Research Article

Evaluation of Spirituality in Grieving Patients Using Acceptance and Commitment Therapy at the Suicide Grief Clinic of the University Center for Health Sciences of the University of Guadalajara, Mexico

Villagómez Zavala Patricia Guadalupe*

Department of Applied Psychology, Coordinator of the Suicide Grief Clinic, Mexico

*Corresponding Author: Villagómez Zavala Patricia Guadalupe, Department of Applied Psychology, Coordinator of the Suicide Grief Clinic, Mexico.

Abstract

Introduction: Attachment refers to the significant bond we establish with a person, when this is broken, what we call a significant loss occurs, followed by a grieving process: natural pain reaction to the detachment of something or someone who had a It was worth it During this, spirituality appears as a central strategy to overcome painful experiences, but it can also be affected by the meanings attributed to it. Acceptance and commitment therapy has been used in different psychological disorders that involve experiential avoidance, including grief.

Objectives: The central objective of the study is to evaluate the complicated spiritual duel. Material and methods: The Inventory of Complicated Spiritual Grief (ICSG) was applied in patients with grief, before and after being treated with Acceptance and Commitment Therapy in the grief clinic of the University Center of Health Sciences.

Results and Conclusions: Acceptance Therapy and commitment has proven to be useful in facilitating the elaboration of grief, as well as in restoring spirituality since it is resignified and gives meaning to painful experiences.

Keywords: Grief; Attachment; Spirituality; Acceptance and Commitment Therapy

Introduction

Death, universal and irreparable, is inherent in life. López-Lechuga [1] comments that it is a phenomenon that affects different social networks, such as the affective part, which is usually very evident, but also the social, legal, biological, political part, etc., and states that from this arise two realities that take on their own identity, religion and bereavement: "Religion, like philosophy and psychology itself, is born derived from the need arising from this initial awareness of our own mortality. Of the need to alleviate

restlessness, fear, anxiety caused by being irreversed to an end. But it achieves such a degree of importance, such complexity and such versatility in each of the societies that it deserves a separate section.

Grief on his part is the manifestation of pain for the loss, in this definitive case, of a loved one ([1], p5).

In this way, according to López-Lettuce [1], death must be understood as a social and historical construction. In the case of this work, interest is focused on how the loss of an important being

Evaluation of Spirituality in Grieving Patients Using Acceptance and Commitment Therapy at the Suicide Grief Clinic of the University Center for Health Sciences of the University of Guadalajara, Mexico

73

affects the significant social bond, to which Carreño-Moreno., *et al.* [2] refers by stating that it has been observed that during the bereavement stage people use different strategies to cope with pain, as well as to find answers that help to understand what death means. In this sense, the support of family members, close people and health professionals is very important, but undoubtedly the role of spirituality is fundamental, because the fact of "having a connection with a higher being is fundamental to perceive companionship, faith, comfort and continuity of existence after the death occurred" ([2], p53).

Spirituality differs from the concept of religion in that the former refers to the way individuals seek meaning and purpose and how they express connection with the moment, with themselves, with others, with nature and with the significant or sacred [3], while the second is a set of beliefs or dogmas about divinity, rules morals for individual and social conduct, and practices and rituals for worship [4]. With regard to the latter, Yoffe [5] states that: "The world's religions deal with the transitions and most important crises of human life; and they all have something to say about birth, aging, family formation, disease, pain, suffering, accidents, injustices, losses, tragedies and death. Therefore, the different religious creeds offer theologies and rituals for the types of events mentioned. Symbols, rituals and metaphors are a central part of religious life and generate new forms, because situations go through processes of social and cultural change" ([5], p157).

Spirituality relates to the meaning and purpose of life from the framework of the significant values by which the relationship between life, suffering and death is understood. Yoffe comments in this regard that "When people face death and mourning questions arise about the meaning of life and its subsequent existence of the loss of the loved one" ([5], p157).

In bereavement arises an insecurity regarding God and a disruption of religious practice that is evident with feelings of anger, anger, and anger at not having a satisfactory answer to questions that justify the death of the loved one.

On the other hand, Bowlby [6] makes a distinction between attachment and attachment behavior; for the author the first is "a system of conduct that has its own internal organization guidelines and performs its own function. It refers to it, as the total willingness to search for proximity and contact with a specific figure (at-

tachment figure), and to do so in certain situations, especially when talking about children, when they are frightened, tired or sick. On the other hand, attachment behavior refers to any of the different ways used to achieve or maintain such proximity ([6], p266).

If the life cycle is taken as a reference, BecerrilRodríguez and Alvarez-Trigueris [7] claim that the first attachment established by humans is that of the baby with the person who cares for and feeds him, usually the mother; this attachment figure generates a relationship that gives the baby confidence and confidence, so how the mother or adult caregiver forms this affective bond will have an impact throughout life.

In other words, it can be said that attachment plays a fundamental role in the configuration of personality, because as 23 **|** Pages 22-30 | Number 1 | Volume 10 | Jan. - Jun. 2020 | ISSN 2248-5759 (printed) | ISSN 2322-9462 (digital) | Rev. health. forest.

Bowlby points out, cited by Huaiquián-Billeke., *et al.* [8], there is a very close causal relationship between an individual's experiences with his mother and father, and his subsequent ability to establish an affective bond; the researcher also mentions that certain variations in such ability manifest themselves in marital problems, conflicts with children, neurotic symptoms and personality disorders that can be attributed to the ways in which the father and/or mother performed their respective roles. For their part, Becerril-Rodríguez and Alvarez-Trigueris claim that "Insecurity, lack of self-esteem and self-confidence are examples of possible alterations in the bond that involve a much deeper view of the person to come to understand why of his feelings, and to get them to face" ([7], p5).

Becerril-Rodríguez and Alvarez-Trigueris [7] also point out that, depending on the stage of development in which the person is located, the attachment figure has characteristics that are specific to the bond between mother and son, between two friends or between two people in a relationship.

As human beings grow, new relationships form that consolidate over time. In this regard, Becerril-Rodríguez and Alvarez-Trigueris [7] characterizes three stages lived by the human being: in childhood the link plays an important role in the psychomotor development of the child and in his learning, as aspects of intellectual and metacognitive development such as language, the skill for symbolic play, the permanence of objects and people, self-recognition and

Evaluation of Spirituality in Grieving Patients Using Acceptance and Commitment Therapy at the Suicide Grief Clinic of the University Center for Health Sciences of the University of Guadalajara, Mexico

74

personal qualities are involved; that is, thanks to the bond, children manage to develop a more authentic intersubjectivity. Later in adolescence, the bond fosters the maturation of self-esteem and self-awareness through exponential personality growth. Finally, the adult stage is related to the affective bond, as it is usually the time when a couple is formed and the possibility of having children is presented, which will generate another link; it should not be forgotten that all these relationships can be broken and bring with it certain consequences [7].

It is then possible to say that losses are a constant in human life, that is, they occur at all times and range from separations or est gaps to deaths. If you consider biological attachment, which is proposed by Bowlby [6], it is it is clear that when a person reacts to separation or loss with feelings such as anger, anxiety or hopelessness, that behavior is recognized as intrinsic to human nature because of the situation that particular person is experiencing. Bowlby, quoted by Moneta [9], also states that "the ability to resilience to stressful events that occur in the child is influenced on the child by the pattern of attachment and the bond that individuals develop during the first year of life with the caregiver" ([9], p265). Thus, faced with the imminent risk of experiencing loss of contact and/or proximity to the attachment figure, a period of unease is generated, known as bereavement.

On the other hand, there is talk of a before and after the duel. In the former the person establishes different types of interpersonal relationships (family, labor, friendship and loving) [7] and generates close bonds with his peers for physical and emotional proximity; that is, an attachment is generated that will be maintained by the affective relational action within the affective bond. In the after- and then there is talk of the breakdown of the affective bond in which in the face of a loss people often experience different emotions and feelings that relate to pain and that are intended to accept loss [10].

To differentiate between a normal and pathological duel, according to Schiaffino [11] there are phases or stages that can be classified according to the time of onset of symptoms, feelings, thoughts and attitudes. Each of these phases is characterized by a feeling that protrudes above the others: the first phase is called immediate or shock and is characterized by feelings of denial or disbelief, rejection and self-re-endeprochement; the second is called

intermediate or of concern and in this predominates depression, first inhibited and then with expression of anger or anger, and the third is called late or resolution and is in which adaptation to the new situation occurs and acceptance begins.

Phases can be repeated, but the important thing is that, at the end, those affected can be reintegrated into their normal life. It should be noted that grief is not only a consequence of the death of a loved one, but also appears when the separation of the parents, the death of a pet, the retirement or the face of an illness [11] occurs.

Simkin and Azzollini [12] point out that spirituality throughout the development of life is an adaptive element in times of difficulty of bereavement, and that it also has a role as the pattern of human behavior to reconstruct a re-meaning and a re-sense of loss.

The word duel, which comes from *Latin dolium* and means pain and affliction, is defined by García-Viniegras., *et al.* as "the natural reaction to the loss of a person,object or significant event. It also refers to the reaction in the form of suffering and distress whenun affective bond is broken" ([13], p122). For its part, Toledo [14] presents it as an experience common to all humans and as an experience that requires those who suffer from it to adopt an attitude of having a new beginning and undertake actions aimed at reorganizing and making renewals in their daily life. Camps-Caballero., *et al.* [15] comment that "bereavement is not a mental disorder, it is a painful and unexpected process in response to the death of a loved one or a significant loss. Not all duels have normal evolution and satisfactory resolution" ([15], p17).

Blanco-Vides and Morales-Coronel [16] say that 16% of people who lose a family member suffer from depression during the following year, a figure that increases to about 85% in the population over the age of 60. Although bereavement is not considered mental disorder, within the Diagnostic and Statistical Manual of Mental Disorders in its fifth edition (DSM-V) [17], it is included in the section "Other problems that may be the subject of clinical care", when it is classified as "Non-complicated duel". This category applies when the object of clinical care is a normal reaction to the death of a loved one.

Some grieving individuals may have symptoms characteristic of an episode of major depression, such as feelings of sadness, insom-

Evaluation of Spirituality in Grieving Patients Using Acceptance and Commitment Therapy at the Suicide Grief Clinic of the University Center for Health Sciences of the University of Guadalajara, Mexico

75

nia, lack of appetite and weight loss. Although they sometimes seek professional help, those who experience grief often regard their depressed mood as normal. The DSM-5 Diagnostic Criteria Consultation Guide clarifies that the duration and expression of a normal duel vary considerably between different cultural groups and calls for a review of the criteria for a major depressive episode [17].

Considering that in "Spain there are approximately 100,000 deaths per year from cancer and estimating an average of 6 people affected by death (family or close), there would be about 60,000 cases of complicated duels annually in Spain only by cancer processes" ([10], p169). Also, in Mexico, in 2018 722,611 people died according to data from the NATIONAL Institute of Statistics and Geography INEGI, which would involve more than 4 million people in a grieving process, of which about 700,000 suffer from a complicated duel [18].

Between January and April 2019, according to the Worldometers website showing real-time statistics, 119,116,900 people died around the world [19], implying that there are now more than 1 billion people going through a grieving process, hence the interest of describing spirituality in grief.

Simkin and Azzollini define spirituality "as an innate motivation that guides and guides human behavior in the effort to build a broader sense of personal meaning in an eschatological context" ([12], p 340), while Valdez., *et al*. [20] sees it as an essentially personal and subjective experience that includes both elements of religion, as well as the magical and the secular or non-sacred, and which aims to achieve harmonization with oneself, with others, with nature and with the cosmos.

In the words of Grof and Grof [21], spirituality fulfills the function of guiding and guiding behavior in the effort to build a broader life sense imbued with personal meaning.

Ferrater, quoted by Rivera-Ledesma., *et al.* [22], defines religion as "an organized system of beliefs, practices, rituals and symbols, designed to facilitate closeness with the sacred or the transcendent", with spirituality being an entity that encompasses religion; however, the former expands to questioning and seeks answers to questions about life, its meaning and its relationship to religious beliefs. That is, people who are part of some spiritual tradition develop practices and beliefs that provide guidance of values and meanings that are useful to them in directing their lives and providing negative events with meanings [23].

Thus, spirituality and bereavement are related whenever the subject who experiences loss gives meaning and meaning to it. To achieve this, the person must focus on identifying, developing and/or strengthening the spiritual resources he or she has [20], which would involve, among many other aspects, a process of reflection and introspection that in turn leads the person to re-examine his or her personal beliefs and relationships with family members and loved ones, and to explore their beliefs about life after death.

On the other hand, a relationship has been found between spirituality and resilience, which Iruzun., *et al*. define as "the result of the combination or interaction between theattributes of the individual (internal) and his family, social and cultural environment (external) that allow to overcome risk and adversity constructively" ([24], p211). As Walsh mentions, quoted by Valdez., *et al.* [20], spiritual beliefs and practices foster resilience, as through them we begin to see loss with a meaning that goes beyond it and many people find shelter, strength and to guide who leads them in adversity, overresponding it thanks to unions with their both cultural and religious customs.

The spiritual phenomenon, as mentioned by Irurzun., *et al.* [24], it is considered a subject of deep interest in psychology; however, it was not until the mid-1980s that the volume of specific studies linked to religious themes grew to the point of being able to promote the development of the area of psychology of religion and spirituality. Today, spirituality is known to have an impact on people's lives as it can "promote moral values, give hope and confidence, peace, harmony, improve relationships with others, and give positive meaning by finding purpose and meaning in life" ([25], p200).

Burke and Neimeyer [26] define as a complicated spiritual duel a crisis of faith that includes collapse in the relationship of the afflicted with God or the community of faith. These aspects are pillars of mental health, so the work of psychology professionals has been booming in research carried out in recent decades and so benchmarks of cognitive behavioral orientation in clinical psychology have set out to achieve a scientific basis in some of religious or spiritual practices such as mindfulness-based cognitive therapy, acceptance and commitment therapy, among others [27].

Evaluation of Spirituality in Grieving Patients Using Acceptance and Commitment Therapy at the Suicide Grief Clinic of the University Center for Health Sciences of the University of Guadalajara, Mexico

76

Acceptance and Commitment Therapy (ACT) aims to get mourners to accept their symptoms and target new goals that fill their lives of value [28]. The main objective of the ACT is acceptance and commitment to act and its main contribution is the identification of "experience avoidance disorder" (TEE), i.e. the limitation of having contact with one's own thoughts, feelings and bodily sensations and thus refusing to experience private experiences [28]. Therefore, bereavement disorder could be considered as a form of experience avoidance when the person refuses to accept the death of a loved one; however, this posture could be harmful to the individual because an event such as death is not likely to undergo any change.

The ACT seeks to modify the aversive in the verbal references of the event and attaches great importance to the values that the grieving person counts in establishing a direction to follow in the treatment. The death of a loved one leads to multiple negative events with aversive functions, both directly and through the use of language and thoughts related to the deceased person [28].

Given this scenario, the overall objective of this research was to assess the complicated spiritual mourning in patients treated with ATC before and after the intervention, for which it was proposed, on the one hand, to identify the impact on insecurity with God and on the disruption of religious practices that occur in patients after a significant loss and, on the other hand, describe the approach of complicated spiritual mourning from this therapy along with the results obtained in the two applied subscales.

Materials and Methods

The Inventory of Complicated Spiritual Grief (ICSG) questionnaire was applied to bereavement patients before and after being treated with acceptance and engagement therapy at the Duel Clinic of the University Center for Health Sciences at the University of Guadalajara, Mexico.

Population

The study population consisted of 39 adults (32 women and 7 men) from municipalities in the metropolitan area of Guadalajara, Mexico, who agreed to participate in the study voluntarily. These included people who were experiencing a duel and with indisintinted age, sex, schooling, and religion. The intervention consisted of eight weekly therapy sessions lasting two hours each.

Ethical considerations

Participants signed informed consent and the confidentiality of the information collected was guaranteed. The present was a risk-free investigation.

Instrument

The ICSG tool was used for research, which was developed by Shear and collaborators in 2006 and designed to assess the spiritual crisis experienced by grieving individuals as a result of a loss [26]. This instrument is clinically useful, not only assessing the trajectory of the survivor's spiritual path through bereavement, but also determines which spiritual/religious problems may arise for a particular believer in the confines of therapy.

The ICSG questionnaire includes 28 statements, but for this investigation only Appendix B was applied which includes 18 reagents, each qualified with a 5-point Likert scale indicating the degree to which it agrees or not with what is stated. The sum of all elements results in the total ICSG score [26].

The questionnaire is composed of two subscales: insecurity with God, which assesses the extent to which mourner experiences anger, confusion, or unprotection of God, and disruption in religious practice, which measures the extent to which loss interferes with religious practices.
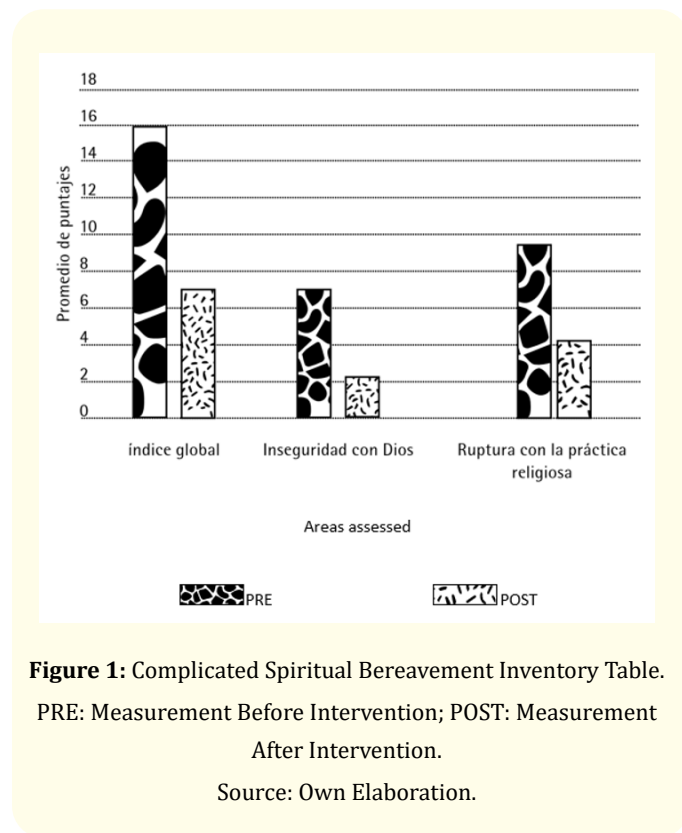
Methodology

The present was a comparative study between the initial and final measurement of the results of the ICSG that sought to obtain a statistically significant difference between the two measures. For this comparison, a statistical analysis was performed with the t-Student test using the SPSS version 24.0 program.

During the therapeutic process, the topic of emotions was addressed through spiritually oriented questions; at this point there was talk of the beliefs and conception that participants had about death from their own spirituality. The intervention was aimed at one's own moral and ethical values and some of the exercises consisted of placing people in the present, as suggested in the ACT, and using the metaphor. In this way, a new conception of what death means to the mourner began to be built.

Evaluation of Spirituality in Grieving Patients Using Acceptance and Commitment Therapy at the Suicide Grief Clinic of the University Center for Health Sciences of the University of Guadalajara, Mexico

77

Results

The findings show a statistically significant difference (p < 05) in the two measurements regarding the overall rate of complicated spiritual mourning, insecurity with God, and the break with religious practice.

The Subscale Insecurity with God yielded an average of 7 points in the initial measurement and 3 points in the final measurement, while the Break with religious practice scored 9 and 5 points, respectively. These data show a spiritual crisis before the therapeutic process, however they also show improvement after the intervention is complete (Figure 1). Thus, the comparison of the initial and final results suggests that the ACT lowers scores in the ICSG, reflecting a re-upification of spirituality in the two measurements analyzed.

Figure 1: Complicated Spiritual Bereavement Inventory Table.
PRE: Measurement Before Intervention; POST: Measurement After Intervention.
Source: Own Elaboration.

ACT is an effective treatment alternative in affected or blocked patients, as it improves quality of life by promoting corresponding actions with important values for the patient. In turn, by alter-

ing the pattern of avoidance that keeps the patient in a constant struggle against his own feeling and drives him away de lo que es importantly, psychological flexibility is promoted. this es a therapy that is aimed at clarifying patient values and making contact with how ineffective it is to fight discomfort, therefore it leads to accepting fears, concerns or memories related to the deceased person, guiding him in the here and now and seeing the action as a way to live again.

Discussion

The findings of this research show that the loss of a close loved one affects the mourner's relationship with his environment and beliefs, confronting them and sometimes fracturing them. The initial assessment of spiritual mourning points to the mourner's difficulty in repairing the relationship with God and religious practices, even though they have a number of meanings that nurtured that bond [21]. On the other hand, therapeutic approach and reduction of experience avoidance promoted a rematicing of the same loss and restoration of the relationship with God.

A valuable and meaningful life [29].

Similarly, it should be noted that the loss of a loved one by death leads the mourner to present unease and a break with religious practice, behaviors that coincide with what is described by Becerril Rodríguez and Alvarez-Trigueris [7] who point out the insecurity, mistrust and low self-esteem that occur after the alteration of the affective bond. By adjusting spirituality, religious practice is resired based on the construction of a new meaning of the existence of life, of the loss itself, of the sacred and of others, while the idea of hope appears as a counselor and guide of existence, and finally hopelessness is opaque or blurred, as proposed by Carreño-Moreno., *et al.* [2].

Conclusions

With the findings of this research its can establish that by having a significant loss, people try to reconstruct the meaning and meaning of spirituality through the search for answers and/or explanations to what happens after painful experience; therefore, the belief that the loved one is in a place at peace generates a sense of tranquility.

Those who go through a grieving process are able to take the resources that their practices or beliefs provide them to re-signify

Evaluation of Spirituality in Grieving Patients Using Acceptance and Commitment Therapy at the Suicide Grief Clinic of the University Center for Health Sciences of the University of Guadalajara, Mexico

78

loss; these tools have an important relationship with resilience, as through this people can make sense of their lives again and find comfort.

Participants generated greater psychological flexibility to relive painful experiences, which favored greater adaptation to the absence of the loved one to make sense of death and give hope.

The ACT has demonstrated feasibility in facilitating the development of grief from the approach to spirituality and thus restructuring the meaning of the experience of loss. In this way, from the findings of this study, it can be concluded that this therapy demonstrated its effectiveness in reducing the symptomatology of complicated spiritual mourning in the 39 participants analyzed. It is also necessary to emphasize the importance of therapeutic processes and to urge health specialists to constantly update, research and disseminate results for human well-being and the promotion of a culture of health.

Conflict of Interest

None declared by the authors.

Bibliography

1. López-Lechuga R. "Concepciones y actitudes ante la muerte: teorías implícitas, determinantes socioculturales y aspectos psicológicos relacionados [tesis d doctorado]". Huelva: Universidad de Huelva (2016).

2. Carreño-Moreno S., *et al*. "Encontrar sentido para continuar viviendo el reto al perder un hijo por cáncer infantil: revisión integrativa". *Persona y Bioética* 21.1 (2017): 46-61.

3. Pulchaski C., *et al*. "La mejora de la calidad de los ciudadanos espirituales como una dimensión de los cuidados paliativos: el informe de la Conferencia de Consenso". *Medicina Paliativa* 18.1 (2011): 20-40.

4. Koenig H., *et al*. "Handbook of religion and health". 2da edición: Oxford University Press (2012).

5. Yoffe L. "Afrontamiento religioso espiritual de la pérdida de un ser querido". *Avances en Psicología* 23.2 (2017): 155-176.

6. Bowlby J. El apego. El apego y la pérdida-1. Barcelona Paidós (2016).

7. Becerril-Rodríguez E and Álvarez-Trigueris L. "La teoría del apego en las diferentes etapas de la vida: Los vínculos afectivos que establece el ser humano para la supervivencia". [tesis] Cantabria: Departamento de Enfermería, Universidad de Cantabria (2012).

8. Huaiquián-Billeke C., *et al*. "Apego: representaciones de educadoras de párvulos en los cinco factores. PSIENCIA". *Revista Latinoamericana de Ciencia Psicológica* 7.2 (2015): 339-361.

9. Moneta ME. "Apego y pérdida: redescubriendo a John Bowlby". *Revista chilena de pediatría* 85.3 (2014): 265-268.

10. Payás-Puigarnau A. "Intervención grupal en duelo". En: Camps-Herrero C, Sánchez-Hernández PT, editores. Duelo en oncología. Madrid: Sociedad Española de Oncología Médica SEOM (2007): 169-182.

11. Schiaffino-Izunza BM. "Pérdidas y duelos a lo largo de la vida (Tesis)". México D.F.: Asociación Mexicana de Tanatología (2014).

12. Simkin H and Azzollini S. "Personalidad, autoestima, espiritualidad y religiosidad desde el modelo y la teoría de jardines infantiles en Temuco, Chile". *Revista Latinoamericana de Ciencias Sociales, Niñez y Juventud* 14.2 (2016): 111929.

13. García-Viniegras CRV., *et al*. "Duelo y proceso salud-enfermedad en la Atención Primaria de Salud como escenario para su atención". *Revista Cubana de Medicina General Integral* 30.1 (2014): 121-131.

14. Toledo LRDMC. "El tema del duelo en la práctica del trabajador social". *Trabajo Social* 17 (2015): 239-252.

15. Camps-Herrero C., *et al*. "Comunicación y duelo". Formas de duelo. En: CampsHerrero C, Sánchez-Hernández PT, editores. Duelo en oncología. Madrid: Sociedad Española de Oncología Médica SEOM (2007): 17-33.

16. Blanco-Vides KE and Morales-Coronel J. "Actitud de los Estudiantes de Medicina ante el Duelo [tesis doctoral]". Toluca: Universidad Autónoma del Estado de México (2013).

17. Asociación Americana de Psiquiatría. "Guía de consulta de los criterios diagnósticos DSM-5". Arlington: Asociación Americana de Psiquiatría (2013).

Evaluation of Spirituality in Grieving Patients Using Acceptance and Commitment Therapy at the Suicide Grief Clinic of the University Center for Health Sciences of the University of Guadalajara, Mexico

79

18. Instituto Nacional de Estadística y Geografía (INEGI). Mortalidad. México D.F.: INEGI (2017).

19. Worldometers. Estadísticas a tiempo real. Población Mundial (2019).

20. Valdez Y., *et al*. "La espiritualidad en los procesos de duelo". En: González-Rivera JA, editor. Espiritualidad en las profesiones de ayuda: Del debate a la Integración. Ediciones Psicoespiritualidad (2016): 189-210.

21. Grof C and Grof S. "Espiritualidad, capacidad innata del ser humano". *Formación Integral* (2017).

22. Rivera-Ledesma A., *et al*. "Espiritualidad, psicología y salud". *Psicología y Salud* 24.1 (2014): 139-152.

23. Yoffe L. "Religión y espiritualidad en el duelo: desde la visión de la psicología positiva". En: La psicología en la Sociedad Contemporánea: Actualizaciones, Problemáticas y Desafíos. Tucumán: Universidad Nacional de Tucumán (2013).

24. Irurzun JI., *et al*. "Resiliencia y espiritualidad. Aportes para su estudio desde una perspectiva psicológica". *Revista Científica Arbitrada de la Fundación MenteClara* 2.2 (2017): 205-216.

25. Rodríguez-Yunta E. "Determinantes sociales de la salud mental". *Persona y Bioética* 20.2 (2016): 192204.

26. Burke LA and Neimeyer RA. "The Inventory of Complicated Spiritual Grief: Assessing Spiritual Crisis Following Loss". *Religions* 7.6 (2016): 67.

27. Korman GP and Garay CJ. "El modelo de Terapia Cognitiva Basada en la Conciencia Plena (mindfulness)". *Revista Argentina de Clínica Psicológica* 21.1 (2012): 5-13.

28. Campos-Pedrosa A. "Aplicación de la Terapia de Aceptación y Compromiso (ACT) al duelo [tesis]". Jaén: Universidad de Jaén (2017).

29. Pérez-Rivero PF and Uribe-Rodríguez AF. "Terapia de aceptación y compromiso en un caso de trastorno mixto de ansiedad y depresión en una paciente con cáncer". *Psicooncología* 13.1 (2016): 101-111.

Volume 5 Issue 7 July 2021