hacia sustancias (dependencia hacia tóxicos), entre otras. La presente investigación, cuantitativa y transversal, cuenta con 81 participantes de entre 18 y 30 años de edad a los que se administraron las pruebas correspondientes (consentimiento informado, test sociodemográfico, CAA, IRIDS-100 y DAST-10). Los datos obtenidos se analizaron con el SPSS-20 utilizando *t* de Student para muestras independientes y un modelo de regresión lineal. Los resultados indican que existen diferencias entre los grupos de apego seguro y apego inseguro respecto a la dependencia emocional y dependencia hacia sustancias, siendo las puntuaciones más altas para el grupo de apego inseguro. Sin embargo, si se habla de una relación predictiva, esta sólo se da entre el apego inseguro y la dependencia emocional. Estos resultados son congruentes con los hallazgos de otras investigaciones y, aunque se deben tener en cuenta ciertas consideraciones y limitaciones, amplían los conocimientos del apego en relación a la dependencia emocional y la dependencia hacia sustancias en la juventud y posibles formas de prevención desde la infancia.

Palabras clave: apego seguro, apego inseguro, dependencia emocional y dependencia hacia sustancias.

Introduction

Attachment

Currently, it is known that parenting style is a determining factor in the process of development of the individual's personality, which is why numerous studies have been carried out on attachment and how this has consequences in youth because of the way in which the infant learns to relate to him/herself, to others and to the world. Bowlby (1989), author of the attachment theory, conceptualizes it as the way of creating affective bonds with certain people whose biological function is protection. The infant's primary caregivers are usually the main attachment figures and are responsible for meeting the infant's needs and demands. The primary attachment bond that is established with the primary caregiver and the behaviors that develop based on this act as a model for the development of behavioral patterns that will be observed in youth (Bowlby, 1995; Martínez et al., 2014). The person with whom this bond is usually established is usually the mother, but it can be established with any person who provides security and is sensitive to the child's demands (Narváez et al., 2019). This suggests that attachment is not only present in the first years of life, but that its influence can be observed at different stages and towards people outside the primary family nucleus. Nevertheless, it is in these early moments that attachment is shaped by the type of responses of the primary caregiver. These responses, according to Ainsworth (1969), must be sensitive, i.e., the person must adequately perceive the signal, interpret it correctly, select the ideal response to satisfy it, and show consistency in the range of

responses. In case of not responding adequately to the signal or making a wrong interpretation of it, the attachment figure will not provide security and the baby will not learn correctly to regulate his emotions (Di Bártolo, 2016). Thus, the configuration of an insecure attachment in childhood could explain the inadequate capacity to regulate negative affection or rejection from others in youth (emotional dependence), as well as the difficulties that people addicted to substances have in abandoning their consumption (Hernández Figueroa and Cáceda Mori, 2021; Ospina Castaño et al., 2015).

In the following, we will discuss in detail both dependence on people (emotional dependence) in the first place, and dependence on substances (addiction) in the second place.

Emotional dependence

As explained above, attachment is not only reflected in the first stage of life. During youth, peer and early couple relationships become the primary attachment figures (Romera et al., 2016), i.e., adult couple relationships resemble the infant's relationship with primary caregivers (Heffernan et al., 2012; Holland et al., 2021). In other words, the characteristics of primary attachments and the attachment style established in the first years of life act as models on which later relationships will be based (Dávila, 2015; Talavera, 2012).

Emotional dependence, also called sentimental dependence, affective dependence or love dependence, has had many definitions throughout history. However, Castelló's (2015) definition is the one that is most current today: "a persistent pattern of unmet emotional needs that are maladaptively attempted to be met by other people." In short, emotional dependency exists when one or more interpersonal relationships are maintained in which support/protection by the other party is needed to maintain the person's self-esteem, identity and overall functioning. People with emotional dependence are characterized by a need for affection and continuous contact from a partner or other members (friends, family, etc) (Momeñe et al., 2017). He tends to take submissive behavioral styles and idealization of the partner (Momeñe & Estévez, 2019), so he lives in a constant lack of correspondence due to his intense fear of abandonment or rejection. This is related to a long history of usually uninterrupted relationships. It should be taken into account that the dependent person is a real sufferer, as he/she is capable of even enduring disinterest, humiliation, mockery, disrespect, or even in the most serious cases, violence (Jiménez and Sáez, 2020). Likewise, they manifest high possessiveness, pseudosymbiosis (inability to feel complete without the partner) and low resilience (Aiquipa Tello, 2015). As is logical as a consequence of these symptoms, they also present a withdrawal syndrome in the absence of the partner (Momeñe et al., 2021), and mental problems may appear. The most common are anxiety, depression, feelings of guilt, obsessive thoughts of the ex-partner and thoughts of suicide (Urbiola et al., 2017).

It is important to differentiate people with emotional dependence from people diagnosed with dependent personality disorder, since emotional dependence by itself is not a pathological diagnosis, while a disorder is a much more complex entity in which, although an altered personality trait predominates over others, a multitude of personality, environmental, social, family and occupational factors, among others, must be taken into account. It is also important to mention that emotionally dependent people unconsciously look for profiles with specific personality characteristics (being conceited, emotionally distant, egocentric and, sometimes, hostile, possessive or confrontational). In other words, a person is dependent on the type of relationship, not so much on the specific person (Castelló, 2015). This search for a profile characterized

by a certain emotional coldness and a behavioral pattern defined by isolation or compulsive approach due to fear of rejection is consistent with people who have developed an insecure attachment in childhood. In fact, nowadays, it is proposed that early affective deficiencies are one of the factors linked to the origin of emotional dependence, which can lead to distorted self-schemas and dysfunctional emotional and behavioral interaction patterns (Huerta et al., 2016). In contrast, secure attachment predicts having more positive relationships (high trust, communication and caring) (Barroso, 2014).

Substance dependence

In addition to emotional dependence on people, there are other ways of manifesting dependence, such as drug addiction. The consequences of the increasingly high consumption of toxic substances in the youth population raises a serious problem at the international level (2.6% of the world population has a substance use disorder) (Degenhard et al., 2017), not only because of the effects on physical health, but also because of the consequences at the psychological and social level (Hernández Serrano et al., 2016). This is why numerous countries have incorporated prevention or intervention strategies for substance abuse through general advertising campaigns, or outpatient treatment focused on vulnerable groups (Becoña Iglesias and Cortés Tomás, 2016). However, although positive results are obtained, efforts remain insufficient, as the numbers of people receiving treatment for drug use in the EU continue to rise (of Drugs, 2019). The relevance of substance use is such that addiction is currently considered a psychiatric disorder, being included in different manuals such as the DSM-5 or the ICD-10. According to the DSM-5, substance dependence is characterized by a maladaptive pattern of use involving significant impairment or distress, expressed by three or more of the following symptoms over a continuous 12-month period:

- Tolerance is defined when there is a need to increase the amount of the substance to achieve the desired intoxication or, when the effect of the same amounts clearly diminishes with continued consumption.
- Withdrawal occurs with the presence of certain physical or psychological symptoms in the absence of the substance and this causes a clinically significant discomfort that leads the person to consume the same (or very similar) substance to alleviate these symptoms.
- The substance is taken in larger quantities or for a longer period than initially intended.
- There is persistent desire or unsuccessful efforts to control or discontinue substance use.
- Much time is spent on activities related to obtaining the substance, consuming the substance, or recovering from the effects of the substance.
- Reduction of important social, occupational or recreational activities due to substance use.
- You continue to take the substance despite awareness of recurrent or persistent psychological or physical problems that appear to be caused or exacerbated by the substance use.

Some of the most common addictions today in Spain are, in order of prevalence, alcohol (93.5% of the general population) tobacco (72.5%), cannabis (30%), cocaine (10%), ecstasy, amphetamines, hallucinogens, heroin and volatile inhalants (5%) (Blas González, 2019). At this point, it is important to differentiate alcohol and tobacco from other substances because their consumption is socially accepted, there is no legal control over their consumption, production or sale and it is favored by consumerist

advertising (Monsalve and Meléndez, 2011), so their measurement to consider a dependent use should be assessed under other parameters than the rest of substances. Nor can we fail to mention the relationship between early onset of consumption and later problematic consumption. Numerous studies have shown that early alcohol consumption is associated with more intense and habitual consumption of other substances. Early tobacco use is related to tobacco use in adulthood and to problematic alcohol consumption. Regarding early cannabis use, this has been related to problematic use of cannabis and other substances(Hernández-Serrano et al., 2015). The average age of onset also depends on the type of substances, with alcohol and tobacco being the first to be consumed (16 years), followed by cannabis (18-19 years) and cocaine (20-21 years) (Blas González, 2019). Therefore, age can be considered as a risk factor for problematic substance use, being from 16 to 23 years of age a risk stage. In addition, it is important to distinguish between the different types of consumption according to their frequency. In this case, we would be talking about experimental use, regular or social use, harmful use and abuse or dependence (Mercado Barrientos, 2017). Experimental use is when a person tries the substance to test its effects and, after a number of uses, stops taking it. Regular or social use is maintained over time after experimental use and is incorporated into the person's habitual life. Harmful use occurs when the pattern of regular use of the substance begins to create some type of physical or mental impairment in the individual. Finally, substance abuse or dependence occurs when there is a disease associated with the use of a substance, and involves an intense and sustained use over time that causes changes in brain physiology, behavioral, mental or emotional disorder.

In recent decades, numerous studies have been conducted with the aim of analyzing whether family functioning influences the onset or maintenance of drug use and, indeed, these studies have shown that there is a relationship between insecure attachment and substance addiction (Carmona and Lever, 2017), as well as between some patterns of family functioning in which punishment predominates, low cohesion and the presence of problematic behaviors in youth, including substance use (Hernández Serrano et al., 2015). Regarding attachment, it was reflected that the higher the substance consumption, the lower the secure attachment styles and the higher the parental permissiveness, self-sufficiency and resentment against parents, i.e., secure attachment would act as a protective factor against consumption (Olivares et al., 2018). The same is confirmed by other studies such as those of Meredith et al. (2020), Momeñe et al., (2021) and Serra et al. (2019). Substance abuse is considered as a compensatory behavior, i.e., the strong "connection" the person has with the addictive substance would act as a substitute for non-existent or insufficient connections with primary attachment figures (Delvecchio et al., 2016). Neglectful paternal or maternal-filial relationships often predict a psychopathological picture of anxiety, hostility, depression, paranoid ideation, and substance abuse (Musetti et al., 2016; Schindler and Bröning, 2015). In short, attachment styles guide the behavior that the child has internalized to cope with situations of stress or frustration, so insecure attachment patterns are a risk factor that increases vulnerability to consumption (Barbarias et al., 2019; Berrueco Quintero, 2017). However, this does not mean that people with a secure attachment do not consume, but rather that this consumption tends to be more experimental and sporadic (Rodríguez Pellejero and Núñez, 2018), while those with an insecure attachment tend to consume pathologically, eventually persisting into adulthood. This consumption is linked to an attempt to reduce emotional distress (Castilla Puerta, 2019).

Conclusions

It is of great scientific interest to address the issues of substance addiction and emotional dependence for several reasons. The first is the high prevalence of use disorders, especially in young people (12-26% in college students and 3-6% in adults) (MacLaren and Best, 2010). Second, because of the high comorbidity of disorders that addiction to certain substances can cause, especially psychiatric disorders (41% mood disorders, 30% anxiety disorders, 40% psychotic disorders). Furthermore, it should be noted that a low proportion of people with addiction problems receive treatment (11%) and of these, there is a high percentage of dropout or relapse rates, so there is still a need for further research on new effective interventions in substance dependence (Degenhardt et al., 2019). Third, because research on emotional dependence is of great interest due to the prevalence rates and the implications of emotional dependence at multiple levels, one of the most important of which is violence. 12% of the general population acknowledges being emotionally dependent, of which 8.6% severely and in young people the percentage shoots up (12-25%) (Valle and Moral, 2018). For all the above reasons and due to the scarce scientific research that addresses the relationship between substance use and emotional dependence with attachment styles, it is attractive for the field of clinical psychology to create new ways of approaching from childhood and to study patterns of family functioning that predict or intervene to reduce or eliminate substance use behaviors and/or emotional dependence in youth. The results of this study could expand the knowledge we have about the effects of attachment in childhood with respect to dependence behaviors towards people or substances and offer a new path of orientation for intervention with young people with substance dependence problems or emotional dependence, which, as we have seen, is a population at risk for this type of behavior (Esteban García, 2020).

Hypothesis and objectives

The general hypothesis of the study is to corroborate that an insecure attachment style predicts the presence of emotional dependence as a personality trait and, in parallel, substance dependence in youth.

General Objective:

- To assess whether insecure attachment in childhood functions as a predictor variable for emotional dependence and substance dependence in youth.

Specific objectives:

- To analyze whether those with insecure attachment present a higher level of emotional dependence than those with secure attachment
- To analyze whether those with insecure attachment present a higher level of substance dependence than those with secure attachment.
- To determine that insecure attachment acts as a predictor variable of emotional dependence.
- To determine that insecure attachment acts as a predictor variable for substance dependence.

Method

Participants

The study consists of a sample of 81 participants obtained by convenience sampling by the researcher, of which 32% are men (n = 26) and 68% women (n = 55),

whose mean age is 24 (ages between 18 and 30 years) and a standard deviation of 4.44. The mean age of men is 25.5 and the standard deviation is 4.12, while that of women is 23.8 and the standard deviation is 3.3. All met the inclusion and exclusion criteria set forth. Inclusion criteria were based on age, i.e., young people aged 18-30 years. The only exclusion criteria included are people who have been diagnosed with a psychological personality disorder, specifically dependent personality disorder, and substance use, abuse or dependence disorder.

Type of design

This research uses a quantitative design, since standardized measurement instruments will be used for the variables studied, of a cross-sectional correlational type (non-experimental), since the researcher will not exert any type of influence, change or intervention on the variables and these are measured at a single moment to observe if there is a relationship between them.

Variables studied

Attachment: the way of creating affective bonds towards certain people whose biological function is protection (Bowlby, 1989). It is shaped during the first years of life by the type of responses offered by the primary caregiver. If these are sensitive to the infant's demands, security will be provided and a secure attachment will be established, whereas, if they are not congruent, an insecure attachment will be established and the person will have difficulty regulating his or her emotions.

Emotional dependence: the emotionally dependent person is characterized by feelings of voracity for the person on whom they are dependent, experiencing an inner emptiness that is never filled, permanent dissatisfaction with the feeling that something is missing, intolerance to loneliness, emotional changes and lack of a true sense of self. In other words, it is a persistent pattern of unmet emotional needs that are maladaptively attempted to be met by other people (Castelló, 2015).

Substance dependence: a group of cognitive, behavioral and physiological symptoms that indicate loss of control over the use of a psychoactive substance and in which the subject continues to use the substance despite the appearance of significant problems related to it. There is a pattern of repeated self-administration that often leads to tolerance, withdrawal and compulsive ingestion (DSM-IV).

Instruments

Ad-hoc questionnaire that collects sociodemographic data (age, sex and diagnosis of a psychological disorder).

Adult Attachment Questionnaire (CAA), originally authored by Melero and Cantero (2008). This self-applied instrument assesses adult attachment styles (secure attachment and insecure attachment) in a non-clinical population and consists of 40 items with a six-point Likert-type scale (where 1 is "completely disagree" and 6 is "completely agree"). Its administration time is approximately 5 minutes. As for the factor analysis, the instrument consists of four factors. The first one groups "approval needs" which are negative self-concept, relationship concerns, dependency, fear of rejection, and behavioral and emotional inhibition problems. The second, "hostile conflict resolution, resentment and possessiveness" describes anger towards others, resentment, easy anger, possessiveness and jealousy. The third, "emotional expressiveness and comfort with intimacy" assesses sociability, ease in expressing emotions and trust in others in expressing and solving interpersonal problems. Finally, the fourth factor, "emotional self-sufficiency and discomfort with intimacy" focuses on

the undervaluing of intimate relationships, difficulty committing and overvaluing personal independence. The form of correction is based on observing the score of each factor and assessing as a whole to which type of attachment it corresponds. The total variance explained was 40%. The psychometric properties of the AAC are satisfactory. The internal consistency indexes were evaluated using Cronbach's Alpha coefficient and the results were that factor 1 obtained an index of .86, factor 2 of .80, factor 3 of .77 and factor 4 of .68.

Sirvent's (2007) Inventory of Interpersonal Relationships and Emotional Dependencies (IRIDS-100). This self-applied instrument assesses emotional dependence with 100 items with a five-point Likert-type scale (where 1 is "strongly disagree" and 5 is "strongly agree"), which are divided into three emotional dependence scales (affective dependence, codependence and bidependence) with seven subscales: interdependence, situational accommodation, self-deception, negative feelings, identity, personal background and heterocontrol. These seven dimensions explain 53.72% of the total variance, of which the first factor "dependent triad" explains 24.13%. Its administration time is approximately 10 minutes. The overall internal reliability of the IRIDS-100 was very high, obtaining a Cronbach's Alpha of .97. It is important to mention that in the present investigation this instrument has not been used in its entirety, but only the global scale of affective dependence has been used, since the other two scales do not provide information relevant to the general hypothesis.

Drug Abuse Screening Test (DAST-10), whose original author is Skinner (1982) and whose Spanish adaptation corresponds to Gálvez et al. (2010). This self-administered instrument consists of 10 items (although there is a version with 20, the DAST-20) with dichotomous responses (Yes and No) that determine substance dependent or abusive subjects (excluding alcohol and tobacco) under the DSM-IV-TR diagnostic criteria for Substance Use Disorders. The factors it measures are "consumption and consequences" and "dependence or inability to abstain". Its application time is approximately 2 minutes. Construct validity was measured with an exploratory factor analysis of the components, which explained 62.18% of the variance. Internal consistency was assessed with Cronbach's alpha and obtained excellent results, with alpha .89 for the DAST-10.

Procedure

The sample was recruited thanks to the researcher's convenience sampling and the application of the tests was carried out using the Google Forms platform. Prior to the administration of the instruments, an information sheet and informed consent form was provided to each subject, explaining the objective of the study, the results expected to be obtained, a brief summary of the concepts, the voluntariness to participate and the confidentiality of their data (Declaration of Helsinki, 1975), and the use of the data exclusively for research purposes. The instruments**are**administered in the following order: Ad-hoc questionnaire, CAA, IRIDS-100 and DAST-10. The sociodemographic data collected were sex, age and diagnosis of a psychological disorder. It was not necessary for participants to provide further data, so the surveys were completely anonymous. After data collection, they are transferred to the SSPS database and analyzed with the statistics detailed in the following section. Finally, the results and conclusions of the study are drawn up.

Data analysis

Data analysis was carried out using Student's *t* test for independent samples in order to observe whether there are differences between the secure and insecure

attachment groups in relation to emotional dependence and substance dependence. A linear regression model was also performed to analyze whether there is a predictive relationship between them. Descriptive statistics were used for sociodemographic data. The analyses were performed with the SPSS statistical software, in its twentieth version.

Results

Table 1 details the sociodemographic data. A sample of 81 subjects was observed, of which 81.5% had not been diagnosed with any disorder (n = 66), while 18.5% had (n = 15), corresponding to depression, anxiety, ACT, OCD, PTSD and ADHD. According to these sociodemographic data, there is no subject that meets the exclusion criteria for the research, so all subjects are valid for the study.

Table 1
Table of sociodemographic data

		n = 81	**Percentage**
Sex	Man	26	32%
	Woman	55	68%
Disorder	No	66	81.5%
	Yes	15	18.5%
		M* ± *DT	
Age			
	Man	25.5 ± 4.12	
	Woman	23.8 ± 3.3	
	Total	24 ± 4.44	

To observe whether there are differences in emotional dependence and attachment style, a Student's *t-test* for independent samples was performed (see Table 2). It shows that for all subscales of the dependence variable there are significant differences between groups, except for the subscale "recreation of negative feelings" or RSN ($p = .60$). In addition, it is observed that the insecure attachment group scores higher on average on all dependency scales and subscales. If these results are analyzed in depth, it is observed that the total study sample scores very significantly($p < .001$) on the general dependence scale, within which they score very high on the interdependence scale (pure dependence and sensation seeking subscales), situational accommodation, self-deception (denial subscale), negative feelings (loneliness, guilt, self-destructiveness and emotional inescapability subscales) and identity (identity and weak ego subscales). The variables that score moderately significant($p < .01$) are subscale craving (interdependence scale), repetition (self-deception scale) and rigid ego (identity scale). The scales that score significantly($p < .05$) are self-deception (self-deception and manipulation subscale) and personal history. In terms of consumption, it is also observed that there are differences between the secure and insecure attachment groups, although they are close to the borderline($p = .048$), with insecure attachment scoring higher on average. These results show that, indeed, if we talk about emotional dependence and substance use, there are differences between people who have grown up with an insecure attachment and people who have grown up with a secure attachment.

Table 2

Student's t-test for secure and insecure attachment in emotional and substance dependence

	Secure attachment (n=16) ***M ± SD***	**Insecure attachment (n=65)** ***M ± SD***	**gl**	**t**
DPD	.19 ± .40	1,82 ± ,82	79	-7.62***
3DPD	.12 ± .34	1,56 ± ,82	79	-6.8***
DPDP	.0 ± .0	2.12 ± .83	79	-10 ***
BQS	.18 ± .4	1.06 ± .89	54.9	-5.81***
C	.0 ± .0	.69 ± .91	79	-3**
ACM	.0 ± .0	.67 ± .68	79	-3.92***
AUTE	.0 ± .0	.2 ± .47	79	-1.67*
aute	.0 ± .0	.5 ± .85	79	-2.37*
MNP	.0 ± .0	.32 ± .64	79	-2.01*
RTR	.0 ± .0	.86 ± 1.14	79	-2.99**
N	.18 ± .4	1.01 ± .83	79	-3.82***
SNTN	.062 ± .25	1.4 ± 1.05	79	-5***
S	.062 ± .25	1.53 ± 1.11	79	-5.22***
CLP	.0 ± .0	.73 ± .81	79	-3.6***
AUTD	.31 ± .47	1.32 ± 1.16	79	-3.39***
INESE	.25 ± .57	1.44 ± 1.18	79	-3.9***
RSN	.93 ± 1,12	1.47 ± 1.25	25	-1.68
IDN	.0 ± .0	1.35 ± 1.13	79	-4.73***
idn	.0 ± .0	1.3 ± 1.07	79	-4.84***
EGD	.062 ± .25	.86 ± 1.17	79	-4.34***
EGR	.062 ± .25	.86 ± 1.07	79	-2.94**
ANTP	.37 ± .8	.87 ± 1.12	79	-1.67*
Consumption	.68 ± 1.13	1.24 ± 1.19	23.8	-1.74*

Note. * p<.05, ** p<.01, *** p<.001

Note. DPD = Dependence, 3DPD = Dependent triad, DPDP = Pure dependence, BQS = Sensation seeking, C = Craving, ACM = Accommodation, AUTE = Self-deception, aute = Self-deception, MNP = Manipulation, RTR = Reiteration, N = Denial, SNTN = Negative feelings, S = Loneliness, CLP = Guilt, AUTD = Self-destructiveness, INESE = Emotional inescapability, RSN = Recreation of negative feelings, IDN = Identity, idn = Identity, EGD = Weak ego, EGR = Rigid ego, ANTP = Personal antecedents.

Finally, to test the general objective of the study, a linear regression was performed. Specifically, the means of secure and insecure attachment were compared with emotional dependence and substance dependence, respectively. First, linear regression was performed for attachment style and emotional dependence. As the independent variable in this case is qualitative (secure and insecure attachment), it was transformed into a dummy variable, where the value 0 is absence of secure attachment (insecure attachment) and the value 1 is secure attachment. The results showed that the R^2 adjusted is .417, the coefficient *B* of constant is 1.81 and that of attachment is -1.62, so the linear regression equation for insecure attachment $\hat{Y}$ = 1.81 + (-1.62) * 0, i.e. $\hat{Y}$ = 1.81, while for secure attachment $\hat{Y}$ = 1.81 + (-1.62) * 1, i.e. $\hat{Y}$ = .19. These data explain that people with secure attachment score on average .19 in dependence and people with insecure attachment score 1.81, so it can be said that insecure attachment better predicts

emotional dependence behaviors, specifically, insecure attachment explains 41.7% of the variance (see Table 3).

Table 3
Linear regression of attachment and emotional dependence

	B	***ET***	***β***	**t**
(Constant)	1.81	.09		19.1***
Attachment	-1.62	.21	-.65	-7.6***

Note. Adjusted^{R2} = .417, *** p<.001

Second, a linear regression was performed for secure attachment style in relation to substance dependence (see Table 4). The results obtained show that R^2 adjusted is .022 and the coefficient *B* for constant is 1.24 and that for attachment -.55, so the linear regression equation for insecure attachment is $\hat{Y}$ = 1.24 + (-.55) * 0, i.e., $\hat{Y}$ = 1.24, while the equation for secure attachment is $\hat{Y}$ = 1.24 + (-.55) * 1, i.e., $\hat{Y}$ = .69. These data explain that, when modeling prediction, insecure attachment style on substance dependence explains only 2.2% of the variance.

Table 4
Linear regression table for attachment and substance dependence

	B	***ET***	***B***	**T**
(Constant)	1,246	,147		8,457***
Consumption	-,559	,332	-,186	-1,685

Note. Adjusted^{R2} = .022, *** p<.001

Discussion and conclusions

Once the results have been presented, the data obtained are clarified and contrasted with both the theoretical background and the objectives proposed for the research.

If we analyze the data referring to sociodemographic variables, all the participants were between 18 and 30 years of age, with an average of 24 years, of which 68% were women and 32% men. 81.5% had never been diagnosed with any disorder and the remaining 18.5% had. The rest of the results show that there are indeed differences between the group that grew up in a safe environment and the group that grew up in a dysfunctional family in terms of emotional dependence. In addition, the results of the linear regression (Table 3) confirm that insecure attachment can act as a predictor variable of emotional dependence in youth, explaining 41.7% of the variance. Similar results are obtained in studies such as those of Andrade Buñay (2018), in which the greater the family dysfunctionality the higher the emotional dependence scores. Momeñe and Estevez (2018) add the importance of warm maternal responses that are warm and contingent on the infant's needs so that the infant does not develop emotionally dependent compensatory behaviors in the future. In the same line, Valle and Moral (2018) associate secure attachment with absence of emotional dependence, which is consistent with the data of this research, in which subjects with secure

attachment (n = 16) do not score in numerous scales and subscales (pure dependence, craving, accommodation, self-deception, manipulation, reiteration, guilt and identity) and, in the rest of scales they always score a lower mean than insecure attachment. Cerdán Fievez (2016) also confirms that people with secure attachment show an attitude of confidence, stability and satisfaction in their personal relationships. If the subscales of emotional dependence are analyzed in depth, it is observed that there are significant differences for the insecure attachment group in all of them, except for the subscale of "recreation of feelings", so it could be said that this sample does not have a repetitive and constant perception of emotions that cause dissatisfaction. However, they do score very significantly*($p < .001$)* on the general dependence scale, within which they score very high on the interdependence scale (pure dependence and sensation seeking subscales), situational accommodation scale, self-deception scale (denial subscale), negative feelings scale (loneliness, guilt, self-destructiveness and emotional inescapability subscales) and identity scale (identity and weak ego subscales). These results explain that the sample has a strong need for the other person to the point of feeling complete only in his/her company, is not able to differentiate his/her personality from that of his/her partner, and therefore opens up excessively and the line of intimacy is blurred. He/she has a constant need for stimuli in order to reach high levels of excitement and to make up for affective deficiencies; he/she has a lack of initiative or ease to passively adapt to the orders of others; feelings of loneliness and guilt. Shows inability to be aware of the negative aspects of the relationship, or rejects them outright and therefore believes he/she is incapable of leaving a toxic situation even though he/she is aware of the harm he/she is doing to him/herself. The variables that score moderately significant*($p < .01$)* are subscale craving (interdependence scale), subscale repetition (self-deception scale) and subscale rigid ego (identity scale). These are defined as a feeling of intense longing in the absence of a partner, constant relapse into the same mistake and an impenetrable personality, with difficulty in opening up to others. The scales that score significantly*($p < .05$)* are self-deception scale (self-deception and manipulation subscale) and personal history scale. It is defined as attempts to modify the partner's behaviors or feelings for one's own benefit and past history or events that may influence psychological well-being (abuse, mistreatment, separations, etc.). Similar results are found by Arocena and Ceballos (2017) referring to seeking attention from the partner, modification of plans, perceiving the partner relationship as fundamental, showing distrustful behaviors and high anxiety. Along the same lines, Medina et al. (2016) found that insecure attachment causes anomalies in future couple relationships such as low satisfaction in the relationship environment, infidelities, violence, jealousy, low self-esteem, negative self-concept, lack of commitment and trust, and emotional dependence. This is also related in other research to dependent personality disorder (Hoyos et al., 2012), which is why in this study they were marked as exclusion criteria to avoid contaminating variables.

The results of this research, together with numerous previous studies, show the importance of the disposition and quality of the affective response of the attachment figure in childhood stages, since this will forge the type of attachment and, this in turn, will guide the type of behaviors, emotions and relationships in the future. In case these responses are not contingent with the baby's demands, personality maladjustments will be created in later stages, typical of an insecure attachment, which will lead, among others, to a wrong attitude towards affective relationships, resulting in emotional dependence. This dependence is shown in emotional preoccupation, desires to cover unmet emotional needs in childhood, fear and anxiety of being rejected, among others (Rosas Cárdenas and Toledo Pasti, 2018).

As the results of this research show, differences are also found in attachment style in relation to substance dependence*(p* < .05), obtaining a higher mean in insecure attachment, so it can be said that insecure attachment is related to substance use in youth. Similar results are obtained in other studies such as those of Ríos (2013) and Alvarado and Duchi (2021), which affirm a correlation between insecure attachment and the diagnosis of dependence on a psychotropic substance. Along these same lines, Cornellá-Font et al. (2020) adds that the risk of problematic use of certain substances in adolescence decreases with high scores on secure attachment. However, linear regression shows that, although these differences between attachment styles are significant, substance dependence explains only 2.2% of the total variance, so insecure attachment cannot be considered to predict youth consumption. This maintains a certain correspondence with the results obtained in the Student's *t* test, since this significance was borderline*(p* = .049). Del Castillo (2015) and López Castillo (2019) also affirm the importance of insecure attachment in substance use, but add a multitude of more influential variables (low risk perception, peer group, high stress, avoidant coping strategies, low resilience, and low emotional intelligence).

As shown, this study is consistent with the results of previous studies. However, certain considerations must be added to this. Regarding attachment, there are numerous definitions (explained in the theoretical framework), different nomenclatures of insecure attachment styles (anxious/ambivalent/preoccupied, avoidant/devaluative/fearful or disorganized/unresolved) and different ways of assessing attachment (the person's representation of attachment or attachment in childhood). It is also important to mention the multitude of instruments that exist to assess attachment style and that, although there is no dissent for secure attachment, there are no solid agreements among researches to assess insecure attachment. This explains the fact that there is no correspondence between research on which type of insecure attachment is more prevalent in people with dependence or addictions (Esteban García, 2020). With regard to emotional dependence, the importance of the diversity of psychological instruments that exist (IRIDS-100, DPE, DEN, IDE, ACCA, etc.) should not be forgotten either, and which do not start from the same definition nor, therefore, assess it with the same factors or subscales. With regard to substance dependence, it is also important to mention the relevance of the type of evaluation carried out in each investigation, i.e., it is not the same to consider substance use or abuse as to assess substance dependence. This multiplies its importance if we talk about the young group, since experimental drug use is very common in these ages, which does not mean that there is a real addiction (Trujillo et al., 2013). In conclusion, all these aspects mentioned are going to vary according to the study and the type of questionnaire used, therefore, it is inferred that only a moderate correspondence between investigations can be considered (Iglesias et al., 2014).

The results obtained in this research leave the general objective (to assess whether insecure attachment in childhood functions as a predictor variable of emotional dependence and substance dependence in youth) half-fulfilled. Specific objectives 1 and 2 are confirmed, since insecure attachment scores higher on average in all the dependency subscales and, moreover, the differences with the secure attachment group are significant (except for the emotional repetition subscale). The same is true for substance dependence. Specific objective #3 has been met, as insecure attachment predicts the onset of emotional dependence in youth. However, objective 4 is discarded, since there is no predictive relationship between insecure attachment and substance dependence.

This study is not without limitations. On the one hand, the sample has a total of 81 participants, of whom 65 have an insecure attachment type and 16 have a secure attachment. It would be useful to have a larger sample of people with secure attachment in future studies, since the scarcity of data on secure attachment may not reliably represent the data on emotional dependence and substance dependence. The same is true for the male group (n = 26), which could explain the similarity between groups in attachment because they are underrepresented. As for the limitations in relation to the instruments, it is important to mention that the DAST-10 measures dependence on substances excluding alcohol and tobacco which, although it is true that they need other scales to be considered as problematic use due to their great social acceptance, their use is very widespread in the general population and also cause physical or mental, social, occupational, family or personal health problems. On the other hand, we should not forget the influence of third variables that could not be measured in this research and that could add to the relationship between attachment and emotional and substance dependence. The literature mentions the importance of intimate partner violence, low emotional regulation (Momeñe et al., 2017), low self-esteem, psychological background (Santamaría et al., 2015), parental supervision, parental personality, whether the parents have used drugs or have a history of dependence (Álvarez and Maldonado, 2017) and the relationship with the peer group (Martínez and Gómez, 2013). Moreover, as this was a cross-sectional study, it is not possible to speak of causality between the variables. Conducting a longitudinal study could help to obtain more information in this regard. For further research on this problem, it would be interesting to analyze the relationship of each attachment style as a risk or protective factor for a type of consumption and a type of drug, since there is considerable controversy in the literature in this regard, i.e., there are no clear results on whether a particular attachment style predominates as a risk factor for a given consumption (alcohol, tobacco, cannabis, cocaine, etc.). Finally, it would also be interesting to add to research on dependence and attachment the factor of violence, since in youth population it is confirmed that young victims of intimate partner violence have greater dependence (De la Villa Moral et al., 2017). It has been found that psychological abuse, emotional regulation and emotional dependence correlate with each other and that psychological abuse and difficulties in emotional regulation would be predictors of emotional dependence. These results could be of interest to include aspects such as emotional regulation and emotional dependence in the approach to prevention and intervention in psychological violence.

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MODEL OF COMMUNITY MENTAL HEALTH CARE FROM THE FIRST LEVEL OF HEALTH CARE: CASE UDA CANELONES AL ESTE, BARROS BLANCOS, URUGUAY

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Summary. The present study is part of the thesis for the Master's degree in Clinical and Health Psychology. The objective was to design a model of community mental health care based on the experience of the Canelones al Este Teaching Care Unit of the First Level of Care, Barros Blancos, Uruguay between 2018-2020. It is a qualitative study, based on a case study. The techniques for data collection were interviews and documentary research. The results show the theoretical/technical training competencies, intervention criteria, difficulties, epistemic positioning and meanings of the experiences of the professionals who make up the case and give meaning to the model. A model was obtained that can be replicated in other Teaching Assistance Units of the First Level of Care, as well as in devices of the National Mental Health Plan of Uruguay within the framework of the Mental Health Law.

Key words: mental health, first level of care, model, intervention

MODELO DE ATENCIÓN EN SALUD MENTAL COMUNITARIA DESDE EL PRIMER NIVEL DE ATENCIÓN SANITARIO: CASO UDA CANELONES AL ESTE, BARROS BLANCOS, URUGUAY

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Resumen. El presente estudio se enmarca en la tesis para el título de Máster en Psicología Clínica y de la Salud. El objetivo fue diseñar un modelo de atención comunitario en salud mental tomando como base la experiencia de la Unidad Docente Asistencial Canelones al Este del Primer Nivel de Atención, Barros Blancos, Uruguay entre 2018-2020. Es un estudio cualitativo, en base al estudio de un caso. Las técnicas para la recolección de datos fueron la entrevista y búsqueda documental. Los resultados muestran las competencias

formativas teórico/técnicas, criterios de intervención, dificultades, posicionamiento epistémico y, sentidos de las experiencias de los/as profesionales que conforman el caso y dan sentido al modelo. Se obtuvo un modelo que se puede replicar en otras Unidades Docentes Asistenciales del Primer Nivel de Atención, así como en dispositivos del Plan Nacional de Salud Mental de Uruguay en el marco de la Ley de Salud Mental.

Palabras clave: salud mental, primer nivel de atención, modelo, intervención

Introduction

The incidence of mental health problems, the need to articulate interdisciplinary and interprofessional work and the importance of the first level of health care are recognized worldwide. Likewise, its incidence on physical health, such as cardiovascular, oncological, metabolic diseases, HIV/AIDS infection, etc., is well known. According to the WHO, the global burden of mental health problems and the consequent comorbidity that is generated requires strategic plans that include programs and legislation guided by Human Rights, with community health and social services that provide a comprehensive response adapted to local characteristics. Notwithstanding the evidence and recommendations, in many places a logic that responds to the hegemonic medical model of large asylum institutions (asylums) and mental health clinics prevails, to the detriment of clinical-community devices from the First Level of Care (PNA) and the strategy of Primary Health Care (PHC) as recommended.

In Uruguay, a mental health law has been in force since 2017, which in its articles proposes a complex and comprehensive approach that prioritizes the first level of care and the community space.

At the international level, with regard to mental health care models in the NIP, we identified that in the mental health clinic there is a marked predominance of a biomedical and pharmacological approach with few positive responses. There are few systematized experiences of the community approach in the NAP from the health sector, as opposed to alternative initiatives developed from the social sector. Regarding mental health training related to the ANP, at the international level there are difficulties, for example, regarding the notion of Health Psychology, Psychology in the ANP and the possibility of interprofessional work with Family and Community Medicine.

The study has been necessary in order to provide a model of community mental health care, through the experience carried out through the work of the UDA Canelones al Este team in Barros Blancos, Uruguay. This work mainly includes the praxis of Family and Community Medicine professionals in articulation with Clinical and Health Psychology. The results allow us to know theoretical/technical training competencies, intervention criteria, difficulties, epistemic positioning that transversalizes the practices, as well as meanings and senses of the experiences for the intervening professionals that make the case and the construction of the proposed model.

This knowledge has practical application and is an input for other Teaching Units of the First Level of Care dependent on the Department of Family and Community Medicine. Moreover, the study is available in Uruguay for the implementation of the National Mental Health Plan 2020 within the framework of the Mental Health Law.

Method

Design

The study comprises a qualitative methodological design that seeks to understand, explain and analyze experiences in mental health care provided by the Canelones al Este Teaching and Assistance Unit.

We worked from a case study strategy as proposed by Stake (1999, p. 11) where "a case when it has a very special interest in itself. We look for the detail of the interaction with their contexts. The case study is the study of the particularity and complexity of a singular case, in order to understand its activity in important circumstances". The case of the Unidad Docente Asistencial (UDA) Canelones al Este is relevant and deserves research attention due to its experience in community mental health.

The UDA's headquarters are located in the city of Barros Blancos, 23 km from Montevideo. Barros Blancos has a population of approximately 30,000 inhabitants and, as a public health institution, the UDA serves almost half of this population. Barros Blancos is one of the most impoverished and vulnerable populations in the country. The UDA manages the service mainly with physicians specialized in Family and Community Medicine, among professionals from other disciplines such as Gynecology, Pediatrics, Psychology, Nutrition and Nursing. In addition to assistance, it develops activities of Health Promotion, inter-institutional articulation and participation, research, among others.

Samples

The qualitative approach does not involve a probabilistic sample selection as in the typical case of quantitative research. The study sample was convenience or purposive and responds to the characteristics of the ADU, managed and composed mainly of family and community physicians.

Two key groups were generated as sampling units;

Group of documents as secondary sources: 12 undergraduate and graduate programs and university training plans (current and previous) related to community mental health, focused on the health sector; programs of the School of Medicine; specialty in Family and Community Medicine, adult and pediatric psychiatry, postgraduate programs in Psychotherapy in Health Services, Integrative option, Cognitive Behavioral, Psychodrama and, from the Faculty of Psychology, Gender, Sexuality and Reproductive Health program, Conceptions, Determinants and Policies in Health program, Psychology and Human Rights program, Psychological Development and Evolutionary Psychology program and Specialization in Psychology in Health Services. We worked with legislation (1 law), the national mental health plan and 86 academic presentations related to mental health in the First Level of Care of the UDA.

Group of 4 professionals involved in the mental health approach as primary sources, which included physicians specializing in Family and Community Medicine. As an inclusive criterion in addition to seniority in the UDA and hierarchy, having worked in the UDA between the years 2018 - 2020 was considered.

Variables

The study followed an inductive-hypothetical-deductive process, where variables of interest are obtained as the study progressed. However, some previous or deductive

categories were used as a guiding strategy. The a priori deductive categories (qualitative variables), definitions and starting subcategories were as follows;

1- Clinical Approach
2- Community Focus
3- Academic Actions

Techniques

The study involved documentary review and semi-structured interviews. Documentation review is a process of organizing and representing knowledge that is codified, recorded. The purpose of this technique is to recover this construction. The semi-structured interview makes it possible to gain access to the interviewees' approaches by means of the spoken word. Interviews were conducted with established guidelines and, with the openness to introduce other questions.

Measuring instruments

Digital and physical content files were used for the documentary review. Each file was identified with a type of documentary record.

For the semi-structured interviews, the measurement instrument inquired about professional training related to mental health in the NAP with a community approach, characteristics of NAP mental health work with a community approach, interprofessional team, meaning of interventions with a community approach, interdisciplinary work and characteristics of the device(s). The interviews lasted between 50 and 70 minutes, conducted through the Zoom platform with audio recording, with informed consent.

Procedures

The procedure consisted of three stages, which are detailed below:

Table 1

General procedural steps

Stages	**Shares**	**Weather**	**Materials**
1- Data collection	Conduct semi-structured interviews Conduct documentary review	First month	Computer with Office 2021 package, Zoom platform.
2- Data analysis	Conduct content analysis of interviews and documents. Deepening of the system of categories and subcategories. Coding of these.	Second month	Computer, program MAXQDA 2021
3- Results and	Triangulation of the	Third month	Computer with Office

conclusions	data analysis with the reference bibliography in the theoretical framework. Model design of community mental health care	package 2021

Ethical aspects

This study is based on respect for human rights, where participation in the study was voluntary, unpaid and confidential in relation to the data obtained through the different data collection techniques used, as well as confidentiality regarding the identity of the participants.

The Canelones Healthcare Teaching Unit was duly informed about the objectives of this study, the methodologies and techniques used, as well as the handling of the data, results and conclusions.

The study included informed consent in order to obtain the authorization of those persons participating in the study. The same was explained and the participant was asked to sign it as a way of expressing his/her will, thus respecting the principle of autonomy and beneficence specified in Article 4 of Chapter II and Chapter III in all its articles and paragraphs of Decree No. 379/008 on research with human beings of the Oriental Republic of Uruguay.

All participants were informed about the confidentiality of the information they provided, maintaining the private nature of their identities, and they could decide whether or not to participate in the study.

By performing a risk-benefit analysis of the techniques to be used, the study did not generate risks for the participants.

The information collected had a purely scientific purpose, responding to the objectives of the study and in no case will it question the participants of the study, thus complying with the ethical safeguards that guarantee anonymity.

The above ethical considerations allow us to affirm that this study is within the framework of the regulations in force in the Oriental Republic of Uruguay regarding human studies (Decree CM/515 of the Executive Power).

Results

University education, mental health and NAPs

The documents analyzed at the higher education (university) level were 12 training programs.

The documents were analyzed using the MAXQDA software tool. The process was inductive, starting from a single variable operationalized in categories and subcategories. The variable was denominated "Undergraduate and graduate university training in mental health and first level of care".

From the programs analyzed, the specialty in "Family and Community Medicine" is the one most closely related to community mental health care. It is followed by the program

"Conceptions, determinants and policies in health" and by the program "Adult psychiatry". Few subcategories were found in the other programs, with the cut-off point for subcategories being 40% of the categories induced in the largest program. The total number of subcategories present in the programs of interest was as follows:

Table 1

File 1 Significant programs and subcategories

Program name	Institutional affiliation	Number of identified subcategories
Family and Community Medicine	Faculty of Medicine	86
Conceptions, determinants and health policy	Faculty of Psychology	43
Adult psychiatry	Faculty of Medicine	42

The cut-off point for inductive subcategories corresponds to 1/3 of their presence in the sum of all documents. The inductive subcategories with the highest presence among all the documents were:

Community and Networks, Health Promotion, Human Rights, Integrality, Life Cycles, Health Psychology.

The inductive subcategories found in the documents were grouped together to generate an interconnected network. Those that have shown the greatest interconnection are:

Community and Networks, Health Promotion, Human Rights, Comprehensiveness, Life Cycles, Health Psychology, First Level of Care, Teamwork, Determinants/determinants of health, Non-hegemonic/alternative approach

Academic instances of mental health at the UDA

A total of 86 academic productions developed by the UDA were analyzed. These productions include posters, academic presentations, course programs and reports and activity proposals.

The information was organized in a single computer file as follows:

Table 2
UDA academic documents file

Name of the program file	Number of documents	Description
Academic presentations	63	Academic production that covers a variety of topics worked on by UDA
Reports and proposals for activities	8	Detail of the execution and results of various activities developed.
Course Programs	3	Detail of elective, elective and proprietary courses developed by the UDA
Posters	2	Systematized academic production

The academic productions were analyzed using the MAXQDA 2020 software tool. It is obtained that the spaces that have represented an original formative instance of the UDA have been:

Seminars, followed by conferences and meetings, congresses, courses and finally activities developed with and in the community.

The following table shows the relationship between the academic instances and their absolute frequency.

Table 3
Academic instances based on documents

Category	Subcategory	Number of identifications
Academic instances	Seminars	8
	Conferences, meetings	6
	Courses	3
	Congresses	3

Training on the NAP of Health and Mental Health is shown to be central and interconnected with other topics of interest.

Table 3
Topics with the greatest presence in UDA training

Category	Subcategory	Number of identifications
Topics	PNA and Mental Health	17
	Mental health promotion	11
	Demanicomialization	10
	Approach model	6
	Health Psychology	5

Atonserving the clinical, community, and academic

From the semi-structured interviews with professionals, the practical experiences of working in the field of mental health in the NAP of health are obtained. Four hours of interviews were analyzed using the MAXQDA program.

In the Clinical Approach variable, 4 inductive categories were generated that were subsequently operationalized into subcategories. From the analysis it emerges as significant that the experience of clinical approach in mental health that is carried out from the UDA, more specifically in its headquarters of the polyclinic of La Loma in the municipality of Barros Blancos, is remarkable to have counted and to have clinical competencies related to:

comprehensive approach to individuals, families and communities, knowing how to position oneself professionally based on interdisciplinarity, longitudinality, teamwork, critical and ethical attitude, empathy, respect, communication skills.

The categories developed above generate a sense and meaning that is identified by the interviewees as an enabling practice:

continuity of the user in the health system, improvement in the quality of care, rights-based approach, comprehensive mental health and teamwork.

Interviewees reported a critical notion of accessibility that goes beyond geographic perspectives. The improvement of quality involves an integrating process where the differential is the territory with its determining characteristics on health/illness/attention and care. The human rights approach is a guiding and humanizing pillar.

Among the approach devices identified in the study, the most important are the individual clinical ones, such as consultation with a physician specializing in family and community medicine and inter-consultations at the center with a psychologist. On the other hand, in addition to having a strong individual, interprofessional, quick access clinical device, the UDA has implemented a group mental health intervention device. In the Community Focus variable within the activities identified, we appreciate its orientation centered on the person and the place where he/she lives. The community represents the privileged space given its multiple determinants of protection, care and health and rights promotion.

Discussion and conclusions

The proposed model is transversalized by specific training in the specialty of Family and Community Medicine. In this sense, Novoa (2019, p. 95-113) conducts research on the

mental health training of these specialists where he identifies, as in our study, that the specialty program has broad inputs that contribute to mental health training. Another study by Moreno (2012, p. 319) refers that between 67.5% and 68.8% of family physicians received training for the diagnosis and treatment of mental health problems, 81.8% have not participated in mental health research and 96.1% refer to needing more information on mental health.

As for training in psychology, as in other places, training in community mental health and especially within the NAP is scattered, and in our study we found that the best contribution would be made by the Conceptions, Determinants and Health Policy Program of the School of Psychology. As suggested by Pastor (2008, p. 281) also in our case we did not find a "concrete and evaluable planning that defines objectives regarding the training of professionals, resourcing and psychological assistance in primary care", the same difficulty is found in other studies such as the one conducted in Costa Rica by Ramiro where "there is still no professional profile in the area of Health Psychology in the various institutions that make up the health sector, which generates difficulties in the incorporation of mental health in the health system" (2019, p. 153). In Chile, Scharager and Molina (2007, p. 154) report that 30.5% of psychologists reported needing adjustments in the curricula to facilitate insertion into the NAP. Among the needs, it was identified "to include topics related to clinical (31.5%) and community psychology (16.8%), public policies (15.8%) and the management and specificities of PHC (8.4%)". A percentage mentioned needs for health psychology content (6.6%) and teamwork training (5.8%)" (2007, p. 154).

The data in terms of training content and competencies correlate with competency studies in the NAP. Moncada (2015, p. 296) studied the competencies necessary for psychologists in the NAP, obtaining as significant for the development of the role from the NAP the cognitive competencies on family/community health, health psychology, institutional networks, interdisciplinary language, attitudinal characteristics such as tolerance, assertiveness, proactivity, teamwork, procedural competencies such as communication skills, empathy, kindness, group management and community contexts.

Although the competencies of the proposed model are related to those found by Monarca, the study identifies difficulties in the integrated approach, teamwork, interdisciplinary work and other necessary competencies. A study by Alonso, Lorenzo, Flores and García (2018) identifies that the comprehensive and team approach, in space with psychologists in the NAP remains a difficulty. However, as the study identifies, for Pastor, "many of the clinical problems seen in general practice services cannot be adequately addressed from an exclusively biomedical framework of care" (2008, 282).

In the proposed model, training in community, community mental health and psychiatry acquires a relevant character that goes beyond the mere concept of being in the community or the good intentions of community work. According to Bang (2014) "although strategies can be multiple, community work has a specificity and clinical-epistemological foundations in the field of mental health practices. Its inclusion requires an epistemological openness towards the recognition of subjective sufferings in their complexity as dynamic processes of health-disease-care". In this sense, it is central to think about mental health conditions from a community perspective for which, according to the author, "a change of perspective seems necessary, an openness that includes the collective, the diverse and the historical in the reading of the conditions of an era, that allows us to accept new demands, to work from contradictions and to build with others in heterogeneity and from disorder" (p. 111). The implementation of interdisciplinary individual clinical, therapeutic group and complex cases/seminars in a university academic unit, which also articulates with assistance,

led to the development of its own training proposals, as well as to the participation in national and international spaces of exchange and dissemination of knowledge, addressing the widest range of situations that are usually problematized in the first level of care. A study conducted in Ecuador highlights the transcendence and importance of university actions towards the community. As Camas (2018, p. 3) refers, the "universities offer the possibility of carrying out projects linked to the community and pre-professional practices that are not oriented towards the biomedical hospital and welfare model".

The care model designed is organized into four axes and/or components: Welfare, social/community, academic/teaching, and research. It is proposed in accordance with the National Mental Health Plan, the Uruguayan Mental Health Law and the international literature on the subject. The conceptual and procedural characteristics and principles of the model of care are based on Health Promotion, Social Determination of Health, Critical Epidemiology, Critical Psychology, Health Psychology and Family and Community Medicine.

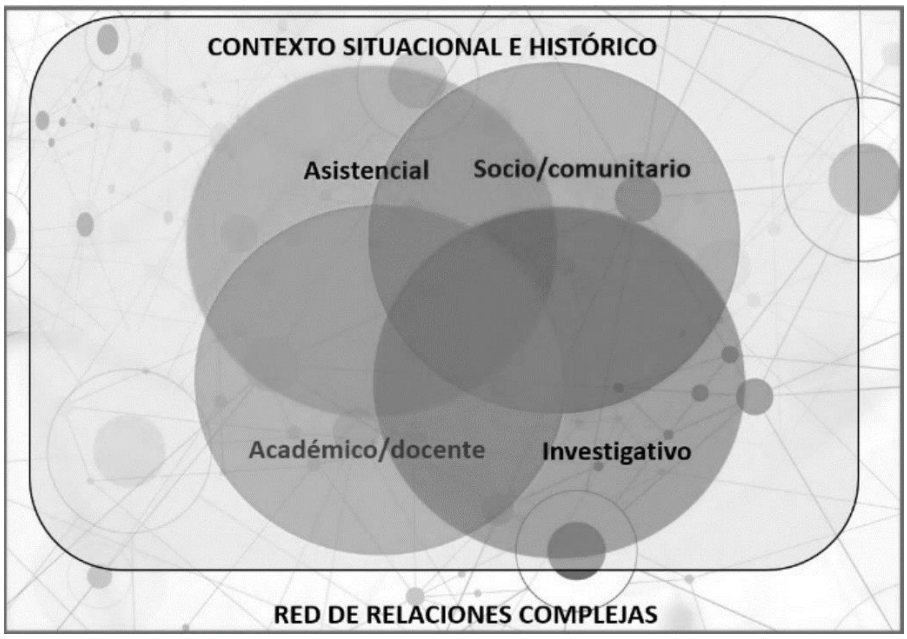

Figure 1: Axes or components of the care model

The care model works on the basis of the dimensional conception of the human being. Following Read, Mosher and Bentall (2006, p. 63) "in addition to using reliable variables, another principle that is important to apply is to think in dimensions and not in discrete categories (...) dimensional measures of mental health are more reliable than diagnoses". There is thus an inside and an outside, a network of complex relationships that are constructed and deconstructed, where the following dimensions of the human being emerge: family, social, labor and subjective. These dimensions are spaces of intervention in themselves, which need to be thought of in their complexity and intertwining. There are situations that, when touching a line of the network within a dimensional space, will cause consequences in other nodes of the network and in other dimensions. It is necessary to see

that these networks upon networks, nodes upon nodes and interconnections, unfold like a cartographic map to navigate mental health situations.

The model implies a conceptual and operative change that affects care procedures and community interventions.

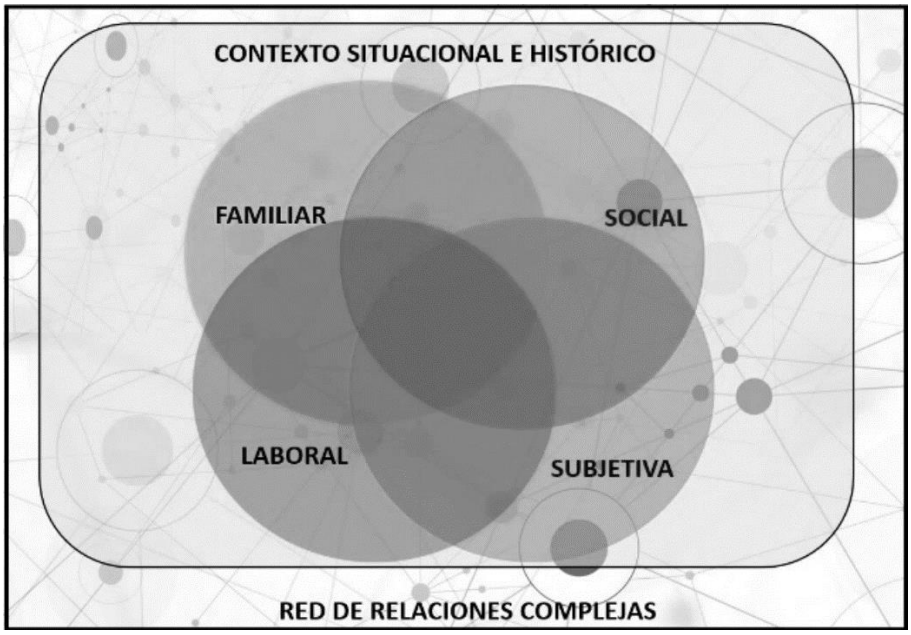

***Figure 13**:* Intervention dimensions

The model implies a comprehensive approach to the four dimensions produced and produced by the multi-relational network context.

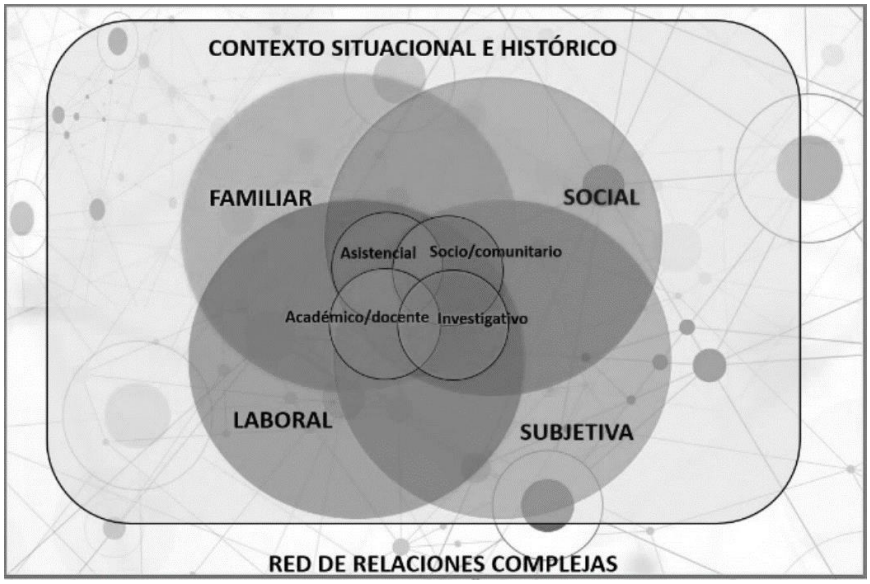

Figure 14: Integral cross-linking; model components and intervention dimensions

Since 2011, our country has had a Comprehensive Health Care Plan (PIAS, Decree 305/011) of the Ministry of Public Health of Uruguay, which provides the benefits required of the National Integrated Health System's providers. The model generated through the study provides the concrete formulation of the PIAS benefits and, at the same time, devices that meet the aspirations of the new National Mental Health Plan. It is a system of devices that contributes to and transcends the benefits currently available in mental health in Uruguay within the Health System. In terms of individual services, it offers a comprehensive, interdisciplinary service (family and community medicine/health psychology), which covers the lives of individuals and families longitudinally, accessible and close, with a broad epistemological perspective that offers more interventions (services) than psychotherapy at the psychological level, or psychopharmacology. The therapeutic group device is another of the benefits/services identified in the study. It is a broad space, without psychopathological profiles, which also works from the constitutive integrality of the human being. The device offers a therapeutic group service that covers different ages and life situations, with the central point of intervention being the production of each participant. At the social/community level, the UDA offers annual intervention devices that articulate the participation of neighbors, civil society organizations (CSOs), undergraduate medical students and UDA professionals. Interventions are co-designed, implemented and evaluated with community stakeholders. On the other hand, the UDA offers the population a service that is coordinated with other institutions present in the territory. Taking into account the special care of data, confidentiality and privacy of users, the UDA integrates inter-institutional spaces together with the National Institute for Children and Adolescents of Uruguay (INAU), the Integral System for the Protection of Children and Adolescents against Violence (SIPIAV) and the Inter-institutional Node of the Ministry of Social Development of Uruguay.

Finally, the study shows that the UDA offers a very powerful device for problematizing the "more" complex cases it works on. It is an interdisciplinary space of problematization and search for alternatives to offer to the users. It also serves as a

teaching/learning space for students in their final year of medical school as interns and for residents in the specialty of family and community medicine.

The community mental health care model studied involves human resources trained mainly in Family and Community Medicine, Health Psychology, Social Work, Nursing and administrative staff. The interdisciplinary view of the model proposes a comprehensive approach that provides evidence in the sense of other studies such as that of Alonso, Lorenzo, Flores, García and García, in terms of accessibility to "psychological intervention as another community resource (2018, p. 313).

The study provides the country and the region with inputs to influence the approach to the most characteristic discomforts found in the NAP. Studies indicate that the NAP is the ideal place to promote mental health and prevent future deeper problems. We know that:

> within the 90% of cases not transferred to the specialized field, there are a good number of "non-cases", i.e. people who do not suffer from any "real" depressive or anxiety disorder, but only from life problems, unduly medicalized or even, if you will, psychologized (Pérez Álvarez and Fernández Hermida, 2008, p. 252)

It is essential to take experiences such as the one modeled in this study, because they represent a substantive and professionalized advance that incorporates sustainable alternatives for a substantial transformation of mental health care. The analyzed experience presents a team approach respecting disciplinary specificities. It articulates the principles of first level of care, mental health promotion with the practices, substantially, of family and community medicine and health psychology.

The impact on the community and in the field of psychological and mental health through this type of models would generate benefits in the quality and good living of people. In this way, there is a concrete and real possibility of working on psychological/mental health situations in the place where people live, taking into account their relational frameworks and their history as determinants. The community mental health care model studied provides a modern alternative adjusted to the 21st century, humanized and integrating the knowledge of psychology, family medicine and the community.

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RELATIONSHIP BETWEEN SPIRITUAL INTELLIGENCE AND PSYCHOLOGICAL FLEXIBILITY WITHIN THE FRAMEWORK OF ACCEPTANCE AND COMMITMENT THERAPY

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Summary. Different researches highlight the influence of spirituality on the health and well-being of people through the concept of spiritual intelligence. In the same way, acceptance and commitment therapy works on the development of the so-called psychological flexibility of the individual, related in numerous investigations with abundant health benefits. However, there are no studies that evaluate the possible relationship between both constructs. Therefore, in this research we work with the objective of analyzing the relationship between spiritual intelligence and psychological flexibility, considering the hypothesis that there is a significant direct relationship between both variables. We followed a quantitative methodology, with a non-experimental, cross-sectional and correlational design. A sample of 166 non-clinical subjects was obtained. The instruments used are the SISRI-24 to assess spiritual intelligence and the AAQ-II for psychological flexibility. The results show no statistically significant relationship between the variables (Spearman's correlation coefficient of 0.011 with p = 0.889), suggesting that spiritual intelligence and cognitive flexibility are independent constructs that separately influence people's health and well-being. Nevertheless, the results are discussed and future lines of research are proposed based on the limitations encountered.

Key words: spirituality, spiritual intelligence, cognitive flexibility, acceptance and commitment therapy.

RELACIÓN ENTRE LA INTELIGENCIA ESPIRITUAL Y LA FLEXIBILIDAD PSICOLÓGICA EN EL MARCO DE LA TERAPIA DE ACEPTACIÓN Y COMPROMISO

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Resumen. Diferentes investigaciones ponen de manifiesto la influencia de la espiritualidad en la salud y el bienestar de las personas a través del concepto de inteligencia espiritual. Del mismo modo, desde la terapia de aceptación y compromiso se trabaja en el desarrollo de la denomina flexibilidad psicológica del individuo, relacionada en numerosas investigaciones con abundantes beneficios para la salud. Sin embargo, no se encuentran estudios que evalúen la posible relación entre ambos constructos. Por ello, en esta investigación se trabaja con el objetivo de analizar la relación entre la inteligencia espiritual y la flexibilidad psicológica, considerando la hipótesis de que existe una relación directa significativa entre ambas variables. Se sigue una metodología cuantitativa, con diseño no experimental, transversal y de tipo correlacional. Se obtiene una muestra de 166 sujetos no clínicos. Los instrumentos utilizados son el SISRI-24 para evaluar la inteligencia espiritual y el AAQ-II para la flexibilidad psicológica. Los resultados no muestran relación estadísticamente significativa entre las variables (coeficiente de correlación de Spearman de 0,011 con p = 0,889), lo que sugiere que la inteligencia espiritual y la flexibilidad cognitiva son constructos independientes que influyen por separado sobre la salud y bienestar de las personas. No obstante, se discuten los resultados proponiendo futuras líneas de investigación en base a las limitaciones encontradas.

Palabras clave: espiritualidad, inteligencia espiritual, flexibilidad cognitiva, terapia de aceptación y compromiso.

Introduction

Spirituality and spiritual intelligence

Defining spirituality is complex. There is still debate in the scientific community about the delimitation of this dimension of the human being. However, the concept has been used since ancient times. In the Bible, Paul of Tarsus, in his letter to the Colossians, prays for spiritual intelligence.

Maslow (1943)proposes "self-realization" as a spiritual state from which creativity emanates and in which the subject is happy, tolerant, capable of generating purpose and wisdom, placing him at the top of his pyramid of human needs.

On the other hand, the neurologist and survivor of several Nazi concentration camps, Victor Frankl, speaks of a spiritual unconscious as the center of morality and deep beliefs that endow the individual with the ability to adapt through the search for meaning in suffering (Frankl, 1966).

Millman (1995)speaks of Spiritual Intelligence and identifies it as the primitive intelligence of the Universe that is behind every aspect of human existence.

At the end of the 20th century, Howard Gardner developed his famous theory of the seven multiple intelligences. Later, he suggests the existence of an existential intelligence, and describes it as the capacity to situate oneself in relation to more extreme aspects of the cosmos -the infinite and the infinitesimal-, and the related capacity to question certain existential characteristics of the human being, such as the meaning of life and death, the final destiny of the physical world and the psychological world, as well as the capacity to feel certain experiences such as a deep love or to be absorbed before a work of art (Gardner, 2001).

Emmons (2000, 2003)asks if there is a spiritual intelligence and defines it as an intelligence that implies a series of skills and strengths in the person to achieve their purposes and solve their problems, which endows it with an important adaptive value and a great utility for daily life.

The authors Zohar y Marshall (2001) differentiate Spiritual Intelligence from Emotional Intelligence and define it as an innate ability to extract meaning by reframing and contextualizing experience. These authors established some characteristics of IES: the capacity to face and use pain or suffering, the capacity to be inspired by visions and values, and the capacity to be flexible, among others.

For their part, King and DeCicco (2009), after conducting an extensive review on the subject, propose a model of spiritual intelligence based on four components or factors: existential critical thinking "ECP", understood as the capacity to critically analyze meaning, purpose and other existential or metaphysical questions such as reality, the universe, space, time or death; the production of personal meaning "PSP" or the capacity to construct meaning and personal value in all physical and mental experiences, including the capacity to create and master a life purpose; transcendental consciousness "TC", which implies the capacity to perceive transcendent dimensions of the self, others and the physical world during the normal state of consciousness or wakefulness; and expansion of the conscious state "EEC", defined as the capacity to enter spiritual states of consciousness when the person wants to, transcending the waking state and entering higher or spiritual states of consciousness.

Spiritual intelligence and religiosity

For years, in the world of academia and psychological research, the terms spirituality and religiosity have been assumed to be homologous (Zinnbauer et al., 1997). However, there is a great deal of research and theoretical positions that attempt to delimit and conceptualize both terms, establishing important differences between them.

From the theoretical position of Zohar y Marshall (2001), it is urged to differentiate both concepts, alluding to the fact that a religious person does not necessarily have to have high levels of spirituality. This statement implies the differentiation of a spiritual dimension of human beings with respect to their attitudes, beliefs or religious practices.

The perspective assumed in this study revolves around a concept of personal, subjective spirituality, of connection with the immaterial and the transcendental. Thus, it is in line with Fuentes (2019), where it is concluded that religiosity refers to the institutional beliefs and practices of a religious organization, and spirituality is understood as a dimension that incorporates questions about the meaning and sense of life, purpose, values and connection with the immaterial, which may or may not include religious beliefs. In addition, it can be seen how the concept of IES brings together the construct of spirituality through the definition of its components, which may or may not be associated with religious persons.

Spiritual intelligence and brain

Over the years, neuroscience has provided a wealth of information on the organization and function of the various brain structures. Thanks to the development and improvement of techniques such as neuroimaging and magnetoencephalography, it has been possible to investigate the neural correlates of various psychological phenomena. Thus, neuroscience has been able to approach the study of spirituality as a mental phenomenon from the conviction that all human experience takes place in the brain (Pérez, 2016).

Singer's work changes the way of understanding brain neuronal organization, proving the existence of a unifying process that acts throughout the brain through what he calls *unifying and synchronous neural oscillations*, which allows giving meaning to human experience (Singer, 1999).

Some of the data that help to delineate the centers of spirituality in the brain come from neurologist Ramachandran's research with patients suffering from temporal lobe epilepsy. These studies show a direct relationship between epileptic seizures in specific centers of the temporal cortex and the tendency of these subjects to experience altered states of consciousness and mystical experiences. Ramachandran himself, in another study with non-neurologically impaired subjects, identifies a *neural machinery* related to religion and spiritual events (Ramachandran y Blakeslee, 1998). Other recent research identifies that spirituality is mapped to a brain circuit located in the periaqueductal gray matter, in the brainstem region, involved in

fear conditioning, pain modulation and altruism (Ferguson et al., 2022). This research evidences the existence of what can be called the *center of spirituality* in the brain of all human beings.

On the other hand, the work of Persinger et al. (2009) on altered states of consciousness and the god module stands out, in which it is shown how through non-invasive external transcranial stimulation of the temporal lobes, complex weak electromagnetic fields can be generated that modulate and regulate neuronal activity, producing this type of experiences.

All this research identifies specific areas of the brain such as the temporal lobes, regions of the limbic system and brainstem regions, in which a series of neurological mechanisms take place that determine a type of experience characteristic of a spiritual dimension of the human being. However, as with other human abilities such as language, the neural correlate needs the social context and cultural framework with symbolic referents to generate the function (Torralba, 2010).

The importance of the spiritual dimension in health

The 1946 International Health Conference defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (Organización Mundial de la Salud, 2020, p.1). This definition reflects the need to consider factors other than biological correlates in determining a person's health. In the same vein, Engel (1977)proposes the biopsychosocial model, which aims to make the leap from a biomedical model based solely and exclusively on the biological dimension of the subject, to a model that explores other dimensions such as the psychological and social. A model that has meant extending the focus of the causal fact of the disease to more areas, where the person becomes the main actor in making decisions about his or her therapeutic process.

In recent years, the scientific community has highlighted the relevance of spirituality through the development of numerous studies that show the influence of its components on the health and well-being of human beings. It has been observed, for example, its direct relationship with quality of life and psychological well-being (Borges et al., 2021; Urchaga-Litago, Morán-Astorga, y Fínez-Silva, 2019; Salgado, 2014), or its work as a protective factor in patients undergoing dialysis treatment (Burlacu et al., 2019) and in women with breast cancer (Duche, Paredes Quispe, Gutierrez Aguilar, y Roldán Vargas, 2021), in addition to its inverse relationship with the degree of perceived stress (Bustinza y Sumarriva, 2018) and with levels of postpartum depression (Moafi, Momeni, Tayeba, Rahimi, y Hajnasiri, 2021).

Other studies confirm that knowledge of spiritual aspects contributes to a better understanding of the pathological states of the person, highlighting the need for professionals to pay attention to this dimension in health practice (Katerndahl, 2008).

The WHO at its 52nd Assembly in 1999 proposed adding the concept of *spiritual well-being* to the definition of health, but it was not finally approved (Organización Mundial de la Salud, 1999). However, the WHO itself stresses and emphasizes on numerous occasions the importance of paying attention to this dimension in clinical-healthcare practice (Saad, De Medeiros, y Mosini, 2017).

For its part, the World Psychiatric Association "WPA" stresses the importance that the spiritual dimension has acquired in the academic world, urging psychiatrists, during the exercise of their profession, to take into account all the factors that influence the patient's mental health, including spirituality (Moreira-Almeida, Sharma, van Rensburg, Verhagen, y Cook, 2016).

Acceptance and Commitment Therapy. Definition and theoretical framework

In 2004, psychologist Steven Hayes identified three generations of psychological therapies: classical or first generation behavioral therapies, which are oriented towards behavioral change through contingency management; cognitive behavioral or second

generation therapies, which incorporate cognitive and social learning components to behavioral and emotional aspects; and the new wave of therapies he calls third generation, which focus on contextual change, function over form, and acceptance versus avoidance (Hayes, 2004).

Acceptance and Commitment Therapy (ACT) is a therapy belonging to the group of so-called third generation therapies, based on radical behaviorism and developed under the relational framework theory (Barnes-Holmes, Hayes, Barnes-Holmes, y Roche, 2001).

Under the paradigm of relational frame theory, the focus is on the functional analysis of language and cognition through learned relationships and their characteristics. He proposes that verbal behavior is a generalized operant, that is, it possesses the capacity to respond to one stimulus in terms of another, depending on the subject's personal history with that or similar stimuli, and by means of arbitrarily defined properties (Navarro y Trigueros, 2021).

ACT is a contextual and functional therapy. He believes that psychological problems stem from the individual's own personal history and are related to how one has learned over time to react to thoughts and emotions.

From Cognitive Behavioral Therapy to ACT

As described in Soriano y Salas (2006), from the perspective of traditional or second generation cognitive behavioral therapy, it is considered that a person's actions are regulated by thoughts and emotions, therefore, in order to change a dysfunctional state, the discomfort and that which generates it must be controlled, directing actions towards the modification of cognitive events. However, despite its more than proven therapeutic efficacy, it remains unclear exactly why it works and in what situations it does so.

Several differentiating factors can be identified between ACT and traditional cognitive behavioral therapies. On the one hand, acceptance. In the face of intrusive, unwanted and maladaptive thoughts, traditional cognitive behavioral therapy pursues the suppression of those thoughts through different techniques such as thought stopping or cognitive restructuring, however, ACT promotes acceptance through the abandonment of attempts to change those thoughts, encouraging the patient to orient their actions towards what is important in their life (Barraca, 2012). In fact, another differentiating factor is ACT's emphasis on promoting orientation toward what is truly valuable in a person's life. Harris (2021)defines ACT as a therapy that, among its objectives, tries to make the patient carry out actions oriented to his or her personal values, encouraging him or her to ask the question: What is truly valuable to me? so that the answer motivates and guides the change.

Within the framework of this therapy, we work by observing aspects of the individual that allow us to ultimately identify the degree of psychological flexibility/inflexibility that he/she possesses. We address patterns of experiential avoidance, cognitive fusion, staying in the past/future, lack of clarity of values, the self as a concept, and inaction as triggers of inflexibility, and then intervene with work on acceptance, cognitive defusion, mindfulness, clarification of values, turning towards a self as a context and commitment to action, promoting greater psychological flexibility in the individual.

Psychological flexibility and the hexaflex model

As already mentioned, ACT considers six main components that condition the flexibility/inflexibility of the person. These six components are reflected in a model called hexaflex.

In this study, the hexaflex is presented as an organizational scheme or model of the TCA that aims to clarify and conceptualize the relationships between its components. For more information on research focusing on the basic processes involved in psychological flexibility, Luciano (2016), Törneke et al. (2016) y Villatte et al. (2016)is recommended.

Figure 1 shows the six factors that make up a pattern of psychological flexibility, while Figure 2 shows those factors that predispose to a pattern of psychological inflexibility.

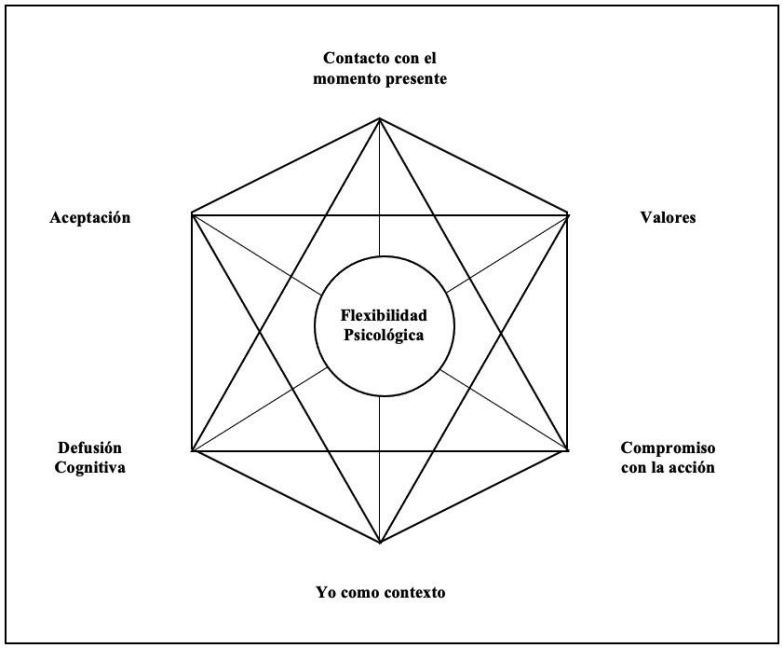

Figure 1**:** Hexaflex model. Factors related to Psychological Flexibility

Note. Adapted from Harris, R. (2021). *Keep it simple*. Obelisk.

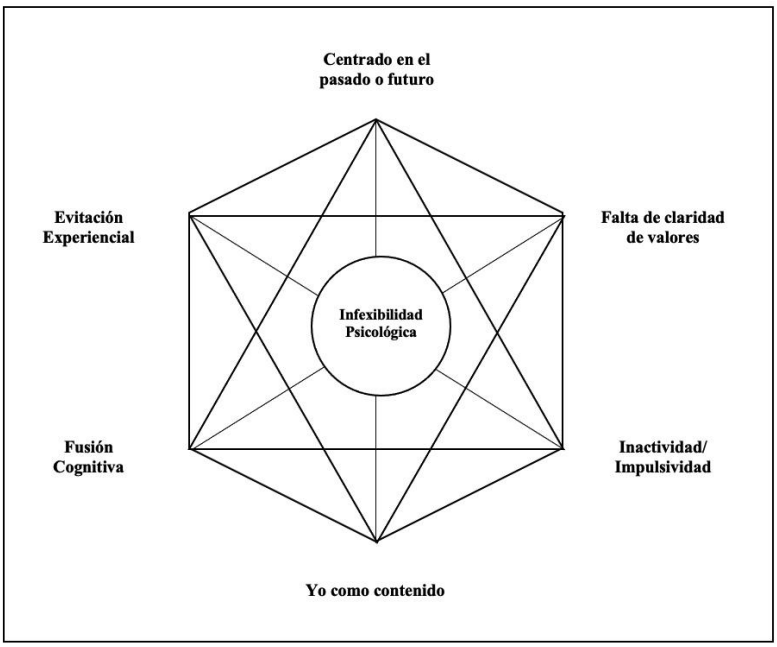

Figure 2: Hexaflex model. Factors related to Psychological Inflexibility

Note. Adapted from Harris, R. (2021). *Keep it simple*. Obelisk.

Hayes (2021) defines each component through a series of turns that must be made in order to abandon inflexibility and achieve psychological flexibility:

- Defusion: consists of ceasing to assume as true everything that our thoughts dictate. It is carried out by limiting ourselves to being aware that we are thinking, without merging or getting stuck to those thoughts and taking distance from them.
- The self as context: it consists of leaving aside the conceptualized self that tells us what we are and who others are in relation to us, and leads us to defend our history without questioning anything, to opt for a self that takes perspective and shows us that we are more than what we tell ourselves we are.
- Acceptance: it consists of ceasing to avoid what we do not want to experience, giving way to open-mindedness and curiosity. When we avoid certain thoughts and emotions we are immersing ourselves in a spiral of avoidance that prevents us from living the life we want to live. Acceptance allows unpleasant thoughts and emotions to follow us on our path so that we do not stop living according to our purposes.
- The present moment: it consists of moving away from an attention directed towards the past or the future, and turning towards the now. Sometimes, we remain anchored to thoughts in the form of worries about past events or future uncertainties and fears, which prevent us from connecting with what really matters to us and is useful to us now.
- Values: it consists of moving away from objectives imposed by society and turning towards the purposes and valuable aspects chosen by the person. Personal growth and our purposes cannot be fulfilled if there are objectives imposed by others. Values are different and chosen by each individual, they provide motivation and give meaning to who we are and what we do.
- Action: it consists of moving on to committed action, leaving behind inaction and avoidant persistence. It assumes that the person focuses on the process of change step by step without thinking about radical changes in the short term.

ACT seeks to develop a person's Psychological Flexibility "PF", understood as the ability to feel and think with open-mindedness, learning not to avoid pain and suffering, in order to live with meaning and purpose (Hayes, 2021).

Effectiveness of ACT

There is abundant research showing the efficacy of ACT. On the one hand, Ruiz (2010) highlights the existence of a pattern of experiential avoidance in a large number of psychopathological disorders.

Other research has demonstrated the efficacy and usefulness of ACT for a wide and diverse number of problems and pathologies: in patients with chronic pain (Veehof, Trompetter, Bohlmeijer, y Schreurs, 2016), spinal cord injury (Fernández, 2016); for the treatment of depression and anxiety disorders (Twohig y Levin, 2017); in the treatment of obsessive compulsive disorder (Philip y Cherian, 2021; Shabani et al., 2019; Thompson et al., 2021; Twohig et al., 2015; Twohig et al., 2018); in psychotic disorders (Yıldız, 2020a); for the psychological treatment of cancer patients (González-Fernández y Fernández-Rodríguez, 2019); for the treatment of psychological difficulties in adults with autism and/or intellectual disability (Byrne y O'Mahony, 2020); in the treatment of insomnia (Paulos-Guarnieri, Linares, y El Rafihi-Ferreira, 2022); in alcohol use disorder (Thekiso et al., 2015); and to improve long-term adherence to physical activity and lifestyle changes (Manchón, Quiles, León, y López-Roig, 2020; Yıldız, 2020b), among others.

In addition, promising results have been obtained regarding its online application for various pathologies such as chronic pain (van de Graaf, Trompetter, Smeets, y Mols, 2021) and the reduction of experiential avoidance and depressive symptoms in adolescents (Keinonen, Puolakanaho, Lappalainen, Lappalainen, y Kiuru, 2021).

It can be seen in the literature reviewed for this study that spirituality is a dimension of the human being with a very important weight in the health, quality of life and well-being of people. Different organizations propose that their healthcare professionals should attend to this part of human reality in order to understand problems and adapt treatments under a more holistic perspective, recommendations that psychologists should not overlook.

One of the most relevant aspects of the theoretical approach of this study consists of thinking that the components reflected in the concept of IES can be related to the psychological flexibility factors worked on in ACT. Existential critical thinking, understood as the search for meaning and purpose, and the production of personal meaning, understood as the capacity to extract value from physical and mental experiences, seem a priori to be capacities that can be part of the search for and identification of values and acceptance, which are, in turn, central components in ACT. On the other hand, it is not considered daring to think that the capacity to perceive transcendental dimensions of the self, as a defining aspect of transcendental consciousness, may be part of the process of turning towards a self as a context that Hayes (2021) itself calls "becoming aware of the spiritual or transcendent self" (p. 33). In addition, at a deeper level, technically more complex and beyond the most common ACT interventions in health practice, the expansion of the conscious state can be understood as a way of transcending the waking state characteristic of traditional meditation. It should not be forgotten that ACT has strong connections with meditation and one of the essential characteristics of mindfulness, called flexible attention, allows the subject to focus awareness. In Hayes (2021)'s own words, "However you want to cultivate your spiritual well-being, ACT skills will help you in the endeavor" (p. 379).

Therefore, this study, which explores the direct relationship between IES, as a concept that delimits the spiritual dimension of the human being, and PF as a concept whose components predispose to greater psychological well-being, is justified.

If a positive correlation between the variables is confirmed, we obtain proof of the influence of spirituality on the individual's PF, which should motivate the creation and elaboration of an assessment and intervention system more adjusted and adapted to each individual, where the spiritual dimension plays an essential role. In addition, it can be assumed that those patients who present higher levels of spirituality during the assessment, present better adaptation and response in the short term to a therapy based on the ACT model.

The main objective of this study is to analyze the relationship between HEI and VET in the general population. In addition, the following specific objectives are proposed: to analyze the relationship between the four factors of the IES and VET, and to check if there are significant differences in the variables under study according to sex, type of belief and age of the participants. The main hypothesis is that spiritual intelligence has a significant direct positive relationship with psychological flexibility.

Método

Design

This research follows the quantitative and non-experimental methodology of the correlational method, using an ex post facto, single-group, cross-sectional design.

Participants

A non-probabilistic convenience sampling was used to select the participants. The following inclusion criteria were taken into account: to be of legal age, to participate voluntarily in the study and to accept the information and informed consent forms. The following were considered exclusion criteria: having been diagnosed with a mental disorder, being undergoing

psychological treatment at the time the questionnaire was completed, and not completing the questionnaire in its entirety.

The questionnaire was completed by a total of 204 subjects, of whom 29 had been diagnosed with a mental disorder and 9 were undergoing psychological treatment at the time the questionnaire was completed.

Finally, a sample of 166 subjects was selected for data analysis, with a total of 49 men (29.5%) and 117 women (70.5%). Age variability ranged from 18 to 74 years, with a mean of 44 years and a standard deviation of 14. Regarding the type of belief of the participants, 25.9% considered themselves believers, 35.5% agnostic and 38.6% atheist.

Instruments and variables

The variables used in this study are Spiritual Intelligence "IES" and Psychological Flexibility "FP".

The Spiritual Intelligence Self-Report Inventory "SISRI-24". This instrument has been developed by King y DeCicco (2009) and evaluates the degree of IES through 24 items, using a 5-point Likert-type scale where 0="Not at all", 1="Not very true", 2="Somewhat true", 3="Very true" and 4="Totally true". The items are distributed in four subscales according to the four factors of IES established in the model proposed by the authors: existential critical thinking "ECP", 7 items (1, 3, 5, 9, 13, 17 and 21); production of personal meaning "PSP", 5 items (7, 11, 15, 19 and 23); transcendental consciousness "TC", 7 items (2, 6*, 10, 14, 14, 18, 20 and 22), item 6 is reverse coded; and expansion of the conscious state "EEC", 5 items (4, 8, 12, 16 and 24). The sum of the scores varies in a range from 0 to 96, with a low score being considered between 0 and 32 points, medium between 33 and 55 points, and high between 56 and 96 points. A directly proportional relationship is established between the result and the level of spiritual intelligence. The four factors show a moderate relationship with the criteria suggested by Gardner in 1983 for the consideration of independent intelligence and coefficients of .78, .78, .87 and .91 for PCE, PSP, CT and EEC respectively. In its original version, the sample obtained an alpha of .92, which represents an appropriate level of internal reliability (Clark y Watson, 1995). The version translated into Spanish and subjected to the Cronbach's alpha confidence analysis shows good internal consistency with α = .852 (Bustinza y Sumarriva, 2018).

Acceptance and Action Quiestionnarie "AAQ-II". This instrument has been developed by Bond et al. (2011) and provides a measure of psychological flexibility/inflexibility. It consists of 7 items, evaluated by means of a 7-point Likert-type scale: 1="Never true", 2="Very rarely true", 3="Rarely true", 4="Sometimes true"; 5="Frequently true", 6="Almost always true" and 7="Always true". The sum of the scores varies in a range from 7 to 49 points, with a low score being considered between 7 and 15 points, medium between 16 and 23 points, high between 24 and 36 points, and very high between 37 and 49 points. An inversely proportional relationship is established between the result and the level of PF. Therefore, the lower the score obtained, the higher the PF. Scores between 24 and 28 points are considered as limits beyond which there is a psychological inflexibility characteristic of pathological symptoms such as depression or anxiety (Hayes, 2022). We use the translation and adaptation to the Spanish population or Acceptance Questionnaire Action II, carried out by Luciano y Ruiz (2009). It allows to identify the degree of experiential avoidance and the capacity to remain in the present moment and act towards what is really valuable for the person. It shows a confidence α = .88, confirming it to be a reliable and valid measure of general experiential avoidance and psychological rigidity (Ruiz et al., 2013).

To obtain sociodemographic data, a survey was administered to assess the following variables: age, sex, diagnosis of mental disorder, current psychological treatment and type of belief.

Procedure

Before starting the study, the proposal is sent to the Ethics Committee of the European University of the Atlantic, which approves the research to be carried out. A questionnaire was developed on the Google Forms platform divided into five parts: the information sheet, the informed consent, the sociodemographic questionnaire, the Spiritual Intelligence Self-Report "SISRI-24" and the Action Acceptance Questionnaire "AAQ-II". Subsequently, it is administered via the internet, through different platforms such as WhatsApp, Facebook, Instagram and email, following the snowball method and with the aim of reaching as many subjects as possible. It is only possible to complete the questionnaire if the information sheet and the informed consent form are accepted. The time required to perform the test is free and self-administered, with an estimated duration of 10 to 15 minutes. The data are coded in a spreadsheet for further analysis. No personal information of participating subjects is stored.

Data analysis

A descriptive analysis of the variables was performed to determine the sociodemographic characteristics of the sample.

To analyze the differences between men and women in the variables IES, PCE, PSP, CT, EEC and IP, the analysis of means in independent samples was performed using Student's t-test. Cohen's *d* is used to calculate the effect size, considering a *d* value between 0.2 and 0.4 small; between 0.4 and 0.8 medium; and greater than 0.8 large (Lenhard y Lenhard, 2017).

For the analysis of the differences in the mean scores of the variables according to the type of belief of the subject and the age group, the ANOVA statistic is applied. Subsequently, the differences found in the three groups of the type of belief variable: believers, agnostics and atheists; and in the three groups of the age variable: from 18 to 36 years old, from 37 to 55 and from 56 to 74 years old, are analyzed with respect to the mean scores obtained in the different variables, using Tukey's post hoc test.

Finally, to evaluate the relationship between the IES and its four factors, and the PI, the Sepearman correlation analysis was carried out, considering a $p < 0.05$ statistically significant and with a confidence level of 95%.

Results

The scores obtained in the main study variables indicate that the mean in IES is 45.96 ±19 points, placing it at a medium level, while for PI a mean of 20.84 ±7.95 points is obtained, placing it at a medium level of psychological inflexibility.

Table 1 shows the means obtained in PI, IES and its components, in relation to the sex of the participants.

Table 1

Mean scores by sex in the different observed variables

	Sex	N	Media	Desv. Deviation
Psychological inflexibility	Man	49	18,96	7,243
	Woman	117	21,63	8,137
Existential critical thinking	Man	49	12,53	6,649
	Woman	117	13,59	6,452
Production of personal meaning	Man	49	13,04	4,495
	Woman	117	12,67	4,228
Transcendental consciousness	Man	49	11,20	7,159
	Woman	117	13,47	5,769
Expansion of the conscious state	Man	49	6,61	5,408
	Woman	117	7,32	5,215

Spiritual intelligence	Man	49	43,39	19,859
	Woman	117	47,04	18,617

Note. IP: Psychological inflexibility; PCE: Existential critical thinking; PSP: Production of personal meaning; CT: Transcendental consciousness; EEC: Expansion of the conscious state; IES: Spiritual intelligence.

It is found that women score significantly higher in psychological inflexibility and transcendental awareness (Table 2), in both cases with a small effect size (d = 0.34 and d = 0.36 respectively), with no significant differences between men and women in PCE, PSP, EEC and global IES.

Table 2
Student's t-tests for independent samples

	t	Sig.
Psychological inflexibility	-1,992	**,048***
Existential critical thinking	-,956	,340
Production of personal meaning	,510	,610
Transcendental consciousness	-2,145	**,033***
Expansion of the conscious state	-,785	,434
Spiritual intelligence	-1,131	,260

Note. * $p < 0.05$

In Table 3, it can be observed that believers, agnostics and atheists do not behave in the same way in PCE, PSP, CT, EEC and global IES.

Table 3
ANOVA test and means obtained according to type of belief

		F	Sig.	Type of belief	N	Media	Desv. Deviation
IP	Between groups	,507	0,603	Believer	3	20,28	9,176
				Agnostic	59	21,68	6,986
				Atea	64	20,45	7,982
				Total	166	20,84	7,957
PCE	Between groups	,442	**,001**	Believer	43	16,28	6,970
				Agnostic	59	12,97	6,023
				Atea	4	11,55	5,989
				Total	66	13,28	6,508
PSP	Between groups	,358	**,006**	Believer	3	14,53	3,628
				Agnostic	9	12,44	4,248
				Atea	4	11,91	4,475
				Total	66	12,78	4,299
CT	Between groups	,721	**,002**	Believer	3	15,42	5,700
				Agnostic	9	12,81	5,749
				Atea	4	11,03	6,573
				Total	66	12,80	6,276
EEC	Between groups	,015	**,001**	Believer	3	9,35	5,794
				Agnostic	9	,12	4,892
				Atea	4	5,59	4,740
				Total	66	7,11	5,266
IES	Between groups	,493	**,000**	Believer	3	55,58	19,465
				Agnostic	9	45,34	17,145
				Atea	4	40,08	18,003
				Total	66	45,96	19,005

Note. IP: Psychological inflexibility; PCE: Existential critical thinking; PSP: Production of personal meaning; CT: Transcendental consciousness; EEC: Expansion of the conscious state; IES: Spiritual intelligence.

Table 4 shows that believers score significantly higher than agnostics and atheists in existential critical thinking and production of personal meaning. On the other hand, atheists scored significantly lower in transcendental consciousness than believers, and no significant differences were found with respect to agnostics in this variable. Believers obtain higher significant mean scores on conscious state expansion than atheists. In addition, believers score significantly higher on global spiritual intelligence than agnostics and atheists. Finally, no significant differences in psychological inflexibility were found according to the type of belief of the subjects.

Table 4
Tukey's post hoc test

	(I) Belief	(J) Belief	Difference of means (I-J)	Sig.
Psychological inflexibility	Believer	Agnostic	-1,399	,657
		Atea	-,174	,993
Existential critical thinking	Believer	Agnostic	**3,313***	,025
		Atea	**4,732***	,001
Production of personal meaning	Believer	Agnostic	**2,094***	,036
		Atea	**2,629***	,005
Transcendental consciousness	Atea	Believer	**-4,387***	,001
		Agnostic	-1,782	,237
Expansion of the conscious state	Believer	Agnostic	2,230	,076
		Atea	**3,755***	,001
Spiritual intelligence	Believer	Agnostic	**10,242***	,015
		Atea	**15,503***	,000

Note. * $p < 0.05$

Regarding the differences in the mean scores of the variables analyzed (IP, IES, PCE, PSP, CT and EEC) according to age group, the data show no significant differences between the groups (Table 5).

Table 5
ANOVA test and averages obtained according to age range

		F	Sig.	Age range	N	Media	Desv. Deviation
IP	Between groups	,738	,480	18 - 36 years old	1	21,55	7,839
				37 - 55 years old	6	19,72	7,982
				56 - 74 years	9	20,88	8,144
				Total	66	20,84	7,957
PCE	Between groups	,419	,658	18 - 36 years old	1	13,17	5,841
				37 - 55 years old	6	13,98	6,898
				56 - 74 years	9	12,78	7,107
				Total	66	13,28	6,508
PSP	Between groups	,801	,451	18 - 36 years old	1	12,54	4,201
				37 - 55 years old	6	12,46	4,188
				56 - 74 years	9	13,43	4,551
				Total	66	12,78	4,299
CT	Between groups	1,038	,356	18 - 36 years old	1	13,13	6,113
				37 - 55 years old	6	13,43	5,988

				56 - 74 years	9	11,73	6,751
				Total	66	12,80	6,276
EEC	Between groups	1,275	,282	18 - 36 years old	1	6,59	4,877
				37 - 55 years old	6	6,85	5,672
				56 - 74 years	9	8,10	5,386
				Total	66	7,11	5,266
IES	Between groups	,065	,937	18 - 36 years old	1	45,42	17,409
				37 - 55 years old	6	46,72	19,974
				56 - 74 years	9	46,04	20,606
				Total	66	45,96	19,005

Note. IP: Psychological inflexibility; PCE: Existential critical thinking; PSP: Production of personal meaning; CT: Transcendental consciousness; EEC: Expansion of the conscious state; IES: Spiritual intelligence.

Before studying the relationship between the IES and its four factors and the PI, the Kolmogorov-Smirnov normality test was performed to observe the dispersion of the data (Table 6).

Table 6
Kolmogorov-Smirnov normality test

	Statistician	Sig.
Spiritual Intelligence in SISRI-24	,048	,200
Psychological Inflexibility in AAQ-II	,090	,002

As can be seen, only the IES has a normal distribution; therefore, to analyze the relationship between the variables, the Spearman correlation coefficient is used for non-parametric tests, the results of which can be seen in Table 7.

Table 7
Spearman correlation analysis

			IES	PCE	PSP	CT	EEC
Spearman's Rho	IP	Correlation coefficient	,011	,064	-,088	-,034	,064
		Sig. (bilateral)	,889	,414	,258	,663	,415
		N	166	166	166	166	166

Note. IP: Psychological inflexibility; PCE: Existential critical thinking; PSP: Production of personal meaning; CT: Transcendental consciousness; EEC: Expansion of the conscious state; IES: Spiritual intelligence.

According to the data obtained, no correlation was found between spiritual intelligence and psychological inflexibility (Spearman correlation coefficient of 0.011 with p = 0.889). Nor are significant results obtained when looking at the correlation between the four components of spiritual intelligence and psychological inflexibility.

Discussion

The main objective of this study is to analyze the relationship between spiritual intelligence and psychological flexibility. The main hypothesis proposes that spiritual intelligence has a significant positive direct relationship with psychological flexibility; however, this should be discarded since no statistically significant correlation was found

between the variables. In addition, the tests applied to study the correlation between the four factors of IES and PI did not reveal a significant relationship either.

Although the research consulted for the elaboration of the theoretical framework of this study shows the influence of spirituality on the health and quality of life of people (Borges et al., 2021), and there is a notable number of studies that relate the construct of psychological inflexibility and the pattern of experiential avoidance with different mental disorders (Patrón-Espinosa, 2013; Ruiz, 2010), it is complex to provide empirical evidence that relates both variables beyond a strong theoretical connection between the terms. It is possible that this is due to the difficulty in the delimitation, unification and theoretical definition of the spiritual dimension, which to this day is still anchored in a profound debate. Another reason could be found in the psychological flexibility construct itself as measured by the AAQ-II, which seems to raise doubts about its validity. Dwelling on this fact, at Rochefort et al., (2018), it is shown how the AAQ-II actually assesses aspects of negative affect such as depression, anxiety and stress, rather than a higher order construct such as psychological inflexibility. Other studies such as that of Tyndall et al., (2019) highlight that some tests such as the BEAQ "Brief Experiential Avoidance Questionnaire" could be a better alternative for the assessment of psychological inflexibility and experiential avoidance. Therefore, assuming the perspective of these authors, in reality this study would be evaluating the relationship between spiritual intelligence and negative affect, which would take us away from our main objective. Furthermore, this would imply that the results obtained in this study, in reality, would be showing no correlation between spiritual intelligence and negative affect, which would go against the findings of a large number of studies (Borges et al., 2021; Bustinza y Sumarriva, 2018; Moafi et al., 2021; Urchaga-Litago et al., 2019) and would be extremely risky to state, without having prepared a specific study for this purpose.

Another possibility suggests that spiritual intelligence and cognitive flexibility are, in fact, independent constructs that each separately affect people's health and well-being.

In the analysis of sex differences in PI, IES and its four components, no statistically significant differences were found between men and women in overall IES, PCE, PSP and EEC. However, women score significantly higher than men on psychological inflexibility and transcendental awareness. These data coincide with those found in other studies, where women obtain a higher mean PI than men (Landi, Pakenham, Boccolini, Grandi, y Tossani, 2020). However, the effect size found in this study was small ($d = 0.34$), which invites us to interpret these data with caution, taking into account other previous studies where no significant differences were found between men and women in this variable (Valiente-Barroso, Sáiz-Obeso, Valiente-Barroso, Lombraña-Ruiz, y Martínez-Vicente, 2020). Regarding the transcendental awareness factor, in contrast to the results obtained in other studies where no significant differences are found with respect to sex (Parra y Ribilla, 2020)), the data suggest a greater tendency of women to perceive transcendental dimensions of the self, others and the physical world during the normal state of consciousness or wakefulness. However, the effect size should be considered small ($d = 0.36$), so further research is recommended to clarify these results.

Regarding the possible differences in the degree of PI, IES and its four components, depending on the type of belief, it is important to bear in mind that the results cannot be interpreted beyond a purely descriptive view, since the terms to which each type of belief refers have not been specified and conceptually delimited. Nevertheless, the results may invite us to think that behind a person who calls himself a believer, agnostic or atheist, there are characteristics that predispose or enable him to obtain a better performance in various key aspects in the spiritual dimension of the human being, such as existential critical thinking, the production of personal meaning, transcendental consciousness, expansion of the conscious state and global spiritual intelligence.

Finally, considering the differences in the scores of the variables studied according to age group, the results do not show statistical significance that would suggest that age is a relevant factor associated with significant changes in PI and IES levels.

In addition to the above considerations, there are a number of limitations present in this study. On the one hand, those derived from the research design itself and the use of a cross-sectional methodology, which does not allow for the analysis of responses at various points in time and can lead to bias in the selection of participants, resulting in a sample that is not very representative of the population. In this regard, the difference in the number of women over the total number of men in the sample should be considered. On the other hand, those derived from the use of self-applied instruments, especially the SISRI-24, which is a psychometric test that has not been specifically validated in the Spanish population and may present language and concepts that are not very accessible to most people, which may generate biases in the information obtained. Finally, it should not be forgotten that the validation of the AAQ-II test (Ruiz et al., 2013) uses a sample of university students and professors from the same region of Spain, which can generate problems in its validity, as the sample is not sufficiently representative of the general population.

Although the results obtained do not reflect a correlation between spiritual intelligence and psychological flexibility, we believe it is appropriate to highlight the practical implications derived from the theoretical framework and the reflections provided in this research. The aim is to highlight the need to address the spiritual dimension of the human being in healthcare practice, so that during assessment and intervention the following are taken into account: the person's capacity to critically analyze the purpose or meaning of the most transcendental or existential aspects of his/her life; his/her capacity to extract personal meaning from physical and mental experiences; and his/her capacity to live according to a purpose. For this purpose, the framework of ACT is presented as a therapy that provides a series of tools open to explore and develop the spiritual dimension, by working with the identification and clarification of values, the acceptance of life situations together with the emotions and thoughts that derive from them, the full attention towards a present moment that can go beyond the physical and the material, and the conception of the subject as an active agent of change. In this way, it is possible to find people who respond better and faster to a therapy based on traditional ACT, and others who benefit from an ACT with components oriented to the development of the spiritual dimension.

It is hoped that this study will serve as a basis for future research that, having overcome the limitations encountered, will attempt to determine the relationship between spiritual intelligence and psychological flexibility. To this end, a scale that measures the spiritual dimension must be configured and validated on the basis of clear and well-defined concepts that are accessible to the general population. In addition, the relationship between spirituality and levels of value orientation, acceptance and experiential avoidance can be studied.

Conclusions

This research aims to highlight the importance of the spiritual dimension and psychological flexibility in people's health and well-being, providing a first approach to the study of their correlation. According to the results obtained, it is concluded that spiritual intelligence and its components: existential critical thinking, production of personal meaning, transcendental awareness and expansion of the conscious state, are not related to psychological flexibility. Despite the abundant research that proves the influence of spirituality and psychological flexibility on people's health and well-being, the empirical results provided by the different instruments used in this study show two variables that directly influence health and well-being, however, they seem to do so independently.

Greater specificity is needed in the definition of the variables involved and in the psychometric techniques used for their measurement. However, since no previous research has been conducted, the results and conclusions of this study should be understood as a descriptive approach that will serve as a basis for the development of further research on the subject.

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PSYCHOEDUCATIONAL INTERVENTION FOR PEOPLE WITH ADDICTION PROBLEMS IN THERAPEUTIC COMMUNITY

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Summary. The problem of addictions is a clear and evident reality, which is suffered by different cultures at a global level. Excessive consumption of substances, apart from its repercussions in the health area, has a consequent impact on society as a whole. Therapeutic communities (TCs) are a treatment modality for many people with substance addiction problems. They address, from multiple perspectives, the symptomatic symptoms present in users. On many occasions, exacerbated drug use leads to the development of a dual pathology (DP), which is defined as an association between two clinical foci: a mental disorder (MD) accompanied by a substance use disorder (SUD). Given this phenomenon, the present study aims to analyze the effectiveness of a psychoeducational intervention on the quality of life of people with PD, users of a TC (Projecte Home Balears). The selected sample is divided into two groups: experimental and control. The quality of life studied was assessed by means of four tests: the Beck Anxiety Inventory (BAI), the Rosenberg Self-Esteem Scale, the Hamilton Depression Scale (HDRS), and the EPQ-RA Personality Questionnaire (abbreviated version). It is concluded that PE is effective in decreasing reported levels of anxiety and depression. The personality and self-esteem constructs remain stable for both groups.

Key words: Psychoeducation, Addictions, Dual Pathology, Therapeutic Community.

INTERVENCIÓN PSICOEDUCATIVA PARA PERSONAS CON PROBLEMAS DE ADICCIONES EN COMUNIDAD TERAPÉUTICA

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Resumen. La problemática de las adicciones es una realidad palmaria y evidente, la cual es padecida por diferentes culturas a nivel global. El consumo excesivo de sustancias, aparte de su repercusión en el área sanitaria, incide, consecuentemente, en el conjunto de la sociedad. Las comunidades terapéuticas (CT) suponen una modalidad de

tratamiento para numerosas personas con problemas de adicciones a diversas sustancias. En ellas se abordan, desde múltiples perspectivas, los cuadros sintomáticos presentes en los usuarios. En muchas ocasiones, el consumo exacerbado de drogas deviene en el desarrollo de una patología dual (PD), la cual se define como aquella asociación entre dos focos clínicos: un trastorno mental (TM) acompañado de un trastorno provocado por el uso de sustancias (TUS). Habida cuenta de este fenómeno, el presente estudio tiene por objeto analizar la eficacia de una intervención psicoeducativa en la calidad de vida de personas con PD, usuarias de una CT (Projecte Home Balears). La muestra seleccionada se divide en dos grupos: experimental y control. Por su parte, la calidad de vida estudiada se evalúa a través de cuatro pruebas: el Inventario de Ansiedad de Beck (BAI), la Escala de Autoestima de Rosenberg, la Escala de Depresión de Hamilton (HDRS), y el Cuestionario de Personalidad EPQ-RA (versión abreviada). Se concluye que la PE es eficaz para disminuir los niveles reportados de ansiedad y depresión. Los constructos personalidad y autoestima se mantienen estables para ambos grupos.

Palabras clave: Psicoeducación, Adicciones, Patología Dual, Comunidad Terapéutica.

Introduction

Drug addiction or substance addiction is a chronic, relapsing brain disease determined by compulsive drug seeking and use, despite all the harmful consequences. Addiction is associated with impairment in various aspects of psychological, physical and socio-occupational functioning. It is an entrenched problem throughout the world and all societies, directly responsible for millions of deaths, as well as multiple cases of human immunodeficiency virus (HIV) infection (Singh and Gupta, 2017). Another more succinct definition, however, emphasizes the imperative need to consume a substance to experience the reward it produces; whether it is of natural or synthetic origin (Corvalán, 2017). The figure of the addict is, according to Escohotado (1998), a social archetype because of the addict character itself. It is a figure subject to a less variable evolution, being of a historical nature. For less than two centuries, the addict has ceased to be a moral agent and has become an incurably ill person who deserves public scorn. Society's image of the addict has changed over the course of the 20th century. Polarization around the dichotomy of opinion about addicted people is frequent; moving between compassion or punishment (Bordoy, 1994). According to the United Nations Office on Drugs and Crime (UNDOC, 2018) World Drug Report: 585.000 people died as a result of drug use in 2017. 35 million people suffer from drug-related disorders and require treatment services. Of these only 1 in 7 received treatment, given the often poorer quality of services; yet 47% of new HIV infections globally in 2017 occurred among the key (consumer) population and their partners. People who inject drugs are 23 times more likely to acquire the HIV virus than the rest of the adult population. Regarding the current situation in our country (Spanish Observatory on Drugs and Addictions, 2021), 93% of the population between 15 and 64 years of age states that they have consumed alcoholic beverages at some time in their lives, making alcohol the psychoactive substance with the highest prevalence of consumption. This indicator manifests an increase with respect to the 2017 data (91.2%). After alcohol, tobacco is the second most widely consumed psychoactive substance in Spain. Seventy percent stated having smoked tobacco at some time in their lives, showing stability with respect to 2017, as there was a slight increase (69.7%). Regarding hypnosedatives with or without prescription the prevalence of ever use in life is located at 22.5%, revising an increase of 1.7 percentage points compared to 2017. Regarding illegal drugs, cannabis appears, by far, as the most widespread in our country; since it continues the growing trend of consumption registered since 2013, obtaining in 2019 the maximum value of the historical record (37.5%). Cocaine is the second most consumed illegal drug within our borders. 11.2% of the population aged 15 to 64 years old acknowledges having consumed it at some time in their lives; increasing by almost 1 percentage point compared to the data recorded in 2017. At present, given the different

theoretical lines that attempt to explain the phenomenon, the scientistic theoretical prism is particularly relevant, which will make use of a series of concepts such as neuroplasticity and reward mechanisms. Neuroplasticity, on the other hand, implies the capacity of the nervous system to adapt to new environmental conditions, thus allowing modifications in behavior and survival strategies (Apud, 2016). This is where "reward mechanisms" come into play, linked to the brain's way of promoting adaptive utility behaviors-feeding or reproduction-through mechanisms linked to pleasure. The hedonic reward effect is mediated by the dopaminergic system, which involves the mesolimbic-cortical pathways: ventral tegmental area of the midbrain, projections to the limbic system, and other areas, including the prefrontal cortex (De Sola et al., 2013; Rodriguez et al., 2003). For the authors Platt et al. (2010) drugs act on the neuroplasticity of dopaminergic reward circuits, altering these weighting mechanisms, so that they would interpose themselves between the reward and the adaptive behavior; substituting the latter by the mere pleasure of consumption.

Therapeutic communities for the treatment of addictions

The term therapeutic community (TC) was coined within psychiatric hospitals in the United Kingdom during the 1950s. Subsequently, a decade later, it began to be used to refer to certain drug-free residential treatments (Llorente del Pozo and Fernández, 1999). A TC, understood as an institution dedicated to the treatment of addictive behaviors, is embedded in the "abstentionist paradigm" and, therefore, advocates that the individual addicted to substances is a sick person whose "cure" will only be achieved if he or she manages to stop consuming certain substances. TC, as an instrument of change and approach to addiction, adheres to a simplified model of a social system, as the driving force and catalyst of the therapeutic process. Within this model, all the events occurring in daily life, in its interior, are directed, in the same way, to the achievement of a therapeutic result in the patient's rehabilitation process (López, n. d.). In this sense, it is precisely the use of the community that vertebrates the treatment, added to the treatment staff and those people in the process of recovery (Farah and Balaguer, 2018). In a schematic way, and trying to synthesize the arguments of their main advocates, the Therapeutic Communities pursue two main objectives (López, n. d.): 1. To transform the behavioral component of the user, providing him/her with the necessary tools so that he/she can face environmental, emotional and social conflicts that predispose to substance use with expectations of success. 2. Restructuring or resocializing the patient or user, so that he/she is able to internalize and put into practice the principles and values inherent to the community, as key elements for reintegration into society and development of a healthy lifestyle.

Psychoeducation as an adjuvant tool in the therapeutic process

Psychoeducation (PE) or psychoeducational interventions are an efficient alternative to address the specific needs of this group. EP is, from a purely informative conception, an intervention in which a person is provided with information on a given subject; which includes a sender of the relevant content. Given the target group and its problems, the primary objective of PE is to provide information about drugs and their risks, using readings, videos and various materials (Fernández-Castillo et al., n.d.). On the other hand, PE is permeable to different methods that are susceptible to be used in pursuit of the achievement of the originally proposed objectives; that is, it allows the systemic integration of different elements, techniques and tools (Fernández-Castillo et al., n. d.; Losada and Chica, 2017). The use of PE as a method of addressing substance use among youth has examples of its usefulness and effectiveness. The University of Minnesota conducted the Alcohol & College Life program, focused on providing individual prevention strategies to optimize the safety of college campus students. According to the statistics, it has been demonstrated that, among those students who completed the course

evaluation, 97% developed a process of self-awareness regarding the contents addressed. On the other hand, they also reported an increase in learned skills and, consequently, a real change in their behavior (Espinosa, 2020). Regarding the impact of psychoeducational interventions on anxiety and depression, there is a large literature on the benefits in patients with diseases and disorders of various etiologies. In the quasi-experimental study carried out by Sánchez et al. (2014) reported very favorable results in patients with different profiles. Anxiety levels, in a sample of 65 participants, showed a decrease of almost 8 points with respect to the intensity after the psychoeducational intervention. This consisted of, among other elements, the teaching of different relaxation techniques, namely diaphragmatic breathing, Jacobson's progressive relaxation training and Schultz's autogenic training. Casañas (2009), after a psychoeducational intervention (behavior modification, cognitive restructuring and simple relaxation) in a sample of 87 patients, obtained the following results: The Goldberg and HAD scales were used. The mean of the Goldberg scale at baseline and at the end of the group intervention was 11.7213 (SD 4.63369) and 6.196 (SD 5.208) respectively. After comparison of the Goldberg at baseline and at the end of treatment, the Goldberg improved by a mean of 5.525 (SD 4.7944) (Confidence Interval (CI) 4.297-6.753) with this result being statistically relevant ($p<0.0001$). The mean HAD scale at baseline and at the end of the group intervention was 22.282 (SD 7.304) and 14.347 (SD 7.723) respectively. After comparison, the HAD scale, at baseline and at the end of treatment, improved by a mean of 7.935 (SD 6.357) (CI 6.047-9.823), a statistically significant result ($p<0.001$). Of the sample of 87 patients, 74 patients showed an improvement in anxiety and depression symptomatology, representing 85% of the total number of interventional patients. Emotional intelligence (EI), as a component of PE, constitutes a factor of protection and well-being; it also facilitates adaptation to the environment, as it provides the capacity for social and personal adjustment (Martins et al., 2010; Perera and DiGiacomo, 2013). EI worked from PE benefits patients or users of a therapeutic program, since, in this way, they are able to understand and express knowledge, abilities, skills and attitudes concerning their emotions (Antonio-Agirre et al., 2017). With respect to PE interventions in groups of people with drug dependence, the intervention carried out by Benito Delegido (2015) showed that in patients with dual pathology (PD) psychoeducation, in the form of brief motivational psychoeducational therapy (BPMT-D), increases motivation to change, as well as knowledge about addictions and PD more than occupational therapy. EP shows its effectiveness in cases of concomitant psychopathology, such as PD. It is precisely in these cases where a parallel approach with the families of the patients or users should be carried out; in this way it is possible to cover all those aspects that are part of the relational dynamics as a whole. In this way, it is possible to: educate family members about the clinical manifestations of the different disorders, etiology, factors that diminish or exacerbate severe symptoms, treatment alternatives, resources, teach a repertoire of coping skills, provide ongoing help to family members, and solve problems of various kinds (Martínez-González, 2012).

Method

Objectives and hypotheses

The general objective of this study is to analyze whether there is a relationship between the proposed psychoeducational intervention and its impact on the quality of life of the users of a therapeutic community. The specific objectives of this research are as follows:

- Address issues such as frustration, guilt, emotional intelligence, and self-esteem, in a workshop format.
- To know the coping strategies employed by users in moments of distress and despair during their stay in the therapeutic community.

- To evaluate the results of the assessment tests used in the constructs of anxiety, depression, personality and self-esteem.
- To analyze if there are differences between the experimental group and the control group in the results of the evaluation tests used.

The hypothesis put forward in this study is that those users selected to form the experimental group will score lower levels of anxiety and depression, and higher levels of self-esteem and personality than users in the control group. Therefore, the objective of this study is the verification of the efficacy and effectiveness of PE in users of a TC for substance addictions.

Participants

The sample consisted of 8 patients with substance addiction problems and PD. All of them participated voluntarily in the present study. The mean age of the sample is 43, 50 years; the lowest age was 36 years (two users) and the highest 58 years. All participants are part of the therapeutic community "Casa Oberta" belonging to the foundation "Proyecto Hombre" (Projecte Home Balears), located in the city of Palma de Mallorca.

With respect to the pathologies present in each of the patients, the following is specified: patient 1: unipolar depression, patient 2: borderline personality disorder, patient 3: unipolar depression, patient 4: no disorder specified, patient 5: unipolar depression, patient 6: borderline personality disorder, patient 7: unipolar depression, patient 8: unipolar depression.

To take part in the study, the following inclusion criteria must be met: participants must live in the TC following the internal protocol of coexistence, all of them must belong to the level 2 group (proper nomenclature to designate the most advanced group), they must be of legal age, and accept participation on an absolutely voluntary basis after reading the study information sheet and signing the informed consent if they have the full right; or, on the contrary, their legal guardian. In the latter case, it is also indispensable that the participant accepts voluntary participation.

On the other hand, as exclusion criteria, it is established that those intervening users who do not have the comprehension capacity to complete the evaluation tests cannot, under any circumstances, be part of the sample under study. On the other hand, only users of the therapeutic program "Casa Oberta" who are part of level 2 will be able to participate, excluding level 1.

Design

In the present study, the methodology was framed within a longitudinal quantitative experimental design. The objective of this research was to analyze the effect of a psychoeducational intervention in the experimental group, taking into account the contrast with the control group. Other designs could have been applicable, such as the case study design due to the size of the sample used.

The variables considered are an independent variable (IV), constituted by the PE intervention, and a dependent variable (DV), understood as an evaluation of psychological constructs to study the effect on quality of life.

Variables studied

The variables to be taken into account are: the psychoeducational intervention (VI), and its effect on the experimental group (VD).

The DV is composed of a subset of assessed constructs, namely, self-esteem, depression, anxiety, and personality.

Instruments

Four evaluation instruments were used. Despite the fact that these instruments are quite old, they are standardized and have sufficient reliability and validity to carry out the proposed task. All were explained to the participants. They are specified below.

- *Beck Anxiety Inventory* (BAI): it is a self-applied inventory composed of 21 items. These describe different symptoms of anxiety. Each item is scored from 0 to 3, score 0 corresponds to "not at all", 1 to "mildly, it does not bother me much", 2 to "moderately, it was very unpleasant, but I could stand it" and score 3 to "severely, I could hardly stand it". The total score corresponds to the sum of all items. It has high internal consistency (Cronbach's alpha from 0.90 to 0.94). The correlation of the items with respect to the total score ranges between 0.30 and 0.71. Regarding validity, this test correlates well with other anxiety measures in different types of populations (Beck et al., 1988).
- Rosenberg Self-Esteem Scale: it is one of the most widely used scales to globally evaluate self-esteem. It was originally developed by Rosenberg (1965) for the measurement of self-esteem in adolescents. It includes 10 unique items, which allow you to delve into feelings of self-respect and self-acceptance. Half of the items are stated positively and the other half negatively. After undergoing some improvements, it is now commonly scored in Likert-type format, where items are on a 4-point scale (1= strongly agree, 2= agree, 3= disagree, 4= strongly disagree). In its correction, the scores of the negatively stated items (3, 5, 8, 9, 10) should be inverted and then all the items should be added together. The total score, therefore, ranges from 10 to 40. The scale shows high reliability indices, namely, in test-retest correlations ranging from 0.82 to 0.88, with Cronbach's alpha in the range of 0.77 to 0.88 (Morris, 1965).
- Hamilton Depression Scale: this is a scale designed to provide a measure of the intensity or severity of depression. The Ramos-Brieva and Cordero (1986) version adapted to Spanish and validated the reduced version of 17 items. Its content is mainly focused on the somatic and behavioral aspects of depression, with vegetative, cognitive and anxiety symptoms being the most important in the total scale. Each item is scored from 0 to 2 points in some cases, and from 0 to 4 in others. The total score of the scale is the sum of the scores assigned to each of the items, constituting a score range of 0-52 points. According to the Clinical Practice Guideline produced by NICE, the following cut-off points are recommended: Not depressed (0-7), Mild/Minor depression (8-13), Moderate depression (14-18), Severe depression (19-22), Very severe depression (>23). Regarding its psychometric properties, it has good internal consistency (Cronbach's alpha between 0.76 and 0.92). The intraclass correlation coefficient is 0.92. Interobserver reliability ranges from 0.65 to 0.9. Regarding its validity, according to the correlation with other instruments of global assessment of depression, it varies between 0.8 and 0.9.
- EPQR-A*(Eysenck Personality Questionnaire Revised-Abbreviated*): consists of 24 items and 4 subscales: Extraversion, Neuroticism, Psychoticism, and Sincerity. These correspond to 6 items. The response format is Yes (1) vs. No (0), with a range of scores between 0 and 6 for each of the subscales. The first three to be cited assess personality traits, while the last one assesses the tendency to lie; or rather, a tendency to social desirability. High levels of reliability (internal consistency) and convergent and divergent validity have been reported, although it is assumed that the psychoticism subscale presents lower levels of reliability and convergent validity (Sandín et al., 2002).

Procedure

First, having received the pertinent approval and authorization from the Projecte Home Foundation and the Ethics Committee of the University, we proceeded to the selection of users to configure the sample. Those users who met the inclusion criteria were informed about the research and its objectives. They were also informed that the survey would be completely confidential and anonymous; only their age, sex and level of education would be known. They were also given the research information sheet and the informed consent form so that they could sign it if they wished to take part in the study. Since the sample consisted of 8 subjects (subdivided into two subgroups, experimental and control) and the number of women was small, one woman was assigned to each group.

Once the informative documents and consents were signed by the users, they received precise instructions for the completion, first of all, of the evaluation tests used (pre-test phase) during the month of October 2021 in the facilities of Projecte Home Balears in Palma.

Next, four psychoeducational workshops were conducted only for the group of 4 users that made up the experimental group. These workshops, each lasting approximately 80 minutes, addressed topics such as frustration, guilt, self-esteem and emotional intelligence. We always proceeded in the same way: all the users of the group sat in a circle next to the researcher; first, the workshop began with a reading of the topic to be addressed; then, situations in which they felt identified were presented, with the corresponding moods and physical/psychological symptoms, if any; then, techniques to improve their self-knowledge, more appropriate coping styles (EA), and to restructure erroneous conceptual nodes and dysfunctional ideas (REC); and finally, a brief relaxation technique in diaphragmatic breathing with guided imagination. Each of the four sections lasted 20 minutes, adding up to 80 minutes for each workshop. In the specific case of the emotional intelligence and self-esteem workshops, the second section underwent modifications, focusing in the former on community situations to be put into practice, and in the latter on internal dialogue.

Subsequently, once the experimental group workshops were completed, the tests were administered to all members of the sample, that is, to both the experimental group and the control group.

Results

The data set obtained was analyzed and coded using SPSS V.26.0 software. The data matrix made it possible to compare the scores obtained in the different evaluation tests with the individual characteristics of each user in the sample. Subsequently, we proceeded to study the data with respect to the hypothesis and objectives previously specified.

The aim of this research is to study whether, by means of a psychoeducational intervention, the levels of anxiety and depression -in the first instance-, and the levels of self-esteem and personality traits, experience positive or negative variations depending on the case. In this way, tables were extracted to show the most relevant descriptive data for the research, indicating the mean, standard deviation and variance of the variables (Table 1).

Table 1

Descriptive statistics

Age of users

	Frequency	Percentage	Valid percentage	Cumulative percentage

Valid	36,00	2	25,0	25,0	25,0
	37,00	1	12,5	12,5	37,5
	42,00	2	25,0	25,0	62,5
	43,00	1	12,5	12,5	75,0
	54,00	1	12,5	12,5	87,5
	58,00	1	12,5	12,5	100,0
	Total	8	100,0	100,0	

Note: Taken from Author (2022)

The number of people taking part in the study, as mentioned above, is 8 (N=8). Considering the age variable, we obtain that the ages of the subjects are between 36 and 58 years old. (M= 43.5; DT= 8.280). Seventy-five percent of the users are men and 25% are women. All the subjects belong to the "Casa Oberta" program of Projecte Home Balears and, in turn, all suffer from some TUS, being circumscribed in the diagnosis to dual pathology. The annexes include tables with the percentages of the selected users based on the study group, sex, age and educational level (Tables 1, 2, 3 and 4). On the other hand, information concerning the different clinical diagnoses of the subjects in the sample is also included (Table 5).

Table 2

Descriptive statistics

Level of education

		Frequency	Percentage	Valid percentage	Cumulative percentage
Valid	Elementals	1	12,5	12,5	12,5
	Media	6	75,0	75,0	87,5
	Superiors	1	12,5	12,5	100,0
	Total	8	100,0	100,0	

Note: Taken from Author (2022)

Table 3

Descriptive statistics

Gender of users

		Frequency	Percentage	Valid percentage	Cumulative percentage
Valid	Woman	2	25,0	25,0	25,0
	Man	6	75,0	75,0	100,0
	Total	8	100,0	100,0	

Note: Taken from Author (2022)

Table 4

Descriptive statistics

Group

	Frequency	Percentage	Valid percentage	Cumulative percentage

Valid	Experimental Group	4	50,0	50,0	50,0
	Control Group	4	50,0	50,0	100,0
	Total	8	100,0	100,0	

Note: Taken from Author (2022)

Table 5

Descriptive statistics

Clinical diagnosis

		Frequency	Percentage	Valid percentage	Cumulative percentage
Valid	TLP	2	25,0	25,0	25,0
	Depression	4	50,0	50,0	75,0
	Chronic anxiety	2	25,0	25,0	100,0
	Total	8	100,0	100,0	

Note: Taken from Author (2022)

Subsequently, in order to be able to move forward with the statistical research, it is necessary to know whether it is relevant and possible to perform parametric tests or, on the contrary, non-parametric tests should be used. If parametric tests can be used, the assumptions of normality and homogeneity of variances must be met. The normality assumption is tested by Shapiro-Wilk statistical analysis. This test is used in samples that do not exceed 50 subjects (N<50) and allows us to contrast normality by calculating the sample mean and variance, S2, ordering the observations from smallest to largest.

After analyzing the results obtained in the Shapiro-Wilk test, it is observed that the sample does not follow a normal distribution. In view of this fact, the initial possibility of carrying out a repeated samples analysis of variance (ANOVA) was ruled out. Instead, the Kruskal-Wallis H test was chosen as the appropriate test for a case with these characteristics. This test allows to study, in a non-parametric way, whether a set of data comes from the same population. It is identical to ANOVA, with the data replaced by categories. The Kruskal-Wallis test does not assume normality in the data; however, it does assume, under the null hypothesis, that the data used come from the same distribution.

Regarding the depression construct, evaluated through the Hamilton Depression Scale, it is observed that in the pre-test score for the experimental group the extreme values are between 2 and 4 (moderate and very severe depression, respectively) with a median value of 4 (very severe depression). In the case of the control group, the extreme values are between 0 and 4 (non-existent and very severe depression, respectively). The same information is shown in the form of continuous fields (Figure 1).

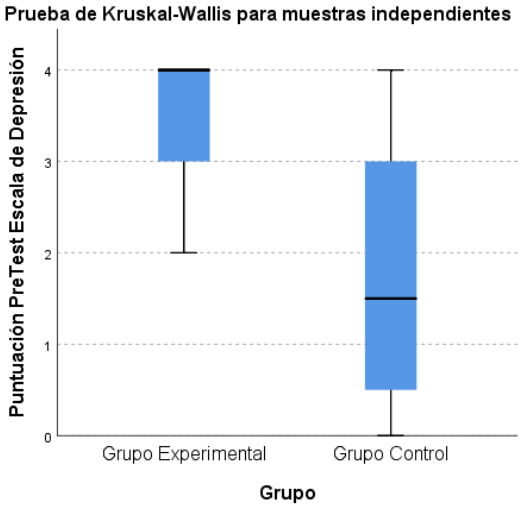

Figure 1: Depression Scale PreTest Score

In contrast to the aforementioned values, and as a result of the psychoeducational intervention, the values of the post-test score are shown below. The following box plot shows how the extreme values for the experimental group are reduced to 1 and 3 (light/minor and severe depression, respectively), with a median value of 2 (moderate depression). In contrast, the control group evidenced a greater arc for their depression scores: 0 and 4 (no depression and very severe depression respectively). In the form of continuous fields (Figure 2).

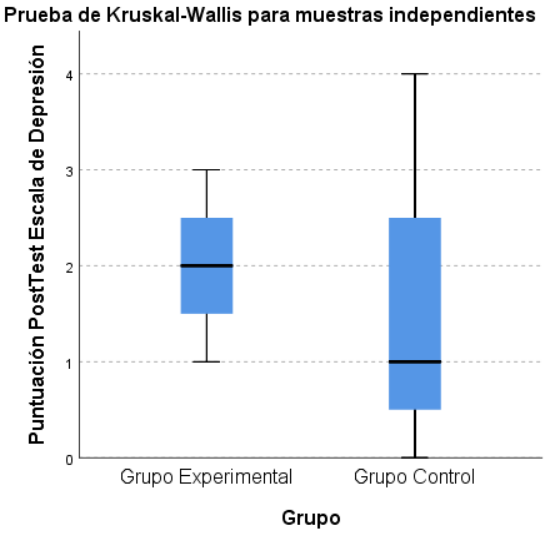

***Figure 2*:** Depression Scale Post-Test Score

With respect to the anxiety construct, evaluated through the BAI (Beck Anxiety Inventory), the scores in the Kruskal-Wallis test reveal a median of 3 (high anxiety) for the experimental group in the pre-test. On the other hand, it is pertinent to note that the lack of the lower whisker in the diagram assumes the same values, i.e., repeated in the Beck anxiety test. In the form of continuous fields (Figure 3).

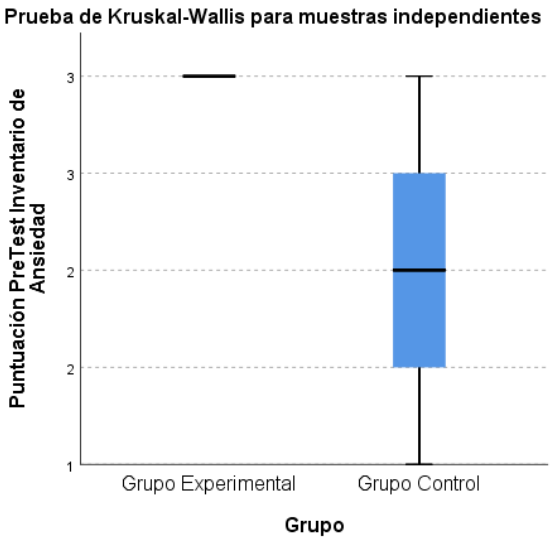

***Figure 3*:** Anxiety Inventory PreTest Score

The following graph, pertaining to the anxiety scores in the post-test, shows how, for the experimental group, the extreme values are between 1 and 2 (low and medium anxiety respectively); with a median of 2 (medium anxiety). Thus, it can be observed that after the psychoeducational intervention, the experimental group manages to reduce both median and extreme values. In the form of continuous fields (Figure 4).

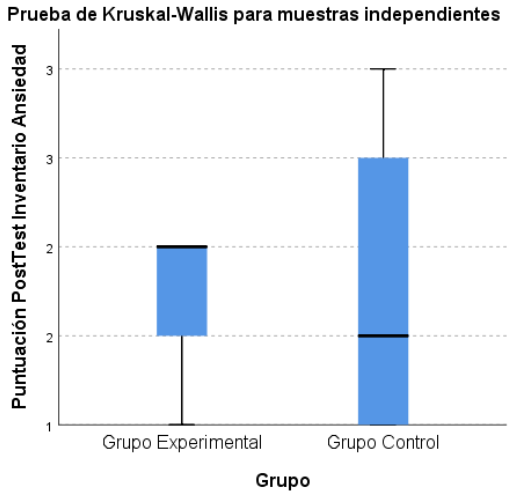

Figure 4: Anxiety Inventory Post-Test Score

For the self-esteem construct, assessed by means of the Rosenberg Self-Esteem Scale, the graph shown below reveals the scores for the pre-test in both groups (Figure 5). In the case of the experimental group, the extreme values are between 1 and 2 (low and medium self-

esteem) with a median of 2 (medium self-esteem). In the particular case of the control group, the extreme values are between 2 and 3 (medium and high self-esteem), with a median of 2 (medium self-esteem).

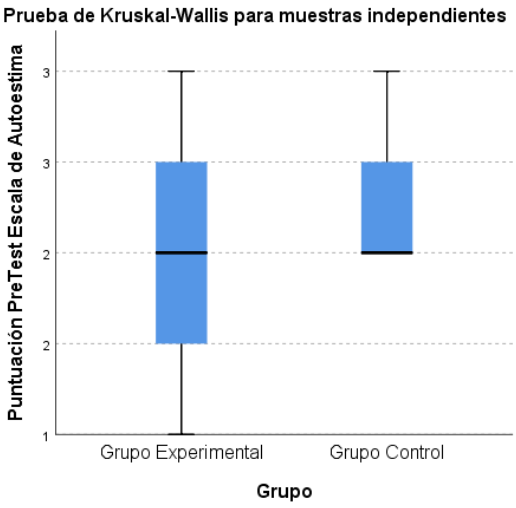

***Figure 5*:** PreTest Self-Esteem Scale Score

The following graph, corresponding to the post-test of the self-esteem construct (Figure 6). It shows, for the experimental group, extreme values of 2 and 3 (medium and high self-esteem), with a median of 2 (medium self-esteem). In the case of the control group, the extreme values are between 2 and 3 (medium and high self-esteem), with a median of 2 (medium self-esteem).

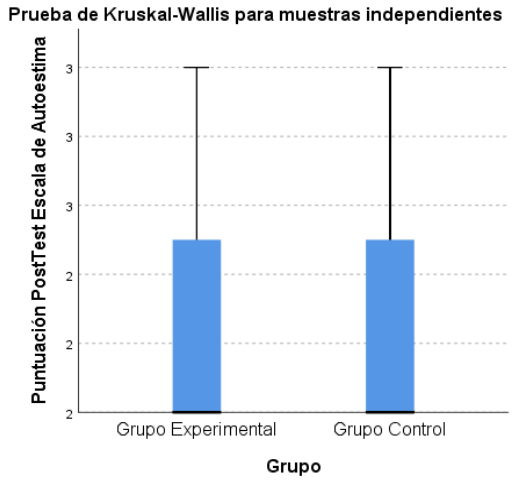

***Figure 6*:** Self-Esteem Scale Post-Test Score

The eight graphs of the personality construct corresponding to the four subscales, measured through the EPQR-A (Eysenck Personality Questionnaire Revised-Abbreviated), in the pre-test and post-test phase, are shown below (Figures 7, 8, 9, 10, 11, 12, 13, and 14) The four subscales, as mentioned above, pertain to "neuroticism", "psychoticism", "extroversion" and "sincerity". Possible values range from 1 to 5 (1 being "very low", 2 "low", 3 "Average", 4

"High" and 5 "Very high"). As can be seen, the observed results show very similar scores in the pre-test and post-test phase for both groups. Both the extreme values and the medians occupy very similar positions in all the personality subscales that make up the EPQR-A.

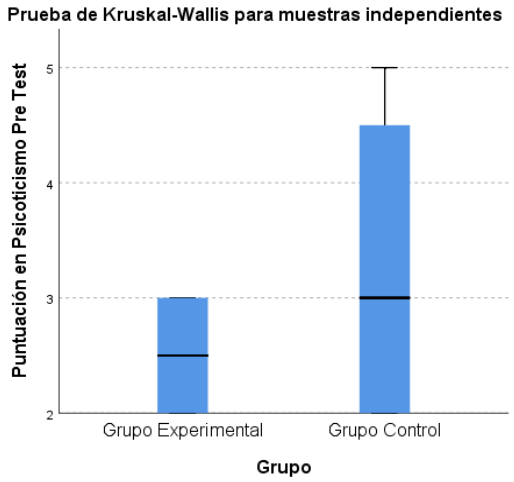

Figure 7: PreTest Psychoticism Score

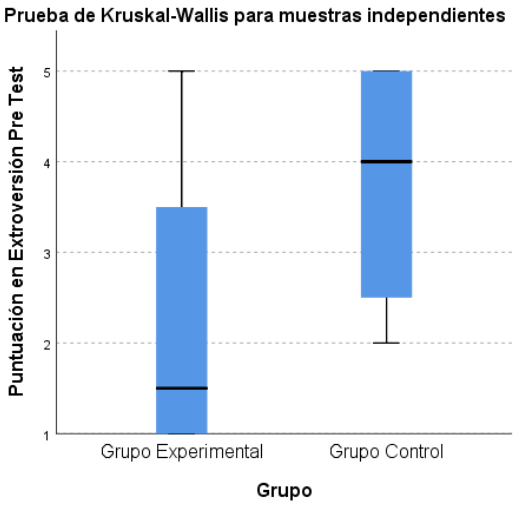

Figure 8: PreTest Extroversion Score

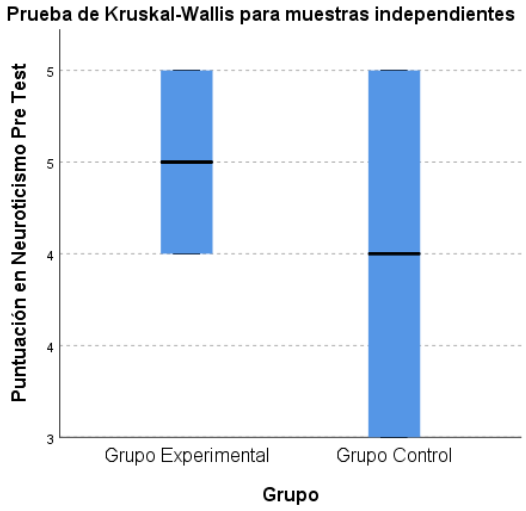

***Figure 9*:** PreTest score in Neuroticism

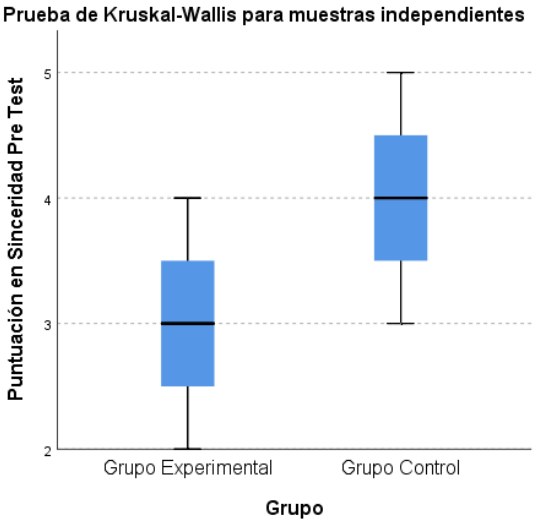

Figure 10: PreTest Sincerity Score

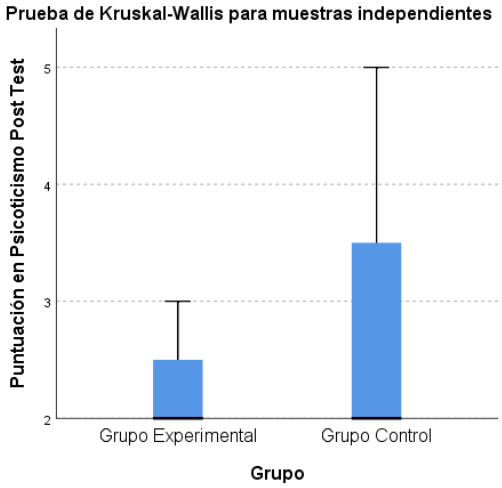

***Figure 11*: PostTest score in Psychoticism**

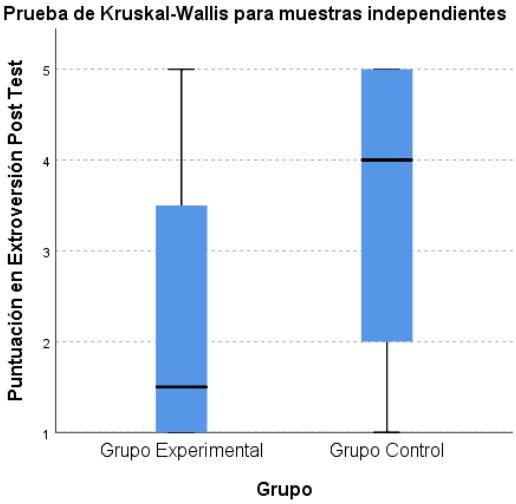

Figure 12: PostTest Extroversion Score

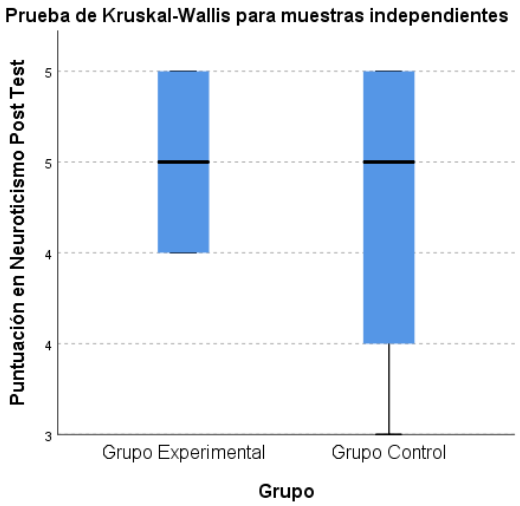

Figure 13: Neuroticism PostTest Score

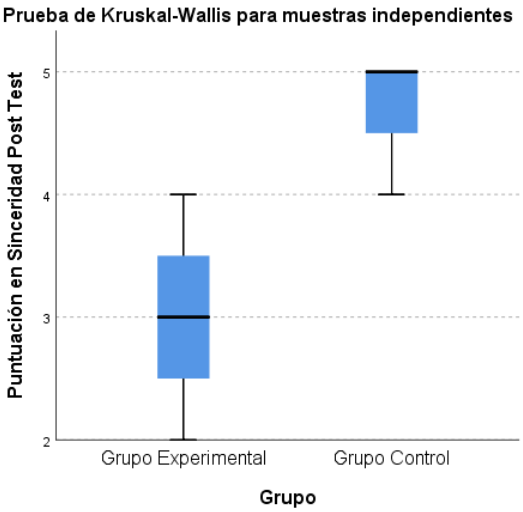

***Figure 14*:** PostTest Sincerity Score

Discussion and conclusions

In accordance with the initial objectives, we analyzed whether statistically significant differences were found with respect to the constructs of anxiety, depression, self-esteem and personality, taking into account the PE intervention carried out in the control and experimental groups. The results reveal that, except for the constructs of self-esteem and personality, PE is effective in reducing the levels of anxiety and depression in TC users with PD; the results are statistically significant. It should be noted that all participants in the sample belong to the same TC and the same therapeutic program.

The hypothesis initially put forward was that, after a psychoeducational intervention in a program for users with PD, users would report changes in the constructs studied; the personality construct being a predictor of previous traits at the same time. This hypothesis is

partially rejected, since statistically significant differences were only found for the depression and anxiety constructs.

The non-plausibility of acceptance of the initial hypothesis for these two constructs can be explained by several reasons. First, different theoretical currents postulate that personality is a construct that is not as permeable to change as others. Personality is composed of multiple components and is built during childhood and adolescence. This is why, given the behavioral changes of the users during their stay in the community, the personality is practically fixed and immovable for practically all users. Personality theory holds that the interaction between cognition, learning and environment shapes personality; adding the internal expectations of the subjects (Sinisterra et al., n.d.).

With respect to self-esteem, it could be inferred that, since it is an eminently cognitive construct, it did not show statistically significant enough changes to be taken into account. The evaluation that a person consciously makes of him/herself depends on various psychological components; this is why, in the case of users with PD and, for the most part, with several relapses in substance use, the evaluation of self-esteem tends to be negative on a regular basis and shows little change. In a study carried out in Argentina by Cattan (2005) it was found that self-esteem, for the two groups of young people who participated in the study, maintained low and between low and normal levels with respect to social skills. The hypothesis that self-esteem did not show significant differences between the admission stage and the social reintegration stage was corroborated.

With respect to the anxiety construct, it is deduced that the teaching of relaxation techniques such as Jacobson (brief) or diaphragmatic breathing, not only benefits the reduction of anxiety levels during the workshop, but also the quality of life of the users from that moment onwards. The levels of anxiety reported in the experimental group indicate a significant decrease after the psychoeducational intervention; the four users who made up this group started from a severe level of anxiety, and after the intervention three of them decreased to a moderate level of depression and one to a mild level. This may be due to the understanding and subsequent assimilation of concepts inherent to anxiety, as well as to the users' application of the relaxation techniques taught. Relaxation, given its applicability in terms of practical exercises for the daily life of the users, seems to be useful in times of need for them: difficult moments of their own coexistence in the community, arguments or disputes between users, changes in medication prescribed by the medical team, etc.

Depression levels, on the other hand, showed a decrease after the psychoeducational intervention in the experimental group for some users. Of the four users who made up this group, one dropped from "very severe" to "severe depression", and another from "very severe" to "moderate". Based on the sample size, it is pertinent to underline the decreasing effect on depression levels. There are studies in the scientific literature which highlight the efficacy of PE for cases of depression, being this more approachable when symptoms are milder; but, in any case, effective, even taking into account this variability depending on the severity of the symptomatic picture (Casañas et al., 2014).

The size of the sample (eight subjects) is a limitation of the study, as it does not achieve a more significant sample size in terms of greater representativeness of the diversity of users. The justification for the relevance of this study was to have as many users as possible in order to be able to carry out the intervention with people with PD. The rest of the non-participating users and members of the therapeutic community declined the proposal to participate, mostly due to medical considerations or fragile emotional state. Another of the reasons for the relevance of the intervention carried out, and in line with the above, is precisely the fact that the sample includes subjects with PD and the fact that they live together in a TC; that is, although the sample is small, it has added value by incorporating more variables, which makes it more enriching for the researcher's own work.

Another limitation of the sample is the fact that the selected sample, as well as the group of users living in the TC, do not lead a structured life (housing, work, healthy interpersonal relationships, etc.), which has an impact on the reported levels of the four constructs studied in this study. It is also worth noting the variety of diagnoses present in the participants. In this sense, the sample is not very representative of each disorder; this is why the variable "diagnosis" only shows the amalgam of disorders present in a TC focused on the treatment of users with PD. In view of this fact, it is proposed, as future lines of research, to carry out another study with a larger sample, in order to be more representative and precise in establishing causal relationships between the various disorders and their mediation in the reported values of self-esteem, depression, personality and anxiety. On the other hand, it is also suggested to carry out another study in which, based on people with PD who are not in any TC program, the possible influence of not being in a community is taken into account. Some foundations for people with addiction problems have programs for those individuals with more structure, logistics and support; we suggest the possibility of conducting another research on programs of this nature and, in this way, to be able to compare results between therapeutic community and external programs. On the other hand, it is proposed to carry out a study of longer duration and with more psychoeducational components in the form of workshops, so that the possible correlation between intervention time in PE and results in evaluation tests can be verified.

In relation to possible variables that could have an influence, and as a limitation when it comes to accurately recording the different constructs measured by the users, it should be noted that the possible cognitive deterioration that could occur in some participating users is not taken into account. As a future line of research, the assessment of cognitive impairment is proposed as a prerequisite for similar investigations of the effectiveness of PE in therapeutic communities.

In consideration of the possible implications of this study, it is worth mentioning the contribution in the field of community and social addictions. On the one hand, it is a contribution to the theoretical substratum that underlies the praxis of similar psychoeducational interventions. It is a contribution to the therapeutic community itself, understood as a concept attached to the rehabilitation and reintegration of people with these problems. The communities need those therapeutic procedures that really serve and are useful for the users; therefore, on-site research contributes to the improvement in the way therapy is conceptualized and carried out, or to complement it. On the other hand, at a social level, the implementation of studies that contribute to and attempt to influence the quality of life of drug addicts benefits society as a whole.

Conclusion

People with addiction problems that are accompanied by dual pathology regularly manifest various behavioral and emotional problems. The consequences derived from years of consumption and maladapted life, revert in successive disorders and disorders. For their part, therapeutic communities are, in many cases, an alternative for people without resources and with addictions to different substances, whether they are on PD or not.

After the study of the data obtained, it is observed that, after the application of the psychoeducational intervention in the form of workshops, some users of Casa Oberta who formed the experimental group improved statistically significantly in anxiety and depression. Therefore, from these data it is concluded that psychoeducational therapeutic work is, in this sense, positive for people with PD and significant levels of anxiety and depression.

The self-esteem construct remained stable for the experimental group and variable for the control group. Therefore, the intervention in EP did not obtain statistically significant positive results.

Personality, on the other hand, showed no relevant changes in the sample under study. It is concluded that the personality construct tends to remain practically unchanged over time and that the psychoeducational intervention did not lead to statistically significant changes in the sample.

Last but not least, it is important to highlight the need for existing TCs in our country to have a greater number of clinical or general health psychologists. For, in spite of drawing from other academic disciplines (social work, pedagogy, labor counseling, etc.), the work developed around group or individual therapy must be carried out by professionals specialized in that field and concerned for that purpose.

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CHARACTERISTICS OF PARENTING PRACTICES AND THEIR RELATIONSHIP TO EMOTIONAL INTELLIGENCE AND ACADEMIC PERFORMANCE

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Summary. Emotional intelligence is a key aspect in education and should be included in the curricula of students today, this research aims to account for the importance of parenting practices in emotional intelligence and how that affects the academic performance of children in first grade. The research has a mixed approach where the TMMS 24 survey adapted to children from 6 to 8 years old was applied and an in-depth interview was conducted with first grade children from the Colegio Liceo Femenino Mercedes Nariño IED in the city of Bogotá and the Institución Educativa Clemente Manuel Zabala in the city of Cartagena, the results show that parenting practices do have a significant influence on emotional intelligence and these in turn influence academic performance, since there is a socio-cultural gap between the two cities that has an impact on the categories mentioned above. These results reinforce the importance of emotional intelligence in families and its relevance in school curricula.

Key words: Emotional intelligence, academic performance, parenting practices

CARACTERÍSTICAS DE LAS PRÁCTICAS DE CRIANZA Y SU RELACIÓN CON LA INTELIGENCIA EMOCIONAL Y EL DESEMPEÑO ACADÉMICO

Resumen. La inteligencia emocional es un aspecto clave en la educación y debe estar incluido en los currículos de los estudiantes actualmente, esta investigación pretende dar cuenta de la importancia de las prácticas de crianza en la inteligencia emocional y como eso repercute en el desempeño académico de los niños y niñas de grado primero. La investigación tiene un enfoque mixto en donde se aplicó la encuesta TMMS 24 adaptada a niños y niñas de 6 a 8 años y entrevista a profundidad a niños y niñas de grado primero de los Colegio Liceo Femenino Mercedes Nariño IED en la ciudad de Bogotá y la Institución Educativa Clemente Manuel Zabala en

la ciudad de Cartagena, dentro de los resultados se evidencia como las prácticas de crianza si influyen significativamente en la inteligencia emocional y estas a su vez en el desempeño académico, ya que se evidencia una brecha socio cultural entre las dos ciudades que repercuten en las categorías mencionadas anteriormente, estos resultados refuerzan la importancia de la inteligencia emocional en las familias y su pertinencia en los currículos escolares.

Palabras clave: Inteligencia emocional, desempeño académico, prácticas de crianza

Introduction

Throughout time it has been evidenced the little importance that educational institutions give to emotional intelligence, focusing their attention specifically on academic knowledge, leaving aside affective areas, one of these is the emotional management of the being that in one way or another affects the academic performance of students, aspects such as food, sleep, the way to reach the study, mistreatment, family conflicts, learning difficulties, among others, are aspects that directly affect learning. As mentioned by Fernández and Extremera (2002), in traditional schooling the value of the intelligent person has been considered to be a child who is academically brilliant and achieves high scores in I.Q. tests, however, they also refer that there are two reasons to debate this idea, one is that academic intelligence does not guarantee professional success and the second is that it is not a requirement for success in everyday life, this is achieved from other types of emotional and social skills, with this position we can identify the importance of emotional intelligence in our children and that it is reinforced and learned from the family and school.

Likewise, it is important to highlight the studies carried out internationally, nationally and locally, by students and professionals that demonstrate the analysis of some of the categories that have been chosen for this research, having as support a theoretical support that deepens the interpretation and evaluates in what type of population these categories have been evaluated.

In relation to parenting practices, the regulation of behavior and affective support is an important part of parenting. This regulation deals with the control exercised by parents and shows that when it is positive, children demonstrate better behavior and control of emotions; on the contrary, if it is negative, emotional and behavioral self-regulation is hindered (Aguirre, 2002).

In this sense, taking into account the different types of upbringing found in the cultures of the cities where the research was carried out, makes sense and demonstrates the importance of relating the categories to inquire about academic performance, providing the institutions with strategies that allow for a better emotional intelligence of the children and that contribute to the positive upbringing practices that arise in the research. (Aguirre, 2002)

Likewise, throughout the research, surveys are conducted with children in first grade of the two schools to show their emotional intelligence indexes and interviews with parents to show the parenting practices they have towards their children, and to relate them to the different theories of education and positive parenting.

It is also important to evidence that parents have characteristics that are mentioned in the theories such as establishing schedules, promoting values and transferring generational cultural knowledge, the difficulty arises in the way these limits are imposed, shouting or hitting and not negotiating and dialoguing as theoretically proposed, these aspects are reflected in the teachers' meetings, as well as in the results of the interviews conducted with

the families.

Method

The methodological basis of this research is of a mixed nature, as described by Hernández-Sampieri et al. (2014) are "systematic, empirical and critical research processes and involve the collection and analysis of quantitative and qualitative data, as well as their integration and joint discussion" (p. 534). This is taking into account that emotional intelligence is measured quantitatively and parenting practices should be analyzed in a more detailed and reflective way.

As epistemological bases of this type of research is pragmatism, having room for much of studies and researchers of qualitative and quantitative methods (Creswell & Plano-Clark, 2011; Greene, 2004; Johnson & Christensen, 2012; Lieber & Weisner, 2010; Morris & Burkett, 2011; O'Brien, 2013, cited by Hernández-Sampieri et al., 2014). Likewise, Niglas (2010, cited by Hernández-Sampieri et al., 2014) exposes a multidimensional paradigmatic model expanding the points of view that can be analyzed in the research. In this sense, having a lens that allows the researcher to see the different points of view of what is to be analyzed, generates an added value to the research and this is something that has not been evidenced in the subject, based on the reviewed antecedents.

Similarly, Hernández-Sampieri et al. (2014) take up Chen (2006) who mentions mixed methodology as an integration of methods in a study, which provides to have a more complete picture of the study phenomenon, allowing the original structures to be maintained or modified according to the research objectives. Having said the above, for this study it is very important to explain the research phenomenon from several points of view, which in the future can generate actions with families and children, strengthening emotional intelligence and accompanying in parenting practices that should be taken at present.

According to Hernández-Sampieri et al. (2014) propose to think about when to use the mixed method, focusing on the fact that it is important not to force a tool, but to choose the ones that best fit the research problem, starting from the problem statement and the context. This last point is relevant in this research, since the intention is to make a comparison between the upbringing practices of the Bogota culture and the Cartagena culture, identifying cultural aspects through discourse analysis and the indexes of emotional intelligence and academic performance that are analyzed statistically, which is why this method is appropriate for our research.

Among the mixed methods, the Explanatory Sequential Design (DEXPLIS) is the one chosen for this research, which is characterized as explained by Hernández-Sampieri et al. (2014) for an initial stage where quantitative data are collected and analyzed, these first data will have the function of informing the qualitative data that will be collected later. In a second stage, qualitative data is constructed on the information obtained and, finally, both acquired knowledge is integrated, interpreted and a report of the findings is given. In this sense, the intention is to be able to collect quantitative data on the emotional intelligence and academic performance of the children that emerged from the last issue of newsletters, in order to analyze the data obtained on the parenting practices reported in the interviews with parents.

Within the qualitative research exercise is the in-depth interview as a method of data collection, this time it will be applied in the research called *Characteristics of parenting practices in emotional intelligence and academic performance* and the specific objective that guides the in-depth interview is to analyze the parenting practices exercised by parents in first grade students.

Next, the in-depth interview is identified as the technique to collect information at a qualitative level through the narratives of the people, going into detail about the information presented in the school scenarios, regarding the parenting practices of the parents of first grade children. This is why the interview is recognized as the gathering of information and, additionally, accounts for the contextual frameworks that permeate it. The intention with the design of the interviews and the technical sheet is to show the discourse on the parenting practices of the parents and to make an understanding of the culture, given that they take place in two different cities such as Bogota and Cartagena

As a research exercise, it is proposed to adapt a survey already conducted for adults that meets the criteria and categories of what is to be evaluated in the research project called *Characteristics of parenting practices in emotional intelligence and academic performance* and the specific objective that guides the research survey is to determine the emotional intelligence indexes presented by first grade students. In this sense, this exercise is an adaptation of the TMMS 24 (Trait Meta-Mood Scale) survey conducted by Fernández-Berrocal et al. (2004) based on the initial test of the Trait Meta-Mood Scale (TMMS-48) by Salovey, Mayer, Goldman, Turvey and Palfai for adults that fits the needs of the project, which are boys and girls aged 6 to 8 years approximately, this is freely available to the public with the parameters to be applied in adolescents and adults. It should be noted that a search for emotional intelligence surveys for boys and girls has been carried out, initially there is no survey that covers these ages, secondly, within the surveys reviewed, both for children of other ages and for adults, the survey that analyzes the categories sought in this research is the TMMS 24, which with the items it covers provides answers to the proposed objectives.

In relation to the above, as mentioned by Taramuel and Zapata (2017) The TMMS questionnaire (Trait Emotional Meta cognition Scale) which is based on the original by Salovey and Mayer, the first to measure emotional intelligence, has 24 items that are answered by 5-point Likert-type scale and is focused on 3 factors:

> Attention to emotions: Emotional attention refers to the awareness we have of our emotions, the ability to recognize our feelings and know what they mean. Emotional clarity: It refers to the ability to know and understand emotions, knowing how to distinguish between them, understanding how they evolve and integrate into our thinking. Emotional repair: It refers to the ability to regulate and control positive and negative emotions (Taramuel and Zapata, 2017, p.166).

Taking into account the intention of this research, which is to carry out a comparative analysis between the child-rearing practices of two different cultural sites, the population to work with are children, parents and mothers of the schools Liceo Femenino Mercedes Nariño IED in the city of Bogotá and the Educational Institution Clemente Manuel Zabala in the city of Cartagena, for this occasion the first grades of primary school will be taken, these courses have children from 6 to 8 years old approximately.

For the sample, first we take up again the concept exposed by Hernández-Sampieri et al., (2014) "Normally the sample aims to achieve a balance between "saturation of categories" and "representativeness" (p. 567), thus it is necessary to reflect on two issues,

take into account the probability sampling and guided by reasons that are part of both methodologies, the second is that the sample is taken by the resources, time and opportunities that exist. In this sense, it is necessary to take into account some points of view for this research, since one of the postulates of the authors is reflected in the current reality that is lived in the country and in our institutions, such as the coronavirus pandemic that for a time generated a virtual work with the students and at this moment a work of alternation, where the children are not attending the school in its entirety due to capacity. For this reason, a convenience sample was used, which as Hernández-Sampieri et al. (2014) citing Battaglia (2008a) state "these samples are formed by the available cases to which we have access" (p.390), taking into account the situation mentioned above and the work that was achieved with the children who were attending school at that time.

For this reason, a sample of 10 girls will be taken for the survey at the Mercedes Nariño High School for Girls and a sample of 12 boys and girls will be taken for the survey at the Clemente Manuel Zabala Educational Institution. As for the interview, it will be carried out randomly with 5 families of children to whom the survey has been applied.

Results

Through the interviews, the deductive categories exposed at the beginning of the research were found, which are: parenting and emotional intelligence. On the other hand, the inductive or emergent categories are those that arise from what the researchers observe, in this case: the category of punishments.

In agreement with Izzedin and Pachajoa (2009), who take up the basic concept of the Royal Spanish Academy, which states that the word crianza refers to the nutrition and feeding of children, to guiding, instructing and directing them, it is evident that in the city of Cartagena families coincide in the teaching of manners, values and education, which would be part of instructing them according to this definition, however, they leave aside nutrition and feeding, guiding and directing them.

In this sense, in the city of Bogota it is evident that parents are oriented towards the bases of education that is imparted for life, they relate that several aspects of children should be taken into account, such as social or cultural, among others, this idea of upbringing is related to the concept proposed by Izzedin and Pachajoa (2009), who retake the basic concept of the Royal Spanish Academy that states that the word upbringing refers to the nutrition and feeding of children, to guide, instruct and direct it. These aspects are permeated by culture and in early childhood they are full of meanings and emotions, and parents in this city identify all these aspects.

Next, emotional intelligence is analyzed, where Goleman's (1995) first competence is taken up again, which is the knowledge of emotions, and it is here where the human being learns about the ability to recognize those emotions that arise in everyday life and allows them to be understood and accepted. According to the statements of the families in the city of Cartagena, the lack of knowledge of emotions is evident in their affirmations, which leads to the children not being able to understand and accept them, and that the following competencies such as the control of emotions are not generated either, the consequences are family chaos where scolding and authoritarianism prevail.

In parallel, the population of the city of Bogota recognizes emotions and try to control them, addressing the two competencies proposed by Goleman, give them their space and try to understand what is happening, this is very positive to have a good emotional intelligence, it is worth mentioning that the school has also emphasized the education of emotional intelligence to strengthen these processes with families.

In relation to the emerging category, Ruiz (2010), who explains punishment as "behaviors that have painful or undesirable consequences, will be suppressed" (p. 4), also relates it to a negative stimulus to reduce a behavior or eliminate it. 4), they also relate it to a negative stimulus to reduce a behavior or eliminate it, which is how in the city of Cartagena it is evidenced that they seek to take away a benefit or something that the child likes, and also physical punishment, which can generate problematic side effects, including poor academic performance, defiance of authority and the development of aggressive behavior towards their peers. In contrast, in the city of Bogotá, the parents' accounts show that they also try to reduce or eliminate undesired behavior by taking away things that the girls like; in most cases, alternatives are sought and physical punishment is completely avoided; however, one of the mothers mentions that it occasionally occurs, but apparently in a controlled manner, "a slap on the wrist"; this does not mean that it does not leave consequences in the future.

As the interviews were conducted, it is perceived in the dialogue with the families that in the city of Bogota the way they refer to the girls is affectionate and they are aware of all the needs that may arise for their daughters, whether physical or emotional. On the contrary, in the city of Cartagena, it is evident that families use their children to carry out adult activities and give them responsibilities that do not belong to them, which affects both emotional intelligence and academic performance.

Finally, the overall context of the interviews reflects the vulnerability of families in the city of Cartagena, many of whom are displaced by violence from the Montes de María and the Pacific and relocated from the foothills of La Popa, due to the damage caused by the winter, as well as migrants from Venezuela, where in most cases their work is informal. As mentioned by Ramírez (2005), one aspect to take into account when talking about parenting is the social and/or economic class, which influences the level of education, profession, income and place of residence, among others. In the city of Bogota the population has formal jobs and, although there is a diversity of cultures from different parts of the country, there is evidence of a civic culture of capital, it is worth noting that the school has high quality standards that contribute to the education of both fathers and daughters and this is reflected in the emotional intelligence and academic performance.

Table 1 below shows the percentages of the results of the TMMS 24 survey adapted for boys and girls aged 6 to 8 years, according to the three categories to be analyzed and subdivided by city, as well as the graphs that show the percentages and complement the results of Table 1 by city. It should be clarified that the students who participated were those who at the time began to attend in person, upon returning to the classroom it is evident that the children were at a fairly low reading level, which is why during the application of the survey was supported by the teacher for the reading and explanation of the instrument.

Table 1

Emotional intelligence indexes according to TMMS 24 survey adapted for children aged 6 to 8 years old

	Attention	**Clarity**	**Repair**
Bogotá	30,75	33,37	29,62
Cartagena	11,5	14,37	12,75

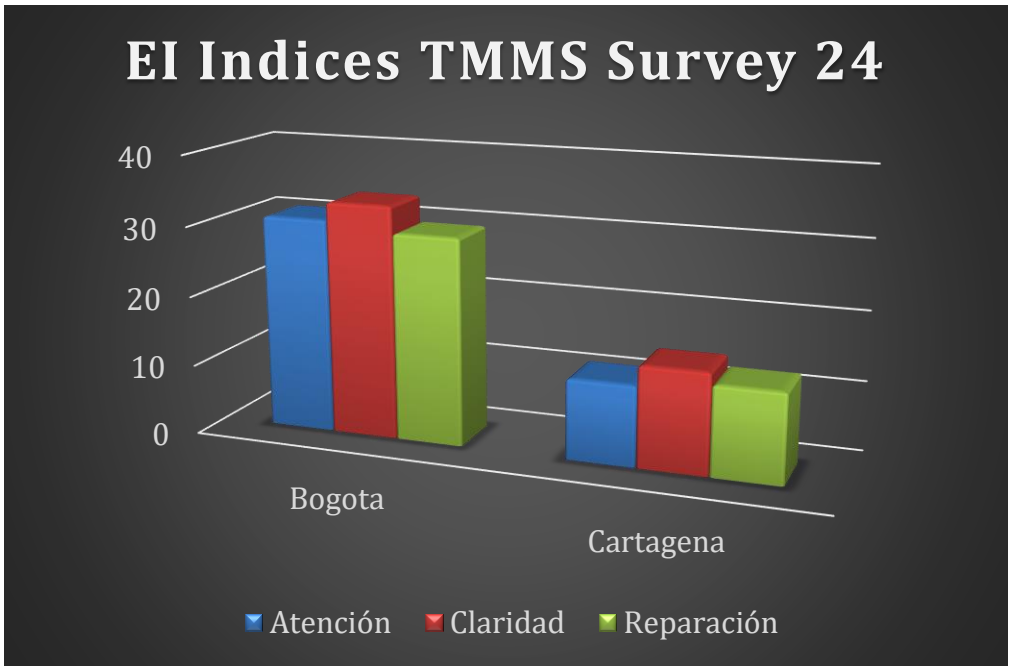
In relation to the table and graphs presented above, it is evident that in the city of Bogotá, with a percentage of 30.75, girls have an adequate attention to emotions; in the city of Cartagena, with a percentage of 11.5, both girls and boys show little attention to emotions and should improve their attention.

Likewise, the category of clarity mentions that in men an adequate clarity is found between 26 to 35 and between 24 to 34 in women for an adequate clarity regarding emotions, in the city of Bogota with a percentage of 33.37 it was shown that girls are found with adequate clarity, but with a tendency to excellent understanding of emotions. While in the city of Cartagena the percentage is 14.37, showing that both boys and girls need to improve their understanding of emotions.

Finally, regarding the repair of emotions for men there is an adequate repair with a score between 24 to 35 and for women with a score between 24 to 34, in this way, it is evident that for the city of Cartagena the percentage is 12.75 being very low the score and both boys and girls should improve their regulation, while in the city of Bogota the percentage is 29.62 being adequate the regulation of emotions for girls.

Figure 1

Emotional Intelligence Indexes: inter-city comparison of the results of the TMMS 24 survey adapted for boys and girls aged 6 to 8 years



On the other hand, taking into account the academic performance of the students, comparative tables are made to show the academic performance of the children in both Cartagena and Bogotá. It is important to mention that the school in Bogotá has a high quality certification, so the evaluation is made from 1 to 100 and is approved with 80, and in Cartagena it is made from 1 to 5 and is approved with 3.5, which is the basic.

Figure 2

Average grades of academic achievement in the city of Cartagena

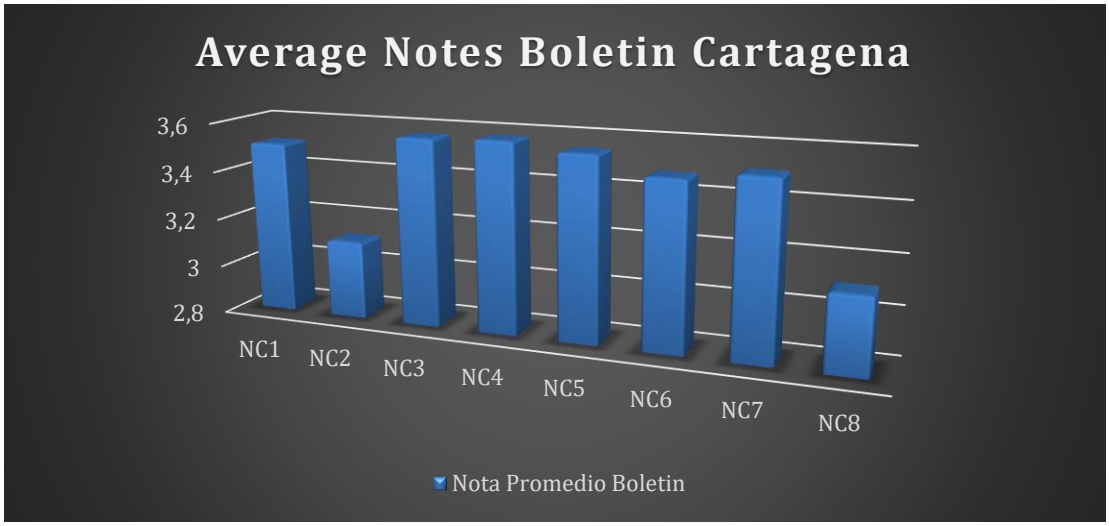


Figure 3

Average yield grades in the city of Bogota

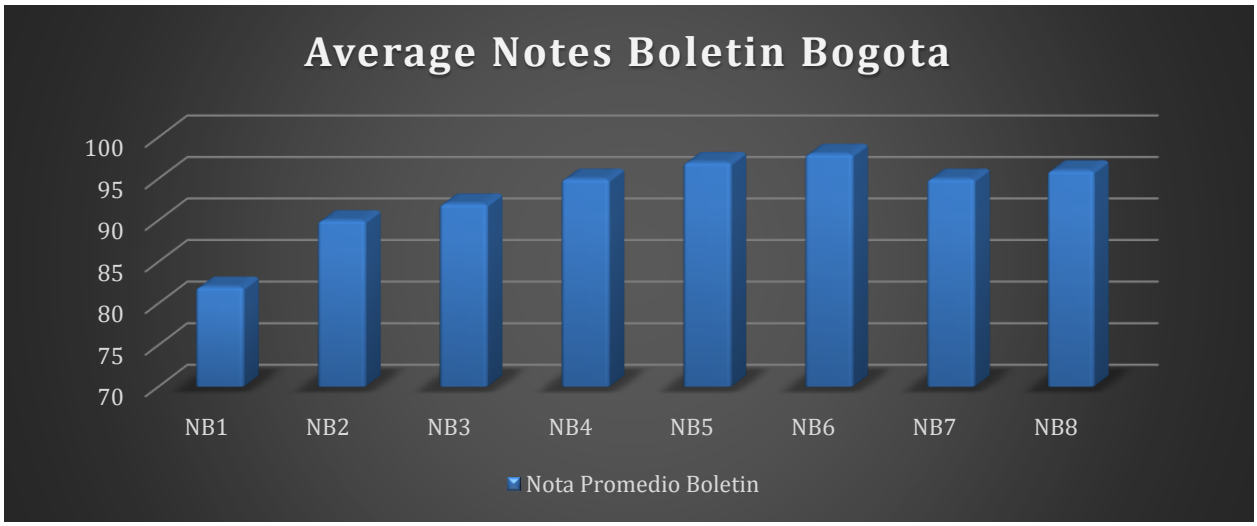


Figure 4

Comparison of grade point average between the two cities

After converting the grade value indexes to generate an equivalence in the averages, it is evident that in a rating scale from 0 to 5 in the city of Bogotá the average is 4.6, with a result of a higher level, while in the city of Cartagena the average is 3.4 with a result lower than basic, this taking into account the passing grade per city. In conclusion, academic performance reflects significant differences, an aspect related to the results of the emotional intelligence survey, where they are higher in the city of Bogotá.

Discussion and conclusions

Thus, it is evident that there are significant differences in the accounts of the interviewees from the cities of Cartagena and Bogotá, such as the conception of upbringing that is related to integral aspects of children in the city of Bogotá and focuses on respect, while in the city of Cartagena it is centered on manners, ignoring other important details such as the clarity and importance of family rules. On the other hand, the meaning and knowledge given to boundaries is similar in both cities. Thus, in the city of Bogotá it is evident that parenting practices are oriented towards positive and democratic parenting, while in the city of Cartagena they are oriented towards authoritarianism.

In relation to emotional intelligence the difference in their accounts is significant, since in Cartagena children's emotions are not taken into account, on the contrary, they become invisible to parents, while in Bogota emotion is given importance in its great majority, this being very positive for the control and regulation of emotions in girls.

From the analysis of the interviews with families in both cities and relating these results to the EI and academic performance indexes, it is evident that parenting practices have a great influence on the emotional intelligence and academic results of children, involving aspects such as culture, beliefs, geographic location, among others. For this reason, in the city of Cartagena, families often use physical punishment and tend to ignore the emotions of children and invalidate them with scolding. If this is related to the emotional intelligence indexes shown in the survey, it can be seen that they are low and that improvements should be made in the three categories proposed by the survey. Likewise, analyzing the academic performance, it is evident that it is below basic according to the qualifications of this city, so it can be inferred that parenting practices may have a significant influence on emotional intelligence and this in turn on the academic performance of children.

Likewise, it is evident that in the city of Bogotá they recognize emotions and try to manage and control them, do not usually use physical punishment to change undesired behaviors, and are interested in the physical and emotional needs of the girls. Relating this to the emotional intelligence indexes of the survey, it is evident that the average yields positive and adequate results for the three categories proposed by the survey, also the academic performance shows that it is at a higher level according to the school's own grading rubric, so it can be deduced again that parenting practices influence emotional intelligence and this is reflected in the academic performance of the girls.

Based on the data analysis, it can also be concluded that there are other important aspects that directly influence parenting practices, such as geographic location, socioeconomic status, the demands of the school regarding education, the quality of emotional nurturing that parents provide to their children, the beliefs and educational level of the parents. It is also important to recognize that upbringing is based on example and if parents do not know their emotions and cannot regulate them, neither can they teach this to their children, and in this sense, it is necessary to educate families about emotional intelligence, upbringing practices and their role as parents in today's society.

To conclude, as proposed from the beginning of the research, the importance of emotional intelligence in people is evident, not only in the academic aspect but for various aspects of life in general, such as labor, social, family, among others. Therefore, it is perceived that the school can become a promoter of the strengthening of emotional intelligence, both in students and families, thus addressing a social and institutional problem.

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THE MODERATING EFFECT OF SEXUAL ORIENTATION ON GENDER AND ROMANTIC LOVE MYTHS

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Summary. Today, the myths of romantic love are still present when it comes to establishing expectations regarding love relationships, which has been seen to entail a series of risks associated with gender and, although to a lesser extent, sexual orientation (ambivalent sexism, LGBTIphobia...). The objective of this research was to analyze whether sexual orientation exerts a moderating role on the relationship between gender and the internalization of these myths, as well as to know whether gender and sexual orientation influence their assimilation. A sample of 435 young adults between 18 and 35 years of age living in Spain was obtained. They responded to a questionnaire that included the aforementioned sociodemographic variables and the Romantic Love Myths Scale (RMLS). The results showed a moderating effect of sexual orientation on the relationship between gender and myth internalization. On the other hand, a significant correlation was observed between the latter two variables. It was also observed that men expressed significantly more myths than the other genders. Likewise, heterosexuals had significantly higher scores than bisexuals, and homosexuals had significantly higher scores than bisexuals. Finally, it was observed that the scores of heterosexual men were significantly higher compared to those of heterosexual women, bisexual women, bisexual men, and bisexual non-binary people. These results can be used to propose actions to prevent and intervene in the elimination of these myths from the collective imagination.

Keywords: romantic love, romantic myths, socialization, gender differences, sexual orientation differences.

EL EFECTO MODERADOR DE LA ORIENTACIÓN SEXUAL ENTRE EL GÉNERO Y LOS MITOS DE AMOR ROMÁNTICO

Resumen. Hoy por hoy los mitos del amor romántico continúan presentes a la hora de establecer expectativas respecto a las relaciones amorosas, lo cual se ha visto que entraña una serie de riesgos asociados al género y, aunque en menor medida, a la orientación sexual (sexismo ambivalente, LGBTIfobia…). El objetivo de esta investigación fue analizar si la orientación sexual ejerce un papel moderador sobre la relación entre el género y la interiorización de estos mitos, así como conocer si el género y la orientación sexual influyen en su asimilación. Se obtuvo una muestra de 435 personas jóvenesadultas residentes en España de entre 18 y 35 años. Estas respondieron a un cuestionario que incluía las variables sociodemográficas mencionadas y la Escala de Mitos de Amor Romántico (SMLR). Los resultados mostraron un efecto moderador por parte de la orientación sexual en la relación entre género e interiorización de mitos. Por otra parte, se observó una correlación significativa entre estas últimas dos

variables. También se observó que los hombres manifestaron significativamente más mitos que el resto de géneros. Asimismo, las personas heterosexuales presentaron puntuaciones significativamente mayores en comparación a las bisexuales; y a su vez, las personas homosexuales obtuvieron puntuaciones significativamente mayores que el colectivo bisexual. Por último, se observó que las puntuaciones de los hombres heterosexuales fueron significativamente más altas en comparación con las de las mujeres heterosexuales, mujeres bisexuales, hombres bisexuales y personas no binarias bisexuales. Estos resultados pueden servir para plantear llevar a cabo actuaciones que prevengan e intervengan sobre la eliminación de estos mitos del imaginario colectivo.

Palabras clave: amor romántico, mitos románticos, socialización, diferencias de género, diferencias de orientación sexual.

Introduction

Love, widely studied by numerous disciplines over the decades, has evolved in its conception. It is a social construct that is influenced by the historical and cultural context in which it is situated, varying both its meaning and its implications (Bonilla and Rivas, 2018; Fernández et al., 2019; Resurrección and Córdoba, 2019). In other words, it is a multidimensional phenomenon that depends on numerous agents (Bonilla and Rivas, 2018).

Countless authors have tried to construct a theoretical approach, but there are two dominant frameworks in the literature. On the one hand, Lee (1973, cited in Fernández et al., 2021) speaks of 6 archetypes that make up love. There are the three main ones: Eros (passionate romantic love), Ludus (love as play) and Storge (companionate love); and the three secondary: Pragma (practical love, composed of Ludus and Storge), Mania (possessive love, composed of Eros and Ludus) and Agape (altruistic love, composed of Eros and Storge) (Resurrection and Cordoba, 2019). On the other hand, there is a more recent theory by Stenberg (1986, cited in Fernández et al., 2021): the Triangular Theory of Love. It suggests that love is compressed into three dimensions: intimacy, passion and commitment. The various combinations of these components give rise to the different forms of love such as empty love, fatuous love, consummate love... It can be seen that both theories coincide in that there is a style of love that is characterized by being intimate, passionate, irrational, euphoric, with an excessive focus on the other person... in addition to an important component of attraction (Fernández et al., 2021; Quintard, 2020). It is this ideology that today is accepted by a large part of society as a model for love relationships and from which a series of myths derive (Bonilla and Rivas, 2020; Resurrección and Córdoba, 2019).

Romantic love myths are defined as a set of socially shared and accepted biased and irrational beliefs about the supposed "true" nature of love (Bonilla, 2018; Bonilla et al., 2021; Bosch, Herrezuelo, & Ferrer, 2019; Carrascosa et al., 2019; Fernández et al., 2021). They are formulated as absolute and inflexible truths (Bonilla et al., 2021) that guide feelings, thoughts, interpretations and behaviors related to love (Bonilla and Rivas, 2020); a normative and legitimate way of relating to each other (Cubbels and Casamiglia, 2015). These arise in the West in the 19th century (Resurrección and Córdoba, 2019) with the purpose of imposing a specific model of loving relationship (Bonilla et al., 2021; Resurrección and Córdoba, 2019), consequently encouraging the rejection of any other model that departs from this norm (Bonilla and Rivas, 2020). Thus, these dictate that romantic love is to be monogamous, heterosexual (Bosch et al., 2019; Fernández et al., 2021; Thorne et al., 2019), patriarchal (Cubells and Casamiglia, 2015; Resurrección and Córdoba, 2019), and sexist (Thorne et al., 2019). In other words, these are the reflection of the confluence between the normative legacy of the cultural tradition and the socio-politico-economic conditions of the present day. All this, in addition to shaping the collective imaginary of Western culture with respect to love, exerts pressure for it to be digested (Bonilla and Rivas, 2020).

Many authors have collected the most common myths (Bonilla and Rivas, 2020; Fernández et al, 2021; Yela 2003, cited in Resurrección and Córdoba 2019): myth of the pairing or couple (having a partner is intrinsic to human nature, one cannot be completely happy without it; moreover, heterosexual monogamy is the natural and universal type of relationship); myth of the better half (the partner we choose was predestined, so there is a strong emotional dependence and a great effort is made because the relationship continues despite the difficulties); myth of eternal passion (the passion of the beginning has to last during

the myth of free will (our feelings are not influenced by biological, cultural or social factors); the myth of omnipotence (love can handle everything and is enough to solve problems and justify behavior); the myth of equivalence (love (feeling) and falling in love (passing state) are the same thing); myth of fidelity (passionate and romantic desires can only be satisfied with a partner); myth of exclusivity (one cannot love more than one person at the same time); myth of jealousy (it is an indispensable requirement to demonstrate that one really loves the other person and is used to justify repressive and selfish behaviors) and myth of marriage (love has to lead to stable union or cohabitation through marriage). However, authors such as Bonilla and Rivas (2020) add others, such as the myth of abnegation (love implies unconditional surrender, having to make sacrifices and prioritize the well-being of the other person) or the myth of ambivalence or love-violence compatibility (love and abuse are compatible in a couple relationship). Different studies conducted in Spain support that the most common are those referring to eternal passion (Bonilla et al., 2021), jealousy, omnipotence and the better half (Bonilla and Rivas, 2018; Bonilla et al., 2021; Ruiz et al., 2021).

The presence of these ideas has been studied especially in adolescents, as this is a stage that is usually accompanied by the exploration of romantic relationships and, with it, the construction of the representation of love (Bisquert et al., 2019; Masanet and Dhaenens, 2019). It has been investigated both worldwide and in Spanish resident population (Bisquert et al., 2019; Bonilla and Rivas, 2018; Bonilla et al., 2021; Bosch et al., 2019; Fernandez et al., 2021; Masanet and Dhaenens, 2019; Thorne et al., 2021). However, several studies speak of the validity of this discourse in the general population (Bonilla and Rivas, 2018), and more specifically in the adult population (Rodríguez et al., 2013); despite the fact that it decreases with age according to some authors (Fernández et al., 2021). Even so, this presence is not surprising given the culture in which today's young adult population has developed. A clear example is the entertainment industry (Resurrección and Córdoba, 2019). This was based (and continues to be partly based) on television series such as "Física o química" (among others, but this was very relevant at the time) (Fernández et al., 2021; Masanet and Dhaenens, 2019), movies or books (Fernández et al., 2021; Masanet and Dhaenens, 2019; Resurrección and Córdoba, 2019) where love models that reproduce the romantic ideal coated with fantasy are exhibited (Resurrección and Córdoba, 2019). In addition to this, new technologies provide easy access and communication facilities to the exposure of certain content that also leads to inappropriate models, such as pornography (Bonilla et al., 2021). All of these influences may have created (and continue to do so) unrealistic expectations about what a couple is to be like (Bosch et al., 2019; Fernandez et al., 2021). Although research has been conducted in Spain where this young adult population is covered (Bosch et al., 2019; Cubbels and Casamiglia, 2015; Fernandez et al., 2021), these also include adolescents or make use of ad hoc questionnaires. Therefore, it would be relevant to evaluate this part of the population specifically and thus verify the presence of these myths by means of a quantitative and validated instrument.

Thus, these myths carry significant risk in multiple areas (Bonilla, 2018). One of the most examined conditions is their gendered internalization (Bosch et al., 2019; Calvo, 2017; De Meyer et al., 2017; Fernández et al., 2021; Tenorio, 2012), as most studies have found differences between women and men in the acceptance of these myths (Bonilla and Rivas, 2018; Rodríguez et al., 2013;

Rodríguez et al., 2015); therefore, their experience is not neutral (Bonilla and Rivas, 2020). Research points out that men have a greater distortion of romantic love with respect to women, both in adolescent and adult populations (Bonilla & Rivas, 2018; Bonilla & Rivas, 2021; Fernández et al., 2021). They have also been observed in samples such as that of Bonilla et al. (2021) the differences between the two. These point out that men present higher scores in the myth of the compatibility of love with violence (Bisquert et al., 2019; Resurrección and Córdoba, 2021), jealousy and matching (Bisquert et al., 2019); while women do so in the myth of the better half, the omnipotence of love (Bisquert et al., 2019; Resurrección and Córdoba, 2021) and eternal passion. All of these are compatible with this acceptance of intimate partner violence (Resurrección and Córdoba, 2021).

This last fact is relevant, since several studies support the fact that these myths configure a substantial symbolic mechanism that, in an invisible and prolonged manner, produces and reproduces the power relations traditionally constructed by patriarchal societies (Bonilla and Rivas, 2020). Since love is a social construct, it is not inherent to the differential socialization still in place that gives rise to inequalities between men and women (Bosch et al., 2019; Resurrección and Córdoba, 2021). This leads to making people specifically and naturalized, but mostly implicitly, into men or women, both socially and individually. It implies a subordinate gender identity for women (Bosch et al., 2019; Resurrección and Córdoba, 2021) and a dominance role for men (Bonilla et al., 2021; Carbonell et al., 2021; Resurrección and Córdoba, 2021); and it is that romantic love myths have been found to be related to ambivalent sexism (Bonilla and Rivas, 2018; Bonilla and Rivas, 2020; Fernández et al., 2019; Resurrección and Córdoba, 2021). This concept allows us to see the coexistence of benevolent (subtle) and hostile (overt) attitudes directed towards women (Bonilla et al., 2021), entering into this second category the appearance and/or maintenance of intimate partner violence by justifying and condoning behaviors produced by an impossible relationship model (Bonilla and Rivas, 2019; Bonilla and Rivas, 2020; Cubells and Casamiglia, 2015; Fernández et al., 2021; Resurrección and Córdoba, 2021; Víllora et al., 2019). However, the literature seems to be limited to the analysis of this linkage from a binary gender perspective. According to the report "Youth in Spain", prepared by the National Youth Institute, one in four young people in Spain does not identify, or at least not strictly, with the female or male category (Ministry of Social Rights and Agenda 2030, 2020). Therefore, it is important to include people from the entire gender spectrum in order to have an accurate representation of the population to be investigated.

The possible relationship of sexual orientation with the assimilation of these myths has also been studied, although to a lesser extent. The research by Thorne et al. (2021), which reviewed four studies, observed in which contexts the participants, depending on their sexual orientation, did not conceptualize romantic love as heterosexual. The results showed that although heterosexuals, unlike homosexuals and bisexuals (LG and B from now on), were able to link the characteristics of romantic love to different partner models independently of their gender (in fact, some declined to remain in the study when asked to conceive of this; moreover, they had to make an effort to take all models into account), under certain conditions they did show a tendency to attach different love concepts to specific sexual orientations. In fact, these participants were the first

whose conception of love coincided with that which was proper to their sexual orientation.

These results show that the degree to which heterosexuality is established as the default norm for romantic relationships may be influenced by belonging to this sexual orientation (Thorne et al., 2019; Thorne et al., 2021). As noted, the current model of love dictates that love must be a certain way. It has been observed that the "norm" of heterosexuality could be mediated by this factor, but it seems that the different conditions of this sociodemographic variable can explain a large part of the construction of this love scheme. For example, studies such as those by Rubin et al. (2014) or Sizemore and Olmstead (2018) found that sexual minority individuals showed greater openness to having consensual nonmonogamous relationships. These sexist beliefs have not been explored much in LGB people. However, a study conducted with nearly twenty thousand participants showed that heterosexual people showed significantly higher levels of both benevolent and hostile sexism compared to LG people, with the latter also scoring significantly higher than B people (Cowie et al., 2019). And as already referred to, the greater the acceptance of myths, the greater the sexism (Rodriguez et al., 2013; Rodriguez et al. 2015). However, the differences between G and L persons were not explored, nor does it appear to have been done in the literature.

Despite the scarce literature, it does point out that the greater the acceptance of these normative concepts of heterosexuality, monogamy, sexism, etc., the greater the internalization of the romantic love model that supports them. Differences are observed not only between LGB and heterosexual groups, but also between the four sexual orientations. However, as with people of non-binary gender, the literature has not contemplated the inclusion of asexual people in its samples, again leaving out a part of the general population. Thus, inclusion of this condition is necessary, as it is yet another sexual orientation (Gupta, 2018; Hille et al., 2019).

In summary, the literature supports that this discourse continues to be very present in the younger generations with the consequent negative effects that it entails. This has largely demonstrated the relationship between myth assimilation and (binary) gender, but sexual orientation could play a moderating role in this relationship. In Spain there are several programs for adolescents and adult women that try to banish these myths (Resurrección and Córdoba, 2019), but the role that the young adult generation can play in the reproduction and maintenance of their consequences is noteworthy. At this stage, the foundations of the love scheme continue to be built. It is experienced through the establishment of different relationships that are maintained for one time or another, that change their conditions, that end... without forgetting that in many cases there is also the conception and education of future generations. Moreover, love is important in people's lives, and a very powerful phenomenon. Neuropsychological studies with neuroimaging have demonstrated the linkage of romantic love with the activation of the reward and motivation areas of the brain, and it is well known that these systems have a great influence on people's thoughts and social life (Quintard et al., 2020). Therefore, an investigation of this young adult population is proposed to verify whether these irrational beliefs are present in a significant way according to certain sociodemographic characteristics. The purpose is to determine the target population to which prevention and intervention programs should be directed.

Therefore, the main objective of the present research is to analyze the role of sexual orientation as a moderating variable between gender and the internalization of romantic love myths in young adults (18-35 years old) living in Spain. However, we also study: a) whether there is a correlation between gender and the presence of romantic love myths; b) the specific differences with respect to this assimilation to a greater or lesser extent depending on the gender and sexual orientation of the person. The presence of these myths in non-binary gender and asexual people is also explored.

The following hypotheses (H from now on) are put forward:

H1: Sexual orientation significantly moderates the relationship between gender and the internalization of romantic love myths.

H2: Gender will significantly predict the internalization of romantic love myths.

H3: Men will present significantly more romantic love myths than women.

H4: Heterosexual people will show significantly more romantic love myths than LGBA people.

H5: Heterosexual men will present significantly more romantic love myths than the rest.

H6: LG people will show significantly more romantic love myths than B people.

H7: G men will present significantly more romantic love myths than L women.

Method

Design

This is an exploratory type of research, with a mixed methodology. It is of observational type with a cross-sectional study.

Participants

The sample is made up of 435 people. Data were collected through nonrandom snowball sampling in the general population. The requirements to participate in the study were to be between 18 and 35 years of age and to reside in Spain. Of the total number of participants, 303 (69.7%) are women, 120 (27.6%) are men and 12 (2.8%) are women non-binary people. In addition, 231 (53.1%) are heterosexuals, 150 (34.5%) are heterosexuals, and 150 (34.5%) are heterosexuals
bisexuals, 37 (8.5%) homosexuals and 17 (3.9%) asexuals. Both sociodemographic variables are represented in Figure 1 and summarized in Table 1
1. All individuals participated on a voluntary basis and did not receive any type of compensation.

Figure 1

Sample distribution

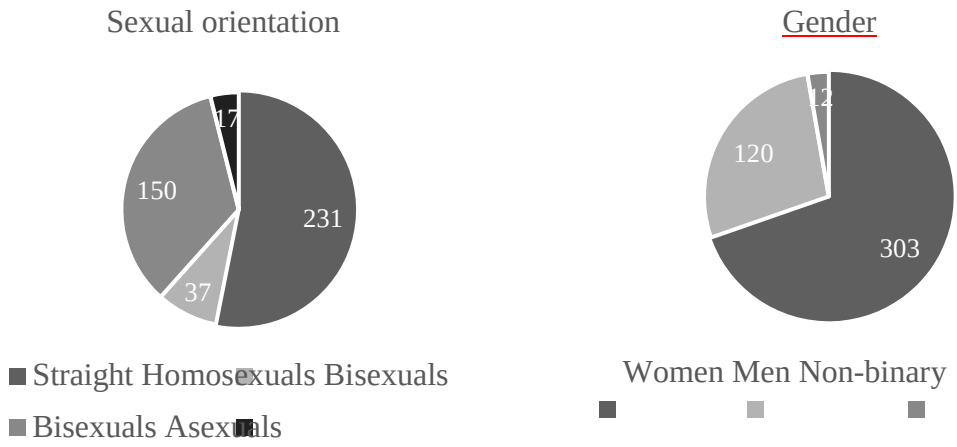

Table 1

Sociodemographic characteristics of the sample

Genre	Sexual Orientation	Media	Standard deviation	N
Woman	Straight	19,44	5,32	160
	Homosexual	21,71	6,22	17
	Bisexual	17,98	4,59	117
	Asexual	18,44	4,25	9
	Total	18,97	5,15	303
Man	Straight	24,58	5,48	71
	Homosexual	21,35	6,83	20
	Bisexual	19,31	5,59	26
	Asexual	20,00	3,61	3
	Total	22,78	6,08	120
Non-binary	Bisexual	17,43	5,00	7
	Asexual	19,00	7,04	5
	Total	18,08	5,68	12
Total	Straight	21,02	5,86	231
	Homosexual	21,51	6,47	37
	Bisexual	18,19	4,79	150
	Asexual	18,88	4,83	17
	Total	20,00	5,69	435

Instrument

The Romantic Love Myths Scale (RMLS) is composed of 11 items that measure the acceptance of romantic love myths. It has a Likert-type response format with 5 alternatives (1, completely disagree; 2, disagree; 3, neither agree nor disagree; 4, agree; and 5, completely agree) and its application is individual. All items have a direct relationship, so higher scores imply a higher level of agreement. The myths can be measured independently based on their indicators or jointly through the total score, with a maximum score of 55. The scale has shown adequate reliability indices, with a Cronbach's alpha above ,70 (Bonilla and Rivas, 2020; Bonilla and Rivas, 2021).

Procedure and variables studied

Dissemination of the ad hoc questionnaire was carried out on social networks*(Whatsapp, Instagram* and *Twitter* specifically) through *Google Forms,* using snowball sampling. This questionnaire included: an informed consent that protected the rights and privacy, as well as voluntary participation, anonymity of response and confidentiality of the information provided by the participants; sociodemographic data of interest such as gender (predictor variable), sexual orientation (moderator variable) and age (the latter for the sole purpose of avoiding the filtration of subjects who do not fall within the target age range); and the SMLR scale (dependent variable).

Data analysis

Data analysis was carried out using the *IBM SPSS Statistics 22*statistical software. First, the basic descriptive statistics (mean, standard deviation, variance, skewness and kurtosis) were obtained. Similarly, tests were performed to check the normality assumption and the homoscedasticity assumption.

A Correlation Analysis (Spearman's Rho) was then performed to examine the association between the predictor and dependent variable. An Analysis of Variance was then performed to evaluate the differences of the predictor and moderator variable on the dependent variable, both together and separately. A post-hoc test was also carried out to verify the relevant comparisons. Bonferroni was also obtained to test whether these differences were significant.

Finally, Regression Analysis was performed to test the moderation relationship for the dependent variable, as well as a separate analysis of the effect of each variable. This was carried out using the *Process*program.

Results

Regarding the descriptive statistics (Table 5), as can be seen, the skewness coefficients show positive skewness, being specifically high in the case of gender (<1.00). Therefore, there are mostly low scores. At the same time, the kurtosis coefficients indicate a high skewness in gender and SMLR (leptokurtic distribution), while the distribution of sexual orientation is very flat (platykurtic distribution). This implies that the normal distribution of the variables cannot be assumed. However, the coefficients of the Kolmogorov-Smirnov normality test (Tables 2 and 3) specifically indicate that all of these tests were performed in the same way

the variable categories have a normal distribution except for women (p<.001), heterosexuals (p=.20) and bisexuals (p=.20). On the other hand, Levene's statistic (Table 4) indicates that the homoscedasticity assumption is met (p=.30).

Table 2

Normality test for sexual orientation

	Kolmogorov-Smirnov			
	Sexual Orientation	Statistician	gl	Sig.
SMLR	Straight	,09	231	,00***
	Homosexual	,07	37	,20
	Bisexual	,12	150	,00***
	Asexual	,10	17	,20

Note. *p < 0.05, **p < 0.01, ***p < 0.001.

Table 3

Normality test for gender

	Kolmogorov-Smirnov			
	Genre	Statistician	gl	Sig.
SMLR	Woman	,11	303	,00***
	Man	,08	120	,06
	Non-binary	,18	12	,20

Note. *p < 0.05, **p < 0.01, ***p < 0.001.

Table 4

Homogeneity of variances test

SMLR			
Levene's statistic	df1	df2	Sig.
1,188	9	425	,30

Note. *p < 0.05, **p < 0.01, ***p < 0.001.

Table 5

Descriptive statistics of the variables

	N	Media	Standard deviation	Variance	Asymmetry		Kurtosis	
	Statistician	Statistician	Statistician	Statistician	Statistician	Standard error	Statistician	Standard error
SMLR	435	20,00	5,69	32,36	,67	,12	,06	,23
Sexual Orientation	435	1,89	1,01	1,02	,45	,12	-1,44	,23
Genre	435	1,33	0,53	,28	1,28	,12	,65	,23
N valid (per list)	435							

Correlation Analysis (Table 6), from Spearman's correlation coefficient, indicates a positive, although weak, association between gender and romantic love myths (ρ=.25, p<.001).

Table 6

Correlation analysis between gender and SMLR

			Genre	SMLR
Rho of Spearman	Genre	Correlation coefficient	1,00	,26
		Sig. (bilateral)	.	,00***
		N	435	435
	SMLR	Correlation coefficient	,26	1,00
		Sig. (bilateral)	,00***	.
		N	435	435

Note. *p < 0.05, **p < 0.01, ***p < 0.001.

Regarding the Analysis of Variance, the Bonferroni correction (Table 7) indicates that both the differences in the different genders (F=21.89, p<.001) and sexual orientations (F=21.90, p<..001) as well as in the combination of both variables that form groups representing the ten possible conditions of the participants (F=9.12, p<.001) are statistically significant.

Table 7

Bonferroni correction between groups

	Sum of squares	gl	Root mean square	F	Sig.
Between groups	2185,78	9	242,86	8,70	,00***
Within groups	11860,22	425	27,91		
Total	14046,00	434			

Note. *p < 0.05, **p < 0.01, ***p < 0.001

Thus, analyzing the variables separately, it is seen that first (Table 8) that men (X=21.31) obtained higher scores on the SMLR than women (X=19.39), and these in turn showed higher scores than those of non-binary persons (X=18.21). Regarding sexual orientation (Table 9), the results indicate that heterosexuals (X=22.01) have higher scores on the SMLR than homosexuals (X=21.53), asexuals (X=19.15) and bisexuals (X=18.24). However, these mean differences were only significant for men with respect to women (p<.001) in the case of gender, and for heterosexuals with respect to bisexuals (p<.001), and for the latter in comparison to homosexuals (p=.03). Relative to the mean scores obtained in the ten resulting groups (Table 1) the following scores on the SMLR are observed in order from highest to lowest: heterosexual men (X=24.58), homosexual women (X= 21.71), homosexual men (X=21.35), asexual men (X=20), heterosexual women (X=19.44), bisexual men (X=19.31), asexual non-binary people (X=19), asexual women (X=18.44), bisexual women (X=19.31) and bisexual non-binary people (X=17.43). In relation to

a differences in scores between the different groups were only statistically significant for heterosexual men compared to heterosexual women (p<.001), bisexual women (p<.001), bisexual men (p=.001) and bisexual non-binary people (p=.03).

Table 8

Average scores by gender

Genre	Media	Standard error	Lower limit	Upper limit
Woman	19,39	,57	18,28	20,51
Man	21,31	,87	19,60	23,02
Non-binary	18,21	1,55	15,17	21,25

Table 9

Mean scores by sexual orientation

Sexual Orientation	Media	Standard error	Lower limit	Upper limit
Straight	22,01	,38	21,27	22,75
Homosexual	21,53	,87	19,82	23,24
Bisexual	18,24	,77	16,73	19,75
Asexual	19,15	1,41	16,37	21,93

Table 10

Post hoc test for multiple comparisons in gender

(I) Gender	(J) Gender	Difference of means (I-J)	Standard error	Sig.	Lower limit	Upper limit
Woman	Man	-3,81	,63	,00***	-5,33	-2,29
	Non-binary	,89	1,67	,94	-3,74	5,52
Man	Woman	3,81	,63	,00***	2,29	5,33
	Non-binary	4,70	1,73	,05	-,01	9,41
Non-binary	Woman	-,89	1,67	,94	-5,52	3,74
	Men	-4,70	1,73	,05	-9,41	,01

Note. *p < 0.05, **p < 0.01, ***p < 0.001

Table 11
Post hoc test for multiple comparisons in sexual orientation

(I) Sexual orientation	(J) Sexual orientation	Difference of means (I-J)	Standard error	Sig.	Lower limit	Upper limit
Straight	Homosexual	-,50	1,13	1,00	-3,61	2,61
	Bisexual	2,83	,55	,00***	1,38	4,28
	Asexual	2,14	1,23	,47	-1,47	5,74
Homosexual	Straight	,50	1,13	1,00	-2,61	3,61
	Bisexual	3,33	1,13	,03*	,21	6,44
	Asexual	2,63	1,58	,483	-1,74	7,01
Bisexual	Straight	-2,83	,55	,00***	-4,28	-1,38
	Homosexual	-3,33	1,13	,03*	-6,44	-,21
	Asexual	-,70	1,24	,99	-4,31	2,92
Asexual	Straight	-2,13	1,23	,47	-5,74	1,47
	Homosexual	-2,63	1,58	,48	-7,01	1,74
	Bisexual	,70	1,24	,99	-2,92	4,31

Note. *p < 0.05, **p < 0.01, ***p < 0.001º.

Finally, the Regression Analysis (Table 11) shows, on the one hand, significant values in the interaction between the independent and moderator variable (β= -1.76, p<.001), indicating the presence of a moderation effect. Thus, sexual orientation interferes with the effect of gender on the internalization of romantic love myths. On the other hand, this analysis also supports that gender significantly influences a higher score on the SMLR (β= 6.42, p<.001), coinciding with previous results. It also reveals that sexual orientation alone would not explain it (β= 1.11, p=.08).

Table 12

Regression analysis: effects of variables and moderation of these variables on the SMLR.

	β	t	Sig.	LLCI	ULCI
Genre	6,42	5,97	,00***	4,31	8,53
Sexual Orientation	1,11	1,73	,08	-,15	2,36
Interaction between gender and orientation sexual	-1,76	-4,08	,00***	-2,61	-,91

Note. *p < 0.05, **p < 0.01, ***p < 0.001

Discussion and conclusions

The present research had one main objective and two secondary objectives. First, to analyze whether sexual orientation plays a moderating role between gender and the internalization of romantic love myths in young adults. Secondly, to check if there is a correlation between gender and the presence of myths, and the differences according to gender and sexual orientation when it comes to having myths to a greater or lesser extent. In accordance with these objectives, different hypotheses were proposed and will be contrasted below.

First, the data confirm H1. As mentioned above, the study of the possible direct effect of sexual orientation on myths has been practically nil. However, there are numerous investigations that speak of this sociodemographic variable giving rise to differences in various aspects of people's lives; specifically in this field, its influence has been observed in the formation of ideas and/or behaviors that favor the emergence and maintenance of these myths (such as the rejection of consensual non-monogamous relationships or of sexism) (Rubin et al., 2014; Sizemore and Olmstead, 2018). After all, love is a social construct that stems directly from differential socialization. Thus, the research shows that sexual orientation exerts a moderating effect on the relationship between gender and myth assimilation.

H2 had indeed been previously verified by other research (Bonilla and Rivas, 2018; Rodriguez et al., 2013; Rodriguez et al., 2015), and this study has been no less by endorsing the strong genericization of this phenomenon. Thus, it can be observed how these myths are constructed based on the roles of

gender and therefore the socialization of people influences the acquisition of these to a greater or lesser extent (Bonilla and Rivas, 2018). In addition, this research includes the non-binary population, which has not been previously studied and which, therefore, gains in representativeness with respect to the general population.

The H3 is also confirmed. This assumption has also been, like the previous one, tested by some research with adolescent and adult population with Spanish sample (Bonilla and Rivas, 2018; Bonilla and Rivas, 2021; Fernández et al., 2021; Martínez and Paterna, 2013). However, there is hardly any literature on the young adult population in particular, so this is an appreciable finding in this field. Thus, this fact implies a greater normalization of the maintenance of the so-called masculine ideology in men, and, therefore, the denial of the difference between genders and the consequent inequality in couples (Bisquert et al., 2019). This ideology is based on a set of masculine standards that are defined based on norms related to toughness, achieving status and anti-femininity (Martinez and Paterna, 2013). There are so many other forms of masculinity, only this one is treated as hegemonic. Thus, it requires consecutively seeking validation of manhood, because otherwise one runs the risk of being considered "less of a man". This is why many men upon seeing their gender identity threatened turn to this traditional model as a form of response (Scaptura and Boyle, 2019). This same reaction would also be contributed to by feminist movements and the gender equality revolution (Bisquert et al., 2019; Martinez and Paterna, 2013), which, being contrary to the aforementioned values, would generate greater resistance from them (Farci and Righetti, 2019; Scaptura and Boyle, 2019). The result of this is called neosexism, which evidences the conflict of assuming the theoretical implications of equality and rejecting its practical application for fear of changing the status quo. In this way, male dominance can continue to be used (Martínez and Paterna, 2013). The same is supported by the studies of Bonilla and Rivas (2020) directly in the field of study, as they add the myth of love-violence compatibility and find that it is greater in men; or as the numerous studies that evidence a greater presence in these of myths such as jealousy that are directly related to behaviors of power, control and domination over women (Bisquert et al., 2019).

H4 is partially confirmed. This result is in agreement with the literature (Thorne et al. 2021), but like other hypotheses this topic has not been investigated much. It is observed that in the heterosexual group the internalization of myths is significant only in comparison to the bisexual group. One of the characteristics of romantic love is that it is heterosexual (Bosch et al., 2019; Fernández et al., 2021; Thorne et al., 2019), which is why the most basic explanation may be that people have more internalized a model that according to society represents them. Evidence shows that this collective has a greater rejection (compared to the LGBA collective) towards those values, attitudes or behaviors incompatible with the myths, such as non-monogamy or gender equality (Rubin et al., 2014; Sizemore and Olmstead, 2018). Furthermore, this same fact also occurred in the study by Thorne et al. (2021). Likewise, the opposing groups are faced with a society that considers that any relationship that transgresses this model is "unnatural", "exceptional" and "not ideal"; it would not be surprising then that the LGBA group shows a greater rejection. The possible explanation for the non-significant differences with the L and G collective will be addressed in H6.

H5 is also partially confirmed. This comes from the association that, if within gender men are the ones who show more myths and within sexual orientation heterosexual people, the presence of both conditions could be summative. Thus, the results indicate that the differences were significant only in comparison with heterosexual women, bisexual women, bisexual men and bisexual non-binary people. The possible explanation for the non-significant difference with homosexual women and homosexual men will be further explored in H6. As for the rest of the groups, as has already been pointed out at the beginning of the research, there is no literature on the degree of presence of myths in non-binary and asexual people, but the explanation that could be given is the one used in the previous hypothesis; they are people who are outside the norm of this model, so it may be logical that they feel a greater rejection for it.

On the other hand, the H6 is confirmed. Studies speak of how the *queer* community has generated an "adaptation" of heteronormativity to part of the collective, so that it has come to create a policy that privileges those who are attracted to the same gender. This is called "homonormativity", and its values are consistent with heteronormativity, as there is gender conformity, monogamy and family orientation. Bisexual people would be left out as there is no preference for one gender or the other, as it is seen as a combination of "instability" and "confusion" (Pollit et al., 2019), characteristics that do not fit the norm. It is known that because of this fact the collective suffers greater discrimination than other sexual minorities, both by the LGBT community itself and by the heterosexual (Arriaga and Parent, 2019; Bridge et al., 2019). Therefore, it can be theorized that LG people may have more romantic love myths than bisexual people by belonging to a norm whose values coincide with the general social pattern; and therefore, this in turn with the romantic love model (Bosch et al., 2019; Fernandez et al., 2021; Thorne et al., 2019).

The H7 has not been accepted. This hypothesis was put into play given that there is no literature exploring the differences between L and G individuals. However, as noted above men tend to have more myths than women, then it could be expected that this would be repeated when comparing these two groups (Bonilla and Rivas, 2018; Fernandez et al., 2021; Martinez and Paterna, 2013). However, the data reveal that the differences are minimal. Therefore, the only thing that could be concluded is that in this case gender would not have as much weight as sexual orientation.

On another front, this research has given rise to a number of theoretical and practical implications. Firstly, at a theoretical level it is relevant (in the absence of specific or recent research) to have obtained data regarding the presence of these myths in the general young adult population residing in Spain and, therefore, their expectations regarding romantic relationships. On the other hand, the influence of sexual orientation on the internalization of these myths has been explored for the first time (at least directly). We have also included representation of the non-binary and asexual population that is so rarely considered in general population studies. We have also made use of a tool that is showing promising results in measuring the internalization of these myths. Finally, further evidence has been provided regarding the influence of differential socialization and, consequently, the presence that the associated traditional values still maintain today. Secondly, at the practical level, the

the results warn of the need to develop programs that have an impact on the elimination of this conception of romantic love, since it has been shown that these beliefs are maintained in adulthood and the specific groups on which action must be taken have also been identified. In Spain, actions aimed at adolescents and women who have suffered gender violence have already been carried out (Resurrección and Córdoba, 2019), but it would be interesting to be able to also create both prevention and intervention campaigns aimed at preventing the appearance of the problem, so that action is not only taken when it already exists. This of course requires a change in the foundations of the culture, but carrying out this type of actions could help this very thing.

In addition, the limitations of this research must be taken into account. First, there are those related to the sample itself. The participating subjects have shown, on the whole, few romantic love myths, which could have a double explanation. On the one hand, as the literature states, although these myths are maintained, they diminish with age (Fernández, 2021). On the other hand, the composition of the sample itself, almost 70% of which was made up of women, could call into question the representativeness of the sample. Regarding the presence of non-binary and asexual people in the sample, their representation in the general population seems to be adequate, but when compared with the rest of the groups, the size is too small. The same is true for several groups, to a greater or lesser extent, and this must be taken into account when interpreting the results. It should also be noted that although statistically insignificant, the differences between men and people of non-binary gender, and heterosexual men and asexual women were borderline ($p=.05$).

On the other hand, having been launched through social networks, there may be an overrepresentation of people who are more aware of the deconstruction of traditional gender roles given the great movement that exists through these media. Other biases should also be taken into account, such as social desirability or selection bias; since this is a research with voluntary participation, the data collected come from people who are willing to answer questionnaires and/or are aware of the cause. Also, with regard to this last bias, the survey is aimed at "persons residing in Spain", but it is not possible to control whether they have lived in the country for a long time, for a few months, or for years. Therefore, the possibility of cultural factors from another country or countries having an influence has also not been controlled for. In the same way, there may be many other variables that have not been controlled and that intervene (religion, social status, occupation, schooling...). However, the veracity of this is questioned by the fact that such a large sample size has been achieved, which has allowed this type of multivariate analysis to be performed.

Therefore, future research is urged to confirm these results by controlling for all these biases that may have affected the representation of the general population; to investigate further the factors that generate and maintain romantic love myths; to explore more about the role of sexual orientation in the internalization of these myths; and to study in greater depth the populations that we have tried to explore but have not succeeded in doing so.

In short, despite the reduction of romantic love myths in the young adult population compared to the adolescent population, their persistence continues to pose a risk when it comes to triggering thoughts and behaviors that hinder people's social interaction and even violence.

Given these results, it would be advisable to design and implement prevention and intervention programs in the relevant populations to progressively modify the deep-rooted cultural bases that drive these beliefs, but which are increasingly flexible. We can show the advantages of other models such as new masculinities, create an alternative socialization that allows gender equality, educate in sexual diversity... In short, create a structure that allows living in a more respectful and inclusive society with all the realities that compose it.

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PROMOTING POSITIVE PARENTING EDUCATION PRACTICE IN THE ANGOLAN CONTEXT

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Summary. From the point of view of its objectives, this is a descriptive research of an applied nature aiming to disclose a study developed in the municipality of Mbanza Kongo - Angola, which reflected on the promotion of the educational practice of positive parenting by parents and guardians, looking at the connection between parents and children and the contribution of the school-family in promoting parental exercise. The mixed qualitative and quantitative methodological approach was used, with the use of the *survey* procedure and the techniques of notebook, field observation, the tape recorder, and the interview. Forty-two individuals selected on appropriate criteria participated in the research. The main results indicate that the respondents know the concept of positive parenting, but its implementation is still a problem in families; socio-economic factors and the relational climate are pointed out as conditioning factors of parental exercise. This allowed the development of a set of psycho-educational actions aimed at parents responsible for the adolescent students of that school to promote these practices. Looking at the permanent dialog in the family structure and the school-family relationship, providing better learning for the student or child. Finally, it was stated that if parents have more information and basic knowledge in their daily lives about the roles and functions of parenting practices within families it is possible for them to refine their practices, their way of acting in the exercise of PEP+.

Keywords. Positive Parenting, educational practice, School-Family-Parent-Child relationship, Learning.

PROMOÇÃO DA PRÁTICA EDUCATIVA DA PARENTALIDADE POSITIVA EM CONTEXTO ANGOLANO

Resumo. Do ponto de vista de seus objectivos, é uma pesquisa descritiva de natureza aplicada objectivando em divulgar um estudo desenvolvido no município de Mbanza Kongo – Angola, o qual reflectiu sobre a promoção da prática educativa da parentalidade positiva dos pais e encarregados da educação, olhando a partir da conexão mantida entre pais-filhos e a contribuição da escola-família na promoção do exercício parental. Foi utilizado o enfoque metodológico misto qualitativo e quantitativo, com o uso do procedimento *survey* e as técnicas de caderno de notação, observação do campo, o aparelho gravador e a entrevista. Participaram da pesquisa 42 indivíduos seleccionados em critérios apropriados. Os principais resultados apontam que os inqueridos conhecem o conceito parentalidade positiva, mas a sua execução é ainda problema nas famílias; os factores socioeconómicos e o clima relacional são apontados como condicionantes do exercício parental. Com isso, permitiu a elaboração de um conjunto de acções psicoeducativas dirigidas aos pais encarregados da educação dos alunos adolescentes da referida escola para promover estas práticas. Olhando o diálogo permanente na estrutura

familiar e a relação escola-família, proporcionando melhor aprendizado ao educando ou filho. Por último, afirmou-se que se os pais tiverem mais informações e conhecimentos básicos no seu quotidiano sobre papéis e funções das práticas parentais dentro das famílias, é possível os mesmos esmerarem suas práticas, sua forma de actuação no exercício da PEP+.

Palavras chave. Parentalidade Positiva, prática educativa, relação Escola-FamíliaPais-Filhos, Aprendizagem.

Promotion of Positive Parenting Educational Practice in an Angolan Context

Abstract. From the point of view of its objectives, it is a descriptive research of an applied nature aimed at disseminating a study developed in the municipality of Mbanza Kongo - Angola, which reflected on the promotion of the educational practice of positive parenting by parents and guardians, looking at the from the connection maintained between parents-children and the contribution of the school-family in the promotion of parental exercise. A mixed qualitative and quantitative methodological approach was used, with the use of the survey procedure and the techniques of notation notebook, field observation, the recording device and the interview. Forty-two individuals selected according to appropriate criteria participated in the research. The main results point out that respondents know the concept of positive parenting, but its implementation is still a problem in families; the socio-economic factors and the relational climate are conditioning factors of parental exercise. With that, it allowed the elaboration of a set of psychoeducational actions directed to the parents in charge of the education of the adolescent pupils of the referred school to promote these practices. Looking at the permanent dialogue in the family structure and the school-family relationship, providing better learning to the student or child. Finally, it was stated that if parents have more information and basic knowledge in their daily lives about roles and functions of parenting practices within families, it is possible for them to improve their practices, their way of acting in the exercise of PEP+.

Keywords. Positive Parenting, educational practice, school-Family Relationship, parents-Children, learning.

Introduction

This report addresses the issue of promoting the educational practice of positive parenting (PPEP+) in the specific context, being a permanent activity exercised by parents within the family system. This also includes a set of functions and roles played by responsible parents in the education and care of their children, to provide a good socio-affective and cognitive development of children in families.

The document aims to present and divulge a study produced in the specific context of Angola, on which reflected on parenting practices. With the results obtained, a set of psycho-educational actions is designed to promote the educational practice of positive parenting by parents and guardians of adolescent students.

Throughout the contact maintained during the supervised educational practices (PES) at the school that was the object of study, some situations of insufficiency were verified, such as: the existing parent-child relationship, the relationship maintained between school-family, the parents' participation in school activities, among others. Despite being deficient situations caused by several factors of different social orders, we were moved to reflect on the subject in question.

The existence of this study is justified by the fact that there are challenging signals about the role and function of the family in education, in the identity formation of adolescent children, and in its relationship with them in guiding their future life. From there, he thought that there should be a study that would rebut this problematic, in order to promote these practices in order to help them perform their duties.

The topic is of social interest and its relevance in this context is to respond to the situation that caused the research, that is, to promote these practices to the parents and guardians of the adolescent students of the school and, furthermore, to serve as a reference

model for future aspirants in this area of knowledge. The beneficiaries of this research are the participating population and the general reading public.

Theoretical Foundation

The family and the school are two environments of human development. The family space is conceived as the first socializing agent**,** it is also the place where people (children) learn the first lessons of life, preparing them for a social insertion. As for school, it is the place where the education started in the family is continued and scientific knowledge is learned in a regularized and formalized way. Reflecting on the union of these two contexts converges on the possibility of promoting the educational practice of positive parenting (PPEP+) that preaches good cognitive, socio-affective, and socio-emotional development to adolescent children.

Promoting the educational practice of positive parenting requires unconditional support, active participation, support, energy, and positive reinforcement in the performance of parental duties. It is a highly responsible and challenging exercise for everyone. Parental exercise happens in the family. It is not possible to talk about this practice without touching on the concept of family, given its function and social role. This is seen as a basic institution, caring for its members, assuming the responsibility of transmitting ethical and moral values, preventing and intervening in different situations. Through it, the sustainable and integral development of the members passes.

With this, studies concerning the family experienced their spread from the second half of the 20th century to the beginning of the present century (Donati, 2011). Silva & Marque (2005-2006; cited by Borso & Nunes, 2011) state that "the commonly used concept of family stems from several social and cultural aspects that present themselves in different ways, and are therefore unstable and changeable over time as social values also change" (p. 32).

This way, there is no single definition of family, the family profile is analyzed using different factors such as the social-economic, the historical evolution ect. For the French anthropologist and philosopher Lévi-Strauss (1972), the term "family" is used to define a social group originated in marriage, consisting of a husband, a wife, and the children resulting from their union.

In the systemic conception, the family is a subsystem that maintains relations with other subsystems and is a social group whose members are in constant interaction with each other and with the environment, thus outlining their behavior (MINUCHIN, 1982). The family is like "a gathering of individuals united by the ties of blood, living under the same roof or in the same set of dwellings, and in a community of service" (CESTELLAN, 1994, as cited in OLIVEIRA, 2002, p. 20).

For Oliveira (2002), as well as for Kiura, G., Gitau & Kiura, A. (2005, p. 7), the family is conceived in two approaches, the first relational, in which they consider the family "as the basic cell of society". The family begins at marriage and, in its simplest form, consists of husband and wife, with or without offspring." The second approach is religious, whereby the family is defined as "a sanctuary of life" (see BIBLE, Gen 1:27ff).

It is in the family where one receives the first indicators that regulate the living of new members in society, which justifies considering that maternal and paternal roles are multidimensional and complex, and that they differ in different cultural contexts (Claes, 2010).

The family is dynamic, and every moment is a relational surprise in the exercise of the various roles and functions. Along these lines, Dias (2012) considers that "families are open entities and subject to sociocultural and even economic fluctuations, with family lives constantly changing" (p. 2). The contour of family lives is always new and marked by experiences. They are the ones who interfere in family relationships and are supportive in the

construction of identities and play a key role in arbitrating the orientation paths of their members (DETRY & CARDOSO, 1996; FIONA, 2010).

The "guidance of its members" makes the parental function positive. And positive parenting is a recent theme as stated by Abreu (2018), which is "originally used in English-speaking countries (parents, parenting). *Parenting* derives from the Latin *parere* which means to develop, to educate" (p. 19).

For Reder, Duncan & Lucey (cited by Abreu, 2018), the concept of positive parenting can be defined as "the set of activities undertaken by parents in order to ensure the child's survival and development in the safe environment in order to promote the child's socialization and autonomy" (p. 19).

The Council of Europe (cited by Patrício, 2011) defines Positive Parenting as:

> A parenting behavior based on the best interests of the child; founded on respect for his or her rights, which aims to ensure that basic needs are met, through protection from risks and the creation of an environment that promotes their harmonious development, values their Individuality (and specificity) and autonomy (p. 13).

Parenting itself is a complex concept considering the complexity of tasks represented by parents in the course of their lives. In this logic, Lima (2018), considers parenting as "the set of tasks to be performed by parents (...) which highlights the complexity of parenting and its importance for society in general and for the development of children in particular" (p. 21).

In this way, it has been argued that parenting is a set of roles or functions granted by parents so that they can watch over and care for as well as help in the development and education of their children.

Considering the high relevance and the reflection of parental exercise in family and social life, the dissemination and understanding of these functions by parents is necessary so that they can promote the development of the adolescent child in a given social group (DADAM, 2011; BENTANCOUR, 2017).

For family well-being to exist, there must be the relational capacity of other social authors, as it is described that:

> The ability to relate to others (family members, teachers, peers, employers), integration into a community, feelings of well-being, emotional competence, autonomy and self-regulation, the development of a secure attachment, are all outcomes that depend on how parents perform the tasks of parenting (LIMA, 2018, p. 21).

Positive parenting is a complex exercise and to meet the proper purpose, it requires the involvement and assistance of other educational entities such as the school, non-governmental organizations (NGOs), the state, the local community etc., as cemented by Bornstein (cited by Bettencourt, 2017), "parenting can be defined in terms of a community of key partners: parents, children, local and national services, and the state; that is, parenting constitutes a whole comprehensive ecology for child development" (p. 3).

Therefore, the educational practice of positive parenting (PEP+) is not without the practice of positive parenting behavior. Thus, Cruz (2014) objectifies positive parenting behavior (CPP) as follows: "behaviors that aim to promote the child and adolescent's development and manage their problem behavior in a positive way" (p. 107). The mentioned author also emphasizes that "there is no single Formula in the exercise of PEP+". It is possible, however, to highlight five fundamental educational principles in parents' actions towards their children:

1. Satisfaction of basic needs
2. Satisfaction of needs for affection, trust, and security
3. Organization of a structured family environment
4. Organization of a positive and stimulating family environment
5. Supervision and positive discipline

Educational practice is a concept that appears broadly to encompass the role of responsible parents and educators. Educational practice (EP) in the pedagogical/didactic context refers to the initial training of education professionals (educators/teachers), dedicated in learning sets of methods and techniques to develop the educational exercise (teaching and learning). The concept of educator encompasses all people and institutions that perform the educational function with the purpose of developing a set of skills and competencies to the student, making him a social being.

In this line, the perspective is an education that looks at social development, egalitarian, fair, and that meets the social dimensions. Education in the present century goes beyond transmitting information and has the challenge of forming citizens who know how to transform information into knowledge, who know how to use this knowledge for their own benefit and that of their community (MORIN, 2004).

In this way, educational practice is attributed as a social and universal phenomenon, the responsibility of all. Its importance is to care for the formation of individuals, helping them develop their cognitive and physical abilities for a stable social life. On the other hand, the educational practice of positive parenting (PEP+) provides, in the daily life of the family and beyond, the integral development, the evolution of skills and competencies in the cognitive, socio-affective, and socio-emotional areas of adolescent children.

The concept of educational practice (PE) can create equivocation with parental education (PE) in its interpretation. PE is the exercise operated by parents to promote significant integral changes to their children, while PE becomes a necessary expedient possessed by parents to enable the transmission of values, skills, etc. In this logic, Rodrigo, Màiquez & Martin (cited by Bettencourt, 2017) define parent education as "a psychoeducational resource that seeks to promote changes at the cognitive, affective and behavioral level in parental figures" (p. 3).

From another perspective, they are positive everyday family actions taken by responsible parents within the family system. It is a parenting behavior that is based on the best interests of the child and ensures the child's growth, education, empowerment, with recognition and guidance, without violence and with setting limits to allow for full development (Council of Europe, 2006). At present, his challenge lies in the various factors that interfere in the dynamics of families, by considering that:

> A set of actions that involve affection, monitoring and attention from parents towards their child; the educational practice of moral behavior can be understood as the transmission of values such as justice, generosity, honesty, among others, from the model of behavior given by parents to the child, helping the child to discriminate behaviors considered right and wrong, from the cultural values of the family (Toni & Hecaveí, 2014, p. 512).

Parenting for Machado & Morgado (cited by Bettencourt, 2017) "is a concession of family perceived as an institution primarily responsible for fostering, inhibiting, or altering children's growth and development" (p. 3).

Educational practices are those positive and negative actions that parents present to their children in the midst of their educational exercise (Gomide, 2004): The positive ones

provide trust, love, and affection; and the negative ones generate conflicts between parents and children causing mistrust, stress, and abuse, among others.

Therefore, it is cemented that parental educational practice begins as soon as the birth of the first child appears. The practice of this exercise manifests itself through the upbringing provided by the children, and then moves on to another important process of parental responsibility, given by care provided to the children and assumed by the parents, all for the sake of families as the precursor spring of society.

Coutinho, et. al. (2012) points out that:

> In general, when we talk about parenting education, we refer to a variety of interventions designed with the primary goal of promoting positive and effective parenting strategies, empowering parents to better exercise their parenting and thus optimizing the healthy development of their children (p. 410).

With this, the importance of the environment in which children grow up must be recognized. Indeed, the environment in which the child is born, grows and develops, the responses he gets from that environment, and the environmental stimulation he receives determine his behavior. Good development depends fundamentally on the family context in which the child grows up (COUTINHO, 2004).

In the educational exercise, parents should strive to adopt a positive upbringing, knowing that children who are deprived of consistent positive experiences in the family environment are the most lacking in reinforcing experiences when they reach school (Bahls & Ingberman, 2005; Bettencourt, 2017) that is, if children do not receive basic care throughout their childhoods, suffering physical or psychological maltreatment, these children will not know proper development and will be called children at risk in development. Therefore, parental education is proposed as an efficient method of education as a whole, and its relevance is to the development of families and society in general.

There are different parenting models and styles that can be adopted in the educational practice of positive parenting. Hence the need for parents to actively participate in parent education programs in order to assist in the education of their children.

Parent education programs facilitate intervention in families for the purpose of assisting parents or educators in the physical, social, and emotional development of children (DADAM, 2011). The adoption of a PEP+ program with concrete actions, aimed at parents in charge of education, serving as a resource to help them receive basic knowledge to deal with the education of their children.

In this sense Quingostas (cited by Bettencourt, 2017) extols that "parenting education programs allow parents to have a real sense of exercising their parental duties and to understand how necessary it is to have a good parent-child relationship" (p. 4). The dissemination and application of such concepts avoids harmful consequences caused by the absence of such practices.

By looking at the actions developed by the different international organizations on the family, one can perceive the value and political dimension given to the family in order to safeguard its well-being. With that, it was taken as a starting point in what was referred to the Spanish newspaper El País (2007) that "until the seventeenth century, patriarchal theory conceived the family as the immediate antecedent of the state, from which its essential characteristics would come, [...] that the family was the embryo of the state [...]" (p. 31). The State that makes a commitment to its nation, becomes the main partner of the family system and its role is to provide substantial support, maintenance, family assistance, among other aspects of change and integral development in families (COUNCIL OF EUROPE, 2006). It is for this reason that the family is assured as the cradle, where the child receives the basic

education that will guide him/her for his/her future life, and positive parenting substantiates this orientation, gaining greater social and political attention with families.

Internationally and nationally, it confirms the existence of documents that substantiate the phenomenon, whose goal is to ensure the protection of childhood/youth and the family (Coutinho, Seabra-Santos & Gaspar, 2012). Thus, in designing policies on family welfare, they must be based on these precepts. Considering the need for support to create a legal framework for the growth of PEP+ policies that support families in building a harmonious and holistic environment for family members. In 2006, the program called "Building a Europe for and with children" was launched as a result of the third Summit of Heads of State and Government held in Warsaw in May 2005, in which the promotion, rights and duties of the child and to eradicate all forms of violence against children, protect and safeguard the well-being of the family were cemented (LIMA, 2018). Certainly, there needs to be recognition of the need for joint and integrated efforts by governments, institutions, and society. As the C.E. states (cited by Carvalho, 2019, p.2), "parenting should be considered as a relevant area of public policy and all necessary measures should be adopted to support it, creating the necessary conditions for the exercise of Positive Parenting."

The structure designed to put a policy into practice needs to consider several variables that are intimately linked to the process. Learning in this case enters as an element that permeates both the main pillars that are the parents, considering that they have received new tools to better understand their role as parents, as well as the children who have received new guidelines from them and who are in a phase of life where learning goes hand in hand with their physical and intellectual development.

> It is thanks to learning that it is possible to give adapted, effective answers in different contexts or new situations. But learning is something more than a "thing" that can be written down and observed: it is essentially a cognitive process; it is the representation we make of the situation, and this is linked to our past experiences. Thus, learning is not just paying attention to the knowledge stated by the teacher, it is not just a cumulative process; knowledge is not something that can be acquired, collected, accumulated; this would be seeing learning only as an outcome (p. 27).

Despite the existence of conditioning factors, learning is a common process for all individuals; it is learned in families, in schools, and in other societal bodies. In this sense, Pimenta et. al. (1999), state that "this process of interpretation and understanding is dependent on several personal factors, such as: involvement in the situation (affective value), how it is received, and how it is related to previous experience, to what you already know" (p. 27).

For Mota & Pereira (2008), learning is a continuous process that occurs throughout the individual's life, from early childhood to old age" (p. 3). It is a process responsible for changing behavior, in a permanent and lasting way, that occurs through training, exercise or study, accumulating experience and skill.

Piaget (cited by Tavares & Alarcão, 1985) defines learning as a normal, harmonic and progressive process of exploration, discovery and mental reorganization, in search of personality balance (p. 103).

In this way, learning generates development. It is a complex process whose cluster observation does not omit the differences and limits, its continuity is not fixed (...), this development should be stimulated at the initial level (SANTOS, 2013).

For Braghirolli, Bisi, Rizzon & Nicoletto (2015), development "is a process that begins and only ends with death. The term development means evolution, progress, movement, change, growth" (p. 163). In this logic, learning precedes development, it is the process that leads to development, for man is born a candidate for man, but needs to learn in order to adapt and survive.

Pimenta et. al. (1999) recognize that "a relationship exists between a certain level of development and the potential capacity for learning" (p. 28). For example, "when we want to define the actual relationship between the developmental process and the potential capacity for learning, we cannot limit ourselves at the one level of development." In this effective relationship between the developmental process and the potential capacity for learning (p. 28)

Pimenta et. al. (1999) further comment that there are two levels of child development, "otherwise one will not be able to find the relationship between development and potential learning capacity in each specific case."

> The first of these levels we call the child's level of actual development, that is, the level of development of the child's psycho-intellectual functions that is achieved as a result of a specific process of development that has already taken place, but what we find is that with the help of the adult, through guided activity, the child can bring about much more than with his or her ability to understand independently (alone) and that surpasses limits of his or her current capacity.
> [...] It is the level of tasks that can be accomplished with adult assistance and the level of tasks that can be done independently that define the child's area of potential development or proximal area of development. This means that with the help of this method we can get an idea of the development process up to the present moment (and the maturation processes that have already taken place), but also of the processes that are running, that are only now maturing and developing [...] (p. 29).

At the age of adolescence there is a record of some gains, by discovering the new world rich in knowledge, exploring it in a harmonious and progressive way in order to obtain balanced thinking. At this stage of life the adolescent is able to interpret different concepts, all in search of a balance in his personality that can count on the help of adults and his peers. These and other gains not mentioned will make it easier for them to learn.

Adolescents, due to the specific characteristics and particularities of this phase, encounter different challenges in their learning. It is an educational situation that requires everyone to work in harmony, cultivating learning interests, provoking teaching initiatives, curiosity, and working on the circulation of information. Learning takes place only if information is organized and sequenced in a logical way (AUSBEL, 2009).

The discussions involving the two themes (positive parenting and education) and their theoretical bases are present in the Angolan context and in the Constitution of the Republic of 2010, in its article 35, and in the Family Code, taking Law #1/88 of February 20 as reference.

Angola is a member country of UNESCO and of other international organizations, and its legal constitutional precepts are in line with those stipulated in these organizations. As stated in the Angolan Magna Carta in its Article 26 (fundamental rights), the first paragraph of this article states that "the fundamental rights set forth in this constitution do not exclude any others set forth in the applicable laws and rules of international law" (p. 12). Article 2 reinforces the following:

> The constitutional and legal precepts regarding fundamental rights must be interpreted and integrated in harmony with the Universal Declaration of Human Rights, the African Charter on Human and Peoples' Rights, and international treaties on the matter, ratified by the Republic of Angola. (Angolan Constitution CA, 2010).

The documents referred to mention the fundamental rights and duties of men and it is suggested that the countries of the cosmos should follow and opt effectively for what is recommended to safeguard in a harmonious way the integral development of the citizens: "all

children have the right to education". The state must also guarantee support for vulnerable families.

In the Angolan Family Code (CFA), in its article number 1, the family is defined as "the fundamental nucleus of the organization of society, is the object of State protection, whether based on marriage or de facto union" (CFA, S/A, p. 9).

When looking at harmony and responsibility within the family, the (CFA) in article #2 (harmony and responsibility within the family), in #1 and #2 the following is guaranteed (p. 9):

> 1º: The family must contribute to the education of all its members in the spirit of love of work, respect for cultural values, and the fight against outdated conceptions within the People, the fight against exploitation and oppression, and fidelity to the Homeland and the Republic;
>
> 2º: The family should contribute to the harmonious development and balance of all its members, so that each can fully realize his or her personality (p. 9).

With what is stated in the Constitution and in the Family Code of the Republic of Angola, it can be said that the country is within the legality of the recommendations of international treaties on family welfare.

In strengthening relationships between parents and adolescent children, as well as parenting education, reference was taken from the studies by Monhoz (2017), in which a set of 29 parenting and family education programs designed in countries such as the United States of America, the United Kingdom, Spain, Italy, Portugal, and Israel were analyzed.

Family support programs and the educational practice of positive parenting, according to Munhoz (2017), as a "responsible entity, a variety could be identified regarding the nature of these" (85). This means that the programs make it possible to identify different problems faced by families. With this assumption, the studies developed by Munhoz and referenced here can indeed serve as an exemplary model to be implemented in different countries. The same author and other sources consulted confirm that the educational practice of positive parenting is a political issue, it reflects on state policy and its practice manifests itself in families in particular ways.

In fact, positive parenting is the exercise of education. From this, it can be said that education is a complex concept that can be grounded in different contexts. It is seen as a result coming from another complex teaching and learning process involving subjects. Someone teaches, instructs, and others learn.

It is recognized that parents and educators do not go through the teaching and learning process to then practice positive parenting. As cemented by Lima, I. Abreu (2018) that "it is certain that there is no right way to exercise parenting, and that there are no manuals or recipes that can be imposed. Each culture and each family may have their own views and ideas that do not necessarily coincide" (p, 18). These aspects increasingly make studies on positive parenting complex and deeply thoughtful. It is a common challenge, in which the aim is to have cohesive, well-structured families capable of forming responsible members. This is only possible when we are able to explore educational practices such as promoting ongoing dialogue, making information available, fluent communication, and mutual respect.

In Angola, the practice of positive parenting in families has been a constant call by the executive and non-governmental organizations. These yes have recognized the function and role of the educational practice of positive parenting, but the term positive parenting is seen as new, as if it is a different concept with the practice of positive parenting. It is reiterated that, when dealing with a practice that occurs within families, and each member is part of the family system, the need grows for everyone to challenge the educational practice of positive

parenting, which must be seen as the exercise of responsibility to all, for the following reason: today you are the educating member of the family system, and tomorrow you will be the responsible member and educator of others within the same system.

Methodologies Used

For the present research a mixed methodological approach was used. Dn the point of view of its nature, it is an applied research, as stated, to generate knowledge for practical application directed to the solution of specific problems, therefore, it involves local truths and interests. From the point of view of its objectives, it is a descriptive research, considering that the researcher records and describes the observed facts without interfering in them approaching his research object presenting its characteristic features, its people, its problems, its preparation to work, its values [...*]*" (TRIVIÑOS, 2012).

The chosen procedure used was *survey*, for periodizing the data collection, so as not to miss some important information, and the technique note field observation and observation itself. The use of the logbook, each time I had contact with the respondents, and the tape recorder to recall pertinent information. The use of observation facilitates the understanding of behavioral conduct and the relational model used with the parents of adolescent students at this school institution. To comment on the data, the results, the logical coherence, as well as the theoretical framework, the use of "content analysis" was pertinent.

With this, we worked with forty-two (42) individuals selected from the general population. As for the school community, the selection was possible with the help of the school institution. First the people that the school recognized as parents and/or guardians, because not everyone assumes the role of parent or guardian. The criterion of participation by parents in school activities was used.

From this indicator, we selected (20) twenty parents and/or guardians, who are responsible for adolescents in two 6th grade classes. Twenty (20) students from the two classes were also randomly selected to represent the others, oneone (1) school manager and one (1) social welfare officer from the district.

Discussion of Results

The analysis and interpretation of the data were done taking into account the specific objectives of the research, which are presented in a summarized form, fitting the format of this article. As extolled by Fortin (2009) that "the results must demonstrate a certain logic in relation to the research questions [...]" (p. 331). In this way, the results obtained from the questionnaire applied to parents and adolescent students are presented as percentages in relation to the totality of the researched public and from the interview applied to the school manager GE and to the person responsible for social assistance (RAS), which will be commented on.

Regarding the factors that interfere with the promotion of PEP+, 40% of the parents pointed to the socioeconomic factor and 35% of them indicated the relational climate in the family. The remainder confirms that both factors jointly interfere in the application of this practice, considering that responsible parents often do not accompany the children in school/educational activities because they are dedicated to family support activities.

Regarding the degree of kinship, 50% of the parents surveyed point out that they are children, 42% of the students point out that the existing degree is father and mother. We realize that we have a close-knit (nuclear) family. 32% of the students point out that they live only with their mother and 5% of them say they live with their father, which can translate into single-parent families. 35% of parents say that they live with stepchildren and others, 21% of teenage students point out that they have been living with uncles, aunts and others. What does extended family represent.

Of the 100%, 80% of the parents and 95% of the students, as well as the school manager and the RAS are familiar with the educational practice term of positive parenting, raising some doubts in the use of the term positive parenting. It is worth mentioning that this concept has been disseminated recently by the school itself, which may justify the high rate of knowledge of this practice, but it cannot be said that its execution inside the homes is in the same proportion. Regarding the development of PEP+ 30% of parents, 47% of students and other respondents point to doing it through ongoing dialogue. Referring to the educational practice of positive parenting, 60% of the parents rely on the collaboration of the school.

Regarding the relationship between parents and children, 45% of the parents and 75% of the students believe that there is an affectionate relationship. Given the numbers presented, this relationship should be enhanced on both sides. Out of 75% of the parents, 90% of the adolescent students, as well as the school manager and the social worker believe that PEP+ can improve the students' learning.

When it comes to the relationship between school-family and other partners, 90% of parents, 85% of students and other respondents confirm that if there were a close school-family connection and professionalized accompaniment through the promotion of PEP+, the learning of adolescent students would improve.

In addition to 45% of the parents, 45% of the teenage students, school manager and welfare officer opine that being in charge of education is really about being responsible in caring for and accompanying children in school activities as well as in other everyday tasks.

Psycho-educational Actions for Parents and Adolescent Students

According to the research done on psychoeducational actions, it has been realized that it is a set of planned content/activity with a psychological and educational slant that reflects the transformation/change in behavior (attitude, conduct) and values of individuals in order to build the personality of a given individual.

Oliveira (cited by Graça, 2019) believes that:

> Parenting is a continuous act of learning, often by trial and error, sometimes without a second chance to make amends, but always with the possibility of remaking ourselves, reinventing ourselves, and always in time to build a more positive relationship with our children (p. 16).

As such, having children does not mean that one knows how to deal with the complexity of the relationship, but it helps if one thinks about it (Graça, 2019). For this reason, we present the program of psycho-educational actions that includes the Project plan called Project Together United for a Positive Education (PJUEP), which is a PEP+ project of a preventive and interventional nature aimed at parents and teenage students and others. It counts on the active participation of the research population and other interesting people. With the application of the PJUEP it is hoped that participants will be able to acquire basic knowledge for parenting, in order to help their teenage children in their learning and vice versa.

Stages: diagnosis, execution, and evaluation.

Methodological Procedure and Techniques to be used

a) Lectures, conferences and seminars, group dynamics techniques such as Paulo Freire's: (dialectical); Moreno: (Psychodrama); Rogers, C.: (psychotherapy); dialogue, mutual respect and individual differences become fundamental; use of debates, theoretical expositions and demonstrative practices, announcing themes to rebut and reach consensus, scenario-based discussion through DVD, group work, creation of study groups, resolution of homework assignments, overcoming doubts, exam preparation. Theme generator, warm-up, ice-breaker, is used to motivate, refuel energy, create more interest in what they are learning, these and

other methodological elements can effectively help the client system, group workshops (parents) to come out of the risky situation they are facing.

b) Means/Materials Required: Computers, tablets, phones, installation of internet networks in the community.

c) Channel for the conveyance of information: Oral and written narration, video calling, audio, use of e-mails, showing illustrative videos using new communication applications like Whatsapp, Twitter, Instagram, youtubE, messeger, etc.

d) Main code: Portuguese language, with translation into the national or regional language "Kikongo".

e) Project Timing: One (1 year). Family assistance/monitoring once (1) a week, on Saturdays; Parenting, overcoming and improvement classes twice (2) times on normal days each week. According to the schedule, the activities developed during the year total 12980 minutes.

For solving the problem situation, the activities take on the categories of: as acts, activities, have meaning, participation, relationships, and situations. See the attached schedule.

Final considerations

We consulted various documents, theories, models, educational styles, parenting programs, as well as the results obtained in this work. Through these it can be stated that it is possible for parents and guardians to improve their practices, their way of acting in the exercise of PEP+, if they have basic information or knowledge about the role of parent educators within families. It is a challenging exercise for parents, educators and others "parenting evolves over time" (CRUZ, 2013).

Since PEP+ takes place in the family system, it should indeed be considered as a practice that is the responsibility of all family members. Hence the need to spread more widely the concept (word) PEP+, so that it stops being used in a partial way and, starts being used in depth and pertinently. Although the socio-economic factor is a conditioning factor in the exercise of the educational practice of positive parenting by parents, the possibility of monitoring the school progress of their children is not ruled out.

Therefore, the construction of the relational bond between school-family, parents-children with maximum help from professional entities in assistance, counseling, monitoring and family tutorial, psychological and pedagogical support, excelling in the prevention and intervention of situations that occur in the family system, returns the hope of PEP+ to parents and guardians, thus improving the learning of their children. It was also clear that PEP+ is a political issue, the state as the ultimate figure in designing family life policies, and its practice manifests itself in families in particular ways.

As limitations of this research one can point out, first of all, that, as different studies have pointed out, conducting research on the family is complex, especially the one focused on parent-child, school-family, and other family relationships. There is always something missing, something to increase, or even something to take away. Another limitation refers to the Covid-19 pandemic period that is currently being experienced and that caused an impasse in the constant travel to meet other bibliographic sources and a longer period of observation that could further sustain the work.

Suggestions

As for family and society, Graça (2019) considers the following:

> "The changes in contemporary societies, at the social, economic and family levels, have transformed the daily life of families, which have created new challenges not

only to parents in the exercise of their parenting, but also to educational professionals in the construction of new strategies to keep up with all these changes" (p. 49).

Therefore, building positive parenting is a challenge for everyone. With this, the school, family, professionals, and other social entities must look at the renewal of their performances, since, the educational function grows when working more in consonance, in the potentialization and improvement of PEP+, because this practice provides the best learning for adolescent students, making them more creative, autonomous, proactive, dynamic, productive in their daily actions, and they are able to overcome their emotional and behavioral difficulties.

To this end, the State, as the entity responsible for designing public policies linked to family life, whether at local or national level, should take a closer look at this social area, cooperating with school institutions and multidisciplinary professionals, especially in the implementation of parental education programs, in order to minimize the difficulties faced, with a view to improving the future life of citizens.

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