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SUMARIO / SUMMARY / RESUMO

Editorial

We end the year with this second issue loaded with interesting research articles. The first article addresses the role of the family counselor in the post-pandemic, since the levels of frustration, stress, violence, depression and psychological-physical abuse increased drastically in this period, having a significant impact on family functioning. The important work of the counselor in holistic and comprehensive counseling helps both parents and children build a healthy psychological climate, mediated by mutual understanding, empathetic understanding, participation and respect. Faced with overwhelming conditions, emotional, physical and social wear, family support requires socio-affective and emotional education for flexible adaptation to changing conditions.

The second contribution is based on the assumption that women victims of gender violence show greater dependence on substance use, are more likely to suffer concomitant psychiatric problems and have greater difficulty accessing, continuing and completing treatment. Recurrent consumption increases associated problems and decreases abstinence. This research analyzes the empirical studies published to date, which explore the relationship between women victims of gender violence, substance use and their mental health.

The third article explores depression in the time of the COVID-19 pandemic. The repercussions caused by the measures taken to stop infections began to manifest in people's psychological health, therefore, a large number of studies explore the relationship with depression. In the present systematic review, depression is quantitatively studied in people from countries affected by the pandemic, with a sample equal to or greater than 200 subjects. The results show an increase in depressive symptoms at a general level and distinguish the prevalence between groups such as age and sex, among others. The data can be considered for the intervention approach to this problem.

The fourth article addresses the relationship between sensitivity to rejection and attachment in adults, since this situation predisposes an individual to wait anxiously, easily perceive and react intensely to rejection. Furthermore, sensitivity to rejection is a great precursor to maladaptation, as it has been linked to multiple psychopathologies such as, for example, social anxiety or personality disorders, among others. Likewise, it is closely related to the four attachment styles in adults (secure, worried or anxious, avoidant and fearful or disorganized).

The fifth proposal consisted of evaluating somatic symptoms, anxiety and fear, as well as the emotional reaction in Spanish children and adolescents during the second wave of COVID-19. Likewise, it investigated the relationships between variables such as sex, age and grade. To do this, the Fear of COVID-19 Scale (FCV-19S), the short form of the STAI, and the PHQ-15 were applied. The results conclude that future studies should explore the role of minors' insecurity as a risk factor for psychopathological symptoms.

In the sixth article, the importance of emotional intelligence in the work performance of nursing professionals is investigated. In recent years, the interest and search for a definition of Emotional Intelligence (EI) has been notable. However, we can find the roots of the EI construct in the concept of "social intelligence", identified by Thorndike, based on the ability to understand and wisely manage human relationships. This study identifies how Emotional Intelligence is related to professional success in nursing professionals.

The penultimate article aims to verify if there is a relationship between attachment style and the personality traits of the Dark Triad. A bivariate correlational design and an analysis of mean differences were proposed to determine differences by sex. A negative relationship was obtained between the secure attachment style and the Dark Triad, a positive relationship between insecure attachment and dark personality, and the male group scored higher in these traits. It is important to establish secure emotional bonds in childhood, since dark personality traits are characterized by the inability to bond emotionally with others, being a key predictor of insecure attachment and, therefore, comprising socially aversive personality dimensions. .

We close the current issue with a research that aims to analyze the type of relationship between attitudes towards eating and obsessive-compulsive behaviors in young adults. Methodologically, it was a field investigation, with a non-experimental, transversal design, with a descriptive level and modality correlational.

Finally, it was revealed that the participants presented maladaptive beliefs and obsessions regarding food, exercise and the desired body shape, which generate significant discomfort and in turn compulsive behaviors.

Dr. Juan Luís Martín Ayala
Editor Jefe / Editor in chief / Editor Chefe

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THE ROLE OF THE FAMILY COUNSELOR IN POST-PANDEMIC. A MULTIDISCIPLINARY APPROACH

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Abstract. The pandemic caused by Covid-19 generated a drastic shift in the ways of relating to human beings in the social context and, specifically, in terms of family coexistence. The results of the social confinement indicate that the levels of frustration, stress, violence, depression and psychological-physical abuse increased dramatically, having a significant impact on family functioning. Due to these conditions, this essay as a result of a multidisciplinary documentary review shows the role of the family counselor in post-pandemic. According to the literature, this professional is credited with holistic and comprehensive counseling, allowing both parents and children to build a healthy psychological climate mediated by mutual understanding, empathic understanding, participation and respect; this supposes, the socio-emotional and affective support, in which the counselor together with the parents focus their efforts on establishing support and cooperation networks that favor the adequate balance of the personality, autonomous and interdependent performance and the development of discipline to adopt healthy habits. In conclusion, in the face of overwhelming conditions, emotional, physical and social exhaustion, the accompaniment of the family requires educating in a socio-affective and emotional way for flexible adaptation to changing conditions, for the resilient management of challenges and to positively face emerging situations; This requires generating support networks that strengthen interpersonal relationships and the autonomous management of the responsibilities required to participate in the construction of the psychological climate that encourages the free development of the personality.

Keywords: family orientation, coexistence, personality, comprehensive well-being, quality of life.

EL ROL DEL ORIENTADOR FAMILIAR EN POST-PANDEMIA. UN ACERCAMIENTO MULTIDISCIPLINARIO

Resumen. La pandemia ocasionada por Covid-19 generó un giro drástico en los modos de relacionarse del ser humano en el contexto social y, específicamente, en lo que a convivencia familiar se refiere. Los resultados del confinamiento social indican que los niveles de frustración, estrés, violencia, depresión y maltrato psicológico-físico aumentaron drásticamente, repercutiendo significativamente sobre el funcionamiento familiar. En razón de estas condiciones, este ensayo como resultado de una revisión documental multidisciplinar da cuenta del rol del orientador familiar en post-pandemia; según expone la literatura, a este profesional se le atribuye el asesoramiento holístico e integral, que le permita tanto a padres

como a hijos construir un clima psicológico saludable, mediado por el entendimiento mutuo, la comprensión empática, la participación y el respeto; esto supone, el apoyo socioemocional y afectivo, en el que el orientador junto a los padres enfoquen sus esfuerzos en establecer redes de apoyo y cooperación que privilegien el adecuado equilibrio de la personalidad, la actuación autónoma e interdependiente y el desarrollo de la disciplina para adoptar hábitos saludables. En conclusión, frente a las condiciones de agobio, desgaste emocional, físico y social, el acompañamiento de la familia requiere educar socio-afectiva y emocionalmente para la adaptación flexible a las condiciones cambiantes, para el manejo resiliente de los desafíos y para afrontar positivamente las situaciones emergentes; esto exige generar redes de apoyo que fortalezcan las relaciones interpersonales y la gestión autónoma de las responsabilidades requeridas para participar de la construcción del clima psicológico que impulse el libre desenvolvimiento de la personalidad.

Palabras clave: orientación familiar, convivencia, personalidad, bienestar integral, calidad de vida.

Introduction

The changes caused by the pandemic that humanity is going through worldwide, have brought about a significant transformation of interpersonal relationships; especially the family, due to the prolongation of preventive measures, has been submerged in the deterioration of its emotional and socio-affective bonds, as well as the confrontation of a prolonged social confinement with negative repercussions in the coexistence between parents and children. Faced with this overwhelming panorama, institutional actions have focused their efforts on promoting emotional intelligence, the use of strategies for adapting to change and the development of life skills, with the objective of guaranteeing the satisfactory development of family members.

In this regard, ECLAC-UNESCO (2020) states that the psychological and socio-emotional impact caused by prolonged confinement has reaffirmed the important work of the family counselor, as the professional in charge of offering psycho-social support that contributes to the willingness to "respond to the diversity of situations that each family and community face; which requires ensuring psychological, social and emotional well-being, as well as developing vital adaptation and resilience skills" (p. 14). This position is also shared by humanistic psychology, which shows the need to provide resources that encourage adaptation and the deployment of social and emotional competencies to function better, permanently and continuously" (Artiles et al., et al. 1995).

By virtue of the above, the figure of the family counselor emerges as an actor associated with comprehensive counseling, since given his professional qualities he is assumed capable of perceiving, helping and offering strategic alternatives that cooperate with the resolution of conflicts, as well as in the construction of the psychosocial climate in which parents and children achieve the necessary understanding to coexist, relate and face the challenges generated with the emergence of the pandemic; in this regard, Valdés (2007) states that the dynamics faced by the family not only requires learning to cope with what happens in the environment of which one is a part, but also to adopt a series of changes and tasks on which stability and psychological balance depend, among which "unexpected stress, frustration, emotional dependence and difficulties in establishing communicative ties" (p. 35).35).

From Fromm's (2014) perspective, family and social life currently requires greater possibilities of interaction, as the process on which the understanding and development of the sense of community is based, in which each of its members, using their reason and the use of conscience, manages to discover the operational importance of the use of certain values that define coexistence, among which "mutual care, responsibility and

respect" are mentioned (p. 27). This implies fostering a positive valuation of oneself and of those around them, as triggers for positive self-esteem and the self-concept necessary to deploy integrative skills associated with: the strengthening of bonds, intelligent actions and the competitiveness to proceed in the face of emerging changes.

According to social psychology, counseling parents and children in times of crisis requires motivating optimism and the necessary socioemotional competencies to become active agents, capable not only of receiving help but also of offering support to others; this implies the adoption of new roles and responsible attitudes that encourage the growing individual to become more flexible and willing to change, thus becoming more independent and autonomous (Myers, 2003). In response to these requirements, this essay addresses the role of the family counselor in post-pandemic times, showing its relevance in the consolidation of positive psychological relationships, in which affective and socioemotional warmth prevails, as well as the full development of the personality.

The role of the post-pandemic family counselor

The multidimensional and multifactorial crisis caused by Covid-19 has generated a complete change in the ways in which humanity relates to each other; the family as a social nucleus in which social, affective and emotional competences are developed has been disrupted in its functional dynamics, since prolonged cohabitation as a generalized condition has not only motivated the emergence of behaviors and behaviors with negative implications in the positive psychological climate, but also the scarce training in the handling, management and regulation of emotions has led to the deterioration of the bonds between parents and children (Morales, 2020a).

Faced with this scenario, family counseling is positioned as the counseling process consisting of addressing situations and conflicts that, due to their implications, tend to increase dysfunctionality, putting at risk the integral wellbeing and quality of life of the family. Paraphrasing Lafarga (2016), the performance of the counselor today revolves around the development of social competencies and life skills, which provide interpersonal relationships with greater assertiveness, but also greater possibilities to integrate harmoniously around the management of conflicts that emerge with everyday life.

In this way, family accompaniment takes on special importance, as it is a process that aims to generate new and satisfactory possibilities to creatively face daily situations from the discovery of personal skills that promote not only wellbeing and integral growth, but also the development of one's own resources in order to operate with greater openness, intelligence and self-knowledge. According to Garriga (2020), the role of the family counselor involves important activities such as "building the best places to grow and learn to relate, to give and receive, to smooth the rough edges and to know ourselves better" (p.22).

A review of the contributions of psychology indicates that the family, as the primary socialization factor, is responsible for promoting healthy lifestyles that involve social feeling, emotional intelligence and the adoption of cooperative attitudes, as essential traits that result in the disposition of a sense of community, which is a rare flexibility to integrate socially and channel efforts in common activities. According to Cloninger (2003), the achievement of these purposes results from psychologically, affectively and emotionally stable homes, in which trust and security prevail, factors that influence the deployment of empathy, altruism and "social interest in the common good, personal well-

being, individual development and coexistence in conditions of cooperation with other people" (p. 122).

In this sense, the role of the family counselor involves various activities associated with addressing the contradictions and disagreements between parents and children, which are referred to as critical processes that account for psychosocial imbalances that require intervention in an attempt to meet the needs of each family member, helping them to feel good about themselves and their immediate environment. In other words, advising the family to fulfill their individual and collective objectives means leading them to discover their personal purposes through the adoption of strategies linked to emotional intelligence and re-learning that allows the adjustment of negative behaviors that prevent the full development of the personality.

By virtue of the above, the construction of a positive psychological climate is considered indispensable, since it is through it that both personal and collective evolution takes place, in which the individual manages to develop self-knowledge and self-determination that predisposes him to face daily challenges; this implicitly refers to the definition of his character, self-esteem and his own personal being, based on which to act responsibly, tolerantly and with the flexibility to reformulate his conduct in response to the needs of reality. This challenge refers to specialized accompaniment as a process of multidimensional change that seeks to foster the development of emotional regulation to manage conflicts appropriately.

Paraphrasing Fromm (2014), it is through the productive orientation of the family that the strengthening of emotional bonds and the attainment of socio-affective maturity that drives the ability to achieve the necessary understanding between parents and children is achieved. This means, leading each member of the family to discover their difficulties, weaknesses and potentialities, as the process that seeks to awaken awareness about the aspects to be corrected, behaviors to be improved and behaviors to be transformed in order to consolidate greater possibilities of family coexistence.

This suggests urging parents and children to assume the active role of co-constructing a positive environment, in which interdependence and adaptive relationships are privileged to maximize the possibilities of growing and developing a multiplicity of dimensions associated with integral wellbeing, among which the following are needed: cognitive disposition to value the positive aspects of each experience, flexibility to face changes and increase the possibilities of success and identify situations that, due to their potentiality, expand the opportunities to understand the world from empathy, altruism and resilience, as elements that favor the management of hostile behaviors and confrontations resulting from prolonged social confinement.

In other words, it is the family counselor's task to motivate individual and group experiences, in which parents and children can use assertive communication and symmetrical dialogue to express the aspects that trouble them, as well as the definition of functions, roles and activities that from their own perception they consider should be adopted in an attempt to guarantee psychological balance and the disposition to face life in a realistic way. To do so, as Fromm (2014) reiterates, requires the creation of experiences in which both parents and children manage to "talk about their own lives, hopes and anxieties, and show their own interests" (p. 42).

As proposed by humanistic psychology, the role of the family counselor involves, as a fundamental aspect, the strengthening of empathic understanding among family members, a process understood as the sensitive perception that favors the recognition of emotions and feelings expressed by each member; hence, active listening and clear communication are assumed as part of the strategies, through which to understand the points of view, favor exploration and give rise to the discovery of the causal elements that

need to be addressed (Rogers, 1996). This does not imply, in any way, making judgments but, on the contrary, deducing psychological processes from an authentic and unfeigned position, which favors the genuine perception of a climate of trust in which positive and negative emotions flow.

The above attributes to the counselor the role of guiding family members to understand their emotional process in the face of a series of events that, due to their psychological implications, tend to negatively influence the way they act and proceed positively in future situations. Hence, the importance of a systemic understanding not only of the individual but also of his or her relationship with others, in an attempt to deduce the ways in which communicative interactions, actions and attitudes take place, from which to specify possible professional counseling actions. According to Ortiz (2008), the family counselor should extend his or her holistic approach to "individual analysis, which does not imply separating the subject from the group to which he or she belongs, but rather assuming him or her as part of a totality that relates and conditions" (p. 56).

In this sense, family accompaniment and the resolution of their problems requires an understanding of the structure and functioning adopted by each family, as well as identifying how the model in which they are inserted has determined the emergence of new actions or the reinforcement of behaviors that are strengthened and sometimes reproduced to the point of becoming unconsciously normalized. Facing this panorama from a systemic approach to guidance implies going beyond an exclusive focus on the family to a review of the socio-cultural context in order to reach an integral understanding, from which to offer assertive alternatives for action.

In post-pandemic times, guidance from this perspective requires the construction of a positive interaction climate, in which parents and children feel free and equal to exchange positions, define difficulties and potential changes in which each member of the family must "show their commitment to it, since it is a matter of helping the family to change, but beyond that, to find alternatives to what is happening" (Ortiz, 2008, p. 60).

From the perspective of family psychology, the functional organization responds to one of the purposes equally shared by the orientation, which seeks to reduce stress levels through emotional management; this implies, among other things, the development of a sense of responsibility in the adoption of positive behaviors, healthy habits and cooperative attitudes that promote not only individual but also collective life projects. This refers to the need to promote self-knowledge that leads to the adjustment and change of "attitudes that urge each family member to assume his/her responsibilities, to rationalize what is adequate and what is not, and to fulfill the role that corresponds to him/her" (Nardone, Giannotti and Rocchi, 2005, p. 17).

This position refers to strategic interventions that not only provide solutions to family problems, but also generate experiences that help each of its members to develop socio-emotional competencies that contribute to breaking harmful relationship patterns, making them aware of the effects and possible consequences; this refers to the systematic accompaniment in which the reformulation of pernicious behavior patterns and the identification of problems associated with coexistence and mutual understanding are achieved. This procedure requires addressing permissive and excessively democratic family patterns that could become pathogenic, making it impossible to develop the autonomy and responsibility necessary to successfully face reality (Maggio, 2020; Morales, 2020c).

In this regard, educational guidance has suggested that the current dynamics in which relationships of socio-emotional and affective dependence persist, requires the

creation of psychosocial conditions that, from the individual and collective point of view, provide strategies associated with dialogue and assertive communication, in which individuals in training can overcome affective deprivation and learn to manage crises that could generate stress, frustrations and possible traumas (Morales, 2020a). In post-pandemic times, this implies fostering the deployment of capabilities to reinforce esteem, security and "confidence in one's own resources and psychological balance" (Nardone, Giannotti, and Rocchi, 2005, p. 28).

By virtue of the above, the family counselor should focus his or her attention on guaranteeing the normal development of the child and the coherent development of the personality, which implies maximizing the affective attention that provides the strategies of well-being and warmth necessary to cope with the changes, as well as the accelerated dynamism with which reality is transforming. In other words, it is a matter of achieving a solid and coherent emotional stability, which guarantees the timely organization of the family structure, in which each member actively responds to the task of "anticipating situations, building repertoires, maps, perceptual-cognitive systems to face the various circumstances of life" (Nardone, Giannotti, and Rocchi, 2005, p. 32).

This set of competencies is associated with a sense of openness to seek support, help and assistance in the midst of complex situations that demand the specialized intervention of the counselor; in this regard, Bisquerra and Pérez (2007) propose that the development of emotional awareness and self-knowledge correspond to factors necessary to identify positive and negative emotions, as well as to promote strategies to regulate and manage feelings and thoughts through "access and appropriation of available and appropriate resources, which allow relating and interacting effectively with others" (p. 8).

Paraphrasing Morales (2021), given the conditions of social confinement that still persist, assistance to the family must address specific aspects such as the attribution of the duties and responsibilities that correspond to each member, that is, to indicate to them what their daily duties are, the tasks they must fulfill and how to face them successfully. Interpreting Nardone, Giannotti, and Rocchi (2005), some areas to be addressed in times of uncertainty are:

To consolidate the willingness and flexibility to adapt to change, which will help in the free development of character and personality.

Generate experiences that encourage the strengthening of interdependence, empathy and cooperation in the performance of daily activities.

Motivate experiential processes that lead to the exploration of skills and the discovery of faculties that make "the acquisition of confidence in one's own personal resources emerge" (p. 38).

Interpreting Morales (2020b), the counselor, in his task of helping in the functional organization of the family, should seek the definition of both explicit norms that reflect desired behaviors, modes of interaction that preserve emotional stability, as well as the maintenance of unity over time through the promotion of permanent relationships, in which confrontation and mistreatment in its various manifestations are avoided. This procedure is understood from the preventive intervention, as the agreement between parents and children in an attempt to mutually and openly understand behavioral guidelines that guide "coexistence, the assignment of activities, responsibility in certain roles and the expression of personal needs" (Valdés, 2007, p. 26).

This refers, among other aspects, to counseling in the communicative dimension through which it is possible not only to share emotionally and socio-affectively, but also to promote a sense of openness that allows each member of the family to place him/herself in the place of the other, offering mutual support from an empathetic position that

strengthens the proper maintenance of order, the autonomy of each member and the independence necessary to solve problems, taking advantage of opportunities to maximize the possibilities of dealing with conflicts. In this sense, orienting the family implies giving functionality to cooperative relationships in favor of common purposes, which implies dimensioning affective closeness and a sense of responsibility, as drivers of psychological health and integral wellbeing.

In view of the above, the role of the family counselor should be understood as a multidimensional process consisting of defining the place of both parents and children, motivating the development of possible relationships between them, until the necessary order is achieved to enhance the functionality of the family. According to Valdés (2007), this involves guiding through an informative approach that allows "structuring and changing the self-assigned roles assigned to the members of the family system without adherence to the principles that define effective performance" (p. 38).

This refers to the search for greater possibilities of quality of life based on the flexibility to manage the transformations derived from social relations, which, in addition to demanding the willingness to learn continuously, also require the development of socio-personal competencies, among which are "self-confidence, stress control, assertiveness, responsibility, empathy and capacity for conflict prevention and resolution" (Bisquerra and Perez, 2007, p. 4). These competencies as determinants of life in society and, especially in the family, suggest focusing attention on self-management as a psychological process that promotes the possibilities of adaptability, conflict management and the establishment of solid bonds that strengthen relationships with others.

Thus, the family counselor should be able to guide parents and children towards the consolidation of self-efficacy to adjust their emotional responses in response to the demands of the so-called new normality, which can be addressed through the management of strategies associated with reciprocity, the management of feelings, the setting of adaptive and adjustable objectives and the use of both receptive and expressive communication, in which the use of positive, assertive and empathy-based vocabulary is privileged. From Muñoz's (2017) perspective, privileging the assertive management of problems requires fostering "the ability to select relevant situations that, due to their recurrence, require deepening, in an attempt to deduce possible solutions" (p.70).

According to Corkille (2010), family counseling as a holistic care process seeks to favor the free development of the personality by strengthening internal confidence and self-esteem, as aspects on which the full exercise of meaningful and constructive relationships that are required to mitigate the implications of crises depends; hence, the commitment is to "help the family in the process of achieving its goals, especially in times of stress, when it is imperative to raise the chances of success as part of full functioning" (p. 12).

Therefore, the aim is to generate psychological and social conditions in which the child is able to cope in a timely manner with emerging conflicts and drastic changes, with the purpose of preparing him/her to face future situations that demand stability, integrity and creativity; this implies a focus on addressing the needs associated with emotional well-being, which involves achieving the development of a full and rewarding life that responds to the conditions for optimal growth.

It is necessary to affirm then, that the family counselor must procure the mental development having as a base the creation of consistent and close bonds, that make possible for parents and children to acquire conscience on the management not only of their feelings but of the deployment of their cognitive dimension that allows them to continue learning; this means, to promote the curiosity, the free thought and discovery of

abilities that could impel the coherent confrontation of the daily situations related to the coexistence, but also, with the academic demands that demand their cognitive disposition to be solved with success.

Paraphrasing Morales (2021), post-pandemia has generated the emergence of new needs or, at least, the reinforcement of needs associated with mastery and fulfillment, which revolve around the management of oneself and the environment in which one lives; this suggests learning to manage success and failure, which involves a high sense of openness and flexibility to see oneself, determine one's own functioning and know one's potential to face the challenges that emerge daily. From the perspective of ECLAC-UNESCO (2020), it is the task of the family counselor to focus his/her efforts on specific dimensions, among which he/she specifies: socioemotional and autonomous learning, self-care, cooperative and team work, cognitive development, active participation in the management of daily situations and the adaptive disposition to face changes.

In the words of Bisquerra (2011), relevant family accompaniment should respond to the following dimensions:

Everyday intelligence. This involves the management of common activities that determine coexistence, among which are: the fulfillment of tasks, functions and roles that help in the consolidation of a positive psychological climate.

Practical problem-solving that enhances and exercises creative and innovative work, as well as the deployment of skills and competencies for life.

Recognition of possible problems. This attitude involves formulating strategies and managing solutions that benefit the family group.

This should be understood as the need to insert the family in the exercise of social intelligence, which enables the adoption of sensitive, communicative and social understanding behaviors, as well as adaptability and openness to new courses of action determined by the dynamism that permeates reality. These social competencies involve the management of interpersonal and intrapersonal intelligence as a way to enhance the integral health that favors the maintenance of parent-child relationships in a respectful, risk-free and positive environment in terms of autonomous and integral development of the personality.

This challenge implies fostering coping skills in which parents and children can learn to manage negative emotions through the effective use of self-regulation strategies that not only resolve the intensity and drastic impact caused by recurring changes, but also the positive approach to impulsivity, anxiety and frustration from a resilient attitude that helps to mitigate the psychological implications, replacing them with emotional states in which the subject learns to flow with the circumstances, taking advantage of each experience to measure the quality of life.

This implies, in times of social tension, guiding parents and children in the commitment to adapt to the new reality through the generation of a climate of affection, love and with special emphasis on social interaction as determinants of positive mental health, which seeks to promote unique strengths in the subjects; guiding the family then implies motivating lifestyles that provide consistency to the development of the personality, for which it is considered essential to insert both parents and children in the exploration of their potential and capabilities that result not only in the achievement of personal but collective beneficial goals.

In view of the above, the role of the counselor should involve the discovery and attribution of meaning to the situations that each family member is going through, since the conditions of prolonged confinement have caused the emergence of negative emotions associated with depression, stress and anxiety, which require systematic monitoring of risks and joint assessment of personal difficulties and obstacles that could potentially

harm the overall well-being and mental health of the most susceptible members of the family. Faced with this scenario, the counselor must promote cognitive openness that favors socioemotional learning (Morales, 2020a), which consists of exploring one's own emotional states to deduce the aspects that require special attention and on which depends the establishment of bonds of mutual help, the exchange of points of view and the joint approach to the situations that are experienced on a daily basis.

This cognitive disposition is seen by humanistic psychology as the result of living together in a climate of trust and understanding, in which each member of the family must take responsibility for the generation of healthy appreciations and interpretations that result in the acceptance of the other; this context supposes, among other aspects, the possibility of establishing appropriate communicative relationships and the development of empathetic bonds with others (Artiles, et al., et al. 1995). The authors indicate that guidance should be assumed as a motivational process focused in several directions: on the one hand, as a way to achieve the improvement of the human condition through the enhancement of its functioning and, on the other hand, as a possibility to achieve adaptation through "the development of skills and competencies to operate optimally on reality" (p. 251).

As proposed by Llavona and Méndez (2012), family counseling as a process linked to human development, seeks the integral personal formation of parents as a requirement to achieve the autonomous development of children throughout the life cycle. This means addressing the following dimensions:

To build a positive environment in which mutual affective support and empathy are privileged.

Promote emotional management, impulse control and feelings.

Encourage respect and recognition of individual particularities associated with personality.

To motivate the consolidation of stimulating contexts that enable a sense of openness to change, adaptability to new conditions and the adoption of positive habits associated with personal autonomy, discipline and commitment to peaceful coexistence.

The above indicates that achieving the full functioning of the personality in post-pandemic times implies achieving integral growth and personal security that enable the emergence of problem-solving skills as well as spontaneity to creatively adapt to the new normality (Sandoval, 2009). Achieving these purposes requires that the family orientation process revolves around the development of personal autonomy, which according to Bisquerra and Pérez (2007) is associated with the strengthening of positive attitudes towards life, allowing parents and children individual self-management in dimensions such as:

Self-esteem. Strengthening self-perception is considered fundamental in critical times such as those humanity is going through, since it is considered that self-concept defines the way in which intrapersonal and interpersonal relationships flow.

Self-motivation. Setting achievable goals and becoming emotionally involved with them is an effective way to overcome difficulties, demotivation and discouragement. Hence, it is necessary to create a routine of activities in which both parents and children adhere to specific tasks that demand the integration of efforts and cooperative ties in their consolidation.

Positive attitude. Professional counseling should involve the change of good habits for others with greater benefit, which cooperate with the adoption of a positive attitude towards circumstances, which should be assumed as challenges and opportunities for growth.

Responsibility. As part of the autonomous and independent development, family accompaniment requires the assessment of behaviors, risks and implications that may arise from making the right or wrong decisions.

Emotional self-efficacy. It refers to the capacity to value one's own reach and potential, on which depends one's effective disposition to involve oneself in the fulfillment of individual and collective purposes.

The above should be associated with the joint construction of a collective and personal life project, in which each member of the family defines purposes, goals and interests that lead to their full realization and holistic attention to their needs. This suggests, among other aspects, the empowerment of faculties, talents and skills to ensure the positive functioning of coexistence relationships, which should guarantee not only different alternatives for multidimensional growth but also the fulfillment of goals linked to a dignified life in conditions of socioemotional stability (Camps, 2000). Guiding the family therefore requires promoting social competencies that improve the bonds and interactions between parents and children, which requires the mastery of fundamental skills such as: effective-assertive communication, active listening and empathic understanding, sharing emotions in conditions of trust and with a dialogic attitude.

Optimizing the conditions of family coexistence, responds to a core function that involves advising for life and the consolidation of integral wellbeing, an objective widely associated with the achievement of significant advances that progressively help to organize personal priorities in a healthy and balanced way; this implicitly refers to the development of evaluative and critical attitudes that help to prioritize needs and identify the potential resources that should be allocated for their consolidation. This personal effort is linked to autonomous development and the capacity to self-manage one's own well-being, which contributes to the commitment to achieve a full and harmonious life.

From a psychosocial perspective, family counseling as a preventive process constitutes a means for the transformation of living conditions, by making available to parents and children alternatives for change with respect to present circumstances, urging them to foresee possible risk factors that could make coexistence relationships unsustainable; hence, Montero (2004) proposes the approach to family contradictions and limitations, through the promotion of emotional education that will dimension the capacities to "detect needs, overcome negative situations and have the resources to achieve the active role of understanding the world and the new demands in which one lives" (p. 126). 126).

According to Cloninger (2003), part of the family counseling actions to be undertaken in times of chaos and uncertainty are associated with "the adaptation and adjustment of the individual to the demands of life; this involves dealing not only with the demands of the context but also with the opportunities provided by the environment" (p. 9). To this end, it is considered essential that the recipients of professional help be oriented towards the reformulation of their ways of thinking and the change of cultural patterns that allow the discovery of capabilities, based on which they can satisfy their personal goals and objectives.

Paraphrasing Corkille (2010), it is in the family setting where the management of the daily situations that human beings go through is initially learned; hence, the importance of educating for the management of emotions and feelings, which implies familiarizing parents with the perception of the emotional states their children go through, helping them to accept them, express them and not repress them. These current conditions require the family counselor to bring the subjects closer to the use of intervention actions such as: active listening in which experiences and difficulties are shared, while offering alternatives on how to face each situation; avoiding the issuance of judgments and

suggesting the repair of behaviors and the adjustment of negative behaviors; seeking together counselor-family, the deduction of causes, reasons and possible consequences of habits that could threaten the peaceful and harmonious coexistence.

In addition, the family must be willing to deal with emotional burdens and negative feelings from a resilient attitude that prepares parents and children to see in each frustrating situation the possibility to learn, to redirect and reformulate their plans, to adjust objectives to changing situations as adaptive responses that will enable them to act in the face of the challenges of a world immersed in recurrent transformation. Interpreting Zorrilla (2007), the aim is to enable each member of the family to understand the meaning of each obstacle and difficulty, in which to identify potential opportunities for growth that bring satisfaction and self-realization to both parents and children. From the humanistic psychology point of view, this is nothing more than guiding the family to take advantage of crises as a propitious moment to discover qualities and virtues that help in the process of transcending towards the harmonious and balanced development of the personality.

For this reason, it is necessary to assume the family as an open system in recurrent transformation, conditions that require the facilitation of actions that from a broad, holistic and systemic vision help in addressing the main problems between parents and children, among which are: difficulties in managing emotions and breaking communication barriers, inability to regulate feelings and manage differences from a conciliatory position, capable of opening the possibilities to promote changes that result in positive mental health. According to Montero (2004), achieving optimal conditions of well-being in both parents and children requires interventions that privilege "respect, the participation of stakeholders and the recognition of the pluralism of interests, purposes and ways of seeing the world" (p. 64).

The approaches of social psychology show that it is in the family setting where integral wellbeing is promoted, as it is assumed as "a source of affection, sympathy, security, understanding and reinforcement, a place to experiment and a point of support to achieve autonomy and independence" (Myers, 2003, p.33). This implies, among other aspects, the promotion of responsible habits associated with health and hygiene, which guarantee aseptic conditions and the management of the sanitary norms necessary to guarantee the safety of the family.

In view of the above, part of the competencies of the family counselor are associated with the continuity of the learning processes, in which, by means of an agreement between parents and teachers, the teaching of preventive measures is privileged and the adoption of habits and routines that enhance health safety conditions is promoted. This means organizing and structuring lifestyles that protect both physical and mental health; which, in turn, refers to the commitment to guide parents in the task of cooperating not only in the fulfillment of academic activities, but also in fostering resilient crisis management, the exchange of experiences and the psychosocial support necessary to positively manage stress and the emergence of negative emotions.

Therefore, family accompaniment in critical times such as those experienced, requires focusing efforts around:

1. Raising the self-esteem of both parents and children, because from a psychological point of view, a person with a weak self-concept is more prone to adopt negative thoughts and feelings, as well as the feeling of incompetence and the propensity to fail to meet daily obligations.
2. The promotion of values such as tolerance, respect for human dignity and mutual recognition, from which to achieve higher levels of acceptance, correction of behaviors and adjustment of harmful behaviors, which prevent the

emotional reinforcement necessary to achieve personal improvement and the integral wellbeing of the family.

3. The promotion of experiences that privilege altruism, cooperation, empathy and resilience, as attitudes that dimension the ability to receive and provide support, and solve problems through reciprocal support that reduce the violation of psychological integrity, as well as the deterioration of relationships that support positive coexistence.

In summary, accompanying parents and children in crucial moments such as the ones humanity is going through, implies strengthening communicative relationships and increasing affective and emotional quality, with the purpose of motivating positive bonds that contribute to overcoming conflicts and the articulation of efforts around the consolidation of psychosocially favorable scenarios for the development of the personality. This implies providing the necessary strategies to generate active participation, commitment and flexibility for family members to adapt to changes, as well as "increasing their capacity to give their own answers and manage their own reality" (Garriga, 2020, p. 18).

Discussion and conclusions

Guiding the family today is a complex challenge associated with reconciliation and the meeting of parents and children in a relationship of synergic cooperation, mutual help and affective support, in which the consolidation of an organized life is achieved, generating possibilities of holistic development, balance and well-being. This refers to family counseling as a fruitful field to promote multidimensional human growth, by providing communicative and dialogic strategies that result in the consolidation of interpersonal and intrapersonal relationships that empower parents and children to act positively and coherently in the social context.

Based on the above, it is possible to specify that the role of the family counselor in times of post-pandemia, revolves around the positive development of the personality, by providing the interest for the integral well-being and quality of life, tasks that revolve around the adoption of healthy styles of coexistence, in which the management of conflicts and obstacles as challenges to grow multidimensionally prevails; this implies strengthening the feeling of community and flexibility to face emerging changes with a positive attitude. This implies guiding parents in the process of consolidating stimulating environments for their children, in which values such as autonomy, interdependence and respect are strengthened, but also symmetrical communication and a dialogic attitude that motivates the approach to conflicts through the unification of efforts based on cooperation.

In other words, counseling the family as part of the functions of the counselor, involves strengthening relationships between parents and children, in which mutual understanding is achieved, the handling and management of divergences, and coping from the emotional intelligence of risk factors associated with: confusion, tension, anxiety and stress, as those responsible for the deterioration of intrapersonal and interpersonal relationships, as well as the achievement of both individual and group goals that promote the functionality of the family. This means fostering the management of communicative processes and personal responsibility to create solidarity circuits that result in the expansion of the personality and the well-being necessary to overcome inadequate learning, adopt positive habits and reduce risk factors that could threaten the socio-affective-emotional stability of the family.

Therefore, family accompaniment in times of pandemic requires both individualized and group approaches, with the purpose of identifying unsatisfied emotional needs and deducing burdensome situations that need to be addressed immediately, thus avoiding acute states of frustration, depression and stress that, together with prolonged confinement, can lead to episodes of violence and aggression; in this sense, it is considered essential to reduce any trigger of conflicts through preventive processes that integrate the creation of a psychosocially positive environment, in which empathetic understanding, intelligent management of emotions and feelings, as well as the adoption of healthy habits, prevail.

In summary, the pandemic caused by Covid-19 led to the emergence of conflictive situations at the family level as a result of the global application of measures of prolonged social confinement, which forced mankind to reformulate their lifestyles and ways of relating to each other; this should not be seen as a negative aspect, but on the contrary, the possibility to generate processes of integral and constructive counseling for parents and children, in an attempt to maximize the free development of character and personality, through the adoption of flexible, spontaneous, resilient and open to learning attitudes; all this constitutes an invitation to systematic, individualized and holistic accompaniment in which emotional balance is privileged as well as the satisfaction of affective needs on which depends the development of autonomy and personal interdependence.

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WOMEN, ADDICTION AND GENDER VIOLENCE

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Abstract. Women victims of gender violence (GV) show greater dependence on substance use, are more likely to suffer from concomitant psychiatric problems and have greater difficulty accessing, continuing and finishing treatment. Recurrent consumption increases associated problems and decreases withdrawal. There is still not enough evidence on effective treatments for this population, since most therapeutic protocols are based on what is known about male drug addiction. This systematic review analyzes the empirical studies that investigate the relationship between female victims of gender violence, substance use and their mental health. A search was carried out in the main databases (PubMEd, Scielo, Dialnet and Web of Science) and after two screening phases, 26 articles were selected. It has been proven that there is a high prevalence of gender violence among women who consume more than one substance of abuse and, in relation to the partner, the risk of suffering gender violence increases if both are consumers, in addition, in most cases, there is the phenomenon of "bidependence". Gender violence has serious consequences in all áreas of women´s lives, increasing the risk of various physical and mental illnesses, including death. Looking to the future there is an urgent need for studies that promote equitable relationships between men and women from an early age, as well as adequate and efficient interventions for this profile of women.

Keywords: women, addiction, substance use disorder, gender violence, mental health.

MUJER, ADICCIÓN Y VIOLENCIA DE GÉNERO

Resumen. Las mujeres víctimas de Violencia de Género (VG) muestran mayor dependencia al consumo de sustancias, tienen mayor probabilidad de sufrir problemas psiquiátricos concomitantes y mayor dificultad para acceder, continuar y finalizar un tratamiento. El consumo recurrente incrementa los problemas asociados y disminuye la abstinencia. Aún no hay suficiente evidencia sobre tratamientos eficaces para esta población, ya que la mayoría de los protocolos terapéuticos están basados en los conocimientos que se tienen sobre la drogadicción masculina. La presente revisión sistemática analiza los estudios empíricos publicados hasta la actualidad que investigan la relación entre las mujeres víctimas de VG, el consumo de sustancias y su salud mental. Se realizó una búsqueda en las principales bases de datos (PubMed, Scielo, Dialnet y Web of Science) y tras dos fases de cribado se seleccionaron 26 artículos para su completa revisión. Se ha comprobado que existe elevada prevalencia de VG entre las mujeres consumidoras de más de una sustancia de abuso y, en relación a la pareja, el riesgo de sufrir VG aumenta si ambos son consumidores, además, en la mayoría de los casos, se da el fenómeno de la "bidependencia". La VG tiene graves consecuencias en todos los ámbitos de la vida de la mujer, aumentando el riesgo de diversas enfermedades físicas, mentales, incluso la muerte. De cara a un futuro urgen estudios que fomenten las relaciones equitativas entre hombres y mujeres desde edades tempranas, así como intervenciones adecuadas y eficientes para este perfil de mujeres.

Palabras clave: mujer, adicción, trastorno por uso de sustancias, violencia de género, salud mental.

Introducción

From the definitions and data that have been collected over the years, we know that the history of addictions goes hand in hand with the history of man.

The dictionary of the Royal Academy of the Spanish Language defines addiction as "the habit of those who allow themselves to be dominated by the use of some intoxicating drug or drugs, or by an excessive fondness for certain games".

The WHO defines it as "a compulsion to continue using by any means, a tendency to increase the dose, a psychic and usually physical dependence on the effects and harmful consequences for the individual and society".

The APA defines it in the following terms: "dependence to a substance, whenever three or more factors are manifested, among a list of seven, of which I would highlight: consumption of a substance in large quantities, existence of a persistent desire, abandonment or reduction of important activities or continued consumption of the substance" (American Psychiatric Association, 2000).

Smoking tobacco, drinking alcohol or chewing coca leaves, among others, are some examples of substances that have been used and are still being used today (Becoña Iglesias et al., 2016). The physical and psychological consequences of drug use are not the same for men and women. Physically, the consumption of addictive substances seems to hook women more quickly than men, and both men and women show a significant increase in problems associated with consumption after starting it, however, women show greater sensitivity to mental disorders (Ortiz et al., 2006). Most therapeutic protocols are based on existing knowledge about male drug addiction. For these reasons, specialists call for prevention and specific treatments for women where different intervention challenges may arise. Also, as in the general population, drug users are socially, personally and culturally pressured. In the case of women consumers, these pressures are compounded by feelings of guilt and shame resulting from the stigmatization of consumption. If we make a comparison between men and women who seek treatment, it is observed that women, on many occasions, have minor children in their care, tend to live with partners who are also consumers, are more likely to have suffered abuse during childhood and have a higher incidence of concomitant psychiatric problems (Lynch et al., 2002). All these factors make it more difficult for women to access, continue and complete treatment.

The WHO defines a drug as "any substance that when introduced into the living organism can modify one or more of its functions, altering thoughts, emotions and behaviors in a direction that may make it desirable to repeat the experience and may provoke mechanisms of tolerance and dependence" (Kramer et al., 1975). Drugs have been used since the existence of the most ancient civilizations, for religious and medical purposes, as a means of escape and to relieve pain (physical and mental). Alcohol and tobacco are considered the most prevalent "classic" drugs and are legal. Both are responsible for the largest number of preventable deaths today. The difference between tobacco and alcohol and other social drugs such as cannabis and cocaine lies in the ease of their acquisition. According to the latest report of the National Plan on Drugs (2021) tobacco, behind alcohol, is the most consumed substance among the population aged 15 to 64. Smoking rates in people with Substance Use Disorder (SUD) is much higher than

the general population, ranging from 74% to 98%. Likewise, in the new times, other types of addictions have arisen, in the heart of a so-called "welfare" society, consumerist, that fills us with materiality and empties us of spirituality, a society that makes us more and more vulnerable and weaker.

Sanz (2019) has observed that patients with TUS present psychopathological peculiarities and certain behaviors that deserve special attention, e.g., behavioral changes (getting into trouble frequently, acting out, unexplained personality changes), physical changes (abnormally sized pupils, sudden weight loss or gain, tremors) and social changes (sudden change of friends, legal problems linked to substance use, debts). In addition, repeated substance use leads to a series of neuropsychological and neuroanatomical changes, mainly altering different functions such as attention span, concentration, integration, information processing and execution of action plans. From a neuropsychological point of view, the most frequent alterations are in the mechanisms responsible for regulating decision-making and inhibitory control (Fernandez et al., 2011), specifically in the frontal lobe and associated cognitive functions (Yucel et al., 2007). Psychoactive substances have been shown to interfere with the way neurons receive, send and process signals transmitted by neurotransmitters. Although the drugs are intended to mimic our brain chemicals, they do not activate neurons in the same way as a natural neurotransmitter, causing abnormal messages to be sent through the network. Substances such as alcohol, cocaine or amphetamines can cause neurons to release increased amounts of natural neurotransmitters or, by interfering with transporters, prevent the normal recycling of these brain chemicals. This amplifies or alters the normal communication of neurons and therefore, when consuming, "surges" of neurotransmitters are produced (e.g., large amounts of dopamine at the brain level) that result in a great feeling of pleasure, which favors the need to consume again to feel that intense sensation and continuously seek the substance (Diaz et al., 2010).

Gender Violence and Addiction

Of particular relevance in the present work are the rates of physical, psychological and sexual gender-based violence (GBV) victimization in women with TUS, being higher than those in the general population (Cohen et al., 2006; El-Bassel et al., 2011; El-Bassel et al., 2005; Miller et al., 1993), ranging from 40% to 70%. According to studies, GBV is generating social alarm in recent years, especially due to its diffusion in the media, which has led to growing interest and concern, and has become a public health problem, both at the level of research and of prevention and intervention programs, national plans, strategies and legislation aimed at tackling this problem (Llopis et al., 2005). WHO estimates that one-third of women worldwide have been victims of GBV at least once in their lifetime (WHO, 2003). GBV victimization is strongly related to mental health problems and recent evidence confirms that about 20% of women who experienced GBV developed a new psychiatric disorder (Okuda et al., 2011). Compared to women in the general population who have not experienced GBV, women who have experienced GBV show a higher risk of serious health problems, unwanted pregnancies, abortions and serious psychopathologies, usually: anxiety, depression, post-traumatic stress disorder (PTSD) and addiction (Tirado-Muñoz., 2015), as well as borderline personality disorders and eating disorders (Marsden et al., 2000). GBV leads to increased or sustained substance abuse, increased physical illness and increased utilization of health care resources, as women with SUD who experience GBV are more likely to engage in unsafe sex and injection practices, resulting in increased risk of exposure to transmission of sexual viruses and infections (El-Bassel et al., 2005). Therefore, it would be of particular importance to analyze and take into account the relationships that women with SUD have with their respective partners and to address a whole range of aspects related to their lives,

which could include SUD itself, psychiatric comorbidity and risk behaviors. The concurrence that exists between substance use disorders and other psychiatric disorders is known as "dual pathology" and different studies that have been carried out have found that the prevalence of this phenomenon is between 15 and 80% (Casas et al., 2002; Flying et al., 2008; Mèlich., 2008).

At this point, and since this paper will address the relationship between GBV and substance use, I consider it necessary to briefly review the concept of GBV. It is evident that, over the years, there has been a growing social awareness of the seriousness of violence against women and the obstacle it represents (Fiol et al., 2000). The concept that has been used to name this serious reality is what we know as gender-based violence (GBV). It is a problem that has become widespread and increasing in almost all societies, takes many forms and extends to all areas (at work, at home, in the street and in the community as a whole). Violence against women affects all spheres of their lives (autonomy, productivity, ability to care for themselves and their children, and their quality of life), which increases their risk and may even lead to death. This violence is suffered by the mere fact of being a woman, hence the name GBV (García-Moreno, 2000). Likewise, the definitions used years ago were very restricted, "reductionist", since they gave greater importance to physical harm, leaving aside psychological violence (frequently highlighted by the victims), therefore, over the years, broader definitions have been used, such as that of the United Nations General Assembly: "any act of violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to adolescent and adult women, as well as threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (United Nations, 1993).

It should be noted that GBV can occur both within and outside of family relationships, although it is important to note that there is a higher risk of GBV from an intimate partner or family member. Although there are other types of violence, the most frequent are: economic, sexual, psychological and physical (Tortajada Navarro, 2008). According to Corsi (1998) economic violence can occur in situations where physical violence does not occur. Usually, women are deprived of the means to cover their personal needs or those of their children, and it is also considered economic violence when women are deprived of working outside the home. Sexual violence is more recently occurring within the context of a couple's relationship, which has serious physical and psychological repercussions for women, as well as increased risks of sexual and reproductive problems (sexual dysfunction, sterility, sexually transmitted diseases, unwanted pregnancies... Letourneau et al., 1999). Thirdly, psychological violence refers to the maintenance of repeated verbal and non-verbal hostility, which seriously damages the emotional stability of the victim and can lead to alcohol and other drug abuse, depression and anxiety, eating and sleeping disorders, feelings of shame and guilt..... According to Echeburúa et al. (1996) this type of violence manifests itself through reproaches, insults, threats, contempt, indifference... which causes the victim to end up in a state of constant anguish. Physical violence includes all corporal punishment, forms of torture and cruel, inhuman or degrading treatment or punishment, as well as intimidation. Refers to any punishment that uses physical force for the purpose of causing pain or discomfort, no matter how slight. The consequences of this type of violence are basically various injuries, bruises, fractures, tears and abrasions... and, ultimately, death (homicide, suicide...), leaving multiple sequelae on the victims. The World Report on Violence and Health by WHO (2003) outlines a series of factors that are associated with the risk of women suffering violence by men, among them are: individual factors (young age, excessive drinking, depression, having witnessed or suffered violence during

childhood...), relationship factors (poor family functioning, conflict and instability in marriage, male dominance in the family...), community factors (poverty, weak community sanctions against violence...) and social factors (traditional gender norms and social norms that support violence). Echeburúa (1996) highlights some factors or reasons that increase the probability that women are victims of violence: economic, social, family and psychological reasons. They are generally women who have a low cultural level, no or few activities outside the home, economic dependence on their husbands, low-skilled jobs, little social support network, young children, fear the future alone and minimize the problem as a result of a certain habituation to the stressful situation, which makes them more vulnerable and more likely to appear in such a situation.

Bronfenbrenner's Ecological Model

It is particularly relevant, in my opinion, to mention the ecological model in order to complete our understanding of this concept. It is one of the most widely recognized theoretical-explanatory models in research on this topic. Heise (1998) explains violence by taking into account the interaction between personal, situational and sociocultural factors, i.e., it is not an isolated phenomenon, but the characteristics of the victim's social and immediate environment must always be taken into account, as well as the characteristics of the person who suffers it. This model is also divided into four levels: level 1 refers to the personal history or individual level (witnessing spousal violence in childhood, suffering abuse during childhood or parents who are absent or reject their children, drug addiction, psychic or personality disorders, etc.), which can influence the behavior of individuals and increase their chances of becoming victims or perpetrators of violent acts) which can influence the behavior of individuals and increase the probability of becoming victims or perpetrators of violent acts; level 2 would be the microsystem or family level (male dominance within the family, male control of family assets, alcohol consumption and marital/verbal conflict), which, as in level 1, can increase the risk of suffering or perpetrating violent acts against women; level 3 would be the exosystem or community level (low socioeconomic status/unemployment, isolation of women and family and criminal peer groups) and level 4 would refer to the macrosystem or sociocultural level (male entitlement/ownership of women, masculinity associated with domination and aggression, rigid gender roles, approval of interpersonal violence and approval of physical punishment). The most significant aspect of the model and a key aspect to be taken into account in understanding the phenomenon is the importance it gives to the interaction between the factors that make up the four levels, i.e., there is no single causal factor, but rather the interaction between the factors is what can favor violence or, on the contrary, protect against it. The relevance of this model is that it transcends reductionist and simplistic interpretations that focus on individual and family aspects, understanding the problem as something social and structural.

Addiction has gender and gender influences addiction. Being a woman and a drug user is one of the main risk factors for violence. Several authors state that women in treatment for addiction are victims of GBV at three times the incidence of the general population, and 50-80% have been victims of childhood sexual abuse (Blume, 1994; Swift, 1996; El-Bassel et al., 2001; NIDA, 2001; Frye et al., 2001; El-Bassel et al., 2003). Therefore, the objectives of the present work are: 1) To deepen the most relevant aspects of gender violence, and 2) To analyze the relationship between the GBV suffered by women throughout their lives and the development of various psychopathologies and, among them, the frequent appearance of a dual pathology, in which the consumption and addiction to different substances becomes a determinant of the intervention.

Method

A systematic review of quantitative empirical studies examining the relationship between gender-based violence and substance use was carried out. Initially, a generic search was carried out in Google Scholar to assess the feasibility of the topic and to get a first impression of the amount of information that could be found. With this overview, a second, more specific search of the following databases was conducted on November 15, 2021: PubMed, Scielo, Dialnet and Web of Science.

PubMed is a search system that provides access to different bibliographic databases. In other words, it can be stated that it is a search engine with free access to MEDLINE data, within which you can find citations, abstracts, references to other works and access to certain reliable databases.

Scielo is a virtual library made up of a large number of scientific journals in Spanish that have been selected on the basis of a series of agreements that guarantee the quality of the documents included in it.

Dialnet is considered one of the most important bibliographic portals in the world due to the amount of research in Spanish that can be found in it.

Web of Science is an on-line platform that contains bibliographic information databases and information analysis resources that allow the evaluation and analysis of research performance. It provides analysis tools that allow to assess its scientific quality, its content is multidisciplinary and the information it contains is of a high academic and scientific level.

The terms used to perform the search were as follows: *"gender violence" AND "substance use disorder"*, *"gender violence" AND "alcohol"*, "gender violence and substance use", "gender *violence" AND "drugs"*.

The inclusion criteria used for the literature review were as follows: 1) be a research article; 2) publications in Spanish, English or Portuguese; 3) publications between 2016 and 2021 included; 4) subjects suffered gender-based violence and/or consumed any substance. It is also essential to mention the exclusion criteria taken into account when discarding, eliminating or rejecting part of the articles found: 1) child population; 2) single case studies; 3) literature reviews on the subject.

In relation to the initial samples obtained in each of the databases indicated by using the delimited terms, it should be noted: in the case of Dialnet, an initial sample of 69 documents was obtained, which have been reduced to 8 by applying the exclusion criteria described above as filters. In the Scielo database, the initial sample was 86 documents, of which 5 were valid; in the case of Web of Science, an initial sample of 29 documents was obtained. Of these, only 4 were selected, either because of the exclusion criteria or because some of them required requesting the article. Finally, a total of 2938 articles were found in PubMed, of which 10 were selected.

Thus, if the documents found in the previous databases are aggregated, the initial sample consisted of a total of 3122 documents, of which, after applying the corresponding exclusion criteria, only 27 remained.

It is essential to point out that, of the 27 documents selected, a further screening was carried out on the 18th to discard all duplicate records (n = 1). Thus, the total number of documents in the sample was 26.

Results

After searching different databases, the main results of the present work are shown below:

Table 1
Items used

Author(s)	Sample (N)	Instruments	Procedure	Results
Álvarez et al. (2020)	N = 1046 (387 men and 659 women). Mean age = 22.13 males and 21.84 females.	1. Surveys specifically designed to learn about the manifestations of sexual violence that occur in nightlife.	1. Data collection from April to June 2019 in the center of Malaga from 23:00h to 3:00h. 2. Quantitative data analysis using SPSS (version 19).	1. Most women have experienced situations of "normalized sexual violence" in nightlife venues, while for men it is more circumstantial.
Amaral et al. (2016)	N = 197 women.	1. Form with sociodemographic variables related to the aggressor, the complaint and the type of violence experienced by the woman.	1. The medical records of the women were selected using Microsoft Office Excel. 2. Data analysis using SPSS (version 20), Pearson's chi-square and Kormogolov Smirnof test.	1. There were no significant changes in the profile of women victims of aggression sheltered in protection units in the State of Caerá before and after the enactment of the LMP (Lei Maria da Penha). 2. The aggressors, after the enactment of the law, have more criminal records and use of illicit drugs.
Bryant et al. (2017)	N = 421 women.	1. General Health Questionnaire (GHQ-12). 2. WHO Disability Adjustment Schedule (WHODAS). 3. Posttraumatic Stress Disorder Checklist (PCL-5). 4. Psychological Outcome Profiles (PSYCHLOPS). 5. Life Events Checklist (LEC).	1. Participants randomized in a 1:1 ratio to PM+ (Problem Management Plus) or EUC (enhanced usual care) behavioral treatment.	1. PM+ moderately reduced psychological distress compared to EUC.
Caldentey et al. (2016)	N = 46 women over 18 years of age.	1. Ad-hoc questionnaire of sociodemographic and clinical data 2. Hurt, Insulted, Threatened with Harm, Screamed (HITS) Questionnaire.	1. Both questionnaires were administered by a researcher. 2. A descriptive analysis of the sample was performed using Chi-square tests, Fisher's exact test and	1. High prevalence of GBV among female users of more than one substance of abuse.

		3. Composite Abuse Scale (CAS).	Student's t-test in SPSS version 20. 3. The sample was divided according to whether or not they had experienced GV according to the CAS. 4. Cohen's kappa coefficient was calculated. 5. A receiver operating characteristic (ROC) curve analysis was performed to determine the cut-off point of the HITS scale.	
Choo et al. (2016)	N = 40 women.	1. Women's Health Survey 2. BSAFER (Web-based program). 3. Client Satisfaction Questionnaire (CSQ-8). 4. 10-item Systems Usability Scale (SUS). 5. Modified version of the Timeline Followback (TLFB). 6. Composite Abuse Scale (CAS).	1. Participants completed web-based assessments on drug use and GBV. 2. The software randomly assigned them to the intervention or control groups.	1. A web-based emergency department intervention for TUS and GBV in women demonstrated its feasibility and acceptability.
Crespo et al. (2017)	N = 50 battered women and 50 control women over 18 years of age.	1. Demographic variables. 2. Test Consumption Revised version (AUDIT-C). 3. Global Assessment of Posttraumatic Stress Questionnaire (EGEP-5). 4. Beck Depression Inventory-II (BDI-II) 5. Beck Anxiety Inventory (BAI).	1. Participants were assessed in a single session in which they completed a semi-structured interview, questions on drug and psychotropic use, and self-administered instruments in the self-report format.	1. The results suggest that Spanish battered women may turn to psychotropic drugs instead of alcohol to cope with their symptoms.
Dawson et al. (2016)	N = 70 women over 18 years of age.	1. Problem Management Plus (PM+).	1. Women were randomized to receive 5 sessions of PM+ (n	1. PM+ had the potential to improve the mental health of women, in particular there were

		2. Enhanced Treatment As Usual (ETAU). 3. GHQ-12. 4. WHO-DAS 2.0 5. Five key questions from the WHO Violence Against women Onstrument (WHO-VAW). 6. Life Events Checklist. 7. PTSD Checklist for DSM-V, Civilian Version (PCL-5).	= 35) or ETAU (n = 35). 2. A post-treatment evaluation was carried out.	greater reductions in post-traumatic stress disorder (PTSD) compared to those who received ETAU.
Galvão et al. (2018)	N = 15 (60% men). Average age = 24 years.	1. Semi-structured interviews. 2. Braun and Clarke's (2006) Thematic Analysis Method.	1. Interviews are conducted in a therapeutic community. 2. They were recorded under informed consent.	1. There are several structural factors that impact the lives of the participants: gender discrimination, poor schooling, socioeconomic marginalization and exclusion associated with insufficient and inadequate public policies, i.e., there is economic and socio-cultural poverty in relation to drug abuse.
García-Esteve et al. (2021)	N = 156 women. Average age = 30.4 years.	1.Sociodemographic and clinical variables related to sexual assault. 2. The Acute Stress Disorder Interview (ASDI). 3. Dissociation Questionnaire in Emergencies (DQE, ad-hoc). 4. Peritraumatic Distress Inventory (PDI). 5. State-Trait Anxiety Inventory (STAI). 6. Early Trauma Inventory-Short From (ETI-SF).	1. Prospective cohort study. 2. Assessment of ASD (acute stress disorder) 14.7 days after sexual assault using the ASDI. 3. Analyses were performed using SPSS version 23 and Data Analysis and Statistics Software (STATA version 14).	1. The prevalence of ASD in female victims of sexual assault was high and affected approximately two-thirds of the sample.

		7. Scale for the Evaluation of Stress-Social Support (SESSS)		
Guillén Verdesoto et al. (2021)	N = 186 (150 females, 35 males and 1 participant who did not record his or her sex). Average age = 22 years.	1. Conflict in Adolescents Dating Relationships Inventory (CADRI). 2. Multidimensional Jealousy Scale (MJS). 3. Fidelity and stress scales during the couple relationship. 4. Level 2 -substance use- adult.	1. Cross-sectional design. A survey was carried out in paper format with the items of the instruments and those designed ad-hoc. 2. Afterwards, there will be an opportunity for dialogue to clarify doubts. 3. Data analysis using SPSS version 20.1 (Mann-Whitney and Sperman's Rho tests, Kormogolov-Smirnov test and logistic regression model according to the Wald test).	1. A significant association was found between belonging to the most violent group and behavioral jealousy and stress experienced during the couple.
Hahn (2020)	N = 124 adolescents.	1. Risk Reduction Through Family Therapy (RRFT). 2. Clinical interviews and standardized questionnaires. 3. Timeline Followback (TLFB) to confirm the use of substances other than tobacco. 4. Global Apparaisal of Individual Needs (GAIN) for PTSD symptoms.	1. Each participant and a caregiver completed a structured clinical interview and standardized questionnaires at 5 time points: pre-treatment (baseline), 3, 6, 12 and 18 months after baseline. 2. Participants are randomized to RRFT or to the control condition that received treatment as usual (TAU). 3. Statistical analysis.	1. Childhood exposure to traumatic events, particularly experiences of interpersonal violence (IPV; sexual abuse, physical abuse, witnessing violence...) increases the risk of negative behavior, substance use problems and PTSD. 2. Higher efficiency of RRFT vs. TAU.
Ham et al. (2019)	N = 128 (50% women). Age = between 21 and 29 years old.	1. Alcohol Use Disorders Identification Test. 2. Sexual Experiences Survey Short Form Victimization.	1. Participants were initially informed that in the study they would have to complete questionnaires, consume an alcoholic or non-alcoholic beverage, listen to a story describing a social situation and	1. Alcohol intoxication makes it difficult to detect the risk of sexual assault.

			finally answer a series of questions about the story. 2. They could not consume alcohol or other drugs 24h before the study. 3. An analysis of variance was then performed using ANOVA and a SEM structural equation model was estimated.	
Hildebrand et al. (2017)	N = 87 (44 men and 43 women). Age = between 19 and 32 years old.	1. Psychiatric Screening (Symptom Ckecklist 90, SCL-90). 2. Alcohol Use Disorders Identification Test (AUDIT). 3. Personality Inventory (Health-relevant Personality 5 Inventory, HP5i).	1.Participants randomized to alcohol or no alcohol group. 2. Watching a movie depicting intimate partner violence (IPV) between a man and a woman. 3. 10 minutes after watching the film, participants are interviewed to rate how aggressive and guilty they perceived the characters in the film. 4. Data analysis using SPSS (version 18).	1. Alcohol can alter bystanders' perception of neutral interaction, physical aggression and guilt in an IPV situation. Among the main reasons are: reduced ability to sustain attention and decreased anxiety/inhibition. 2. Sober participants experienced the film as more unpleasant versus the alcohol group. 3. Alcohol affects bystander perception of aggression and blame in an IPV scenario. 4. Alcohol makes aggressive behaviors neutral, as well as a more acceptable attitude towards the use of physical violence.
Hill et al. (2018)	N = 179 women. Average age = 18.9 years.	1.Conflict Tactics Scale (CTS2). 2. PTSD Checklist-6 (PCL-6). 3. Center for Epidemiological Studies-Depression Scale (CES-D). 4. Demographic questionnaire for substance use. 5. Timeline Follow-back (TLFB).	1. The initial evaluation was carried out by means of a computerized program (90 minutes). 2. Descriptive statistics and bivariate correlations were calculated for all variables.	1. Women who were physically assaulted and sexually victimized by their intimate partners had more condomless sex. In addition, posttraumatic stress symptoms significantly influenced the relationship between physical assault and sexual risk behavior and

				sexual victimization and sexual risk behavior.
Lennon et al. (2021)	N = 28 women. Age = between 20 and 34 years old.	1. Semi-structured interviews. 2.Sociodemographic questionnaires.	1. Recruitment by purposive sampling. 2. Participants are divided into 4 focus group discussions and key informant interviews are conducted. 3. They also conduct sociodemographic questionnaires.	1. There are four main factors related to GBV: cultural beliefs, jealousy, alcohol abuse, and personal history of GBV, with the latter and cultural beliefs being the most strongly associated with GBV. In addition, the risk of GBV increases if there is an interaction between all factors (following the ecological model of violence).
Llopis et al. (2016)	N = 1043 (518 women and 525 men). Average age = 48 women and 53 men.	1. Reports that evaluate different variables (age, sex, education, race...), in addition to the existence of abuse, imputability, mental state and physical injuries.	1. Descriptive study in which participants complete a series of interviews. 2. Data analysis using SPSS (version 17 for Windows).	1. High percentage of cases assessed as intimate partner conflict, well above the cases assessed as GBV and abuse. 2. Most frequent emotional pathologies in affected women: anxious and depressive symptomatology. 3. Relationship of certain situations of mental disorder and substance use with behaviors of marked conflict.
Marotta et al. (2018)	N = 510 men and women.	1. Biological Testing. 2. Classification Indicators for Latent Class Analysis. 3. Potential Predictors of Latent Class Membreship.	1. Latent class analysis (LCA) was performed on sexual and drug risk behaviors.	1. 3 "risk categories": low, medium and high. 2. In the low-risk group, the main focus should be on sexual risk behaviors, with less attention paid to drug-related risks. In the medium risk group, the focus should be on both risks and in the high risk group, HIV prevention programs should already be carried out by addressing the relationship between the use of various drugs and risky sexual behaviors.

Natera et al. (2021)	N = 1096 men and women.	1.National Addictions Survey (ENA) of Mexico, 2011, specifically from a representative sample that answered the section on intimate partner violence. 2. Intimate Partner Violence Scale. 3. Measurement of other variables: marital status, substance use, context and help-seeking.	1. A standardized questionnaire is passed and answered through a direct interview in a computerized version. 2. Analyses were then performed using STATA Version 13.	1. The prevalence of intimate partner violence in the last year was 17.6% for women and 13.4% for men. If one of the two partners used substances, the risk of experiencing violence increased, and the risk was even greater if both partners used substances.
Ortiz et al. (2018)	N = 80 women. Age = between 20 and 39 years old.	1. Questionnaire of Violence Suffered and Exercised by a Partner (CVSEP). 2. Alcohol, tobacco and substance abuse screening test (ASSIST). 3. SF-36 Health Questionnaire.	1. Collection of information with a personal data sheet. 2. Application of the 3 instruments. 3. Collection of sociodemographic data: age, disease, schooling, marital status, number of children and religion. 4. Data analysis in MS Excel 2016.	1. 42.5% were married, 36.3% had primary school education and 43.08% had a mental illness. 2. 100% of women reported having experienced GBV and 57.3% reported experiencing psychological violence. 3. 30% consumed alcohol and tobacco.
Rivas-Rivero et al. (2020)	N = 136 women over 18 years of age.	1. Structured interview. 2. Abbreviated version of the List of Stressful Life Events for socially excluded groups (L-SLE).	1. First, the structured interviews were conducted and the L-SLE was passed. 2. Data analysis using SPSS (version 25.0 for Windows) and G*Power Software (version 3.0 for Windows).	1. Women who suffered different episodes of violence in childhood consumed alcohol and drugs to excess. 2. The strongest predictor for alcohol and drug use is found among those who experienced sexual abuse before the age of 18.
Rubio-Laborda et al. (2021)	N = 1269 (296 men and 973 women). Age = Millennials (19-38 years old), Generation X (39-54 years old).	1. Questionnaire on new technologies to transmit gender violence.	1. Division of the sample into: Millennials (19-38 years old) and Generation X (39-54 years old). 2. Data collection through surveys	1. Millennials show a statistically significant association with items on network risk patterns related to Phishing, Sexting, Flaming, false offers, Cyberstalking and webcam kidnapping.

			conducted by the University of Murcia. 3. Complete the above-mentioned questionnaire. 4. Data analysis using SPSS (version 22).	2. Regarding the violence suffered, an association was only observed in items related to Flaming and sexual coercion. 3. Drugs increase risky activities, as well as the violence suffered and exercised. Women report more pressure in sexual activities and fears from their partners.
Sanchez et al. (2019)	N = 60 women. Mean age = 37.03.	1. Interview that includes questions related to the dimensions of resilience: flexibility, control, resistance. Questions related to different periods of life, consumption and mental disorders are also included. 2. Autobiography.	1.Interviews with the women to obtain general individual data (audio recording). 2. A transcript of the interview is made.	1. Women with higher levels of resilience have lower levels of psychopathology and drug use. 2. Resilience is a key aspect to improve and promote the reduction of mental health problems in GBV victims.
Shamu et al. (2016)	N = 3755 (2126 girls and 1629 boys). Age = between 12 and 19 years old.	1.Questionnaires on GBV, child violence, bullying, gender attitudes, alcohol consumption and sexual behaviors. 2. Modified version of the short from of the Child Trauma Questionnaire 18. 3. AUDIT.	1. Participants interviewed through questionnaires. 2. Upload data to a server that can only be accessed by researchers. 3. Participants were given a booklet on help with problems such as violence, drugs, alcohol, sex and health problems. 4. Then the other tests were passed. 5. Data analysis using Stata 13.0	1. Couple relationships are common and there is high prevalence of sexual or physical experience of GBV by girls and perpretation by boys. 2. Some factors related to GBV: experience of violence in childhood, individual attitudes of gender inequality, corporal punishment at home and at school, alcohol consumption, more extensive communication with a partner, and being more negative about school. 3. Childhood trauma, experience and perception of GBV are mostly due to inequitable gender attitudes, risky sex, bullying and alcohol consumption.

Souza et al. (2016)	N = 7 women. Age = between 31 and 59 years old.	1. Semi-structured interviews with questions related to the context, their life, consumption patterns and repercussions of consumption on their health.	1. Conducting interviews. 2. Transcription of the same. 3. Content organization and analysis. 4. Distinction of 2 thematic categories: gender, violence and drug use and no attachments.	1. The life trajectory of the women who participated in this study is marked by situations of violence. 2. Many behaviors experienced in the family context and social constructs are reproduced by women, which keep them vulnerable to social and health problems, including the initiation and maintenance of high-risk drug use.
Veloso et al. (2019)	N = 369 women. Age = between 20 and 59 years old.	1. Alcohol Use Disorders Identification Test (AUDIT). 2. No-Student Drugs Use Questionnaire (NSDUQ). 3. Revised Conflict Tactics Scales (CTS2).	1. Cross-sectional and analytical study. 2. Application of the instruments. 3. Data analysis by descriptive statistics and bivariate analysis with Pearson's chi-square test and logistic regression using SPSS version 22.	1.This study has identified a high prevalence of alcohol and tobacco use by women and intimate partner violence. 2. The use of these substances by women is a risk factor associated with the occurrence of GBV.
Wechsberg et al. (2019)	N = 641 women over 15 years of age.	1. Women's Health CoOp Plus (WHC+). 2. Standard HIV counseling and testing (HCT).	1. A division of 14 geographic groups was made and "hot spots" were searched for alcohol and other drug (AOD) use and HIV risk among women. 2. The women completed an online interview and took biological drug, pregnancy and HIV tests. 3.Groups were randomized to WHC + or HCT. 4. Follow-up tests at 6 and 12 months.	1. The results show the effectiveness of (WHC+) in reducing alcohol and other drug (AOD) use in South African women, GBV, sexual risk and increasing linkage to HIV care. 2. In addition, at 6-month follow-up the WHC+ group reported more condom use with their partner and sexual negotiation, less physical and sexual abuse, and less excessive alcohol consumption. At 12-month follow-up the WHC+ group reported less emotional abuse.

Discussion and conclusions

Finally, the conclusions of the article will be presented in a last section, followed by the main conclusions. Where appropriate, limitations and proposals for continuity will be included.

General Description of the Studies

The present systematic review aims to analyze the available evidence on GBV and its relationship with substance use. This field of research has been studied for decades, but in the present work we have chosen to use the studies with the most recent information, the date chosen being from 2016 to 2021. Of the 26 studies selected, the sample as a whole amounts to 11,789 people, although some differences can be found among the different studies. Research such as Shamu et al., (2016) has a sample of 3,755 respondents, while Souza et al., (2016) has 7 female respondents. Of the 26 articles, three include adolescents in their sample, while the remaining twenty-three studies consist entirely of adult participants.

Description of the Study Sample

In general, although many of the publications do not present sociodemographic data on the sample, it can be established that the majority are women over 18 years of age, Spanish-speaking, with dual pathology (suffering concomitantly from an addiction and a mental disorder), and at risk, increasing the likelihood of suffering GV. There are also male participants, although to a lesser extent. 11 studies used males in their sample and, exceptionally, in the study by Guillén Verdesoto et al. (2021), one of the participants did not record his sex.

Evaluation Instruments Used in the Studies

Regarding the instruments used for the assessment and treatment of addictions and GBV, different scales and tests have been used. They basically focus on measuring participants' psychological constructs, level of GV, level of addiction, functional impairment and the existence of possible trauma. Regarding the measurement of psychological constructs, firstly, instruments have been used to assess the level of addiction of the participants, both to include them in the study and to classify them. Likewise, the instruments used to study the effects produced by GV have measured, firstly, craving associated with substances and, secondly, mood states and physiological measures, among others.

The most commonly used to measure the level of addiction have been the Alcohol Use Disorders Identification Test (AUDIT), the Timeline FollowBack (TLFB) to observe drug use in the last month, the Level 2 - Substance Use - adult for substance use and the Alcohol, Tobacco and Other Substance Use Screening Test (ASSIST). For mood states, "General Health Questionnaire" (GHQ-12) for the assessment of psychological distress, especially anxiety and depression, "Beck Anxiety Inventory" (BAI) to measure the presence and severity of anxiety, "Depression Beck Inventory-II" or Beck Depression Inventory (BDI-II) to measure the level of depression, "State-Trait Anxiety Inventory" or State-Trait Anxiety Scale (STAI) for the assessment of anxiety produced in the context of addiction and "Center for Epidemiological Studies-Depression Scale" (CES-D) to measure symptoms of depression. For GBV, "Composite Abuse Scale" (CAS), "Hurt, Insulted, Threatened with Harm, Screamed Questionnaire" (HITS), "Five key questions from the WHO Violence Against women Onstrument" (WHO-VAW), "Sexual Experiences Survey Short Form Victimization", "Intimate Partner Violence Scale", Partner Violence Suffered and Exercised Questionnaire (CVSEP) and "Conflict in Adolescents Dating Relationships Inventory" (CADRI) for adolescents. For functional

impairment, "WHO Disability Adjustment Schedule" (WHODAS 2.0) assesses activities encompassing cognition, mobility, self-care, socialization and activities of daily living and "Dissociation Questionnaire in Emergencies" (DQE, ad-hoc) for peri-traumatic dissociation, derealization, depersonalization and amnesia. Finally, for post-traumatic stress disorders (PTSD) and stressful events, "Posttraumatic Stress Disorder Checklist" (PCL-5 and PCL-6), "Global Assessment of Posttraumatic Stress Questionnaire" (EGEP-5), "Global Apparaisal of Individual Needs" (GAIN) for post-traumatic stress disorder, "Life Events Checklist" (LEC) for stressful life events, "The Acute Stress Disorder Interview" (ASDI) for acute stress disorder, "Early Trauma Inventory-Short From" (ETI-SF) for traumatic events before age 18, and "Peritraumatic Distress Inventory" (PDI) to measure the level of distress during and after the traumatic event.

Interviews, forms and questionnaires are among the most commonly used instruments. Semi-structured interviews are characterized by a mixture of open and closed questions or completely open interviews, and questionnaires and forms use ad-hoc questions to obtain sociodemographic and clinical data on each of the participants.

Relationship Between GBV and Substance Use

Once the different tests and measurement instruments used in the publications consulted for this systematic review have been presented, it is necessary to analyze the available evidence on GV and its relationship with substance use. If we analyze the results of the articles carefully, the findings show that the licit drugs most commonly consumed by women suffering from GBV are tobacco, alcohol and psychotropic drugs. Alcohol is one of the main substances of abuse in Spain and is a drug that, in relative terms, is increasingly consumed by women. In some studies such as Crespo et al., (2017) results suggest that Spanish battered women may turn to psychotropic drugs instead of alcohol to cope with their symptoms. Alcohol is a drug that, on many occasions, is not considered harmful or is thought to be "less serious" just because it is legalized, despite the fact that it has consequences as serious or more serious than many illegal substances. Alcohol intoxication hinders risk detection of sexual assault (Ham et al., 2019). An example of this is the study conducted in the article by Hildebrand et al., (2017). Initially, the participants were divided into two groups, one group was given alcohol and the other was not, and then they were shown a movie in which intimate partner violence took place. ten minutes after watching the film, they were given an interview in which they had to rate how aggressive and guilty they perceived the characters to be. The results clearly determined that alcohol can alter people's perception, reducing the ability to maintain attention. The group of sober participants experienced the film as more unpleasant compared to the group that had ingested alcohol, i.e., it makes aggressive behaviors neutral, as well as a greater permissiveness towards the use of physical violence. Many women have experienced situations of "normalized sexual violence" in nightlife venues, where alcohol has a strong influence, while for men it is more circumstantial (Álvarez et al., 2020). There are cases where women consume other types of illicit drugs, mainly cocaine and amphetamines. There is a high prevalence of GBV among female users of more than one substance of abuse (Caldentey et al., 2016. Veloso et al., 2019) since they increase risk activities, as well as the violence suffered and exercised (Rubio-Laborda et al., 2021) and, in relation to the couple, the risk of suffering GBV increases if both are consumers (Natera Rey et al., 2021).

Most women addicted to illegal drugs or poly-drug addicts usually inhabit a "marginal underworld", harsh and hostile, where hygienic conditions and quality of life are precarious, leading them to a critical situation (Galvão et al., 2018). They frequently show devitalization and joint appearance of affective-emotional, depressive and anxious disorders (Llopis et al., 2016), as well as ACT and acute stress disorder (ASD), especially

in those who have suffered sexual aggression, the prevalence is usually high and affects approximately two thirds of the sample (García-Esteve et al., 2021). In most cases, there is also the phenomenon of "bidependence", a very important term coined by Dr. Carlos Sirvent, which is the double dependence on the drug/s and on the "protective" figure/s, which in most cases is a man, usually their partner, to provide them with drugs or to use them to sell them and earn money, and they may even become prostitutes or both at the same time, which is how GBV begins to occur concomitantly. Women, probably influenced by cultural factors, have an individualistic relational style, with less sense of belonging to a group and greater self-perceived loneliness, which can lead them more easily to isolation and undervaluation, resulting in a decrease in their self-esteem and self-concept, and in most cases this situation tends to perpetuate itself as they consider the position or "loop" in which they find themselves to be unsolvable.

As evidenced by some studies, childhood exposure to traumatic events, particularly experiences of interpersonal violence (intimate partner violence, sexual/physical abuse, witnessing violence...) increases the risk of negative feelings surfacing, becoming more vulnerable and progressively losing the capacity for autonomy, tending to depend on someone when making decisions, increasing the likelihood of suffering from TUS, as well as PTSD or other disorders (Hahn et al., 2020, Hill et al., 2018). One of the strongest predictors of alcohol and drug use is sexual abuse before the age of 18 (Rivas-Rivero et al., 2020). According to Lennon (2021) there are four main factors related to GBV: cultural beliefs, jealousy, alcohol abuse, and personal history of GBV, with the latter and cultural beliefs being the most strongly related to experiencing GBV. The risk of suffering it increases if there is an interaction between all the factors.

Regarding the interventions carried out with this profile of women, in various studies such as those of Bryant et al., (2017) and Dawson et al., (2016), the potential and improvement of certain programs or therapies for the reduction of general psychological distress and the impact of previous disorders such as PTSD has been observed. In these two articles, the difference between the application of a behavioral treatment called Problem Managenemt Plus (PM+) versus enhanced usual care or treatment (EUC/ETAU) was observed, with better results in the group where PM+ had been applied. Similar results were found in the study by Hahn et al. (2020), where the patients were also divided into two groups, some in the Risk Reduction Through Family Therapy (RRFT) condition and others in the treatment as usual (TAU) control condition, with RRFT showing greater efficacy than TAU. Other studies such as Sanchez et al., (2019) have noted a factor that could be considered key and protective in promoting the reduction of mental health problems in GBV victims; resilience. The data indicate that women with higher levels of resilience have lower levels of psychopathology and lower drug use.

Limitations and Future Lines of Research

It is essential to point out that, throughout the present systematic review, different limitations have been faced. First of all, we must take into account the inability to describe the samples with precise data, since, in many cases, only the number of participants or, at most, the type of violence they have suffered is indicated. Because of this, it is difficult to generalize. Another limitation encountered is the language barrier, which has made it difficult to access sources in languages other than those used as inclusion criteria, thus preventing access to certain information. On the other hand, data on women experiencing GBV in developing countries remain scarce, so there is insufficient information to compare GBV and extrapolate data from one culture to another and the risk and protective factors that occur in each context. In addition, the phenomenon of GBV should be approached from an ecological perspective (see page 11), where the different "levels" involved are taken into account in order to carry out intervention strategies that are more

effective, since many studies only take into account one of the levels and do not pay attention to the rest. Based on some of the studies, I believe that there is considerable misinformation about the concept of abuse and violence in the group of women addicts. It is essential that they know what is meant by aggression or GBV, since many of them, not only due to lack of information, but also due to the exposure and normalization of the violence to which they have been exposed, do not report or act in any way, and the feeling of guilt leads them to believe that they "deserve it". A practical solution would be to carry out information and awareness-raising activities with the women themselves, as well as to sensitize and train all those professionals who have a relationship with them, which could facilitate the detection of new cases and carry out the necessary actions, it being a priority and essential to include the gender perspective in a transversal manner in all interventions with addicted women.

Finally, as future lines of research, it is proposed to investigate in depth other types of treatment that are more focused on women. As mentioned above, most therapeutic protocols to date have been based on male drug addiction and until now the "norm" has been imposed by the male addict, with female addiction being considered a deviation from it. The female addict shows subtly different characteristics than the male, so more emphasis should be placed on the different therapeutic style to be used based on the condition presented and the type of drug to which addiction is shown, since, although a man and a woman share or show the same problems, the woman presents specific problems that are not usually presented by the man. All these factors make it more difficult for women to access, continue and complete treatment. For these reasons, there is a call for prevention and specific treatment for women where different intervention challenges can be posed and programs that address HIV prevention can be included, since, throughout the work, the relationship between substance use and sexual risk behaviors has been discussed. In addition, the coordination of resources between the field of care for GBV and drug addiction is practically non-existent or still very poorly developed (e.g., having a TUS is a criterion for exclusion from GBV resources), which reduces the capacity to care for women who suffer from both problems concomitantly, and the absence of this cooperation between services results in patients reaching extreme situations, with family members, in most cases, suffering the consequences, with negative repercussions on the environment around them. Therefore, both public health and the social, political and health institutions involved should work together to achieve and promote change. It is still difficult to measure the impact of many preventive strategies that are applied, so it would be essential that all programs in which an intervention is carried out show the results obtained.

On the other hand, I believe that it would be necessary to address and raise awareness of this problem from an early age and awaken the interest of the youngest in the importance of education as a protective factor in the development of violent behavior. Along the same lines, it would be advisable to act preventively with children, as they are often direct victims, either through consumption or violent behavior, and suffer the repercussions of the environment around them.

Finally, GBV is much more than a public health problem; it is a full-fledged violation of women's human rights, resulting in an impairment of their ability to exercise other rights. In many countries it is still not regulated and many forms of discrimination that women suffer in society are reinforced and perpetuate violence. It would be especially important for all countries to review their own laws and begin to support the reduction of the inequalities that still exist between men and women and other problems such as GBV, which occurred, is occurring and will continue to occur if people are not made aware and changes are not made.

In this context, the Office of the United Nations High Commissioner for Human Rights (OHCHR) has highlighted the importance of addressing the needs of women who use drugs.

It can be concluded that the present systematic review has provided sufficient information to give evidence about the relationship between substance use and GBV. GBV is a long-standing and widespread problem in all societies, especially in the TUS population. It has serious consequences in all areas of a woman's life, increasing the risk of various physical and mental illnesses, and sometimes even death.

Most cases occur in the family context and are usually perpetrated by men they know, often by their own partner or ex-partner. It would therefore be essential to understand the role played by the balance of power between men and women and to identify ways in which it could be modified, especially in cases where this balance is dysfunctional. Moreover, the causes of GBV and substance use are multifactorial and complex. There may be differences according to race, social or cultural class and region or place of origin. It would be of special relevance to know the risk and protective factors existing in the different contexts and thus develop appropriate interventions for this profile of women. Looking to the future, another important element to prevent violence would be to promote equitable relationships between men and women from an early age. The reality of this phenomenon, sadly, is that it is not going to cease to exist or disappear overnight, so a key and very important aspect would be to provide the best possible care to both women who suffer from GBV and their children. Likewise, health personnel must be properly trained so that they can identify, promote and respond correctly to the needs of this population. Finally, any intervention carried out should respect women's autonomy, as well as identify and provide them with a series of tools, different and incompatible to those they previously used to "solve" problems (in most cases they use substances as an "escape route"), and provide them with healthy alternatives to efficiently address any complex situation that may arise in the future.

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WOMEN, ADDICTION AND GENDER VIOLENCE

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Abstract. At the end of December 2019, in the Chinese city of Wuhan, a disease with a predominance of respiratory symptoms caused by the SARS-CoV-2 virus (Coronavirus) appears for the first time in several people, weeks later, the cases had multiplied and spread around the world. The repercussions caused by the measures taken to stop the infections began to manifest themselves in the psychological health of the people. A large number of studies explore the relationship with depression, here a review of the knowledge of the subject is carried out in order to clarify. 50 investigations were included where depression is quantitatively studied in people from countries affected by the pandemic, with a sample equal to or greater than 200 subjects. The results show an increase in depressive symptoms at a general level and differentiate prevalence between groups such as age and sex, among others. The data can be considered for the intervention approach to the problem.

Key words: review, depression, pandemic, Covid-19, groups

DEPRESIÓN, LA PANDEMIA SILENCIADA

Resumen. A finales de diciembre de 2019, en la ciudad china de Wuhan, aparece por primera vez en varias personas una enfermedad con predominancia de síntomas respiratorios causada por el virus SARS-CoV-2 (Coronavirus), semanas después, los casos se habían multiplicado y extendido por el mundo. Las repercusiones originadas por las medidas tomadas para frenar los contagios se empezaron a manifestar en la salud psicológica de las personas. Gran cantidad de estudios exploran la relación con depresión, aquí se realiza una revisión sobre los conocimientos del tema con el fin de clarificar. Se incluyeron 50 investigaciones donde se estudia cuantitativamente la depresión en personas de países afectados por la pandemia, con muestra igual o superior a 200 sujetos. Los resultados muestran un aumento de sintomatología depresiva a nivel general y diferencian prevalencia entre grupos como edad y sexo entre otros. Los datos pueden considerarse para el planteamiento de intervención a la problemática.

Palabras clave: revisión, depresión, pandemia, Covid-19, grupos

Introduction

Coronaviruses are a family of viruses (coronaviridae) that produce a series of diseases that, generally, leave as main symptoms respiratory problems of different types, from mild as the common cold to more serious as respiratory syndrome or pneumonia. Cases such as the severe acute respiratory syndrome (SARS-CoV) of 2003 or the Middle East respiratory syndrome (SERS) in 2012 have been seen throughout history (Garcia-Iglesias et al., 2020).

In the last days of 2019, in Wuhan, a Chinese city, several cases of pneumonia with unknown origin were detected, until several studies identified that the symptomatology had viral etiology, specifically of the *coronaviridae* type, with much similarity to the virus of the previously named SARS-CoV, therefore it was named SARS-CoV-2 and the disease it causes, coronavirus disease 2019 or Covid-19 (Pérez Abreu et al., 2020).

At the end of January 2020, on the 30th, the World Health Organization (WHO) declared the situation as a global public health emergency. In the course of a few months, the virus and the disease caused by it spread from a Chinese city to an important part of Europe, Italy being the first to be strongly affected, followed by Spain, continuing throughout the western area, touching the countries that seemed to be exempt and expanding to almost any territory on the Earth's surface. Following two clear criteria (1) the outbreak affects more than one of the five continents of the world and (2) the contagion and expansion of cases in each of the countries are due to community transmission (from one person to another by direct or indirect contact); on March 11, 2020, the WHO declared a global pandemic (Velavan & Meyer, 2020).

In different geographic locations, the pandemic has evolved differently and the measures that have been put in place to curb it have been very diverse and have been implemented at different times. Despite the general recommendations given by the WHO, each country has been free to manage the situation according to its resources and requirements, so that different measures have resulted in different consequences. For example, in Spain, the country from which this systematic review is being drafted, a state of alarm was decreed on March 14, 2020 due to an extreme health situation, on which date strict home confinement began until the beginning of May, a situation that affects all Spaniards, with the exception of essential service workers, only for the performance of their work duties. Other countries, such as Sweden, did not take this measure, but the changes in the day-to-day life of citizens have also been and are significant.

Even so, at the international level and despite the diversity of methodologies to curb the impact on the health of the population, there have been consequences for everyone, whether at the economic, social or health level (García-Iglesias et al., 2020).

With the slowdown of the world due to the change of priorities, industries reduced or even stopped the production of their products and had to stop international marketing, with all this, sales were reduced, the fall of oil, the mismatches in the stock market, the closure of many companies in all types of sectors, the loss of employment of millions of people throughout the world, etc. In addition to all this economic reduction, there was also an increase in healthcare costs, a situation that aggravated the problem. On the other hand, changes are also observed at the social level, both those related to the economic issue and those produced by social distancing in the course of the pandemic or the isolation resulting from the measures to combat the virus, which has a very great impact on society in general, since human beings are social beings.

The most critical part of this situation is the consequences on health, but not only on physical health as the most obvious part of the problem, but also on mental health derived from the situation and concern at a general level and cause of the preventive measures against the contraction of Covid-19. The first to be hit by the pandemic, those affected by the disease and those fighting against it, such as health personnel, were particularly affected, the latter

being constantly exposed to the risk of contagion, in many cases, and especially at the beginning, without having the necessary equipment to protect themselves and prevent infestation. In addition to the increase in the workload and hours of their working day, the fear of their own and their families' contagion, as well as the rejection and discrimination they have received and still receive from others due to the possibility of being carriers, has added an extra burden to the situation and has generated adverse consequences for the psychological health of these people (Ribot Reyes et al., 2020).

As mentioned above, at a general level, the differences in the measures and restrictions, and the perception of the state of the situation, lead to the observation of different problems, but common patterns are also found. Several studies developed during the hardest months of the pandemic, and presented in this review, show changes in the psychological state of the population, as seen in variables such as stress, anxiety, sadness or even depression.

Concern about the general health situation, fear of contagion of the disease itself or its transmission to people in the close circle such as family members, particularly those at high risk; the feeling of loneliness derived from the preventive measures for contracting the virus; the uncertainty about the economic future worldwide and in particular of each person and their relatives, or the suffering caused by the socioeconomic consequences of the situation, are factors that can contribute to the psychological state and health, such as the generation of sadness or decrease in mood, leaving in its wake more symptoms such as change in appetite (increase or decrease), sleep disorders, changes in normal circadian rhythms, etc. Difficulties have also been observed in falling asleep, maintaining sleep, or at the opposite pole, sleeping much of the day (Galindo-Vázquez et al., 2020). All this, coinciding with the symptoms of a disorder already quite prevalent in the world population such as depression (Ariapooran et al., 2021). In January 2020, WHO estimates that more than 300 million people worldwide were suffering from it.

This widespread problem, characterized by changes in mood and emotional responses to different circumstances, is the leading cause of disability worldwide (Calvó, 2020), and although its severity varies, the worst cases can lead to thoughts, self-harming attempts or finally completed suicide. There are many risk factors for developing this problem, or at least for some of its symptoms to manifest themselves, among them are having a history (having suffered a previous depressive episode or having a family member who has suffered the problem); alcohol or drug abuse, the consumption of a specific drug; having suffered a trauma (situation of abuse, mistreatment, etc.), death of a loved one; suffering from serious and/or chronic illnesses, relational problems, exposure to continuous stress, i.e. over a long period of time; loneliness or feelings of loneliness; conflictive and uncertain situations in the environment, which would include loss of work, restrictions at a general level, etc (Lugo et al., 2018).

As can be seen, many of the risk factors for the development of depression have appeared in the lives of a large number of people caused by the global pandemic situation we are facing, so it is of great interest to study the phenomenon, since, as described above, the consequences can even be lethal (Galindo-Vázquez et al., 2020).

In recent months, the number of published studies related to the psychological effects left in its wake by the situation has been massive, specifically on the relationship with depressive problems. In spite of this, the information still does not clarify the doubts, since the excess of different data in such a short period and with such diverse samples generates confusion, making it difficult to organize knowledge and consensus among professionals.

Given the relevance of the subject as an extremely topical issue, which affects citizens at an international level due to the great impact it has, the objective of this review is to compile data on the most recent and relevant publications on the relationship found between

the current pandemic situation (Covid-19) and depression or its symptomatology, in order to clarify, synthesize and be able to conclude on common points and differences in the different types of samples studied, which will be described in the following sections.

Methodology

Method

In the first instance, a search was carried out in the Sciencedirect and PubMed databases with the terms "Despression and Covid" as of November 10, 2021. The results obtained in the search through ScienceDirect were 1127 articles once filtered by subject: psychology and by type: research articles. In the case of the PubMed search tool, after filtering by journal articles, the number of articles amounted to 5839. The final selection of articles was based on the following inclusion criteria (1) quantitative assessment of depressive symptomatology using psychometric tools with high internal consistency, reliability and validity; (2) the sample size must be equal to or greater than 200 participants; (3) the sample subjects must have undergone a change after the pandemic situation was declared, that is, their geographic territory must have been affected by measures to curb the virus. Therefore, the studies excluded from the present review were those that did not quantitatively evaluate depressive symptomatology or were done using a tool with insufficient psychometric properties, as well as studies with sample sizes of less than 200 people, and those in which samples were taken from areas practically unaffected by the virus, that is, where the situation has been more under control and preventive measures have had little effect on the lives of citizens, were also excluded.

Once the specific characteristics had been detected, the selection was made through their order of relevance, based on the number of citations per time the article had been published, choosing 50 of them, the first 25 from Sciencedirect and the remaining 25 from the Pubmed search engine.

Results

Participants

Of the 50 items selected, we obtained a total sample of 10,5576 people, of which approximately 34% were men and 66% were women. Most of the research has been conducted with an adult population between 18 and 50 years of age. The mean age of the total subjects was 33.6 years. However, although the majority is the general adult population, there are several with children under 18 as in the case of Cheng et al. (2021), Liu and Wang (2021), Tang et al. (2021) or Wu et al. (2021). Similarly, we also have samples with ages exceeding 50 years (Mazza et al., 2020; Van den Besselaar et al., 2021).

Other notable characteristics of the users evaluated are that they come from various countries, such as Spain, Italy, Holland, Germany, Austria, Sweden, Greece, Russia, Bangladesh, Switzerland, Romania, China, Turkey, Israel, South Korea, England, the United States, Iran, Rwanda, Haiti, Togo, the Independent Republic of Congo and Australia. The most frequently repeated countries are China in 11 of the studies, Turkey in 5, the United States in 5 and England in 4.

Although a significant part of the data come from the general population of the different countries, some studies work specifically with students, for example, that of Jin et al. (2021) or that of Tang et al. (2021). Others, such as Zheng et al. (2021) and Young et al. (2021) with healthcare personnel and that of Mazza et al. (2020) with Covid patients. There is also a very large sample of pregnant women, being the population studied in 10% of the articles analyzed, therefore, the variety will provide comparative richness between key groups.

Procedure

The studies selected for the systematic review conducted their surveys through online platforms such as Google Forms, REDCap or WeChat, among others. Two of them were the

exception, in the study conducted with parents whose children suffer from ASD by Maniarikova et al. (2021), the surveys were generally conducted online, but in 30 cases by telephone.

In the article by Mazza et al. (2020), participants answered the questionnaire via paper at the hospital where they were admitted for Covid.

In general, as the inclusion criteria were broad, the technique for recruiting the sample was the dissemination of the questionnaires through social networks (snowball technique).

Tests used

In the 50 articles selected, a total of 16 tests were used to measure depression, the most commonly used being the Patient Health Questionnaire-9 (PHQ-9), which was used in 17 of the studies, followed by the short version of the Depression, Anxiety and Stress Scale (DASS-21), which was used on 6 occasions.

The Patient Health Questionnaire (PHQ-9) by Kroenke (2001) is a 9-item questionnaire for the detection of depressive disorder, as well as the detection of the level of severity, based on the criteria of the DSM-IV diagnostic manual. It has a tenth item that assesses the functional impairment caused by depressive symptomatology. Scoring ranges from 0 points to 27 points and the items are likert type with 4 alternatives (0= not at all to a score of 3=almost every day). According to the score obtained, the severity of the problem is determined: from 0 to 4, absence of the problem; from 5 to 9, mild; from 10 to 14, moderate; from 15 to 19, moderately severe; and from 20 to 27, severe (Kroenke et al., 2001). Its administration time is very short, about 5 minutes. This questionnaire has good internal consistency, with a Cronbach's alpha of .74 before treatment and .81 after (Cassiani-Miranda et al., 2021).

On the other hand, Lovibond and Lovibond's (1995) Stress, Anxiety and Depression Scale 21 (DASS-21) is a self-report tool that assesses the emotional states of depression, anxiety and stress focusing on the previous 7 days. It is composed of 21 likert-type items with 4 response options (0 = does not apply to me at all; 3 = applies to me a lot or most of the time), with higher scores indicating greater severity. The established cut-off point for depression is 6. The estimated administration time is around 10 minutes. Regarding the reliability of the scale, in all the researches in different countries it presents good psychometric properties, as shown by Scholten et al. (2017): all: $\alpha = .911$; Germany: $\alpha = .885$; Italy: $\alpha = .914$; Russia: $\alpha = .890$; Spain: $\alpha = .895$.

In the remaining investigations, different tools are used, such as the Patient Health Questionnaire-2 (PHQ-2), used in three of the studies, or even the complete PHQ. The Beck Depression Inventory (BDI), in its full version and also in the short 13-item version. In five other investigations, the Hospital Anxiety and Depression Scale is used. On the other hand, the Center for Epidemiological Studies Depression Scale (CES-D), the Hopkins Symptom Checklist (HSCL), the Edinburgh Depression Scale (EDS) or even the WHO Depression Measurement Scale have been used in the studies analyzed.

Results

As explained above, depression and its symptomatology is a very prevalent problem throughout the world and due to the characteristics of the pandemic situation that the world is going through and, above all, has gone through in recent months, there is a suspicion of an increase in depressive symptomatology due to the increase in risk factors for suffering from it. Most of the studies included in this review agree that, at a general level, between 20 and 40% of the population shows depressive symptoms, placing the average at 32.6%, which when compared with the general average established between 8 and 15% (WHO, 2020), a very significant increase has been observed. It is true that the prevalence is even higher in certain particular samples, as in the case of healthcare workers, with data exceeding 40%, as in the study by Mosolova et al. (2021), where its sample shows a depression rate of 45.5%.

Also the research of Das et al. (2020), where 63.5% of the physicians in the sample presented depression. Another type of population that has been particularly affected are pregnant women, all studies with this type of sample have shown highly significant data, one of them in particular by exposing rates of depressive symptomatology higher than 50%, specifically 56.3% of women (Kahyaoglu and Kucukkaya., 2021).

Another study that stands out for the high prevalence of depressive symptomatology is the one conducted with the general population of several countries during the quarantine period, indicating data of 58%, the highest of those reviewed (Shah et al., 2021). Linked to this, we find agreement in several studies that the severity and extent of socially restrictive measures implemented by governments to curb the pandemic, such as home confinement, is directly related to the suffering of depressive symptoms (Perez-Cano et al.2020; Rudenstine et al., 2021; Tang et al, 2021). Shah et al. (2021) specifically showed that the more days people spent in quarantine, the higher the prevalence of depressive symptomatology.

Except for the contributions of Korkmaz and Güloglu (2021) and Tang et al. (2021), which adds contrary data, the other articles that distinguish the differences in the prevalence of depressive symptomatology in men and women show that it is the latter who have most noticed and suffered the transit through a situation of health alarm. Even before these months, women in general were more affected by this mental health problem; it is estimated that for every 10 women affected, there are 7 men. After the course of this phase, the increase for women has been more or less proportional; the general computation of the evidence analyzed here leaves some examples such as the following: 29.9% females, 20.1% males (Cénat et al., 2021); 15% females, 12.2% males (Bäuerle et al.,2020); 51.6% of females in the total sample and 45.2% of males (Rudenstine et al., 2021).

Another particularly relevant and significant finding, due to the number of times it is repeated in most of the studies, is the relationship between age and the presence of depressive symptomatology. Evidence shows that young people are more at risk of suffering symptoms of this psychopathology, where the most at-risk ages are between 18 and 30 years, although a study which includes a large sample variety (general population of several European countries), provides striking data, and is that people aged between 16 and 25 have been even more affected (Shah et al., 2021). Only 5% of the articles reveal different data, where no difference in prevalence of depressive symptomatology related to age is observed; as a particularity of these data, it is noteworthy that it is an article that studies students with a small age range, from 16 to 27 (Tang et al.,2021).

As for the correlations found between depression and other variables, we observed the type of preventive measures for the contraction of the virus taken by each government in the different territories studied. Proportional data are obtained between the hardness of the measures and the number of cases showing symptoms of depression. Territories facing home confinement such as Spain, Italy or China among others, show slightly higher scores with respect to those who despite having limitations, could go outside (Bäuerle et al., 2020; Fancourt et al.,2021; Fountoulakis et al.,2021; González-Sanguino et al.,2020; Shah et al., 2021).

Closely linked to the latter, the factor of physical exercise appears to be protective for depressive symptomatology, the intensity of training being proportional to its buffering capacity against the shock of the braking measures of the pandemic wave, according to the data provided by Brailovskaia et al. (2021) and Feter et al. (2021). In the case of the research by Shah et al. (2021) Kahyaglu and Kucukkaya (2021), what is seen is that there is a relationship between not practicing exercise and the presence of more depressive symptomatology.

Another area particularly affected by the anti-Covid measures has been social relations. At a general level, the measure of social distancing has been incorporated, which

has been a risk and/or aggravating factor for the development of the symptomatology studied. González et al. (2020) and Lin et al. (2020), support under evidence the great influence of this factor, with a correlation of .090, on the contrary, none of the researches rule out the relationship.

As has been mentioned and occurs with other important elements, the degree of restriction of the measures aggravates or alleviates the consequences, in terms of social distance, it is in cases of home confinement where more interproblematic relationships are found, that is, people isolated at home for a period of time have developed more depression than those who in a controlled manner have been allowed to establish interpersonal contact beyond the cohabitants. More in depth, the research of Shah et al. (2021), adds that the most affected have been people in confinement, living alone, especially separated/divorced or widowed, followed by those living in households without children. These data have been associated with factors such as self-efficacy, resilience and psychological flexibility with correlations of .053, .071 and .090 respectively (Gonzalez et al.,2020; Lin et al., 2021).

Another element strongly associated with depressive symptomatology during the Covid pandemic, strongly evidenced by the present studies, is the presence of fear in people. We observed that fear of the virus contraction itself is present in an average of 30% of people who present depression after this period. Even higher percentages were obtained in some studies that included a healthcare population, as in the case of Gainer et al. (2021), with 39.5% or the Kang et al. (2020) with 34.4%. On the other hand, data reaching 45.5% in Haitian women exposed to Covid and with fear of contagion stand out (Cénat et al., 2021).

On the other hand, the uncertainty left by all the circumstances experienced with the wave of contagions and the slowdown of activity at international level, has brought with it doubts and uneasiness about what will become of the economy, both in general and in particular. González et al (2020), Lebel et al. (2020) and Shah et al. (2021) show us how those with higher monthly incomes score lower on tests assessing depressive problems. The fear of work conflict, lack of adaptation to the new telework and finally dismissal, is highly correlated with the suffering of signs of depressive psychopathology, for example, the research of Feter et al. (2021) shows a correlation of .730 between these two factors.

Discussion

During the last few months, practically the entire geography of the world has been involved in a completely extraordinary situation for which it has become quite clear that we were not prepared. At the end of December 2019, in Wuhan, a Chinese city, the first cases of people affected by an unknown virus that caused a disease with diffuse symptomatology attacking mainly the respiratory tract appeared in Wuhan (Cruz et al., 2020). With the passage of a few weeks, this virus seemed to begin to spread across the map, even without being aware of how dangerous it is for health, the world continues with its normal rhythm until it reaches with force the western society, such as Italy and Spain, causing collapses in the health system due to thousands of contagions in record time. As a result of this health emergency, the various governments began to take drastic measures, including various restrictions on the course of daily life, in the strictest cases even including the confinement of the population to their homes.

As could be expected, the set of events as unusual as sudden and intensely experienced, has resulted in the emergence of a wide variety of consequences for the terrestrial population, whether at the economic level, due to the stoppage of industry, product marketing, etc. At the social level, due to the measures necessary to stop the massive contagion of the virus, since it has been seen that the easiest and most common contagion of the virus is in cases where the virus carriers remain at a distance of less than one and a half meters (without a mask) for more than 15 minutes (the saliva droplets will carry the viral

load) (Pinzón, 2020). Or at the health level, beyond the physical ones, we focus on the psychological ones resulting from all of the above and the measures put in place to curb the wave of contagions. Specifically, it is noteworthy what influence it may have had on the appearance of depressive symptomatology, since everything described above would be a risk factor for the generation of this psychopathology (Huarcaya-Victoria, 2020).

When researching scientific publications on the subject, one discovers an enormous amount of content and data, which due to its research and publication so quickly because of the need and topicality of the problem, remains unclear, therefore, the overall objective of this review has been the analysis of existing information on the impact in terms of what depressive symptomatology refers, which has left the situation experienced by citizens of the world because of a viral outbreak that has crossed borders; differentiating between gender groups, ages, geographical location and other situations in addition to specific risk factors. Specifically, it is important to distinguish those groups or profiles that are most affected, in order to clarify and determine them.

As it has been observed after the analysis of the variety of data, it is concluded in a very generic way (since this issue is detailed in the previous section of results), that at general levels, the people who have been most affected are young people, worsening in the case of women and above all having been in a situation of home confinement without an outside space to go to during that period of time, people who have not done physical exercise and whose socioeconomic status is medium-low. On the other hand, in addition to the harm, students and those who have been more active during the strongest months of the pandemic, such as health care workers, have shown higher levels of depression, either because of the psychoemotional burden it entails and/or the fear of contagion due to exposure.

This approach will allow clarifying the knowledge on the subject at present, so that with the conclusions obtained, the relevance of the subject can be made known within the scientific culture, and in the future it will be taken into consideration in new research. On the other hand, another of the practical implications of the review lies in using the data to intervene, for example, by proposing coping strategies for the problem both at a general level (since an increase in the problem has been observed) and for the different more specific groups that have been particularly affected (women, young people, inhabitants of countries with stricter measures, sedentary people, etc.). Specifically, it could begin by using the data as scientific support to begin to give visibility to the importance of mental health as an essential component of people's overall health, the methodology could be through public media such as television, or information within the visual reach of all, for example, advertising posters in places of common transit among citizens (health centers, public service buildings, etc.), providing citizens with the necessary knowledge to identify warning signs of problems of psychological causality.

Providing objective data on the general increase in depression, we would also propose the expansion of psychological consultations in the public health system, including the creation of the figure of the "bedside psychologist", in order to be able to reduce the new massive problem. In connection with the latter, with sick leave due to depression being one of the most common in Spain (INE, 2021), investing resources in the treatment of depression could reduce the economic cost it generates for the state.

Another practical implication would also be to consider the passage through the pandemic situation, specifically home confinement (deprivation of freedom and contact with the outside environment) as a new risk factor for the development of depressive symptomatology.

As for the limitations, we can highlight both those inherent to the systematic review and those observed in the original articles analyzed in it. Firstly, and as a first limitation of the present review, it should be pointed out that only articles in English were used, discarding

those that, despite meeting the inclusion and exclusion criteria, did not show an English version. Another limitation would be to include 50 articles from only two search engines, in this case ScienceDirect and Dialnet, which could have omitted relevant information unintentionally.

As for those observed in the original studies that made up the review, the limitations lie in some of the sources of information used to contextualize and base their studies, since the subject matter is so current that previous support is minimal or non-existent. Another limitation is the method used to obtain information, since almost all the articles use the online survey, which may mean that older people have not agreed to respond because their use of new technologies is generally inferior. The use of the snowball method, which prevails in the selected evidence, could have left an important part of the population out of the evolution, thus producing a selection bias.

Given the limitations highlighted and the obtaining of the data observed, several lines of future research can be suggested, firstly, the study of other possible consequences at the psychological level that the pandemic period (with its particularities as previously described) has provoked in the general population. It is also of interest, and the field remains open, to investigate the factors that make the more specific groups of people who have been affected particularly vulnerable, factors beyond the perhaps more obvious ones such as those discussed here.

On the other hand, the idea of conducting research using several survey modalities is raised, since taking into account that the use of online procedures may limit the number of elderly participants, the data may be biased.

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Annex 1

Table 1
Reviewed articles

Article	Sample	Instruments	Procedure	Results
Akgor et al. (2021)	N= 297 M= 27,64 Men=0 Women=297	HADS	Online Questionnaire	Increased depression, correlated with fear of infecting themselves and their babies during childbirth. Difficulty of contact with medical personnel predictive of depressive symptoms.
Ariapooran et al. (2021)	N=315 M=34,69 Men= 120 Women=195	BDI-13, BAI, BSSI, SI, STS.	Online Questionnaire	51.11% Symptoms of traumatic stress. Twice as many people had depression if they had traumatic stress. More common in women and emergency nurses.

Armour et al. (2021)	N=1989 M= ? Men= 597 Women= 1392	GAD-7, PHQ-9, LEC-5, UCLA, MLQ, Social support	Online Questionnaire	Increased rate of depression in the general English population. Risk factors: lower sense of life and loneliness.
Bäuerle et al. (2020)	N=15037 M= ? Men= 4353 Female=10633	GAD-7, PHQ-2, DT	Online Questionnaire	Depression rate of 14.3%, younger women more predisposed.
Brailovskaia et al. (2021)	N=1931 M=26,87 Men=433 Women=1498	DASS-21, physical act., load per covid	Online Questionnaire	Increased depression after confinement. Physical exercise cushioned the impact.

Cénat et al. (2021)	N= 1267 M=32 Men=750 Women=517	HSCL, CD-RISC2	Online Questionnaire	Average rate of depression: 24.3%. risk factors were younger, female, exposed to Covid and dissatisfied with work.
Ceulemans et al. (2021)	N=9041 M= ? Men=0 Women=9041	EDS, GAD-7, PSS	Online Questionnaire	15% of pregnant women and 13% of breastfeeding mothers suffer from depression.
Cheng et al. (2021)	N=1595 M=14.16 Men= 707 Women=888	IES-R, CES-D, SIOSS	Online Questionnaire	Stressful situational events Covid correlates positively with depression. Parent-child communication as a protective factor.
Cordos and Balboac. (2021)	N=402 M= Men=199 Women=283	OMS-5, GAD-7, SME	Online Questionnaire	There is no increase in depression related to the use of social networks to obtain pandemic information. There is no relationship between age and depression.

Das et al. (2020)	N=422 M=27.61 Men=234 Women=188	PHQ-9, DSS	Online Questionnaire	63.3% of the physicians showed signs of depression. Women and apprentices have a higher incidence.
Fancourt et al. (2020)	N=36520 M= Men= 8821 Women= 27699	PHQ-9, GAD-7	Online Questionnaire	After the first week of confinement, the depressive symptomatology increased considerably: 27% mild, 13% moderate, 5% severe. After 20 weeks it decreased.
Feter et al. (2021)	N=2321 M= Men=543 Women=1778	HADS	Online Questionnaire	Moderate-severe depressive symptoms have increased from 3.9% to 29.1%.

Fountoulakis et al. (2021)	N=3399 M=35.2 Men=621 Women=2756	Ad hoc.	Online Questionnaire	Of these, 9.31% had clinical depression, 21.1% had relapsed and 8.96% had their first depressive episode.
Gainer et al. (2021)	N= 1724 M= Men=750 Women=959	PHQ-9, GAD-7, APCL	Online Questionnaire	39.5% above the cutoff on PHQ-9, COVID exposure negatively influenced the development of depression, anxiety and PTSD. Higher risk in women and in young people between 26 and 30 years of age.
Gonzalez-Sanguino et al. (2020)	N=3480 M=37.92 Men=870 Women=2610	PHQ-2, PCL-C-2, GAD-2, InDI-D, UCLA, EMAS, FACIT-Sp12, SCS	Online Questionnaire	Receiving information about Covid is a protective factor for the development of depression. Being a woman, young, with economic scarcity or insecurity and loneliness are risk factors.

Gundogmus et al. (2021)	N=2460 M=32.65 Men=823 Women=1637	DASS-21	Online Questionnaire	Increased depression with each peak/wave of the pandemic. The rate varies according to economic income and lifestyles.
Hammarberg et al. (2020)	N=13762 M= Men= 3328 Women= 10434	PHQ-9, GAD-7	Online Questionnaire	Difference in the rate of depression between men (20.1%) and women (26.3%). Having a previous health problem is a risk factor.
Hyland et al. (2021)	N=2061 M= Men= Women=	PHQ-9, GAD-7, BFI, BRS, LOCS, IWA+IS, DAIS, IUS, PHQ-15	Online Questionnaire	Less depression after pandemic , no change in major depression after confinement.

Jin et al. (2021)	N=847 M= Men= Women=		Online Questionnaire	Current depression rate in Chinese university students is 29.16%.
Jung et al. (2021)	N=1928 M= Men=680 Women=1248	GAD-7, PCL-5, PHQ-9, UCLA, CD-RISC-10	Online Questionnaire	People with previous depression, relapse. Social support acts as a protector. More in men.
Kahyaoglu and Kucukkaya. (2021)	N=403 M=28.2 Men=0 Women=403	HADS	Online Questionnaire	Depressive symptoms in 56.3% of the sample. Influencing factors to be highlighted are educational level, smoking, sedentary lifestyle and chronic disease.

Kang et al. (2020)	N= 994 M= Men=144 Women=850	PHQ-9, GAD-7, ISI, IES-R.	Online Questionnaire	34.4% suffer mild alterations, 24.4% moderate and 6.2% severe. Significant correlation between depression and direct exposure to Covid.
Kimhi et al. (2021)	N= 804 M=43.84 Men=416 Women=388	BSI	Online Questionnaire	Religiosity is a buffering factor for the development of depression in the face of Covid situation
Korkmaz and Güloğlu (2021).	N=426 M=37.40 Men=163 Women=263	IUS, MLQ, BDI, BAI	Online Questionnaire	Depression rate of 13.9%. Tolerance to uncertainty correlates positively with depression. There are no differences between genders.

Lebel et al. (2020)	N=1987 M=32.4 Men=0 Women=1987	EPDS, SSEQ, Physical Activity, Anxiety by Rini et al.	Online Questionnaire	37% of pregnant women showed depression. There is a correlation between depression, fear of covid infection and other secondary consequences of the situation.
Lin et al. (2021)	N=751 M=30.51 Men=0 Women=751	SAS, PHQ-9	Online Questionnaire	Younger age, higher education, sedentary lifestyle, situational uncertainty and having Covid symptoms, predictors of depression.
Liu and Wang. (2021)	N=617 M=13.11 Men=326 Women=291	CPSS-19, GHQ-20, VIA	Online Questionnaire	Perceived stress from the pandemic situation correlates with depression.

Maniarikova et al. (2021)	N=268 M=42.66 Men=134 Women=134	HADS	Online Questionnaire	Increased depression in fathers and mothers with autistic children associated with their behavioral change.
Mazza et al. (2020)	N=402 M=58 Men=265 Women=137	IES-R, PCL-5, BDI-13, STAI-Y, MOS-SS, WHIIRS	On-site Questionnaire	Increase of more than 10% in depression rate.
Mosolova et al. (2021)	N=2195 M=34 Men=713 Women= 1482	SAVE-9, GAD-7, PHQ-9, MBI, PSS-10	Online Questionnaire	Significant increase of depression in health care workers (45.5%). The most at-risk profiles are women, young people and medical graduates.
Nikčević et al. (2021)	N=502 M=39.3 Men=268	BFI-10, WI-7, CAS, C-19ASS, PHQ-ADS.	Online Questionnaire	Directly proportional relationship between extraversion, agreeableness, conscientiousness, neuroticism and depression.

	Women=234			
Pérez-Cano et al. (2021)	N=613 M=26.77 Men=147 Women=466	DASS-21, STAI	Online Questionnaire	41.3% Depressive symptoms.
Rudenstine et al. (2021)	N=1821 M=26.17 Men=493 Women=1301	PHQ-9, GAD-7	Online Questionnaire	Depression was present in 50.3% of the sample. Women and young people are more likely.
Shah et al. (2021)	N=678 M= Men=290 Women=388	DASS-21	Online Questionnaire	Women between 18 and 24 years of age are the most affected. Family support, the practice of exercise and fewer days in quarantine favor the cushioning of the problem.

Tang et al. (2021)	N=4342 M=11.86 Men= 2216 Women= 2126	DASS-21	Online Questionnaire	Depression increased overall among Chinese students. The most affected were those facing selectivity.
Tang et al. (2020)	N=2482 M=19.81 Men=960 Women=1525	PCL-C,PHQ-9, Sleep	Online Questionnaire	Predictors: sleep less than 6 hours, last university course, extreme fear of Covid, lives in an area highly affected by Covid. Non-predictors: age, duration of quarantine and being an only child or not.
Tasnim et al. (2021)	N=971 M=42.3 Men=486 Women=485	GAD-7, PHQ-9	Online Questionnaire	Depression rate at time of measurement: 39,9%. Risk factors: female, student, poorer quality of life, medical illness and pathological comorbidity.

Tsang et al. (2021)	N=1464 M=52.8 Men=368 Women=1096	PHQ-2, Ad hoc fear.	Online Questionnaire	Fear of Covid as a predictor of depressive symptomatology.
Van den Besselaar et al. (2021)	N=1068 M=73.8 Men=504 Women=564	CES-D, HADS-A, MMSE,LASA FI, Pearlin Domain	Online, paper and telephone questionnaires	The rate of depression was affected, general increase.
Voitsidis et al. (2021)	N=2752 M= Men=697 Women=2055	IUS-12, FCU-19s, PHQ-9	Online Questionnaire	41.1% mild, 18.2% moderate, 4.5% mod-severe and 0.5% severe depressive symptoms. Fear of the virus as a mediating factor.
Wathelet et al. (2020)	N=69054 M=20 Men= 18803	IES-R, STAI-Y, BDI-13	Online Questionnaire	16.1% showed depression. Women were significantly more affected.

	Women= 50251			
Wu et al. (2021)	N=1825 M=12.7 Men= 1067 Women=758	MMHI-60	Online Questionnaire	More depression in those who suffer new psychotic experiences.
Yigitoglu et al. (2021)	N=435 M=36.76 Men=191 Women=244	PSQI, HADS	Online Questionnaire	Increased depression among hospital personnel. There is no difference between positions, but women suffer from it more frequently.
Young et al. (2021)	N=1685 M= Men=353 Women=1096	PHQ-9, GAD-7, PC-PTSD, Alcohol use	Online Questionnaire	29% present mild symptoms, 17% moderate-severe.

Zheng et al. (2021)	N=617 M= Men=3 Women=614	KAP, DASS-21	Online Questionnaire	Depression rate of 15.4%. Direct exposure to Covid

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ANALYSIS OF THE RELATIONSHIP BETWEEN REJECTION SENSITIVITY AND ATTACHMENT IN ADULTS

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Abstract: Rejection sensitivity, also called interpersonal sensitivity, is known as a cognitive-affective disposition which predisposes an individual to anxiously expect, easily perceive and intensely react to rejection. Moreover, rejection sensitivity is a great precursor of maladaptation, as it has been linked to multiple psychopathologies, such as social anxiety or personality disorders among others. Similarly, it is closely related to the four attachment styles in adults (secure, preoccupied or anxious, avoidant and fearful or disorganized). In this article an empirical study is carried out with a total of 321 subjects with a mean age of 32.28 years, of which 208 are women, 112 are men and 1 is binary. However, the latter will not be taken into account, since it is not a significant sample, to analyse the relationship between the four types of adult attachment and the level of sensitivity to rejection. As a result of the study, significance has been obtained in the correlations between secure attachment with the intensity of rejection, between preoccupied attachment with avoidant and fearful attachment, and between fearful attachment with expectations of rejection. With respect to both sexes, it was found that females showed higher scores for preoccupied attachment, expectations of rejection and intensity of rejection.

Key words: Relationships, adults, attachment, rejection sensitivity.

ANÁLISIS DE LA RELACIÓN ENTRE LA SENSIBILIDAD AL RECHAZO Y EL APEGO EN ADULTOS

Resumen: La sensibilidad al rechazo, también llamada sensibilidad interpersonal, es conocida como una disposición cognitiva-afectiva que predispone a un individuo a esperar ansiosamente, percibir fácilmente y reaccionar intensamente al rechazo. Además, la sensibilidad al rechazo es una gran precursora de la mala adaptación, pues se ha llegado a vincular con múltiples psicopatologías, como por ejemplo la ansiedad social o los trastornos de la personalidad entre otros. De igual manera, se encuentra estrechamente relacionada con los cuatro estilos de apego en los adultos (seguro, preocupado o ansioso, evitativo y temeroso o desorganizado). En este artículo se lleva a cabo un estudio empírico con un total de 321 sujetos, con una media de edad de 32.28 años, de los cuales 208 son mujeres, 112 son hombres y 1 es binario. No obstante, este último no se tendrá en cuenta, puesto

que no es una muestra significativa para analizar la relación entre los cuatro tipos de apego adulto y el nivel de sensibilidad al rechazo. Como resultado del estudio, se ha obtenido una significación en las correlaciones entre el apego seguro con la intensidad del rechazo, entre el apego preocupado con el evitativo y el temeroso, y entre el apego temeroso con las expectativas del rechazo. Respecto a ambos sexos se ha obtenido que las mujeres muestran mayor puntuación en el apego preocupado, en las expectativas de rechazo y en la intensidad del rechazo.

Palabras clave: Relaciones, adultos, apego, sensibilidad al rechazo.

Introduction

Social relationships are part of everyday life, which makes them a basic need and could even be considered something innate and essential for each individual. However, there are many differences in the types of relationships that are established, as they are mainly influenced by the attachment style of each person and their level of sensitivity to rejection. Therefore, these variables will be the main focus of this study.

We have chosen to study the construct of sensitivity to rejection since it is a major precursor of maladaptation, being so that it has been linked to multiple psychopathologies such as temperamental problems, where neuroticism (Arianza et al., 2020) and extraversion (Freedman, 2020), or as borderline personality disorder (Cain et al., 2016) and avoidant personality disorder (Khoshkam et al., 2012), or other stress-related disorders stand out. All of these can influence each person's self-concept and self-esteem (Downey & Daniels, 2020; Freedman, 2020). Thus, rejection is also associated with depression, social anxiety (Cain et al., 2016), withdrawal (Downey & Daniels, 2020), loneliness (Watson & Nesdale, 2012), aggressiveness (London et al., 2007), with impaired interpersonal functioning and even with intimate partner violence (Khoshkam et al., 2012).

Thus, rejection sensitivity or interpersonal sensitivity is conceptualized as a cognitive-affective disposition, which predisposes an individual to anxiously expect, readily perceive, and intensely react to rejection (Downey and Feldman, 1996; Cain et al., 2016). The concept of rejection sensitivity has its origins in research on childhood exposure to family violence and its subsequent impact on adult relationships, and involves attachment theory, social cognitive theory (Freedman, 2020), and interpersonal theories of personality (Ayduk et al., 2008; Khoshkam et al., 2012). Within rejection sensitivity, three different ways of assessing rejection sensitivity stand out, based on age (Chow et al., 2007; Freedman, 2020), gender (London et al., 2012; Freedman, 2020), and race (Mendoza-Denton et al., 2002; Freedman, 2020), which each have a specific questionnaire for specific situations in their domain, but with the same format.

Several researches relate behaviors consequent to high expectancies to anxiety rejection with social anxiety and withdrawal, similarly relating high expectancies to anger rejection with increased aggressiveness and decreased social anxiety (London et al., 2007; Cain et al., 2016). Likewise, Chan and Mendoza-Denton (2008) suggest that the dynamics of race-based rejection sensitivity may be similar across groups, but the triggering nature and psychological sequelae may be specific to the discriminated group such as, for example, Asian-Americans, who cope with such rejection situations with shame, and African-Americans, who cope with anger. Other authors who focused on minority rejection found that people who expected rejection of a loved one anticipated it and acted in a hostile manner, leading to a self-fulfilling prophecy (Downey et al., 1998; Downey and Daniels, 2020). Thus, these individuals were more likely to experience social anxiety, becoming excluded or acting hostile, both of which result in depression or other stress-related disorders (London et al., 2007; Downey and Daniels, 2020).

Araiza et al., (2020), in their longitudinal study affirm part of the rejection sensitivity model, asserting that children's indirect experiences of acceptance may contribute to their later degree of rejection sensitivity. Supporting that claim are numerous studies conducted with school students (London et al., 2007; Butler et al., 2007; Wang et al., 2012; Araiza et al., 2020), which determine that rejection situations performed by classmates increase their sensitivity when evaluating the same types of situations in the future. Complementing these studies are those that suggest that perceived social support and indirect experiences of rejection by the child's close caregivers, such as a poor marital relationship between parents, influence the child's learning to expect similar experiences (Colletta, 1981; Feldman and Downey, 1994; Erel and Burman, 1995; Conger et al., 2000; Araiza et al., 2020).

Finally, DeWall et al., (2012), determine that people who enjoy opportunities to get close to others, but fear that their overtures will be rejected, may develop intense neural responses to social rejection, whereas people who are uncomfortable with the closeness of others may deactivate the attachment system, resulting in dampened neural responses to social rejection.

One of the main predictor variables of sensitivity to rejection is the attachment style of each person, which is defined as the need to engage in intense relationships with other people. This bond produces a sense of security that, depending on whether the subject has it more or less reinforced, will determine his or her response to rejection (Erozkan, 2009). In the attachment theory developed by John Bowlby (1982) cited in Fraley (2019), the various ways in which children reacted when separated from their parents are explained. While Hazan and Shaver (1987) cited by Fraley (2019), investigated the relationship of attachment in adults, and concluded that attachment received in childhood is reflected in future romantic relationships. According to these studies, it is believed that people are more malleable in childhood in defining their attachment style, whereas their stability is greater later in life (Fraley & Roisman, 2018).

Likewise, Behrens et al., (2016), by conducting a meta-analysis, study the influence of intergenerational transmission of attachment security or transmission gap, as named by van IJzendoorn (1995) cited by Behrens et al., (2016). In addition, they determine that maternal sensitivity contributes to the mediation between adult attachment security and infant attachment security. In addition to the above, Hazan and Shaver (1994) and Downey and Feldman (1996) point out that the caregiver's treatment in childhood will determine the safe or unsafe work patterns that will develop and be maintained in adulthood. Although Steele et al., (2014), and Fraley and Roisman (2018), in their longitudinal studies comment that such association between such attachments has very small magnitudes.

On the other hand, there is some research suggesting that attachments may develop depending on the environment in which they are found, i.e., a person in their family environment may have a secure attachment, but with people who are not part of their family they may have an attachment, for example, anxious, due to their lived interpersonal experiences (Collins et al., 2004; Fraley et al., 2011; Fraley and Roisman, 2018).

However, there are four types of attachments based on the four combinations obtained by dichotomizing the subject's abstract image of the self into positive (low dependence) or negative (high dependence), on one axis, and by dichotomizing the abstract image of another subject into positive (low avoidance) or negative (high avoidance), on an orthogonal axis. This yields the four categories of attachment termed *secure* (positive self, positive other), *preoccupied or anxious* (negative self, positive other), *avoidant* (positive self, negative other), and *fearful or disorganized* (negative self, negative other) (Bartholomew, 1990; Khoshkam et al., 2012). They all influence how a person interprets the behavior and intentions of others, how they regulate their affect and behavior, and, how they experience their close relationships

(Collins et al., 2006; Fraley and Roisman, 2018). For his part, Del Giudice (2018) considers that there may be differences in the type of attachment in both sexes depending on biological (sex hormones, genetics, etc.), ecological and cultural factors, in addition to early experiences with caregivers and social learning.

Objectives and hypotheses

The general objective of this study is the analysis of the relationship between the four attachment styles in adults (secure, preoccupied or anxious, avoidant and fearful or disorganized) and the level of sensitivity to rejection. The specific objectives are to detail the differences between men and women, in reference to their types of attachment and levels of sensitivity to rejection.

While the hypotheses to be confirmed are (a) whether there will be a negative correlation between secure attachment and high rejection sensitivity, (b) whether there will be a positive correlation between preoccupied attachment and high rejection sensitivity, (c) whether there will be a positive correlation between avoidant attachment and high rejection sensitivity, (d) whether there will be a positive correlation between fearful attachment and high rejection sensitivity, (e) whether females will have higher rejection sensitivity scores than males, and finally, (f) whether males will have higher secure attachment scores than females.

Method

Participants

The study was conducted with a total of 321 participants (n = 321), of whom 208 are female (64.80%), 112 are male (34.89%) and 1 is non-binary (0.31%). The latter has not been taken into account, since it is not a significant sample, since it does not reach 1%. Subjects ranged in age from 18 to 77 years old (M: 32.28, DT: 15.07). The other sociodemographic variables collected are marital status, educational level and annual income, which can be seen in detail in Table 1. In order to narrow down the sample, the inclusion criteria were those over 18 years of age, those who speak Spanish (Castilian speakers) and those who have access to the Internet.

Table 1

Sociodemographic variables (marital status, level of education and annual income)

		Men		**Women**	
		N	**%**	**N**	**%**
Marital status	Single	70	62.50	127	61.06
	Married or cohabiting	41	36.61	66	31.73
	Separated or divorced	1	0.89	9	4.33
	Widowed	0	0.00	6	2.89

Level of education	Unfinished primary education	1	0.89	1	0.48
	Primary education	2	1.79	9	4.33
	Secondary education	16	14.29	17	8.17
	Professional training	10	8.93	28	13.46
	Higher level training courses	18	16.07	20	9.62
	Special education	0	0.00	1	0.48
	University education	65	58.04	132	63.46
Annual revenues	< 5,000 euros/year	7	6.25	20	9.62
	5.000 - 10,000 euros/year	7	6.25	15	7.21
	11.000 - 15,000 euros/year	16	14.29	34	16.35
	16.000 - 20,000 euros/year	7	6.25	26	12.50
	21.000 - 30,000 euros/year	36	32.14	53	25.48
	31.000 - 40,000 euros/year	16	14.29	28	13.46
	41.000 - 50,000 euros/year	9	8.04	13	6.25
	> 50,000 euros/year	14	12.50	19	9.14

Instruments

CaMir-R. It is a shortened version of the original version of the CaMir questionnaire (Pierrehumbert et al., 1996; Balluerka et al., 2011) to assess a person's attachment style. It is composed of 32 items that are evaluated on a 5-point Likert scale, from 1: strongly disagree to 5: strongly agree. This distribution is used to calculate 7 dimensions of attachment and family functioning, these being Security (7 items), Worry (6 items), Parental interference (4 items), Value of parental authority (3 items), Parental permissiveness (3 items), Self-sufficiency and resentment towards parents (4 items), and Childhood trauma (5 items). Dimension 1 refers to both the past and the present, while dimensions 2, 4 and 6 refer to the present, and dimensions 3, 5 and 7 to the past. Finally, dimension 1 is associated with secure attachment, dimensions 2 and 3 would refer to preoccupied attachment and parental interference, but the latter has not been taken into account in this study, while dimension 6 is related to avoidant attachment and dimension 7 to disorganized attachment. However, dimensions 4 and 5 refer to family structure, but these were not considered in the research either, as they do not directly refer to any of the four attachment styles (secure, preoccupied, avoidant and disorganized).

In the original CaMir, Cronbach's alpha values range from 0.54 to 0.85 (Rodriguez and Fernandez, 2019), with test-retest reliability with values above 0.56, except in the Parental Permissiveness dimension where 0.45 was obtained (Balluerka et al., 2011). While in this study has obtained a Cronbach's alpha of 0.582, with the values of each factor of $\boldsymbol{\alpha}$ = 0.58 in Safety, $\boldsymbol{\alpha}$ = 0.53 in Concern, $\boldsymbol{\alpha}$ = 0.58 in Self-sufficiency and resentment towards parents, and $\boldsymbol{\alpha}$ = 0.57 in Childhood trauma.

Rejection Sensitivity Questionnaire. It is a questionnaire adapted for Mexican students from the Rejection Sensitivity Questionnaire, developed by Downey and Feldman (1996) to assess the tendency to expect anxiety, and to perceive and overreact to rejection. Thus, it is made up of 18 ambiguous social situations in which rejection could occur. For each social situation there are two questions in Likert format of 6 options, on the one hand, the level of anxiety that the person feels when the person in the situation rejects him/her (from 1: Nothing to worry about until 6: Very worried), and on the other hand, it is estimated what would be the probability that the character in the situation accepts them (from 1: Nothing available until 6: Very willing).

The Cronbach's alpha of the original scale is 0.831 (Cardenas and Loving, 2011), while in this study a Cronbach's alpha of 0.807 was obtained.

Procedure

Once the selection of the most appropriate tests to carry out the study has been completed, we proceed to pass them to the Google Forms application for subsequent dissemination through social networks (WhatsApp, Instagram, Facebook and Twitter), using snowball sampling, also called chain sampling, to achieve greater dissemination.

However, at the beginning of the questionnaire is the information sheet and the informed consent, where it is explained that this study was approved by a psychology ethics committee, that is, that it follows the evaluation protocol, in addition to ensuring the anonymity of the responses. Likewise, it is mentioned that participation is voluntary and that in any case the individual could leave the study if he/she wished to do so. Likewise, a general description of what the study consists of is given, and at the end of the sheet several e-mails belonging to the two tutors in charge of the research have been included, for possible doubts or comments on the study that may arise for the participant.

Finally, once all the information from the subjects has been collected, the statistical relationships between the variables in this study (adult attachment and sensitivity to rejection) are analyzed.

It should be noted that this study is part of a broader investigation, in which numerous variables are evaluated, such as mindfulness, aggressive behavior, the dark triad or victimization, among others. Following the analysis carried out, this work continues.

Results

For the analysis of the quantitative scores obtained in the two tests mentioned above, Pearson's correlation coefficient (r) was used to associate the four attachment styles (secure, preoccupied, avoidant and fearful) and the sensitivity to rejection, measured according to their intensity and expectations, generated in situations in which such rejection occurs. The data for these correlations can be seen in detail in Table 2.

At the same time, the univariate differences by gender (male and female) in each attachment style and in the expectations and intensity of rejection were analyzed using Student's t-test for independent samples, as shown in Table 3.

Table 2

Descriptive statistics (mean and standard deviations) and correlation coefficients (Pearson's r) between the variables

	M	DT	1	2	3	4	5
1. Secure attachment	29.15	5.88	-				
			-				
2. Concerned attachment	19.34	5,363	.14	-			
			.014	-			
3. Avoidant attachment	12.23	3.43	- .56	.06	-		
			< .001	*.265*	-		
4. Fearful attachment	10.25	5.28	- .62	- .03	.48	-	
			< .001	*.551*	*< .001*	-	
5. Sensitivity-Intensity	36.35	8.66	- .03	.43	.21	.11	-
			.621	*< .001*	*< .001*	*.044*	-
6. Sensitivity-Expectations	41.00	6.67	.30	.21	- .21	- .08	.29
			< .001	*< .001*	*< .001*	*.137*	*< .001*

Note. M: average. SD: standard deviation. The values in italics are the *p-values*, which indicate the level of significance, while the values that are not in italics represent *Pearson's r-values*.

What is most remarkable from Table 2, is that there is a positive correlation between secure attachment with preoccupied attachment and rejection expectations; between preoccupied attachment with avoidant attachment, intensity and rejection expectations; between avoidant attachment with fearful attachment and rejection intensity; between fearful attachment with rejection intensity; and, finally, between intensity with rejection expectations. While the rest have negative correlations.

On the other hand, there is a significance greater than 0.05 ($p > .05$) in the correlations of secure attachment with the intensity of rejection; of preoccupied attachment with avoidant and fearful attachment; and of fearful attachment with expectations of rejection.

Table 3

Univariate differences by gender in each type of attachment and sensitivity to rejection

	Genre					
	Male		Female		*T*	*d*
	M	DT	M	DT		

Secure attachment	29.35	5.66	29.04	6.00	0.44	0.05
Concerned attachment	18.08	4.91	20.02	5.49	- 3.14*	- 0.37
Avoidant attachment	12.30	3.21	12.18	3.55	0.30	0.04
Fearful attachment	9.91	4.67	10.43	5.59	- 0.84	- 0.10
Sensitivity-Intensity	34.99	8.39	37.08	8.74	- 2.07*	- 0.24
Sensitivity-Expectations	39.81	6.35	41.65	6.77	- 2.37*	- 0.28

Note. Values with an asterisk (*) have a significance less than 0.05 ($p < .05$).

As can be seen in Table 3, there are significant differences between the means of both sexes, with regard to preoccupied attachment, intensity and expectations of rejection, with higher scores in women than in men.

Discussion and conclusions

Recalling the aforementioned objectives, this research aims to clarify the relationship between the different types of attachment in adults and the level of sensitivity to rejection. As well as specifying the difference between men and women with respect to the variables just mentioned.

Regarding the hypothesis as to whether there will be a negative correlation between secure attachment and a high level of rejection sensitivity, this is confirmed and corroborated, both by the data in this study and by those provided by previous research (Erozkan & Komur, 2006; Erozkan, 2009; Demircioglu & Kose, 2021). This may be because securely attached people are certain that their bonds with others are good. Similarly, a positive correlation is confirmed between a high level of rejection sensitivity and preoccupied, avoidant and fearful attachments (Khoshkam et al., 2012). These correlations could be understood as an insight into the different effects that the perception of receiving rejection has on the attachment styles that have been formed and are present today in each individual.

The hypothesis that females would score higher on rejection sensitivity has been reaffirmed by the results of this study and by other previous research (Berscheid, 1994; Downey & Feldman, 1996; Ayduk et al., 2000; Purdie & Downey, 2000; Creasey & Hesson-McInnis, 2001; González et al., 2011; Angulo et al., 2019). On the other hand, this study has been able to reaffirm the hypothesis that men have higher scores in secure attachment than women. The consolidation of these last two hypotheses may be due to the more determinant personality factors of each sex, i.e., women tend to use relationships with others as a coping strategy while men use social withdrawal as a passive coping strategy.

The practical implications of this research are focused on the development of intervention programs aimed at people with insecure attachments (preoccupied, avoidant and fearful) and with high sensitivity to rejection, as these two factors are potential predictors of difficulties in future relationships, as well as of aggressiveness, social anxiety or withdrawal, and loneliness (London et al., 2007), as well as problems related to depression, stress and self-concept (Downey and Daniels, 2020).

Thus, there is research showing that mentalizing abilities, specifically Mindfulness and empathy, are negatively related to sensitivity and anxiety, so it is beneficial to encourage the individual to improve these skills in order to increase their secure attachment and decrease their interpersonal sensitivity, in addition to other symptomatologies (Shaver et al., 2007; Angulo et al., 2019).

On the other hand, psychoeducational behavioral, cognitive and interpersonal counseling programs would be created to provide interpersonal achievement, understanding of others' perspectives and unconditional acceptance of self and others (Erozkan, 2009).

A possible line of future research could be to evaluate, as protectors against interpersonal sensitivity, empathy and Mindfulness levels, which is a meditation technique based on observing reality in the present moment, with no intention to judge and with full openness and acceptance ("Focusing on the here and now"). Both empathy and Mindfulness levels are also protective of insecure or avoidant attachment, as there are multiple studies demonstrating the effectiveness of developing these techniques in reinforcing the achievement of a more secure attachment (Raski, 2015; Angulo et al., 2019).

Similarly, the relationship between the personality traits of neuroticism and narcissism with rejection sensitivity and attachment styles could be further explored (Downey and Feldman, 1996; Araiza et al., 2020; Reis et al., 2021), as these personality traits have been found to be a potential predictor of rejection sensitivity and security with attachments to others.

Likewise, another line of future research could be to investigate from a more multidimensional approach the factors involved in the transmission gap process, that is, the intergenerational transmission of attachment security (van IJzendoorn, 1995), especially because maternal sensitivity contributes in the mediation between adult and infant attachment security (Behrens et al., 2016).

On the other hand, one could focus on the addiction caused by social networks and how this affects attachment types and sensitivity to rejection, as nowadays almost everyone, directly or indirectly, is influenced by them (Demircioğlu1 and Köse1, 2021; Shan et al., 2021).

Among the limitations of this research is the scarcity of empirical studies that directly correlate the four adult attachment styles and sensitivity to rejection. That is, most research focuses on the correlation, for example, of attachment styles and couple relationships or, in reference to rejection sensitivity, links it to the comorbidity it has with other disorders such as social anxiety or in the establishment of couple relationships.

However, it is worth mentioning that many studies, although they do not analyze this correlation directly, it can be seen that they do, which has allowed many more articles to be used as a reference for this work than those that had been obtained in the first instance.

Another limitation that has been found is that the rejection sensitivity questionnaire is a version adapted to Mexican students and not to Spanish, although in some way, in this case, it has a low influence, since the participants in this study were Spanish speakers.

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SÍNTOMAS SOMÁTICOS, ANSIEDAD Y MIEDO ENTRE CHICOS Y ADOLESCENTES ESPAÑOLES DURANTE LA SEGUNDA OLA POR COVID-19: UN ESTUDIO DESCRIPTIVO

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Resumen. Introducción: La emergencia por la pandemia por COVID-19 tiene consecuencias entre niños y adolescentes. El objetivo del presente estudio es 1) evaluar el miedo al COVID-19, la ansiedad, los síntomas somáticos y las reacciones emocionales y 2) investigar las relaciones entre variables como género, edad y curso.
Metodología: 199 niños y adolescentes españoles (desde 3º de Educación Primaria hasta 2º bachillerato) con una media de edad de 12.48 años. Se usaron los instrumentos miedo al COVID-19 (FCV-19S), la versión corta del STAI y el PHQ-15.
Resultados: 1) los estudiantes no tienen ni miedo ni ansiedad ni síntomas somáticos; 2) las chicas presentan más síntomas somáticos; 3) el grupo de edad de 12.49-18 años tienen más ansiedad rasgo y niveles de somatización en comparación con el grupo de edad de 8-12.48 años; 4) estudiantes de secundaria muestra una mayor prevalencia de emociones desagradables en comparación con los estudiantes de primaria y de bachillerato; 5) emociones desagradables están relacionadas con miedo al COVID-19, ansiedad rasgo, somatización y la edad (chicos mayores); y 6) encontramos presencia de comorbilidad psicológica y/o psiquiátrica.
Conclusión: Este estudio proporciona pone de manifiesto las asociaciones entre las reacciones emocionales en la segunda ola de COVID-19 y la salud mental en los jóvenes, con especial interés en las niñas, los estudiantes entre 12,49 y 18 años y los escolares de secundaria que mostraron mayores emociones desagradables (miedo, ira, asco, tristeza y culpa). Estudios futuros deberían explorar estos aspectos como factor de riesgo de síntomas psicopatológicos.

Palabras clave: COVID-19; salud mental; ansiedad; miedo; estudiantes.

SOMATIC SYMPTOMS, ANXIETY AND FEAR OF COVID-19 AMONG CHILDREN AND ADOLESCENTS IN SPAIN DURING THE SECOND WAVE OF COVID-19: A DESCRIPTIVE CORRELATION STUDY

Abstract. Introduction: The emergence of the COVID-19 pandemic has consequences among children and adolescents. The present study aimed 1) to assess fear of COVID-19, anxiety, somatic symptoms and emotional reaction and 2) to investigate relationships between variables such as gender, age and course.
Methodology: 199 Spanish children and adolescents (from Year 3 of Primary Education to Year 2 of Baccalaureate) with a mean age of 12.48 years. We used the Fear of COVID-19 Scale (FCV-19S), the short form of STAI and PHQ-15.
Results: 1) school students present neither fear, nor anxiety, nor symptomatic symptoms; 2) girls present more somatic symptoms; 3) the 12.49-18 years age group presents greater trait anxiety and levels of somatization compared with the younger children in the 8-12.48 year group; 4) secondary school students show a greater prevalence of unpleasant emotions compared to their counterparts in primary education and baccalaureate; 5) unpleasant emotions are related to fear of COVID-19, trait anxiety, somatizations and age (older children); and 6) we found a presence of psychological and/or psychiatric comorbidity.
Conclusion: This study provides an insight into the associations in the second wave of COVID-19-related emotional reactions and mental health outcomes in young people with special interest in girls, students between 12.49 and 18 years and the secondary school children who reported prevalence of unpleasant emotions (fear, anger, disgust, sadness, and guilt). Further studies should explore these aspects as a risk factor for psychopathological symptoms.

Keywords: COVID-19; mental health; anxiety; fear; students.

Introduction

Since December 2019, an outbreak of a novel coronavirus disease (COVID-19) has spread from Wuhan (China) all round the world, affecting millions of people on every continent (WHO, 2020a). In order to control COVID-19, most nations have implemented many restrictions in the general population such as social distancing, mandatory quarantine, self-isolation, mask wearing, etc., as well as measures to restrict people from going outside and to prevent further spread of the virus. Many of these measures have psychological impacts on mental health, such as infection fears, frustration, boredom, financial loss, worries, stress, anxiety, depression and social stigma (Brooks et al., 2020a; Lin, 2020; Rubin & Wessely, 2020; Wang et al., 2020).

Children and adolescents are a potentially vulnerable group in this respect. While the COVID-19 death rate in younger populations has been reported to be lower than among older people (WHO 2020b), children and adolescents suffer from social distancing and self-isolation caused by school closures and other dramatic changes in their environment, with the current pandemic having significantly affected the emotional and behavioral experience of children and adolescents (Meherali et al., 2021). In fact, the COVID-19 outbreak and lockdown may have multiple consequences on the lives of children and adolescents: fear, stress, anxiety, worry for their families, unexpected bereavements, sudden interruptions to school, sadness, home confinement, increased time of access to the Internet and social media, concern about the economic future of their family and country, difficulty in concentrating, disruptions to sleeping patterns, changes in eating habits, consequences of reduced vision from smartphone/Internet addiction, lack of development of proper emotional reactions and coping techniques, etc. (Duan, et al.,

2020; Singh et al., 2020; Son et al., 2020). Thus, the impact of COVID-19 on the mental health of children and adolescents is of great concern.

In consequence, there is an urgent need to assess the effects of the current pandemic on the mental health and well-being of school students and many researchers have appealed to the need for a long-term examination of and appropriate psychological care for adolescents in the emerging COVID-19 pandemic (Brooks et al., 2020b; Lee, 2020; Masuyama, Shinkawa & Kubo, 2020; Viner et al., 2020; Singh et al., 2020; Son et al., 2020). As the pandemic continues, it is important to monitor the impact on children's and adolescents' mental health status and to look at how to help them improve their mental health outcomes in the time of the current or future pandemics, given that it seems there will continue to be different waves and virus mutations (Meherali, et al., 2021).

Against this backdrop, one of the most controversial measures taken during lockdown for many countries in all the world has been the closure of schools, educational institutes, universities, and academic and extracurricular activities for children and adolescents (Meherali, et al., 2021; Panovska-Griffiths et al., 2020; Singh et al., 2020). In order to compensate for the loss of education during lockdown, many schools have offered distance learning or online courses to students and digital teaching to maintain academic progress during lockdown periods (Brooks et al., 2020b; Singh et al., 2020).

To avoid children and adolescents experiencing a prolonged state of physical isolation from their peers, teachers, extended family, and community networks, gradually, with the start of the new school year after the summer and considering the progress of the pandemic at world level and the number of cases and deaths, countries have been reopening schools. Students have been affected by different degrees of restrictions depending on local and temporal variations in the incidence of infection, with different educational modalities being implemented, an example being a full time and a part-time rota system with 50% of students attending school on alternate weeks, etc. (Panovska-Griffiths et al., 2020).

In Spain, when the new school year was due to start, the health and education authorities, considering how the pandemic was evolving and the de-escalation process conducted in the plan for the transition to a new normality (Monge et al., 2021), decided to reopen all educational institutions from September 2020, from primary school to university. Measures were introduced, however, with the most significant being compulsory mask wearing at all times, social distancing, the use of hydroalcoholic hand gel, taking students' temperatures, class groups isolated from others, and smaller class numbers.

The aim of the present study was, then, to determine the mental and emotional health status of children and adolescents enrolled in primary and secondary education and baccalaureate in Talavera de la Reina (Toledo, Spain), and to examine the relationship with some variables as gender, age and course.

Method

Participants

The target population comprised students in four schools and different years in Talavera de la Reina (Toledo, Castilla-La Mancha) (n=199). Non-probability quota sampling was used (aged from 8 to 18, enrolled at school from Year 3 of primary education to year 2 of baccalaureate) (see Table 1).

Table 1
Socio-demographic data

Entire Cohort	(n= 199)
Age (mean. SD)	12.48 (2.72)
Median. Range	12 (8-18)
Younger (8-12.48) (n. %)	107 (53.7%)
Older (12.49-18) (n. %)	92 (46.2%)
Gender (n. %)	
Male	103 (51.8%)
Female	96 (48.2%)
School year (n. %)	
Third year primary	13 (6.5%)
Fourth	14 (7%)
Fifth	31 (15.6%)
Sixth	22 (11%)
Total Primary school	**80 (40.2%)**
1ºESO (compulsory secondary school)	33 (16.6%)
2ºESO	19 (9.5%)
3ºESO	22 (11.1%)
4ºESO	11 (5.5%)
Total Secondary school	**85 (42.7%)**
1º Baccalaureate	21 (10.6%)
2º Baccalaureate	13 (6.5%)
Total Baccalaureate	**34 (17%)**

The sampling process was carried out with the collaboration of the schools' academic secretary offices, who sent an email to the students informing of this study. Social media and WhatsApp were also used among students, colleagues, friends and families.

Instruments

An anonymous on-line questionnaire was developed. The first part was designed to collect background demographic information on gender, age, and school year.

Second was the Fear of COVID-19 Scale (FCV-19-S). This is a new scale created by Ahorsu et al. (2020), which measures the severity of respondents' fear of COVID-19. This seven-item scale has a stable unidimensional structure with robust psychometric properties. Factor loadings (.66 to .74) and corrected item-total correlation (.47 to .56) of the Fear of COVID-19 Scale were found to be acceptable. The internal consistency and the test-retest reliability of the scale (α = .82 and ICC = .72) was acceptable. Participants indicate their level of agreement with the statements using a five-item Likert type scale. Answers include "strongly disagree," "disagree," "neither agree nor disagree," "agree," and "strongly agree". The minimum score possible for each question is 1, and the maximum is 5. A total score is calculated by adding up each item score (ranging from 7 to 35). The higher the score, the greater is the fear of Covid-19. The scale has been translated and validated in several cultures and languages (Alyami, Henning, Krägeloh & Alyami, 2020; Reznik et al., 2020; Sakib et al., 2020; Soraci et al., 2020; Satici, Gocet-Tekin, Deniz & Satici, 2020) with similarly good psychometric properties. We used the Spanish version of the Fear of COVID-19 Scale, which has been validated in Spanish university students, with the study confirming the structure of the original scale and with robust psychometric properties (Martínez-Lorca et al., 2020).

Third, the State-Trait Anxiety Inventory (STAI) questionnaire was used (van Knippenberg, Duivenvoorden, Bonke & Passchiner, 1990). These authors were the first to assess trait anxiety and state anxiety, using a brief 6-item version of the original STAI (Spielberger, 1983), obtaining good psychometric properties and a consistent structure (α = 0.80 in state anxiety and α = 0.88 in trait anxiety). This version comprised six items per

scale with a minimum score of 0 and a maximum of 18. The items used were state anxiety Items 2, 4, 11, 15, 17 and 18, and trait anxiety Items 7, 14, 15, 16, 17 and 18. The answers included 4 alternatives (scored from 0 to 3). This short version has been adequately validated in university population (Buela-Casal & Guillén-Riquelme, 2017).

Fourth, we administered the Patient Health Questionnaire PHQ-15 developed by Kroenke & Spitzer (2002). This is a self-administered questionnaire on 15 somatic symptoms in the last seven days. The PHQ-15 comprises 15 somatic symptoms, each symptom scored from 0 ("not bothered at all") to 2 ("bothered a lot"). The total PHQ-15 score ranges from 0 to 30 and scores of ≥5, ≥10, ≥15 represent mild, moderate, and severe levels of somatization. The Cronbach's α is 0.8. For this research, we used the Spanish version of the PHQ-15 by Ros Montalbán et al. (2010) with adequate psychometric properties (Cronbach's α .78). However, as the present research as conducted with minors, we omitted Items 4 and 11 with scores ranges from 0 to 26 (APA, 2020).

Finally, we asked participants about the presence of the following emotions: fear, anger, guilt, disgust, sadness, surprise, curiosity, admiration, security, and joy (Aguado, 2014; 2015) in the last seven days. Subjects choose only the emotion that was most present presence in the last seven days.

All participants gave their signed informed consent.

Procedure

The study design was descriptive, epidemiological and cross-sectional.

Participants were recruited by e-mail. They received an e-mail from the school secretary explaining the aim of the research and including a link to the questionnaire (Google Forms®). Informed consent was obtained electronically before data were collected from the participants

This study received was approved and supervised by the Research Ethics Commission of the Talavera de la Reina Integrated Health Service Management in Talavera de la Reina, Toledo, Spain (11/2020).

Data collection began on 5 November 2020 and ran until 15 November. The online questionnaire was openly accessible over 10 days, from 5 November 2020 to 15 November 2020 (Google Forms®). Students, colleagues, friends and families were also asked to invite others students to respond.

Data analysis

The data were analysed using the IBM® SPSS® Statistics 22.0 computer program. For the statistical analysis, we first tested whether the variables to be statistically analysed were normally distributed using the K-S test for normality. The sample did not present a normal distribution of data as indicated by the analysis of the Kolmogorov-Smirnov test of normality in which all the variables evaluated followed a probability of less than or equal to 0.05. Therefore, for the analysis of the data, the non-parametric Mann-Whitney and Kruskal Wallis test was performed, which is the non-parametric test parallel to the t test for independent samples. Pearson's RHO Correlation Coefficient 'r' was used

to determine the relationship between different variables. The confidence level of .05 and .01 was taken into account for all statistical analyses. In addition, descriptive and frequency distribution (mainly means and standard deviations) and Chi-square independence tests were used.

Results

Mean scores of instruments

Table 2 shows the data for all the instruments used in this study. The mean scores on the FCV-19-S and STAI (S and T) were medium. The total PHQ-15 revealed low levels of somatization.

Table 2
Descriptive statistics in measures of questionnaires

Scales	**M (SD)**	**Min**	**Max**
FCV-19-S	16,20 (6,25)	7	35
STAI-S	7,30 (1,87)	2	15
STAI-T	7,22 (2.65)	1	15
PHQ-15	3,79 (3,90)	0	21
Emotions	**N (%)**		
Fear	14 (7)		
Anger	12 (6)		
Disgust	6 (3)		
Sadness	25 (12,6)		
Guilt	5 (2,5)		
Surprise	9 (4,5)		
Curiosity	20 (10,1)		
Admiratio	2 (1)		
n Security	19 (9,5)		
Joy	87 (43,7)		

Joy was the emotion that scored highest. Sadness was the second emotion with 12.6%.

Association of instruments and gender, age, year and emotions

We found significant gender-related differences in the PHQ-15 (Z:-2.793; $p \leq 0.005$), where females (mean range= 111.12) reported higher levels of somatization than males (mean range= 88.56).

Regarding age, we found two significant differences in the STAI-T (Z:-2,934; $p \leq 0.003$), whereby the older participants scored higher than their younger counterparts (mean range= 112.24 versus mean range= 88.44). On the PHQ-15 (Z:-3.578; $p \leq 0.000$), the older children showed higher levels of somatization compared to the younger participants (mean range= 115.01 versus mean range= 86.04).

By year, grouped together in educational stages, we found significant differences in the STAI-T ($\chi 2 = 14{,}733$; $p \leq 0.001$) with high mean ranges in baccalaureate (114.79), secondary school (111.03) and primary school (80.51); in the PHQ-15 ($\chi 2 = 27.49623$; $p \leq 0.000$) with high mean ranges in baccalaureate (136.16), in secondary school (106.15) and primary school (76.93); and in unpleasant emotions ($\chi 2 = 8.895$; $p \leq 0.012$), where frequency was higher in secondary education children (45.2%) than in primary (29%) and baccalaureate students (25.8%).

To analyse the emotions, we divided them into two groups, negative/unpleasant emotions (fear, anger, disgust, sadness and guilt) and positive/pleasant emotions (curiosity. admiration. security and joy). We found significant differences in the FCV-19-S (Z:-3.365; $p \leq 0.001$) (mean range= 114.77 versus mean range= 86.17). the STAI-T (Z:-3.143; $p \leq 0.002$) (mean range= 112.79 versus mean range= 86.31). the PHQ-15 (Z:-5.263; $p \leq 0.000$) (mean range= 124.70 versus mean range= 80.50) and age (Z:-2.624; $p \leq 0.009$) (mean range= 110.44 versus mean range= 88.26). In all cases. students with

unpleasant emotions scored higher than students with pleasant emotions on fear of COVID-19, trait anxiety and somatic symptoms. Furthermore, the older children reported more unpleasant emotions.

Correlations between instruments

Table 3 shows the correlations between the instruments used in this study.

Table 3
Correlations between instruments

	FCV-19-S	STAI-S	STAI-T	PHQ-15
FCV-19-S	1		.294**	.249**
STAI-S		1		-.142*
STAI-T			1	.240**
PHQ-15				1

Note. *p < .05; **p < .001.

Discussion

The COVID-19 epidemic is accelerating rapidly in multiple countries. Our findings in this current study shed light on the significant impact of the pandemic in the second wave of COVID-19 on the mental health of children and adolescents in an autonomous community of Spain.

Firstly, the mean scores obtained by our students on the total FCV-19-S (Martínez-Lorca et al., 2020), STAI (state and trait) (Buela-Casal, & Guillén-Riquelme, 2017) and PHQ-15 (Kroenke & Spitzer, 2002) are not exceptionally high. In fact, they can be considered medium-level or moderate in fear of COVID-19 and anxiety in both domains (state and trait). Moreover, the mean score on somatic symptoms of PHQ-15 was low and we can consider somatization to be only mild.

These results suggest the school students in our sample do not suffer from fear of COVID-19. Other studies, however, with samples of schoolchildren of the same mean age have found higher scores on fear of COVID-19, in, for example, Japanese school students, measured using the FCV-19-S (Masuyama et al., 2020). Additionally, Seçer & Ulaş (2020) and Gozpinar et al. (2021) found fear of COVID-19 in Turkish adolescents, measured using the FCV-19-S.

Our results also suggest the school students present neither anxiety nor somatic symptoms. With regard to anxiety, a number of studies have found anxiety in schoolchildren, caused by the current pandemic situation (Kılınçel et al., 2021; Liu, Liu & Liu, 2020; Nearchou et al., 2020; Seçer & Ulaş, 2020), although our participants' scores were intermediate on both the STAI-S and STAI-T. As for the presence of somatic symptoms, the literature has reported that somatic symptoms are common in children and adolescents with prevalence rates ranging approximately from 10% to 30%, and that these are closely related to mental and emotional symptoms (Cerutti et al., 2017). Some studies have evidenced the appearance of such symptoms as a result of the COVID-19 pandemic (Zhou et al., 2020), although the scores in our sample were very low, coinciding with Liu et al. (2020) and Jiao et al. (2020) who indicated that primary school students reported mild somatic symptoms.

Concerning emotions, strikingly, joy was the most commonly reported emotion among our sample, with 43.7% of the participants suggesting that joy had been the predominant emotion in the past seven days, followed, at a great distance, by sadness (12.6%). We are unable to find a reason for this, although arguably there was an

overestimation of joy, focused on an instantaneous emotion, and as a consequence of the feeling of happiness which might act as a psychological defence (Seligman, 2011) in response to the great stress and grief triggered by the pandemic, in such a way that joy, as a positive or pleasant emotion might be acting as a restraint against mental illness.
Sadness is an important emotion related to loss (Aguado 2014; 2015) and, during the COVID-19 lockdown in the first wave, its presence was arguably logical, but not now when the COVID-19 death is much lower. In fact, our students had to give up many habitual routines, habits, activities, and freedoms in the first wave of the COVID-19 pandemic. However, we are currently transitioning to a new normality.

Secondly, the relationships between the variables reveal some interesting findings. **By gender**, the girls present more somatic symptoms than the boys. Women in the general population typically exhibit greater comorbidity, with a presence of more physical and/or somatic problems and other related disorders, compared to men (Cano-Vindel, Salguero, Wood, Dongil, & Latorre, 2012; Hinz et al., 2017; Kroenke et al., 2010). This trend in replicated in the female students in our study sample in the second COVID-19 wave, who present higher levels of somatization. These results would indicate the early presence of a gender pattern, where females tend to suffer somatic symptoms or somatise. Thus, the prevention, identification and treatment of somatic symptoms in females should be included amongst the concerns and competences of education authorities because as girls appear to be a risk group in the COVID-19 crisis.

Regarding age, our outcomes found two significant differences in STAI-T and PHQ-15 across different age groups: the participants in the 12.49-18 years age group presented greater trait anxiety and higher levels of somatization compared to the younger children in the 8-12.48 year group.
Some authors (Cerutti et al., 2017) have suggested that somatic symptoms are common in school-aged children, with approximately 25% of children experiencing chronic or recurrent pain and chronic fatigue (e.g., headache, abdominal pain, and sore muscles). For some children, these symptoms are short-lived with no negative long-term impact on daily functioning or developmental course. However, the majority of these symptoms are associated with functional disability, emotional distress, requests for medical care and school absenteeism, fewer hobbies, impairment in daily life, leisure and sporting activities. Nonetheless, in our case it is the older boys and girls that present more somatic symptoms than their younger counterparts. This may be that the older individuals are, the less they allow themselves to express fear or sadness, which are then channelled psychosomatically (Lang, 1979). We are unable to justify this finding and thus future research is needed to confirm these results.

Anxiety follows the same pattern, with the older school students being those that exhibit higher levels of trait anxiety. Similar findings have been reported for older children in comparison to younger cohorts (Liu et al., 2020; Nearchou et al., 2020; Zhou et al., 2020), where anxiety was more present, although different instruments were used to measure its presence. It would thus be of interest to study why this occurs in the case of treat anxiety and not in state anxiety. State anxiety typically refers to subjective and transitory feelings of tension, apprehension, and fear, which can vary over time and fluctuate in intensity. State anxiety increases in response to various situations and occurrences and thus the scale assesses how a person feels in a specific stressful situation. Meanwhile, trait anxiety reflects a relatively stable emotional state and measures a person's general tendency to perceive day-to-day situations as threatening, as well as the person's baseline feelings. Trait anxiety and state anxiety are theoretically independent constructs (Spielberger, 1983). Our results, as a consequence of the emotional impact of the second wave COVID-19 pandemic in older school students, could be related to factors

such as their perception of the future, uncertainty and the potential negative impact on academic progress, poor academic performance, the future consequences of the pandemic in their lives, etc., with these factors possibly being on their personality baseline. Future works should address these questions to determine whether there exists a psychological and/or personality profile.

In any event, what is striking is that those young people aged between 12.49-18 years have a significantly increased likelihood of appearing in the high-risk group, in terms of reported psychological distress, anxiety and levels of somatization when compared to other age groups in our study sample. These results are of importance for the prevention of future problems in this age group, as not all these minors acquired the capacities to face the challenges of life, especially during the second wave of COVID-19. With regard to school year, again it is the older students, those in baccalaureate, followed by those in secondary education, that show higher levels of trait anxiety (STAI-T) and somatization (PHQ-15), being, as mentioned, in the 12.49-18 years age group.

The findings on emotions are interesting, as it is the secondary education students (aged from 12 to 16 years), who more prevalently report feeling unpleasant emotions (fear, anger, disgust, sadness and guilt) compared to those in primary education and baccalaureate. These emotions might beat at the root of many of the symptoms exhibited among the secondary school population in these pandemic times, and which are worthy of further research.

We found another important outcome related to emotions. Students reporting unpleasant emotions (fear, anger, disgust, sadness and guilt) scored higher than those reporting pleasant emotions on the FCV-19-S, STAI-T, PHQ-15 and were also older. Thus, students with an emotional style characterized by the presence of fear, anger, disgust, sadness and guilt present greater fear of COVID-19, greater trait anxiety, more somatic symptoms and are also older. It is as if maladaptive emotions were permanently activated, as there is a highly strong relationship between emotional rigidity (presenting the same emotion in repose to numerous stimuli) and psychosomatic illness (Aguado, 2014; 2015), placing these individuals in a situation of greater vulnerability and risk. Our findings therefore underline the need to implement detection and/or prevention interventions, through educational and emotion management programmes. In the same line, Decosimo et al. (2019) implemented a community psychosocial programme with the aim of improving the mental health capacity of children aged 3–18 years during the Ebola epidemic. The children received the interventions in settings where childhood trauma was prevalent. These interventions included expressive-art therapies, yoga therapy, and play therapy to help children to build healthy relationships, teach them child-specific trauma-coping skills, and build a safe space for children to express themselves. Consequently, it is key for schools to make proactive efforts to support the mental health and well-being of these students, as it seems they have fewer resources to adapt and are growing towards personal maturity.

Thirdly, the associations found between the instruments used in this study, despite not being significant, highlight that fear of COVID-19 measured on the FCV-19-S significantly predicted trait anxiety. Similar results have been found in children of the age of those in our study and in adolescents by (Gozpinar et al., 2021; Masuyama et al., 2020; Seçer & Ulaş, 2020), where fear of COVID-19 was directly related to anxiety, although again, in our case, this relationship is with trait anxiety. Fear of COVID-19 measure on the FCV-19-S also significantly predicted the total score on the PHQ-15, suggesting that fear of COVID-19 is associated with the presence of somatic symptoms. In this line, the STAI-T significantly predicted somatic symptoms on the PHQ-15. This situation is clinically understandable given that somatic symptoms are frequent in anxiety

disorders and vice versa and may be comorbid disorders (Hinz, et al., 2017; Kroenke et al., 2010; Lorca et al., 2021).

Our findings show an interesting negative association between the PHQ-15 and state anxiety. We are not aware of the reason for this disparity between the STAI-S and STAI-T. It is arguably related to our previous explanation with regard to trait anxiety and state anxiety being theoretically independent constructs (Spielberger, 1983); the participants in our study are young and not may not understand anxiety in the same way as adults. Further research is needed to clarify this issue.

On 21 October 2020, Spain became the first European country to report more than one million cases of Covid-19. In May 2020, it relaxed one of the world's longest lockdowns (Monge et al., 2021), but the country has struggled to contain outbreaks and in October the second wave of COVID-19 started. New measures were introduced, with restrictions on mobility between autonomous communities, curfews, reductions in the number of persons that can meet together, and the closure of leisure, culture and sporting facilities. Schools, however, remained open, with teaching continuing across all stages of education.

In conclusion, this research was motivated by the desire to ascertain the emotional, anxiety and mental health status of school students during the second wave of COVID-19. It was found that our 12- to 18-year old showed no fear of COVID-19, and no anxiety or symptomatic symptoms. The girls presented more somatic symptoms. The participants aged between 12.49 and 18 years presented greater trait anxiety and higher levels of somatization, compared with those aged between 8 and 12.48 years. The secondary school children reported the greatest prevalence of unpleasant emotions (fear, anger, disgust, sadness and guilt) compared to their counterparts in primary education and baccalaureate, suggesting they manage their emotions less effectively. Additionally, the unpleasant emotions were associated with fear of COVID-19, trait anxiety, somatization and age (the older boys and girls). Finally, we found a presence of psychological and/or psychiatric comorbidity, shown by the correlations between somatic symptoms and fear of COVID-19 and between fear of COVID-19 and trait anxiety. We also found a striking negative relationship between somatic symptoms and state anxiety.

Therefore, expanding research on strategies that are adaptable to individualized needs according to gender, age, and school year is fundamental to promote children's and adolescents' positive mental health status in the context of the COVID-19 pandemic. This study provides an insight into the associations between COVID-19-related emotional reactions and mental health outcomes in young people. For this reason, and also because their understanding requires a vast knowledge in many fields, they constitute an attractive topic for research.

This study had some limitations. First, the sample was made up of students from a geographically limited area of Spain and was not necessarily representative of the general Spanish population. Future studies using nationally representative samples and with students from different areas are needed to confirm the results reported herein. Second, these scores should be interpreted individually within the study context and not as aggregated findings. Third, the descriptive, cross-sectional nature of this research means it was not possible to establish causal relationships. It would be interesting for future research to conduct longitudinal studies

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EMOTIONAL INTELLIGENCE IN NURSES – THE PSYCHOLOGIST'S VIEW

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Abstract. Emotional intelligence and its respective skills have evolved over time. In reality, this evolution goes a long way towards simplifying, as evidenced by the various studies recently carried out on the brain and emotions, which greatly clarify the neurological basis of skills (Silva, 2010).
Over the last few years, there has been a notable interest in and search for a definition of Emotional Intelligence (EI). It is important to highlight that each concept emerges from the theoretical approach that supports it, whose origins date back to social psychology and personal intelligence (Costa, 2009). We can, however, find the roots of the EI construct in the concept of "social intelligence", identified by Thorndike (1920), cited in Rego & Fernandes, 2005), based on the ability to understand and manage, acting wisely, human relationships. Mayer, Salovey & Caruso (2000), cited in Ângelo, (2007), group the models for emotional intelligence into two large groups: those of aptitudes, in line with Mayer and Salovey, which focus on mental aptitudes, emotions and in its interaction with intelligence, and mixed models, along Bar-On's line and Goleman's line, which consider mental aptitudes and a variety of other characteristics such as motivation, social activity and certain personal qualities (self-esteem, happiness , empathy, among others) as a single entity. This study seeks to identify how Emotional Intelligence relates to professional success in nursing professionals.

Keyword: Emotional intelligence; Nursing; Mental health

INTELIGÊNCIA EMOCIONAL EM ENFERMEIROS – A VISÃO DO PSICÓLOGO

Resumo. A inteligência emocional e as respetiva competências tem evoluído ao longo do tempo. Na realidade esta evolução chega muito no sentido de simplificar, como o atestam os vários estudos recentemente efetuados sobre o cérebro e as emoções, que esclarecem, em muito, a base neurológica das competências (Silva, 2010).
No decorrer dos últimos anos, é notório o interesse e a procura de uma definição de Inteligência Emocional (IE). Importa ressaltar que cada conceito emerge da abordagem teórica que a sustenta, cujas origens remontam à psicologia social e à inteligência pessoal (Costa, 2009). Podemos, no entanto, encontrar as raízes do construto da IE no conceito de "inteligência social", identificado por Thorndike (1920), citado em Rego & Fernandes, 2005), baseado na capacidade de compreender e gerir, agindo sabiamente as relações humanas. Mayer, Salovey & Caruso (2000), citado em Ângelo, (2007), agrupam os modelos para a inteligência emocional em dois grandes grupos: os de aptidões, na

linha de Mayer e Salovey, que se focam nas aptidões mentais, nas emoções e na sua interação com a inteligência, e os modelos mistos, na linha de Bar-On e na linha de Goleman, que consideram as aptidões mentais e uma variedade de outras características como a motivação, a atividade social e determinadas qualidades pessoais (autoestima, felicidade, empatia, entre outras) como uma entidade única.
Este estudo procura identificar o modo como a Inteligência Emocional se relaciona com o sucesso profissional nos profissionais de enfermagem.

Keyword: Inteligência emocional; Enfermagem; Saúde Mental

Introduction

Based on the construct of Emotional Intelligence, its competencies and skills, the aim of this research is to understand how nursing professionals are able to channel their emotions and feelings to support debilitated people, as well as to understand how Emotional Intelligence can contribute to better nursing practice.

Nurses are the health professionals who spend the most time with patients and are often people's first contact with health services. Currently, we are beginning to encourage the humanization of care, in which welcoming and respect in the professional-patient relationship are valued, not reducing nursing practice solely and exclusively to simple clinical treatment (Carvalho, 2013). However, the humanized procedure is not simple, since nursing professionals are subjected to pressure and responsibilities on a daily basis and are obviously surrounded by emotions and feelings that are sometimes difficult to classify and identify, which can originate from both the patient and the professional themselves, affecting the quality of the services provided as well as the personal lives of these professionals (Carmona-Navarro, 2012).

In addition to the nurse-patient relationship, the aim is also to understand whether emotionally intelligent nursing professionals are able to create social bonds within their work team, since there is now a greater sensitivity to looking at Emotional Intelligence as a way of promoting and developing the team (Goleman, 1995).

In order to respond to the objectives presented above, an interview was developed following the reflective analysis of several articles, which were then applied to ten psychologists. The basic idea was to contrast the answers given by the interviewees with the main results of the state of the art.

A brief historical overview

From the 19th century onwards, there was a growing interest in human intelligence, especially when Herbert Spencer and Francis Galton suggested a general and superior human capacity. Galton understood intelligence as the reflection of sensory and perceptual abilities transmitted genetically. Like him, Raymond Cattell also believed that tests based on simple mental skills (such as reaction times, sensory discrimination and word association) could be important predictors of academic performance. However, later studies showed that scales based on simple skills were not predictors of academic success and were not suitable for measuring intelligence (Carroll, 1982). After investigating the mental tests devised by these and other researchers, Alfred Binet concluded that scales that included more complex skills and everyday activities would be more suitable for measuring intelligence. In 1905, he and Théophile Simon created the first satisfactory intelligence test at the request of the French Ministry of Education, which aimed to diagnose children in need of specialized education (Matthews et al., 2002). The Binet-Simon scale included items covering language comprehension and verbal and non-verbal reasoning skills. This test has formed the basis of future research and has been used in several countries and languages. After a few years, research began into the mental assessment of adults, especially when, in 1939, David Wechsler created the Wechsler Adult Intelligence Scale (WAIS), which was also revised

later. With regard to its definition, it is possible to see two theoretical currents. Some authors have defined it as a general capacity for understanding and reasoning, while others have described it as involving several mental capacities that are relatively independent of each other. Binet and Wechsler were supporters of the first assumption. Similarly, in 1904, Charles Spearman suggested the existence of a general intelligence factor (g), which would permeate performance in all intellectual tasks. According to him, people would be more or less intelligent depending on the amount of g they had. Spearman was especially interested in the psychological nature and interpretation of the mental component that tends to produce positive correlations between the various tests. Through various studies, he suggested that g was a central and supreme factor in all measures of intelligence, which represented the capacity for reasoning or the genesis of abstract thought (Carroll, 1982; Sternberg, 1992). However, in 1938, Thurstone criticized Spearman's general intelligence and postulated that intelligence could be broken down into several basic abilities through factor analysis. Thurstone identified seven factors (verbal comprehension, verbal fluency, numerical aptitude, spatial visualization, memory, reasoning and preceptive speed) and created the Basic Mental Abilities Test (Butcher, 1968/1974). Similarly, Guilford (1967) proposed that intelligence comprises 150 factors. Gardner (1995) created the theory of Multiple Intelligences, which are independent of each other and operate in separate blocks in the brain, obeying their own rules: logical-mathematical, linguistic, musical, spatial, bodily-kinesthetic, intrapersonal and interpersonal intelligence. Neisser et al. (1996) proposed that people differ in their ability to understand complex ideas, to adapt to the environment, to learn from experience, in the way they conduct their reasoning and solve problems through thought. However, even if these individual differences are substantial, they are rarely consistent, since a person's intellectual performance varies on different occasions and in different domains. Thus, many current theorists (Campione, Brown, & Ferrara, 1982; Gardner, 1995; Mayer & Salovey, 1997) have suggested the existence of many intelligences, which constitute systems of abilities. In a document issued by the American Psychological Association (APA), it was emphasized that little is known about the possible forms of intelligence, and that current tests would only be able to capture some of these intelligences, suggesting the existence of others, which would have been much less studied and understood (APA, 1997). According to Campione et al. (1982), academic intelligence is one of the possible forms of intelligence (not the only one). In 1997, Sternberg pointed out that one of the most important characteristics of intelligence is the ability to think abstractly. Following this premise, Mayer, Salovey, Caruso and Sitarenios (2001) pointed out that abstract reasoning would only be possible through an input or entry of a stimulus (information) into the system, so that different intelligences would be defined according to what enters and is processed in the system. The authors argued that the incoming information could be verbal, spatial, social and emotional, among others. One of the first attempts to broaden the concept of intelligence beyond general intellectual abilities (usually related to academic skills) was carried out at the initiative of Thorndike (1936). He proposed Social Intelligence (SI) as the ability to perceive one's own and others' emotional states, motives and behaviors, as well as the ability to act on this information optimally. Above all, IS reflects the ability to decode information from the social context and to develop effective behavioral strategies with a view to social goals (Siqueira et al., 1999). Sternberg and Salter (1982) had already pointed out that a large part of intelligence consists of solving a variety of problems presented in different social contexts. Sternberg (1997) argued that human beings are essentially social; and the absence of social skills could mean an important limitation in the capacity for successful social adaptation. Thus, recognizing (as we do) the importance of these skills, it is worth highlighting the role of emotions in social adaptation and intelligent behavior.

Emotion

As Matthews et al. pointed out. (2002), in order to understand EI, it is necessary to be clear about the concept of emotion. In addition, the very multidimensional aspect of emotions would lead to a complex conception of EI. According to Fortes D'Andrea (1996), few psychological facts can compare with emotions, because they mark out important events in our lives, but more than that, they influence the way we react to these experiences. Smith and Lazarus (1990) argued that they can have an important impact on people's subjective well-being, physical and mental health, social interactions, as well as influencing problem-solving capacity. Campos, Campos and Barret (1989, cited in Garber & Dodge, 1991) suggested that emotions are responsible for a person's relationships with the external environment, as well as for maintaining or interrupting them. For these authors, the coordination of multiple processes is a main characteristic of emotion. As such, emotion corresponds to a complex psychobiological reaction, involving intelligence and motivation, the impulse to act, as well as social and personality aspects, which, accompanied by physiological changes, express a significant event for the subject's subjective well-being in their encounter with the environment. From this perspective, emotion is partly biologically determined and partly the product of human experience and development in a sociocultural context (Smith & Lazarus, 1990). Lopes, Brackett, Nezlek, Schütz and Salovey (2004) pointed out that emotional competencies are essential in social interactions because emotions fuel communicative and social functions, as well as containing information about people's thoughts and intentions. According to the authors, positive and satisfactory social interaction requires individuals to perceive, process and handle emotional information intelligently. The view that emotional competencies are crucial for adaptation has sparked interest in the topic of emotional intelligence and inspired many social and emotional learning programs in schools and work environments.

The Emotional Intelligence construct

In a short period of time, the term Emotional Intelligence has entered the vocabulary of various segments of society. The concept of Emotional Intelligence dates back to 1980, when Howard Gardner developed his theory on multiple intelligences. This concept derives from the broad construct of Social Intelligence described by Thorndike as the result of an adaptive interaction between emotion and cognition, which includes the ability to perceive, assimilate, understand and manage one's own emotions, and the ability to detect and interpret the emotions of others (Mayer & Salovey, 2002).

The term Emotional Intelligence became known in the 1990s through the work of Goleman (1995) entitled "Emotional Intelligence". Soon after the release of this book, the term was quickly disseminated in various segments of society. Emotional intelligence characterizes the way people deal with their emotions and becomes an alternative way of being intelligent, not in terms of IQ, but in human qualities of the heart (Goleman, 1995).

Goleman (2001) defines Emotional Intelligence as the ability to recognize one's own feelings and those of others, to motivate oneself and to manage emotions well in oneself and in relationships.

Emotional Intelligence (EI) has been attracting increasing interest in academic literature (Barros & Sacau-Fontenla, 2021), breaking all records for growth in the field in the social sciences, and academically, it has become the focus of study for many of the world's most prominent psychologists. This is because, for several decades, Cognitive Intelligence has been seen as the fundamental factor in determining individual success.

Emotional intelligence as a professional tool

Nowadays, in an era characterized by technology and competitiveness, but with low levels of employment, investment in Emotional Intelligence has emerged as a promising alternative for increasing employability potential. Several educational institutions are therefore offering Emotional Intelligence education as an attractive option. There are numerous lectures, seminars

and workshops that offer advice on how to increase Emotional Intelligence as a working tool (Roberts et al., 2002).

According to research carried out by Rego & Fernandes (2005), successful learning and high performance result from the synergistic union of rational and emotional skills. However, the combination of Intellectual Quotient (IQ) and EI also shows greater variation in nurses' professional performance when compared to IQ. According to research by Van Der Zee, et al. (2002, cited in Ângelo, 2007), the validity of emotional intelligence in predicting success in nursing is a fact. However, the controversy surrounding their relationship is also clear. Ângelo (2007) cites research carried out by the author Mayer on the importance of emotional intelligence in various areas, which states that emotional intelligence is related to greater academic and professional success. In agreement with these authors are the studies carried out by Parker et al. (2004), which show a strong correlation between the two variables. Another study by Parker et al. (2006) adds that EI is significantly related to not abandoning nursing. On the other hand, there is the work carried out by Newsome et al. (2000), cited in Ângelo (2007), O`Connor & Little (cited in Ângelo, 2007) and by Amelang & Steinmayer (2006) who state that there is no or a weak correlation between the two variables. The results of the study carried out by Ângelo (2007) corroborate the results of the study by Amelang & Steinmayer (2006). This research shows that there is no statistically significant positive correlation between emotional intelligence and success in nursing, which is due to other factors. In these studies, cognitive abilities and personality emerge as overall predictors of success. Yet another study, this time by Petrides, Frederickson & Furnham (2004), found a greater correlation between EI and success in nursing in students with lower verbal intelligence and in subjects such as literature and art.

Emotional intelligence as a factor in professional well-being

The literature has shown a strong relationship between emotional intelligence and well-being (Lanciano & Curci, 2015; Sánchez-Álvareza, Extremera & Fernández-Berrocal, 2015; Barros & Sacau-Fontenla, 2021).

It should be reiterated that both involve a panoply of emotional skills that effectively use emotion information, allowing individuals to use adaptive coping strategies in stressful life events. Thus, a good use of emotional skills makes it possible to experience high levels of positive states, and to reduce the levels of negative states, creating a feeling of general well-being (Zeidner, Matthews & Roberts, 2012). In other words, in concrete terms, this means that individuals' perception of their ability to process emotional information is associated with their subjective well-being.

Given this relationship, it is possible that the link between Emotional Intelligence and levels of general well-being is explained by engagement. Thus, the state of involvement with nursing can prevent the individual from focusing on negative events, creating a state of positive affect. This effect is known as the Spillover Effect, which emphasizes that positive and negative experiences lived in one domain can be transferred to another domain (Edwards & Rothbard 2000). In other words, experiences in the professional/academic field can affect the quality or lack of it in other areas of life.

Methodology

The general objective of this study is to analyze emotional intelligence in nursing professionals, and the specific objective of this research is to verify whether emotional intelligence is actually an advantage in the professional sphere.

Taking into account the aim of getting closer to the phenomenon, with the ultimate goal of understanding its different characteristics, it was considered that the most appropriate

methodological approach to use in this research would be qualitative (Cunha and Santos, 2019). This study was based on the application of an interview, with open questions, which was applied in accordance with the general rules of qualitative analysis. Informed consent was sought by writing a brief introduction, stating that the sample should only be made up of psychologists, professionals from public hospitals, who usually work closely with nursing professionals. In this brief introduction, it was also made clear what kind of data was to be collected, that all responses would be mandatory and that total confidentiality would be safeguarded. The sample consisted of 21 psychologists, mostly women, in a ratio of 61% to 39%, with an average age between 41 and 50.

Discussion of results

In terms of characterizing the general profile of the sample, we can see this in table 1 below:

Table 1

Characterization of the sample

Table 1_Characterization of the sample (N=10) Variable	**Frequency**	**Percentage**
Age		
Up to the age of 30	1	5%
31 to 40 years old	2	10%
41 to 50 years old	15	70%
More than 51	3	15%
Sex		
Female	13	61%
Male	8	39%
Marital status		
Married	15	70%
Divorced / Separated	2	10%
Single	1	5%
De facto union	3	15%
Children		
No	1	5%
Yes	14	95%
Area of residence		
Azores	1	5%
Algarve	2	10%
Lisbon Metropolitan Area	12	55%
Center	3	15%
Madeira	1	5%
North	2	10%

With regard to age, it can be seen that the majority of the sample is made up of women up to the age of 50 (13 respondents, corresponding to 61% of respondents). There is therefore a balance between the two sexes. However, the fact that the number of women (61%) is higher than the number of men (39%) is not intended to be statistically proportional, but it does respect the trend indicated by the National Statistics Institute (INE 2022). With regard to the sociodemographic characterization of the sample, it seems important to understand its origin in terms of marital status. As a result, it can be seen that 70% of the sample is made up of married individuals, 15% live in a de facto union, 10% are divorced and the rest are single. As far as the area of residence is concerned, it can be seen that most of the psychologists surveyed live in the Lisbon Metropolitan Area (55%).

Perception of the real meaning of the Emotional Intelligence construct

With regard to the interview questions, the first concerned whether people in general had any idea of the construct of Emotional Intelligence, what it actually means.

The majority of the sample answered no. The sample believes that what is most valued is still the work of accomplishment and, despite noting that nowadays the media publicize works and projects in the field of Emotional Intelligence, they say that they are not contextualized and, therefore, information about what this concept really is is not passed on to the population.

Dimensions and skills of the Emotional Intelligence construct

Some of the dimensions identified and studied in the literature consulted are coping strategies, self-efficacy and empathy in nurses. The interviewees were asked if they thought it was important to have training and workshops on the variables described above and how important these are in the work context, specifically in nursing, and the idea highlighted by the psychologists was that it is very important to work on these types of skills, especially empathy. According to the literature consulted, empathy is a very important prerequisite in the act of nursing, i.e. the ability to read the emotions of others, to put oneself in their shoes in order to understand their thoughts, emotions and feelings allows skills and strategies to be developed that improve the supportive relationship that nurses establish with their users (Giménez-Espert, 2017).

Intervention in the field of Emotional Intelligence: Relationship with other dimensions of life

When asked whether training in Emotional Intelligence is adequately provided to health professionals, more specifically nursing professionals, the psychologists said that health technicians are already starting to pay more attention to issues of dealing with users. However, in his opinion, there are differences in interpersonal relations between the National Health Service and private healthcare provision. He believes that in the latter, precisely because it is private, there is greater awareness in the approach to others.

Within this category of analysis, psychologists were asked whether, looking at their professional experience, Emotional Intelligence is seen as less important than other aspects of professional life. In general, the sample said that EI is currently seen as less important because, according to their experience, what is valued is achievement and the results to be achieved, quoting one of the psychologists "... *they don't care what the professional is feeling, what they think, how our consultations are, what they care about is the results, they want to achieve the objectives* ...".

The reality is that nowadays having a high IQ and technical skills is not enough for success, and the 21st century approach is looking for emotionally competent people, as they are more efficient and effective when dealing with problems. Since the 1990s, Mayer and his co-authors have published studies on emotional skills and their dynamic relationship with reason, but these types of studies are not considered as relevant as others (Celik, 2017). Thus, the interviewees' response is in line with the data shown in the literature review.

Emotional Intelligence and gender differences

In terms of gender differences, the literature analyzed reveals gender differences with regard to Emotional Intelligence and its competencies (Giménez-Espert, 2017), which is in line with the response of the psychologists interviewed who consider that women have more empathy and are better able to deal with situations.

Intervention in the field of Emotional Intelligence and its skills: Training and workshops

The literature review found that Emotional Intelligence scores and coping strategies develop and increase with training (Sarabia-Cobo, 2017). Also according to this author, it can be

concluded that nursing professionals who undergo interventions/workshops in these areas improve their interpersonal relationships with their patients. According to the sample, health professionals, specifically nurses, are increasingly subject to training in the area of EI, as mentioned by Sarabia-Cobo (2017).

One of the issues also raised during the interview was the importance of this training. The sample agreed in unison that these courses develop the skills and competencies needed to deal with stressful situations. Psychologists agree that this type of training should be included in the degree, but that it is still important in the course of professional activity, raising awareness of the stress these professionals are subjected to on a daily basis. When analyzing the literature, it was found that the psychological burden faced by nurses on a daily basis does affect their quality of life and their performance, i.e. it affects intra- and interpersonal relationships (Carmona-Navarro, 2012).

Emotional Intelligence and its relationship with leadership and performance

Another very important aspect of Emotional Intelligence is its impact on leadership and the development of relationships between employees. After interviewing the sample of psychologists, it can be seen that there is a general opinion that having a cohesive, motivated and attuned team, reflected in greater agility in solving problems, is fundamental. The literature review shows exactly that; social and emotional learning programs can help improve self-awareness, confidence, control emotions, disturbing impulses and increase empathy, as well as improving their cognitive and psychosocial development. High Emotional Intelligence is reflected in better social tools and professional cooperation (Celik, 2017).

The concept of Burnout and its relationship with emotional skills

The concept of burnout has become a phenomenon that cuts across many professions. According to the author Zhu (2016), an attempt was made to understand the relationship between Emotional Intelligence and some of its skills and competencies with satisfaction in the workplace, also relating it to the possibility of Burnout. The research carried out by this author showed that most nurses were not really satisfied with their work and that many even felt close to emotional exhaustion, which can lead to burnout syndrome.

In fact, nurses, as first-line professionals supporting sick people, are increasingly suffering from stress, pressure and other problems that often lead to exhaustion and even depression (Sarabia-Cobo, 2017). When confronted with this very topical issue, the interviewees agree that the existence and provision of training in emotional competencies and skills would be an asset in terms of reducing this syndrome.

Conclusion

Reflexively analyzing the answers given by the interviewees and comparing them with the researched literature, it emerged that although the construct of Emotional Intelligence was defined in the 1990s, there is still a long way to go in terms of its conceptual and analytical understanding. This can be seen both in the literature, where many articles refer to the importance of the need for more studies, and in the answers given by the interviewees.

Psychologists who were interviewed were unaware of the way in which training in emotional intelligence and the respective competencies are developed among health professionals, particularly nurses. However, the sample generally shows curiosity about the topic and hopes that nursing professionals are being made aware of aspects related to their emotions, as well as those of their patients, in order to make nursing practice more humanized and, consequently, more efficient.

The main conclusion to be drawn from this research is that, although there are many studies

on Emotional Intelligence, its competencies and skills, it is still necessary to invest in more scientific knowledge on the subject, which will make it possible to develop more training, more interventions to strengthen the emotional dimensions that are extremely important in nursing practice, making it more humanized and effective.

As this research draws to a close, we would like to outline some of the limitations encountered during the course of this study. In particular, the difficulty in finding professionals willing to take part in the interview. Therefore, in future research it would be interesting to present larger samples, representative of Portugal, as well as delving deeper into the phenomena studied here.

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EATING ATTITUDES AND OBSESSIVE-COMPULSIVE BEHAVIORS

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Abstract. The objective of this article was to analyze the type of relationship between attitudes towards eating and obsessive-compulsive behaviors in young adults belonging to two gyms in the metropolitan area of Valencia, Venezuela. A non-probabilistic sampling was carried out, where 30 users of the Body Fit Training Center and Preta Fitness BJJ gyms participated. Methodologically, it was a field investigation, with a non-experimental, cross-sectional design, descriptive level and correlational modality. As results, 76.67% of the sample presented low levels or without risk, while 20% was reflected as a population at risk or with the presence of premorbid factors for the development of TCA and 3.333% manifested the undoubted presence of the pathology or clinical population. The Clark-Beck Obsession-Compulsion Inventory (C-BOCI) was administered, where 60% of the sample obtained a score considered without risk or general population. 20% manifested mild symptoms, 6.667% presence of OCD with a small margin of error and 13.33% the undoubted presence of the pathology. The Shapiro-Wilk test indicated that the sample data do not have a normal distribution. Subsequently, the variables were correlated using Spearman's Rho coefficient, presenting a very strong positive relationship between both variables, thus accepting the research hypothesis (Hi). Finally, it was revealed that the participants presented maladaptive beliefs and obsessions regarding food, exercise and the desired body figure, which generate significant discomfort and in turn compulsive behaviors.

Keywords: attitudes, behaviors, obsessive-compulsive.

ACTITUDES ANTE LA ALIMENTACIÓN Y COMPORTAMIENTOS OBSESIVOS-COMPULSIVOS EN USUARIOS DE GIMNASIOS

Resumen. Este artículo tuvo como objetivo analizar el tipo de relación entre actitudes ante la alimentación y comportamientos obsesivos-compulsivos en adultos jóvenes pertenecientes a dos gimnasios del área metropolitana de Valencia, Venezuela. Se realizó un muestreo no probabilístico, donde participaron 30 usuarios de los gimnasios Body Fit Training Center y Preta Fitness BJJ. Metodológicamente, se trató de una investigación de campo, con diseño no experimental, transversal, de nivel descriptivo y modalidad correlacional. Como resultados, el 76,67% de la muestra presentó niveles bajos o sin riesgo, mientras que el 20% se reflejó como población de riesgo o con presencia de factores premórbidos para el desarrollo de TCA y el 3,333% manifestó la presencia indudable de la patología o población clínica. Se administró el Inventario Clark-Beck de Obsesión-Compulsión (C-BOCI) donde el 60% de la muestra obtuvo una puntuación considerada sin riesgo o población general. El 20% manifestó sintomatología leve, el 6,667% presencia de TOC con un pequeño margen de error y el 13,33% la presencia indudable de la patología. La prueba Shapiro-Wilk, indicó que los datos de la muestra no presentan una distribución normal. Posteriormente, se procedió a realizar la correlación de las variables por medio del coeficiente Rho de Spearman, presentando una relación positiva muy fuerte entre ambas variables, aceptándose así la hipótesis de investigación (Hi). Finalmente, se develó que los participantes presentaron creencias desadaptativas y obsesiones con respecto a la alimentación, el ejercicio y la figura corporal deseada, las cuales generan malestar significativo y a su vez comportamientos compulsivos.

Palabras clave: actitudes, comportamientos, obsesivos-compulsivos.

Introduction

The Association of Sports Medicine of Colombia (AMEDCO, 2011) defines physical activity as "any voluntary body movement of muscular contraction, with energy expenditure greater than that of rest" (p. 205), so that, it refers to actions that consume body energy carried out intentionally. In this sense, individuals adopt functional or adaptive attitudes in relation to the process and the results they expect to obtain or, on the contrary, they develop dysfunctional or maladaptive attitudes that are not consistent with health and well-being.

Some experts have shown that men and women who exercise with the aim of losing weight, as well as increasing muscle or improving their body appearance, are more likely to develop eating behavioral disorders, compared to those who exercise for health or recreational reasons (Mcdonald and Thompson, as cited in San Mauro et al., 2014).

According to Schapiro (2006), several studies have shown that around 8 million young Europeans have attitudes that are detrimental to their health due to food, detailing that, of this figure, only 10% of people are male. They have also revealed that mortality rates due to unhealthy eating attitudes vary between 4% and 20%, and may increase if the person is underweight by 40%.

In this order of ideas, it is considered that people who engage in physical activities, including training in gyms, are more likely to develop risk behaviors, including: skipping meals, maintaining a restrictive diet, fasting, use of medications for dietary purposes, laxatives, among others, in order to achieve the expected figure and weight (Stapleton et al., 2014).

In this regard, obsessive-compulsive behaviors are also associated with eating habits and are based on the mediational biprocess theory of fear, which proposes the adoption of fear and avoidance through classical conditioning and maintenance through instrumental conditioning (Boticario, 2016), so that the person acquires the experience of fear or anxiety before the impossibility of carrying out the desired eating practices: food intake, fear of gaining weight, need to exercise and repetitive thoughts linked to physical training or eating.

For this reason, and recognizing that attitudes towards food and obsessive-compulsive behaviors present several similarities in the cognitive, affective and

behavioral aspects, a correlational study was conducted in young adults belonging to two Venezuelan gyms in the Metropolitan area of Valencia, Carabobo State, framed in the research line personality and mental health of the Arturo Michelena University, in order to establish the type of relationship between the variables attitudes towards food and obsessive-compulsive behaviors.

The general purpose of this article was to analyze the relationship between eating attitudes and obsessive-compulsive behaviors in young adults belonging to two gymnasiums in the metropolitan area of Valencia, Venezuela. In addition, it had the following specific objectives: 1.- To know the level of attitudes towards eating in young adults belonging to two gyms in the metropolitan area of Valencia, Venezuela; 2.- To measure the level of obsessive-compulsive behaviors in young adults belonging to two gyms in the metropolitan area of Valencia, Venezuela; and 3.- To establish the type of relationship between attitudes towards eating and obsessive-compulsive behaviors in young adults belonging to two gyms in the metropolitan area of Valencia, Venezuela.

Previous studies: International research

Jáuregui-Lobera (2016), developed a research entitled "Knowledge, attitudes and behaviors: eating habits in a group of nutrition students" at Pablo de Olavide University, Spain. Its general objective was to assess whether nutritional knowledge guarantees a healthy eating pattern. Methodologically, this was a descriptive, cross-sectional study. It had a sample of 50 women with an average age of 17 to 21 years.

The result of this study showed that more than 50% of the sample presented complete fasting in relation to breakfast and lunch. The 16% presented absence of intake during the afternoon and 20% showed that the daily diet is based on breakfast, lunch and dinner.

This research represents an important contribution to the present study since it constitutes an epistemic basis for the approach to the variable attitudes towards food, since it provides reference figures that indicate the presence of harmful attitudes in a range of the population, which allows the theoretical perspective to be broadened.

Silva (2017), presented a study entitled *Relación entre perfeccionismo, actividad física y otras variables psicológicas en varones universitarios*, to opt for the academic degree of Máster Oficial en Psicología General Sanitaria at the Universidad Autónoma de Madrid, Spain. Its general objective was to determine the relationship between perfectionism and physical activity, as well as to examine the link between each of these two variables and various dimensions of psychological well-being.

Methodologically, a two-phase prospective cross-sectional design was used. The sample consisted of 217 male students belonging to 1st and 4th grade of the Faculty of Physical Education and Sport Sciences (INEF, UPM) to whom she applied the questionnaires related to the study variables and the instruments: Eating Disorders Examination (EDE-12, 1993) and Yale-Brown Obsessions-Compulsions Scale (Y-BOCS, 1997).

The results of this study showed an increase in perfectionism related to physical appearance, eating pathology, obsessive-compulsive symptoms, and symptoms of depression and anxiety. Likewise, they presented a higher mean frequency related to the practice of vigorous physical activity.

This research was also an interesting contribution to the present work, since it covered the evolutionary stage corresponding to young adulthood and revealed that university students with a high degree of perfectionism have repercussions in relation to their physical appearance, harmful eating habits and obsessive-compulsive symptoms.

National Research

Ramos (2020), presented a research entitled *Balance afectivo y ansiedad en personas que presentan obesidad*, for the academic degree of Bachelor in Psychology, mention in Clinical Psychology at the Universidad Arturo Michelena in San Diego, Venezuela. The general objective of this study was to determine the relationship between affective balance and anxiety in obese people who have attended Force Gym in the last 7 months. Methodologically, it employed a field methodology, non-experimental, framed in a descriptive-correlational modality. The sample consisted of 23 people between 18 and 49 years of age, to whom the Zung Anxiety Self-Rating Scale (Zung, 1965, adapted by Astocondor, 2001) and the Affective Balance Scale (Warr et al., 1983, adapted by Godoy-Izquierdo et al., 2008) were applied.

The results of this study showed that 69.5% of the sample presented symptoms related to anxiety, with the majority of the population, that is, 34.8%, showing a moderate degree of anxiety. On the other hand, it was determined that 47.8% of the users investigated indicated a positive affective balance, while 52.2% of them showed a negative affective balance.

In this sense, this degree work contributed theoretically to the present research, because the author determined that gym users mostly manifested anxious symptomatology together with a negative affective balance, being levels that behave in a similar way, which indicates the probability of developing unpleasant feelings in the face of anxiety or stress.

Zerpa and Ramírez (2020), developed an investigation entitled *Prevalencia de Conductas Alimentarias de Riesgo en Adolescentes de Caracas: 2012 vs. 2018*, published in the journal Salud Pública y Nutrición in Caracas, Venezuela. Its main objective was to compare the prevalence of risky eating behaviors suggestive of eating disorders in adolescents. Methodologically, a descriptive, non-experimental and ex post facto retrospective methodology was used. The sample consisted of 331 participants in 2012 and 622 participants in 2018, who were administered the Eating Attitudes Questionnaire (EAT-26, 1994).

The results of this study reflected prevalence of Eating Behavior Disorders (ED) of 6.4% (2012) and 15.3% (2018). Likewise, differences were observed in the scores in relation to the Bulimia and Oral Control factors. Among the most important findings, significant changes were considered in relation to the prevalence of ED risk behaviors.

The article was a theoretical contribution to the present study, because it broadens the perspective in terms of the evolution of the prevalence of risky eating behaviors in Venezuela, obtaining that, in a period of six years, the presence of unhealthy eating habits more than doubled, this being a highly worrying change that reflects the increased vulnerability of the population. In addition to this, it allows for the identification of premorbid behaviors that may threaten the physical and psychological integrity of the study population.

General theory of attitudes

Cognitions and beliefs have a great influence on people's actions and decisions, allowing them to adopt different positions according to the context. In this sense, Fernandez (2014), defines attitude as an enduring organization of beliefs and cognitions in general, endowed with an affective charge in favor or against a defined object, which predisposes to an action consistent with the cognitions and affects related to that object.

In this order of ideas, the individual acquires attitudes from learning in relation to his previous experiences, which serve as a predisposing factor to the stimuli, that is, it provides a series of responses based on the person's schemas, cognitions, thoughts and affectivity, so that, in attitudes, there is an interrelation between the cognitive, affective and behavioral component. Therefore, not only the experiences of the individual but also those learned through the experience of others are associated (Paez, 2003).

Likewise, they can be understood in terms of intensity, being at a high or low level, according to their direction, attitudes are described as favorable or unfavorable, they can also refer to situations or objects, the latter being understood as people, organizations, political, religious, racial groups, among others, while situations include those specific behaviors that are related to objects. Therefore, these are constituted by multiple dimensions such as the affective component, related to feelings of pleasure or displeasure, the cognitive, oriented to thoughts, ideas and beliefs concerning the object and the behavioral or form that can predict an action (Aigneren, 2008).

For this reason, each person has acquired through their learning processes a perspective that supports or contradicts certain elements that are part of their daily life, it is evident then that the way of eating also carries behind it a set of beliefs that have caused the person to carry out the dietary habits of their preference. However, these can be healthy or harmful depending on the information that the person has received on the subject, as well as the perception that he/she has developed with respect to the subject.

Attitudes towards food

They are contextualized as the way in which food is conceived and valued, which has an impact on people's eating behavior, therefore, whoever has negative attitudes towards one or several foods, may manifest harmful behaviors within the food context, such as minimizing the consumption of that food or eliminating it from their diet (Galeano and Krauch, 2010).

However, positive attitudes generate healthy behaviors towards foods, including them in their dietary repertoire. Likewise, harmful or negative Eating Attitudes include following a strict dietary regimen with the aim of decreasing body weight and excessive preoccupation with the physical figure, these being factors that can trigger psychopathology (Raich, as cited in Lameiras et al., 2003).

Therefore, eating attitudes are understood by means of the three-factor model, which is a theoretical contribution that addresses biopsychosocial elements based on predisposing, precipitating and perpetuating factors. Thus, predisposing factors include individual elements, such as identity, personality, body shape perception and cognitive processes; family characteristics such as family history of obesity and level of importance towards food and body mass; and cultural elements, highlighting the influence of thinness.

Precipitating factors refer to rigorous diets, environmental demands, family disturbances or diminished self-esteem. Finally, perpetuating factors include vomiting, starvation, body shape perception, personality, gut physiology, and the relevance of underweight (Garner and Garfinkel, as cited in Unikel et al., 2017).

In this sense, attitudes towards food are composed of behaviors associated with three dimensions. First, there is dieting and preoccupation with food, which focuses on the preoccupation with decreasing body weight along with avoidance of foods that may increase size. Secondly, it addresses the perceived social pressure and discomfort with food, which covers the perception that the person has about the comments received from their environment in relation to weight and body shape, as well as thoughts

associated with food intake, which generate displeasure. Thirdly, psychobiological disorders are explored, focusing on the relationship between mental processes and biological alterations (Garner and Garfinkel, 1979, as cited in Castro et al., 1991).

It is evident that attitudes towards risky eating have thoughts and impulses associated with body shape, physical activity, thinness and diet, which can be classified as intrusive, while compensatory actions are presented, such as food avoidance, constant control of body weight and excessive practice of physical exercise, exhibiting similarities with obsessive-compulsive behaviors, due to the fact that intrusive thoughts related to eating and physical training can be conceived as unpleasant, making it difficult for the person to carry out his/her routine due to the difficulty of reducing or eliminating such ideas, as well as it is possible that rituals associated with intrusions are manifested (Roncero et al., 2010).

Obsessive-Compulsive Behaviors

The American Psychiatric Association (APA, 2014), has stated that obsessions refer to cognitive content reflected either in constant thoughts, images or impulses that possess an intrusive character. For their part, compulsions arise around obsessions, being a response to these, so they include manifest and cognitive behaviors performed on multiple occasions, mostly related to behaviors performed on the person's body while seeking to minimize or eradicate such actions.

In this way, it has been established that this type of behavior is evidenced according to the frequency of the obsessions of aggression-harm, dirt-pollution or religious-moral-sexual, and through repetition, washing, precision-symmetry and checking compulsions (Belloch et al., 2009). In this regard, the National Institute of Mental Health (NIH, 2020) suggests that the origin of this type of behavior is linked to genetic factors and biological elements associated with alterations in the frontal cortex and subcortical structures.

It follows that obsessive-compulsive behaviors are explained by the two-factor theory, also known as the biprocess mediated theory of fear, which states that fear acquisition and avoidance can be understood by means of classical conditioning and instrumental conditioning. Thus, classical conditioning states that anxiety responses are defined as conditioned responses to stimuli that have been previously neutral and become conditioned stimuli (CS) through association with stimuli that produce aversion or anxiety, being unconditioned stimuli (CS). Consequently, it will generate a fear response when the CE is presented (Robert and Botella, 1990).

Psychology of Physical Activity and Sport

It is conceptualized as the area of psychology whose scientific studies emphasize the behavior of people within the context of sport and physical activity (Weinberg and Gould, 2010). In this sense, it currently covers research areas with the purpose of deepening and developing theories about interventions, techniques and diverse evaluation and diagnostic procedures. It also measures the behavior of the athlete or team of athletes in order to identify, predict and explain their behavior. Similarly, it focuses on the application of intervention techniques that allow the development and strengthening of the performance of the athlete or person performing physical activity, as well as reducing or eliminating dysfunctional and maladaptive behaviors such as the presence of high levels of anxiety, stress, among others (Lima, 2014).

Consecutively, this area considers that psychoeducation plays a fundamental role, so that professionals who practice sports psychology must be trained and educated in the sports area to be able to impart knowledge in an assertive and effective manner (Lima, Ob. cit). Finally, it is considered of great relevance, motivated by the fact that it fulfills prevention activities in relation to eating disorders, neglect, injury prevention, among others, with the purpose of preserving the well-being of the individual (Lima, 2014).

Method

Research design and type of research

This study was registered as a field research, which collected information directly from those investigated or from the context in which the phenomenon develops, without modifying or altering said reality to control the variable, being a non-experimental research (Arias, 2016). Similarly, it was a cross-sectional type of research, due to the need to collect data in a specific time and period, in order to describe the variables and in turn, analyze the interaction and incidence they have without being manipulated at a specific time (Palella and Martins, 2012).

Level and modality of research

The level of research, as stated by Arias (2016) "refers to the degree of depth with which a phenomenon or object of study is approached" (p. 23), therefore, the present research is framed in a descriptive type level, which is based on the determination of the event, phenomenon, subject or group, in order to establish the elements that structure it and its way of acting (Arias, 2016). Thus, it is considered descriptive, since the characteristics of the sample are studied and established in order to analyze the relationship that exists or does not exist between the study variables.

Population and sample

The population selected was young adult gym users in the metropolitan area of Valencia, Venezuela. The sample consisted of 30 young adult users of the Body Fit Training Center and Preta Fitness BJJ gyms, located in the metropolitan area of Valencia, Venezuela, this being the number of individuals willing to collaborate with the research, also complying with the established age range.

Validity and reliability

The EAT-40 instrument in its adaptation by Castro et al. (1991) has a concurrent validity of 0.87. Thus, it reflected reliability of 0.79 in the group of individuals with anorexia, so that the Spanish validation differentiates between the control group and the group of subjects with anorexia, having an internal consistency of Cronbach's Alpha 0.92 for the second group (Garner and Garfinkel, 1979, adapted from Castro et al., 1991). This suggests that the food *attitudes* questionnaire is a valid and reliable instrument because it objectively measures the variable to be studied in this research.

The C-BOCI instrument, in its adaptation by Belloch et al. (2009) has a reliability of 0.82, manifesting values referring to Cronbach's alpha ≥ 0.80, excluding the obsessions subscale since, it presented a slightly lower internal consistency in the

clinical sample, while its concurrent and discriminant validity proved to be appropriate, emphasizing the total score and the dimension related to compulsions (Belloch et al., 2009). Thus, the Clark-Beck Obsession-Compulsion Inventory is a relevant instrument for the present research due to its validity and reliability values.

Analysis techniques

A goodness-of-fit test was used because, according to Romero (2016), it allows identifying the distribution of the data relative to the sample, so that it is possible to establish whether parametric or nonparametric statistical tests will be used. In this sense, the Shapiro-Wilk goodness-of-fit test was used, which is applied in samples equal to or less than 50 individuals and is calculated by means of the following formula:

$$W = \frac{(\sum_{i=1}^{n} \ a_i \ x_{(i)})^2}{\sum_{i=1}^{n} \ (x_i - \bar{x})^2}$$

Where:

- $x_{(i)}$: Refers to the number occupying the i-th position in the sample.
- $\bar{x}$: It is the sample mean.
- $a_{n\,i\,1}$: Expected quantiles of x_1.
- $x_{n\,i\,1}$: Largest data of the ordered sample (Shapiro and Wilk, as cited in Jimenez, 2020).

Next, as an analysis technique for the present study, a nonparametric statistical technique was used, this being Spearman's correlation coefficient or Spearman's Rho coefficient, which is explained by Elorza and Sandoval as "a measure of linear association that uses the ranks, order numbers of each group of subjects and compares these ranks" (1999, p. 100) allowing to know in turn the dependence or independence between random variables. In this sense, Spearman's correlation coefficient is referred to as rs, and its formula is as follows:

$$r_s = 1 - \frac{6\Sigma D^2}{n(n^2 - 1)}$$

Where:

- n= Represents the number of investigated.
- xi= is the range of individuals i in relation to the first variable.
- yi= This is the range of people associated with the second variable.
- D= xi-yi (Anderson et al., 1999).

Results

Below are the tables that group the results obtained from the application of the information and data collection process.

Table 1

Descriptive statistics of the sample in the EAT-40 instrument

Dimension	N	Interval	Media	Median	Fashion	Standard deviation
Diet and preoccupation with food	30	0 - 42	11.30	8.5	8	9.22
Perceived social pressure and eating discomfort	30	0 - 7	1.37	0	0	2.11
Psychobiological disorders	30	0 - 7	1.30	1	0	1.76
Total, EAT-40	30	0 - 56	16.17	12.5	11	11.198

Note. Indicators of central tendency and dispersion of the sample in the EAT-40 instrument. Source: Monzon, Rubiano and Mobili (2021).

Table 9 shows that, in the total Eating Attitudes scale, the intervals obtained by the young adults participating in the research were between 0 and 56 points, which indicates that there were people considered as not at risk or general population, population at risk or with the presence of premorbid factors for the development of eating disorders (ED).

Table 2

Distribution of frequencies by levels of Attitudes to Food

Levels	Frequency	Percentage
No risk or general population	23	76,67%
Population at risk or presence of premorbid factors for the development of eating disorders (ED)	6	20%
Undoubted presence of the pathology or clinical population	1	3.333%
Total	30	100%

Note. Description of the frequency distribution and percentages by levels reflected in the variable Attitudes towards Food. Source: Monzon, Rubiano and Mobili (2021).

Table 10 and Figure 4 show the distribution of frequencies by levels of Attitudes towards food, which is based on the results perceived after the application of the EAT-40 instrument (Garner and Garfinkel, 1979, adapted from Castro et al. 1991) to the study sample, specifying the percentage of the users of the selected gyms that fall into the level of no risk or general population, population at risk or presence of premorbid factors for the development of eating disorders (ED) or undoubted presence of the pathology or clinical population, from their total score.

Table 3

Descriptive statistics of the sample in the C-BOCI instrument

Dimension	N	Interval	Media	Median	Fashion	Standard deviation
Obsessions	30	0 - 35	9.8	7.5	6	7.42
Compulsions	30	0 - 24	6.93	5.5	3 - 4	5.07
Total, C-BOCI	30	0 - 59	16.73	14	11	11.9

Note. Indicators of central tendency and dispersion of the sample in the C-BOCI instrument. Source: Monzon, Rubiano and Mobili (2021).

Table 11 shows the indicators of central tendency of dispersion for the distribution formed by the total results of the sample studied when applying the C-BOCI instrument (Clark and Beck, 2002, adapted from Belloch et al, 2009), therefore, the intervals obtained ranged between 0 and 59 points, which indicated that some users remained outside the established cut-off points, and could be considered as not at risk or general population, however, others reflected the presence of isolated obsessive-compulsive symptoms, presence of OCD of subclinical character or mild category as well as the presence of OCD maintaining a small margin of error and the undoubted presence of the pathology.

Table 4

Frequency distribution by levels of Obsessive-Compulsive Behaviors

Levels	Frequency	Percentage
No risk or general population	18	60%
Isolated obsessive-compulsive symptoms, presence of OCD of subclinical character or mild category.	6	20%
Presence of OCD while maintaining a small margin of error	2	6.667%
Undoubted presence of pathology	4	13.33%
Total	30	100%

Note. Description of the frequency distribution and percentages by levels reflected in the variable Obsessive-Compulsive Behaviors. Source: Monzon, Rubiano and Mobili (2021).

Table 12 and Figure 5 show the frequency distribution by levels of Obsessive-Compulsive Behavior, which is supported by the results of the application of the C-BOCI inventory (Clark and Beck, 2002, adapted by Belloch et al..., 2009) to the young adult users of the gyms belonging to the sample studied, in this sense, it is specified that the percentage of users can be located in the level without risk or general population, isolated obsessive-compulsive symptoms, presence of OCD of subclinical character or mild category, presence of OCD maintaining a small margin of error or undoubted presence of the pathology, according to the total result obtained.

Table 5

Goodness-of-fit test

Variable	Scale	Statistician	gl	Sig.
Attitudes towards Food	Diet and preoccupation with	0.866711	30	0.00141662

	food			
	Perceived social pressure and eating discomfort	0.697379	30	0.00000142937
	Psychobiological disorders	0.760128	30	0.0000133322
	Total, Food Attitudes	0.837975	30	0.000350804

Note. Results of the Shapiro-Wilk test on instrument scores. Source: Monzon, Rubiano and Mobili (2021).

Table 6 (Continued)

Goodness-of-fit test

Variable	**Scale**	**Statistician**	**gl**	**Sig**.
Obsessive-Compulsive Behaviors	Obsessions	0.869172	30	0.00160569
	Compulsions	0.893110.	30	0.00572108
	Total, Obsessive-Compulsive Behaviors	0.866473.	30	0.00139962

Note. Results of the Shapiro-Wilk test on instrument scores. Source: Monzon, Rubiano and Mobili (2021).

In this sense, it is possible to see in Table N° 13 that the significance corresponding to the scales of the instruments and their respective results are less than 0.05, so they do not represent a normal distribution, which is why Spearman's correlation coefficient or Spearman's Rho coefficient was used as a non-parametric statistical technique to calculate the correlation between the variables Attitudes towards Eating and Obsessive-Compulsive Behavior.

Table 7

Correlation between Eating Attitudes and Obsessive-Compulsive Behaviors

Attitudes towards Food		**Obsessive-Compulsive Behaviors**		
		Obsessions	Compulsions	Total, Obsessive-Compulsive Behaviors
Diet and preoccupation with food	rs	0,990**	0,992**	0,995**
	p	0.000	0.000	0.000

** Correlation is significant at the 0.01 level

Note. Correlation coefficient between the dimensions of the variables Attitudes towards Eating and Obsessive-Compulsive Behaviors. Source: Monzon, Rubiano and Mobili (2021).

Table 8 (Continued)

Correlation between Eating Attitudes and Obsessive-Compulsive Behaviors

Attitudes towards Food		**Obsessive-Compulsive Behaviors**		
Perceived social pressure and eating	rs	0,904**	0,905**	0,903**
discomfort	p	0.000	0.000	0.000
Psychobiological disorders	rs	0,941**	0,937**	0,940**
	p	0.000	0.000	0.000
Total, Food Attitudes	rs	0,995**	0,996**	0,995**
	p	0.000	0.000	0.000

** Correlation is significant at the 0.01 level

Note. Correlation coefficient between the dimensions of the variables Attitudes towards Eating and Obsessive-Compulsive Behaviors. Source: Monzon, Rubiano and Mobili (2021).

Table 14 indicates the degree of correlation between the dimensions of the variables Eating Attitudes and Obsessive-Compulsive Behaviors, showing that each of these has a very strong positive correlation with the others, which determines that the presence of maladaptive and harmful Eating Attitudes could be linked to a greater presence of Obsessive-Compulsive Behaviors in the users of the gyms that were part of the study, also, the correlation could be evidenced inversely, because, the lower the presence of harmful Eating Attitudes, the lower the manifestation of Obsessive-Compulsive Behaviors. For this reason, the interpretation of the correlations between the variables Attitudes towards Eating and Obsessive-Compulsive Behaviors and each of their dimensions is presented in detail below.

Conclusion

The present research work had the objective of analyzing the type of relationship between Attitudes towards Eating and Obsessive-Compulsive Behaviors in young adults belonging to two gyms in the metropolitan area of Valencia, Venezuela, so that the study was based at a theoretical level on the postulates of the cognitive-behavioral approach, the General Theory of Attitudes and the conceptualization of the variables Attitudes towards Eating and Obsessive-Compulsive Behaviors. It should be noted that the study was conducted in a non-probabilistic sample comprising 30 users of the Body Fit Training Center and Preta Fitness BJJ gyms, which indicates that the results obtained are not generalizable, so they only explain the behavior of the variables in the participants, this being considered a limitation of the study.

In this order of ideas, it is evident with respect to the type of relationship existing between the dimensions Diet and Food Preoccupation and Obsessions, that young adults, users of the gyms belonging to the sample, could possess a cognitive apparatus whose schemes, assumptions and cognitions present predisposition to the way of consuming food, which would require a specific structure where they are quantified or can be controlled according to an established dietary regimen. In this sense, it is likely that the way in which these individuals conceptualize food is persistently maintained even when they try to interrupt it, which can generate unpleasant affects such as fear or excessive concern for following a rigid ritual of food preparation and intake.

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ANALYSIS OF THE RELATIONSHIP BETWEEN ATTACHMENT STYLES AND THE DARK TRIAD (MACHIAVELLIANISM, NARCISSISM AND PSYCHOPATHY)

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Abstract. This study aims to test whether there is a relationship between attachment style and the Dark Triad personality traits. A bivariate correlational design and a mean difference analysis were used to determine differences by sex. The sample consisted of 303 Spanish participants over 18 years of age. They were administered the Attachment Questionnaire (CaMir-R) and the Short Dark Triad (SD3). A negative relationship was obtained between secure attachment style and Dark Triad psychopathy and a positive relationship between insecure attachment and dark personality, highlighting disorganized attachment with Machiavellianism, narcissism and psychopathy personality traits. In addition, the male group scored higher on these traits. It is important to establish secure attachments in childhood, as dark personality traits are characterized by the inability to emotionally bond with others and are a key predictor of insecure attachment and, therefore, comprise socially aversive personality dimensions.

Key words: secure attachment, insecure attachment, Dark Triad, narcissism, Machiavellianism, psychopathy.

ANÁLISIS DE LA RELACIÓN ENTRE LOS ESTILOS DE APEGO Y LA TRÍADA OSCURA (MAQUIAVELISMO, NARCISISMO Y PSICOPATÍA)

Resumen. Este estudio pretende comprobar si existe relación entre el estilo de apego y los rasgos de personalidad de la Tríada Oscura. Se planteó un diseño correlacional bivariado y un análisis de diferencias de medias para determinar las diferencias por sexo. La muestra se formó por 303 participantes españoles mayores de 18 años. Se les administró el Cuestionario de Apego (CaMir-R) y el Short Dark Triad (SD3). Se obtuvo una relación negativa entre el estilo de apego seguro y la psicopatía de la Tríada Oscura y una relación positiva entre el apego inseguro y la personalidad oscura, destacando el apego desorganizado con los rasgos de personalidad maquiavelismo, narcisismo y psicopatía. Además, el grupo de hombres puntuó más alto en dichos rasgos. Es importante establecer unos vínculos afectivos seguros en la infancia, ya que, los rasgos de personalidad oscuros se caracterizan por la incapacidad de vincularse emocionalmente con los demás siendo un predictor clave del apego inseguro y, por lo tanto, comprenden dimensiones de la personalidad socialmente aversivos.

Palabras clave: apego seguro, apego inseguro, Tríada Oscura, narcisismo, maquiavelismo, psicopatía.

Introduction

The Dark Triad would be formed by three personality traits: narcissism, Machiavellianism and psychopathy. This dark personality is what we would commonly call a "bad person" or one who presents "a dark personality", hence its name. These dimensions share traits tending towards insensitivity, selfishness and malevolence in interpersonal relationships with others (Paulhus and Williams, 2002).

Different authors (Bloxsom et al., 2021) have concluded that the inability to emotionally bond with others is a key predictor of insecure attachment and thus involves traits of the Dark Triad, which comprises three socially aversive or dark-side personality dimensions: Machiavellianism is characterized by deception, manipulation, cynicism, and exploitation of others (Ali and Chamorro-Premuzic, 2010; Ináncsi et al., 2015). Narcissism is related to egocentrism, grandiose thinking, vanity, attention seeking, and lack of empathy (Krizan and Herlache2018; Pincus and Lukowitsky, 2010). And, psychopathy is characterized by impulsivity, deception, antisocial, callous, and arrogant behaviors (Mack et al., 2011; Mayer et al., 2020). For this study, we will focus on those of subclinical and non-pathological level, which would be those that are not under clinical supervision (González, 2015).

In the last decade the works conducted have shown the importance of studying dark traits, since, they have detrimental effects on social relationships and affective bonds (Vize et al., 2018). Which begs the question, is developing any dark personality traits a sign of exhibiting parental disengagement in childhood?

The human being comes into contact with the outside world at birth. From then on, different attachment relationships will be established with the people who are close to him (Pérez-Aranda et al., 2019). Therefore, attachment is the union or affective bond that is established during these early stages of life between the infant of a few months and its mother, father or primary caregiver (Ortiz and Marrone, 2002). This influence should be understood in a bidirectional way (Bartholomew and Horowitz, 1991), since the child's personality will depend on the joint action of the attachment figure and the child's temperament. However, unlike attachment, personality is conceived in adulthood (Rabadán et al., 2019), and may end up developing some of these dark traits.

In this sense, one of the pioneers in the study of attachment was the psychoanalyst and psychiatrist John Bowlby, who put an end to the attachment theory (Bowlby, 1952). Bowlby realized that many of the adolescents he treated in consultation with a criminal background had in common a dysfunctional childhood, separated parents and/or early family losses (Holmes and Slade, 2017). He defined attachment as the type of relationship that occurs between the newborn and its primary caregiver, being determinant in the development of behavior and later emotional development (Bowlby, 1997). It will be this bond through which the newborn experiences its first pleasant feelings (of security, trust or affection) and unpleasant feelings (of fear, abandonment or insecurity), and from which it builds the foundations in such a way that it transcends in the nature of the future relationships it creates (Bueno, 2020) and thus establishes the basis of its personality.

Attachment fulfills two basic functions: on the one hand, survival, which would encompass the protection and care of the child and, on the other hand, emotional security, which would encompass psychological development and personality formation (Rivas, 2018). In addition to these, it would fulfill other complementary functions: such as socialization,

communication and psychosocial relationships (Rivero et al., 2016) where the child would develop empathy and learn prosocial behaviors, cognitive development where it stimulates curiosity and the desire to explore the environment (Galán, 2020) and, finally, it would promote physical and psychological health through the stable and satisfactory affective relationship with those attachment figures.

Mary Ainsworth conducted a series of investigations on the interaction between mother and child and its influence on the formation of attachment. For this purpose, he designed an experiment called the Stranger Situation (Bell and Ainsworth, 1972), in which he classified the different attachment styles (the strange situations). Specifically, it focused on the observation of interaction behaviors that were exposed to the mother: proximity and contact seeking, contact maintenance, proximity avoidance and contact resistance (Delgado, 2004).

These strange situations (Ainsworth, 1989) were classified into three types: secure attachment, insecure avoidant attachment and resistant/ambivalent attachment. Later, Main and Salomon (1990) added a fourth attachment style, disorganized. This study will focus on the four attachment styles mentioned above:

Secure attachment: described as a satisfying bond, with a good relationship with both the external environment and the caregiver that allows him/her to explore the world safely. The child feels that he/she is protected against any misfortune that may occur. It is achieved through caring, continuous contact that is sensitive to the child's needs (Chen, 2017; Solomon et al., 2017).

Anxious/ambivalent insecure attachment: excessive tendency to seek proximity, lower tolerance to separation from the attachment figure, responding with protesting and angry behaviors, resulting in emotional dysregulation (Mikulincer and Shaver, 2019; Smolewska and Dion, 2005).

Avoidant insecure attachment: characterized by a strong distancing from the attachment figure, paying more attention to other things, avoiding close contact, showing rejection, rigidity, hostility and difficulty in regulating their emotions (Bueno, 2020; Jonason et al., 2014).

Disorganized insecure attachment: shares characteristics with anxious insecure attachment and avoidant insecure attachment, but does not belong to either of them. This is because the child demonstrates confused, incoherent and contradictory behaviors (Ballester et al., 2014; Heym et al., 2020). This would be the case of negligent caregivers where the child loses trust in them.

Therefore, attachment is a process that serves as the basis for all affective relationships throughout life (Monteca, 2014). While it is true that attachment is established from birth and can remain stable throughout its course (Pierucci and Luna, 2014), new attachment figures (such as work, friendship and partner relationships) can also influence it and cause insecure behavior in childhood to end up learning more secure behaviors as we grow up (Morales and Ventura, 2016). In contrast to this, personality is forged in adulthood, which could lead us to think that there is a cause-effect relationship between the development of attachment in childhood and the subsequent development of personality (Monteserín, 2012).

As indicated above, both Bowlby (1976) and Ainsworth (1989) have shown the relevance of the attachment bonds established with fathers and mothers during infancy for the establishment of future affective relationships (Casullo and Liporace, 2005). Thus, those infants who achieved secure attachment relationships with caregivers who were loving and sensitive to their needs, ended up establishing more stable bonds with their peers, which are characterized by intimacy and affection (Brando et al., 2008). Whereas, those who achieved insecure attachment relationships with their parents, being these more cold, distant or neglectful, would have more problems when establishing bonds with other people in their

environment (Apostolou et al., 2019). is insecure attachment, therefore, an indicator of developing some dark personality trait?

Previous research has indicated that Machiavellianism and psychopathy, are positively associated with insecure attachment (Ali and Chamorro-Premuzic2010; Mack et al., 2011). Specifically, psychopathy is related to greater anxious and avoidant attachment (Mayer et al., 2020), whereas, Machiavellianism is related to more anxious behaviors, avoidant attachment (Connor et al., 2020) and/or disorganized attachment (Bartholomew and Horowitz, 1991). However, regarding narcissism it is not clear, with some research favoring an anxious/ambivalent insecure attachment (Gómez, 2020) and others favoring a more secure attachment (Jonason et al., 2014).

Few studies look at gender when it comes to establishing who scores higher on any obscure trait. According to Jonason and Davis (2018), Dark Triad traits, are associated more with masculinity than femininity.

In any case, there are no compelling studies to speak of a particular attachment style in each of the Dark Triad traits.

In view of the above, the general objective of this study focuses on analyzing the relationship between the attachment style developed in childhood and the personality traits of the Dark Triad (narcissism, Machiavellianism and psychopathy). The working hypotheses are as follows:

Hypothesis 1: There is a negative relationship between secure attachment style and Dark Triad personality traits.

Hypothesis 2: There is a positive relationship between insecure attachment style and dark personality traits.

Hypothesis 3: The male group is expected to score higher than the female group on the Dark Triad traits, with no significant differences in attachment styles.

Method

Participants

The sample of participants in this study consisted of three hundred and three persons (N=303), whose ages ranged from 18 to 77 years (M=32.41 and SD=15.32). In turn, it was represented by 195 women (64.4%), 107 men (35.3%) and 1 non-binary person (0.3%). Of these, 185 participants were single (61.1%), 102 were married or cohabiting (33.7%), 10 were separated or divorced (3.3%) and 6 were widowed (2%).

Regarding the educational level of the participants, all of them had some kind of education, of which 2 people had unfinished primary education (0.7%), 11 had primary education (3.6%), 29 had secondary education (9.6%), 38 had vocational training (12.5%), 37 had higher education (12.2%), 1 had special education (0.3%) and 185 had university education (61.1%).

The annual income collected in the sample would be as follows: 23 participants would be paid less than 5,000 €/year (7.6%), 21 between 5,000 - 10,000 €/year (6.9%), 46 between 11,000 - 15,000 €/year (15.2), 32 between 16,000 - 20.000/year (10.6%), 85 between 21,000 - 30,000 €/year (28.1%), 41 between 31,000 - 40,000 €/year (13.5%), 22 between 41,000 - 50,000 €/year (7.3%) and 33 would charge more than 50,000 €/year (10.9%).

The inclusion criteria used in the present study were: being of legal age (>18 years) and Spanish nationality.

Instruments

A series of self-reported questionnaires were completed by the participants of the present research to elaborate the collection of information relevant to the project. The instruments used for this data collection were those explained below, whose *Cronbach's alpha* coefficients reported refer to those of the present study:

Ad hoc questionnaire: this would focus on collecting significant sociodemographic data on the participants (age, sex, marital status, place of residence, educational level and income level).

Attachment Questionnaire (CaMir-R): is a shortened version of the original questionnaire (Balluerka et al., 2011), which assesses attachment-related cognitions. This questionnaire was validated into Spanish by authors Redondo and Herrero (2019) and focuses on the assessment of individuals' past and present attachment experiences, as well as their personal interpretation of parental attitudes during childhood. It consists of 29 items to be answered with a five-point Likert-type scale (1 = "strongly disagree"; 2 = "disagree"; 3 = "indifferent"; 4 = "agree" and 5 = "strongly agree"). It takes about 15 to 20 minutes to complete. The items are grouped into six factors: Safety (7 items), Worry (6 items), Parental Interference (4 items), Parental Authority Value (3 items), Self-sufficiency and resentment towards parents (4 items) and Childhood Trauma (5 items). Two of the factors are related to parenting styles (Parental Interference and Value of Parental Authority), and the other four to attachment (Security, Preoccupation, Self-Reliance and Childhood Trauma). In our work, only the 22 items corresponding to the attachment part were passed: Security ($\alpha = .93$), Worry ($\alpha = .83$), Self-sufficiency and resentment toward parents ($\alpha = .66$), and Childhood trauma ($\alpha = .88$). These results correspond respectively to Secure Attachment, Anxious/Ambivalent Insecure Attachment, Avoidant Insecure Attachment and Disorganized Insecure Attachment.

Short Dark Triad (SD3): Jones and Paulhus (2002) designed one of the main scales to measure the components of the Short Dark Triad. Adapted to Spanish by Pineda et al., (2020). It assesses the three personality dimensions of the Dark Triad together (narcissism, Machiavellianism and psychopathy) and subclinically. The SD3, in this adapted version, consists of a total of 27 items, divided into 3 subscales with 9 items for each construct, corresponding to each of the dark personalities: Machiavellianism ($\alpha = .70$), narcissism ($\alpha = .68$) and psychopathy ($\alpha = .78$), respectively. Each item should be answered with a five-point Likert-type scale (0 = "completely disagree" to 4 = "completely agree").

Procedure

This work is part of a broader study composed of several forms, but for this particular work, two of them have been applied: the first one studies the attachment style in childhood and the second one analyzes the personality traits of the Dark Triad.

The questionnaires were digitized through the Google Forms platform and distributed through the snowball procedure. In turn, the study link was disseminated through different social networks (Instagram, Facebook, Twitter), instant messaging channels (WhatsApp, Telegram) and other digital platforms (YouTube channels, etc.). When explaining the instructions for the questionnaires, an informed consent form was included to ensure the anonymity and confidentiality of the responses and the participants' compliance with the requirements. Consent was signed through the selection of an option on the questionnaire, which indicated that the participant had read and agreed to participate in the study.

Finally, this work has been approved by the ethics committee of the Universidad Europea del Atlántico.

Data Analysis or Analysis Strategy

The analysis carried out in this study is a correlational design with the aim of clarifying the relationship between the parental attachment style displayed in childhood and the development of the Dark Triad personality traits. The bivariate relationship between the variables studied was analyzed by means of *Pearson's correlation coefficient*, considering the sign, strength and significance of each calculated relationship.

After this, an analysis of mean differences in the variables studied was performed in order to determine the relationships between women on the one hand and men on the other. For this purpose, a comparison of the correlations was made for statistically significant data, which follow the *Student's t* distribution for independent samples with a significance level of $p < .05$. We also proceeded to use *Cohen's d* statistic (Cohen, 1980) to measure the effect size as the difference of the standardized means of the male and female groups.

All analyses were performed with SPSS program version 22.

Results

First, a bivariate correlational analysis was performed to determine whether the data collected in **Table 1** (*Descriptive statistics (means and standard deviations) and correlation coefficients (Pearson's r) between parental attachment style and Dark Triad personality traits*) established significant correlations between attachment type in childhood and dark personality in adulthood.

Table 1
Descriptive statistics (means and standard deviations) and correlation coefficients (Pearson's r) between parental attachment style and Dark Triad personality traits.

	M	SD	1	2	3	4	5	6	7
1. Secure Attachment	29.33	5.80	-						
2. Anxious/ Ambivalent Attachment	19.51	5.35	.15*	-					
3. Avoidant Attachment	12.13	3.44	-.56***	.06	-				
4. Disorganized Attachment	10.05	5.18	-.60***	-.03	.48***	-			
5. Machiavellianism	16.32	6.15	-.10	.05	.36***	.17**	-		
6. Narcissism	13.76	5.22	.07	-.03	.10	.12**	.35***	-	
7. Psychopathy	8.00	5.26	-.19***	-.01	.29***	.24***	.58***	.33***	-

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

As can be seen in **Table 1** (appendix), this analysis revealed the following results: a statistically significant, negative, low-strength relationship was found between secure attachment style and the Dark Triad personality trait psychopathy. Likewise, no statistically significant relationships were found between secure attachment and Machiavellianism, as in narcissism. On the other hand, no statistically significant relationships were observed for anxious/ambivalent insecure attachment style with any of the dark personality traits: Machiavellianism, narcissism and psychopathy.

Continuing with the correlational analysis, a statistically significant, positive, moderate-strength relationship was found between the avoidant insecure attachment style and the Dark Triad personality trait Machiavellianism. In addition, a statistically significant, positive, low-strength, positive relationship was observed between avoidant insecure attachment style and the dark personality trait of psychopathy. On the other hand, no statistically significant relationships were observed for insecure avoidant attachment style and narcissism.

Finally, a statistically significant, positive, low-strength, positive correlation was found between disorganized insecure attachment style and Machiavellianism, narcissism, and Dark Triad psychopathy personality traits.

Once the bilateral correlations were found, we proceeded to perform an analysis of mean differences by gender between men and women separately, in the variables studied, to see if one of these two groups established more significant scores than the other, as can be seen in **Table 2** of the appendix (*Analysis of mean differences by gender between the attachment style and the personality traits of the Dark Triad*). It should be noted that the non-binary sex was excluded from this analysis of mean differences because we only had one participant and the results were not going to be relevant.

Table 2
Mean difference analysis by gender between attachment style and Dark Triad personality traits.

	Genre				*t*	*d*
	Male (n = 107)		Female (n = 195)			
	M	SD	M	SD		
Secure Attachment	29.32	5.73	29.31	5.87	0.14	0.00
Anxious/Ambivalent Attachment	18.13	4.98	20.22	5.37	-3.31***	-0.40
Avoidant Attachment	12.38	3.21	12.02	3.55	0.88	0.10
Disorganized Attachment	9.80	4.66	10.21	5.45	-0.65	-0.08
Machiavellianism	17.68	5.72	15.56	6.28	2.89**	0.35
Narcissism	14.99	5.74	13.07	4.80	3.10**	0.36
Psychopathy	10.03	5.60	6.91	4.74	5.12***	0.60

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

Sex differences in attachment style and dark personality trait scores were explored. For this purpose, a *Student's t-test* for independent samples was performed together with *Cohen's d* statistic to measure the effect size. Within the results found in the type of attachment variable, minimal differences were observed in the subscales of the questionnaire applied, with no significant differences in relation to the gender variable.

Similarly, dark personality traits (Machiavellianism, narcissism and psychopathy) were explored and all of them were found to be statistically significant and relevant scores were found to exist, with men scoring higher in all of them compared to women participants in the present study. In turn, all of them also presented a medium effect size.

Discussion

The main objective of this research focuses on studying the relationship between the attachment style developed in childhood and the personality traits of the Dark Triad (narcissism, Machiavellianism and psychopathy).

Recalling the hypotheses put forward, *Hypothesis 1* studied the negative relationship between secure attachment style and Dark Triad personality traits. In contrast, *Hypothesis 2* examined whether there is a positive relationship between insecure attachment style and dark

personality traits. And finally, *Hypothesis 3* expected the male group to score higher than the female group on the Dark Triad traits, with no significant differences in attachment styles.

In *Hypothesis 1* we can see reflected in the results found, a negative relationship between secure attachment style and the Dark Triad personality trait psychopathy. This means that, at higher levels of secure attachment, individuals report lower levels of psychopathy. In a study by Celedón et al., (2016), the types of attachment of a group with psychopathic and antisocial traits are described. Participants who possessed a secure attachment style tended to establish stable and satisfying interpersonal relationships, to the detriment of aggressive, isolating, impulsive and deceitful behaviors. Therefore, it is not strange to think that people with secure attachment will establish good affective bonds, empathize with others and be affectionate (Brando et al., 2008), moving away from these dark traits that are characterized by presenting psychological violence, moral inhibition, manipulation, low kindness, insensitivity and confused behaviors in contexts of interpersonal and social interaction (González, 2015). However, because of this emotional coldness, psychopathy correlates positively with insecure avoidant attachment whose main characteristic is disengagement (Morell, 2021), thus agreeing with our *hypothesis 2*, where higher levels of insecure avoidant attachment, individuals report higher levels of psychopathy.

Following the results of *hypothesis 1*, no statistically significant relationships were found between secure attachment and Machiavellianism, as well as between secure attachment and narcissism. Contrary to this, Wolfsberger (2015) pointed out that narcissistic adults reported a childhood in which there was a lack of affection from the mother, whereas, they enjoyed a good relationship with the father, developing in adulthood a secure attachment style, unlike those people with Machiavellian personality. Dickinson and Pincus (2003), supported these results, providing data where narcissism presented a secure attachment style. However, Diamond et al., (2014), found results partially in line with our *hypothesis 2*, where subclinical narcissism was related to avoidant and disorganized insecure attachment. Other authors revealed results contrary to ours, since, a negative relationship was established between narcissism and insecure attachment (Krizan and Herlache, 2018). This may be due to the fact that the bonds established in childhood were not entirely bad, thanks to the high self-esteem that narcissistic people present, as well as, high parental care (González, 2015).

In *hypothesis 2*, the positive and significant relationship between insecure attachment style (specifically, avoidant and disorganized attachment) and Dark Triad personality traits can be seen reflected. These traits have been studied in a combined manner, as well as from a more individual perspective. Thus, research such as that conducted by authors like Bloxsom et al., (2021) have concluded that the inability to emotionally bond with others is a key indicator of insecure attachment (Jonason et al., 2018) and thus involves developing dark personality traits, comprising the three dimensions of the Dark Triad considered socially aversive. Jonason et al., (2014), already predicted in their research that Dark Triad personality traits were positively related to indicators of dysfunctional parenting (i.e., insecure attachment and limited parental care) and negatively related to secure attachment style.

Following the analysis, statistically significant results were found between the avoidant insecure attachment style and the Machiavellian personality trait. This means that, at higher levels of insecure avoidant attachment, individuals report higher levels of Machiavellianism. Different research has reached the same conclusion (Stevenson and Akram, 2020) because Machiavellian people live in an emotionally empty world with no connection to their own emotions (alexithymia). This disengagement with their environment is a result of being unaware of their own emotional experiences, being unable to empathize with others and provide social support (Ináncsi et al., 2015).

In sum, this paper presents significant results between disorganized attachment and the three traits of the Dark Triad (narcissism, Machiavellianism, and psychopathy). Being due

to the fact that disorganized attachment coexists with both anxious insecure attachment and avoidant attachment (Stevenson and Akram, 2020), in which the person demonstrates confused, incoherent and contradictory behavior in terms of their attachment relationships with others (Ballester et al., 2014; Heym et al., 2020), with disengagement with their environment predominating.

Finally, in *hypothesis 3*, possible sex differences are posited to explain the relationship between attachment and dark personality. Although within the dark personality traits (Machiavellianism, narcissism and psychopathy), a higher score was found in all of them in men compared to women, it is a minimal difference and, therefore, not very representative to establish as relevant results in our study. However, Jonason et al., (2018) conducted a gender role view in which dark traits related more to masculinity and less to femininity. This result coincides with those of a study conducted with a Spanish population (Dorta, 2021), where men scored higher on Dark Triad traits than women, suggesting that sex differences may be part of a coordinated system of social adaptations that allow men, in particular, to be more reckless, manipulative, prone to self-love, and more eager to lead than women.

This paper provides a more detailed look at the relationship between attachment style and dark personality traits. At least two of these traits, Machiavellianism and psychopathy, are closely related to insecure attachment (Bloxom et al., 2021). Specifically, avoidant and/or disorganized attachment is the one that provides the most significant data when making correlations. Whereas, narcissism does not seem to show the same connections. It may imply that it is less maladaptive than the other two dark traits (Heym et al., 2020) in terms of parental care and bonding (Nickisch et al., 2020). In addition, this study offers a more comprehensive approach to the relationship of attachment and dark personality traits as opposed to others, which focus more on romantic attachment. It can also be seen that men score higher on dark personality traits than women (Connor et al., 2020). Thus, both may experience socialization and bonding differently.

Therefore, the practical implications that this work could have, in clinical terms, are directed towards prevention plans for a correct development of the secure attachment style in parents and the implementation of preventive programs in schools and institutes, in order to modify manipulative, deceptive and antisocial behaviors, characteristic of the Dark Triad. These programs would provide them with the necessary tools to be able to establish healthy relationships and establish appropriate emotional bonds, as well as to avoid, identify and get out of aversive situations and/or relationships.

On the other hand, it would be advisable to establish educational programs of more egalitarian socialization in which men are not treated favorably, or simply normalized, when it comes to behaving more recklessly, insensitively and lacking in empathy, unlike women.

There are several future lines of research that may emerge based on the present study, since further research on parental attachment and Dark Triad traits is needed. It would be interesting to expand the study sample to include as many countries as possible. With this we could study the relationships between the attachment styles that predominate in each country and the dark personality. As well as, explore the differences in parenting in different cultures to delve deeper into their possible causes.

The three components of the Triad coincide in a fundamental trait: the absence of empathy, not being able to put oneself in the place of another person, so another possible line of research could be to analyze the mediating relationship of empathy and see how it acts between the type of attachment and dark personality traits.

No studies have been found that investigate the age of these variables. Thus, a longitudinal study of the different age ranges could provide us with data on whether the personality remains stable over time or, on the contrary, may change over the years, thanks to the new bonds established. Research on marital status has not been found either, and it could

be relevant to study the cohabitation (alone or in a couple) of those people with dark personality traits.

The major limitation of this study was the form that was given to the different participants, since, as this research was part of a larger and more global study, the questionnaire was very long. This could have caused the participants to arrive tired at the last questions and the answers were not the same as they would have been if they had been at 100% of their attentional faculties.

Another limitation of this work is that no significant correlations were found between anxious attachment and dark personality traits. This could be due to the fact that in previous studies the anxious/ambivalent attachment is more from the point of view of an intimate relationship with the partner and not so much from the attachment style of parental care, which would be the one that occupies our research.

In any case, there are no compelling studies to speak of a particular attachment style in each of the Dark Triad traits. Therefore, it is important to continue to conduct studies on childhood attachment and dark personality, since, on the one hand, most of the studies found focus on a more intimate, romantic or couple attachment (Del Giudice, 2011), and it would be interesting to isolate it from parental attachment. And, on the other hand, the studies conducted fail to give the same answer to which particular attachment style is related to the traits of the Dark Triad.

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