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RESEARCH ARTICLE

Impact of Spiritual Therapy in Patients with Alcohol and Drug Addiction

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ABSTRACT

Background: Alcohol and drugs dependency has become a global health problem that affects many people. Our study reports research on the impact of spiritual therapy. **Aim:** The project was carried out at the Hospital Especializado San Juan de Dios (Quito) in order to study the impact of spiritual intelligence competencies on patients with alcohol and drug dependence.

Methods: We used two instruments with three measurements (at the beginning, the half and at the end of therapy application). Validated instruments were used: the self-perception scale of spiritual intelligence competencies and the SISRI-24 test.

Results: An increase in the values of spiritual intelligence competencies was observed, especially between the first and second application, and less so between the second and third application. The results of the SISRI-24 test were clustered into four groups and showed a progressive trend growth between the three intakes. All spiritual competencies have shown activation during the spiritual therapy. The most prominent in this study are the ability to take distance, inner calling and full experience of now.

Conclusion: The spiritual accompaniment provided to patients seeks to confront and reduce addiction by fostering self-confidence, strengthening the will and thereby internally developing a sense of hope. These outcomes have strengthened the proposal for comprehensive patient care and have also enabled further ongoing studies.

Keywords: alcohol and drug dependence, inner calling, meaning of life, spiritual competencies, SISRI-24

Introduction

This research work studies the activation of spiritual intelligence competences in people suffering from alcohol or drug dependence. The term *therapy* is used to convey the treatment of diseases or dysfunctions of a variety of different kinds. The term *competence,* as applied to this research, is defined as synonymous with skill or pertinence. As far as the spirit is concerned, it is understood as the immaterial part of the human person that is endowed with reason.

The human being is an existential being, dynamic and capable of a spiritual life. Hence possessing a spiritual intelligence, an essential organizing principle of the human being [1], which gives him/her the necessary competences to take on all that is human [2] and overcome the facts that do not allow him/her to develop his/her powers (memory, understanding and will).

The causes of dependence are multidimensional and interact in a complex way, producing the addictive disorder. For example, a child growing up in a disorganized home may experience stunting, learning difficulties and insecurity [3]. If there is a lack of resilient resources or emotional support, the end result is an anxious, dull hopeless life, which can create an existential void and lead to addiction.

Some Anglo-Saxon studies reveal that a part of the population has had a spiritual and religious experience [4]. From an interdisciplinary approach, spiritual experiences constitute sudden awakenings of the conscious ego or self [5]. In the process of spiritual therapy, the aim is for the patient to be motivated and achieve personal fulfilment, experiencing the strength of his spirit, capable of motivating his will in some way, such as the spiritual tendency towards a good conceived by intelligence [6].

In applying spiritual therapy, a systemic approach that includes family involvement has been considered because in many, if not all cases, the family fabric has been seriously affected [7, 8]. Siebeck points out that human health needs a "what for" since "we do not live in order to be healthy, but we want to be healthy in order to live and act" [9].

There are many definitions and approaches throughout the history of thought. Since the classical philosophers, reference has been made to spiritual intelligence. Currently, the naturalness of human intelligence is one of the most controversial and strongest topics of research [10]. Fonseca points out that there are several definitions that can approximate what spiritual intelligence is, related to the immaterial, and the intellectual or the moral part of the person [11].

It is relevant to note that the World Health Organization states that spirituality leads to questions and purpose in life, without being limited to any particular belief or practice [12]. The realm of the spiritual links the deeply personal with the universal and is essentially unifying [13]. A broader definition of spirituality, which can facilitate finding common ground across cultures, includes consideration of human needs that can be universal and which are: 1) The need to find meaning, purpose and fulfilment in life, 2) The need for hope or the will to live, 3) The need to believe, to have faith in oneself, in others or in God [14].

The term *spiritual intelligence* is sometimes used to indicate the intellectual parallelism between intelligence quotient and emotional quotient [15]. However, it is not only about these aspects. The term *spiritual intelligence* was used rigorously by Donah Zohar and later by Tony Buzan as a call to regain confidence through creativity, the exercise of values and a commitment to faith in oneself and others [16, 17]. According to Steven Covey, spiritual intelligence is the most central and fundamental of all intelligences, because it becomes the source of information for all others.

Maslow argues that peak spiritual experiences are sudden awakenings of the conscious ego or self, unforeseen irruptions of the Self, due to a searching process, a questioning, a physical shock or a great psychological void. These are all paroxysmal, sudden and exceptional experiences of unprecedented fascination and joy, of unforeseen euphoria, of immeasurable, uncontrollable and transcendent feelings: love, beauty, light, existence, among others, have lasting psychological benefits, such as an increase in self-efficacy, self-confidence, solidarity with others, the discovery of one's personal vocation and a complete integration of the personality [18]. Considering these approaches of Maslow's "peak experiences", the study of spiritual intelligence presents great advances in relating them "to religious experiences (especially those of an ecstatic type) and recognizing them as one and the same experience" [19, 20]. The spiritual accompaniment of a patient with addiction can be the stimulus that awakens the conscious self that will motivate, in different ways, the intrinsic will of each person to strive for his or her well-being. This process echoes the spiritual aspect of being human. Curlin surveyed a population of 2,000 practicing physicians in the USA across all specialties in 2003.

Studies revealed that 76% of physicians believe that religion and spirituality have an important influence on patient's health [21].

Howard Gardner developed the theory of multiple intelligences [22]. Although spiritual intelligence was not included at the beginning (probably due to the desire to codify quantifiable scientific criteria), it was later proposed through existential intelligence [23].

The human being is capable of spiritual intelligence, which gives him the competencies necessary to take on all that is human and to overcome facts that do not allow him/her to develop his/her noblest powers. This spiritual dimension is constitutive in the human being and is a very deep ontological reality that acts as an organizing principle in the person's search for the meaning of life [24]. In therapy and spiritual accompaniment, the aim is to motivate those intrinsic values that correspond to the ontological level or the being of the person.

This study attempts to answer the following research questions: What spiritual competencies are activated in patients through the application of spiritual therapy? How do these competencies correlate with the results of the spiritual intelligence test (SISRI-24)

Methods

This study presents the application of spiritual therapy as a complementary therapeutic alternative in dealing with addiction. For this it is vital to take into account the circumstances of the patient, that is the starting point of the therapy after the stabilization process. Due respect for the individual patient's condition must also be considered. Their personal belief is considered by means of a predominantly individual accompaniment, although solidarity and group activity are also sought.

Design

In this research, a descriptive, correlational and longitudinal design was used in order to validate the results obtained in the application of Spiritual Therapy in patients at the San Juan de Dios Specialized Hospital in the city of Quito. (HESJD)

Instruments

SISRI-24, The Spiritual Intelligence Self-Report Inventory

This is a test developed by David B. King. Initially it had 84 items, however, the version was reduced to 24 items. This item was chosen because it is very quick to apply (between 10 and 15 minutes), and it is considered to be the most closely related to Gardner's intelligences. In addition, it satisfies the three primary criteria measuring: characteristic mental abilities, coping and problem solving, and lifelong development [25]. It was double translated into Spanish for validation.

Self-perception test of spiritual competences

This instrument was designed by the research team itself using a scale of 1 to 10 in which they sought to measure self-perception of each of the seven spiritual competencies of spiritual intelligence previously agreed upon by the team and the bibliography consulted (self-transcendence, sense of life, taking a distance, capacity for wonder, feeling part of a whole, feeling the inner call, living fully in the now). The Pearson coefficient for reliability is .961 (T1), .954 (T2), .927 (T3).

These instruments were used to measure the evolution of competencies in order to compare these results with the Spiritual Intelligence Scale (SISRI) in three samples (15, 40 and 80 days after admission to hospital). The reliability of the results was obtained by means of Pearson's coefficient and the application of SPSS software version 20.0 for the statistical analysis of the variables involved.

Participants

The characteristic ranges in a sample of 60 patients with drug dependence and alcohol abuse were considered, and the relationship between the study variables (competences and spiritual needs) was measured over a 3-month follow-up period, which will be explained below. The sample consisted of 60 male patients, during the period from March 2017 to June 2018, who showed alcohol and drug dependence. The sample was calculated by obtaining an average of the clinical care of the previous year (2016-2017) from the historical archive of the department of patients with addiction. With the projection of the study, the possibility of obtaining significant data was calculated, considering both the patient consent process and the inclusion criteria of the work. In this way, a minimum estimate was obtained that was significant for the universe of the study. The research protocol was approved by the Human Research Ethics Committee (CEISH) of the Pontifical Catholic University of Ecuador University of Ecuador. The interviewees were asked to sign a consent form guaranteeing respect for the ethical norms of the research. The selection of the

interviewees was made according to the inclusion criteria (patient with alcohol addiction and drug dependence, absence of dual pathology), hence five people who did not meet the afore mentioned criteria were excluded and the final sample was reduced to 55 people. Dual pathology is the concurrence in the same individual of at least one substance use disorder and another psychiatric disorder [26].

With regard to the strategy, the sample was defined according to the established protocol, starting with the recruitment of participants by means of a verbal request from the director of the HESJD, the informed consent of the participants, the questionnaires were applied and the study material was selected for analysis and interpretation.

The study population consisted of 55 male respondents ranging in age from 19 to 54 years old. The marital status of those interviewed was recorded on the following scales: single (33), married (19) and divorced (3); of the population interviewed, 50% had no children. Almost all of the participants consider themselves to be of mestizo ethnicity (98%), with primary school educational level (3.6%), incomplete high school (5.4%), complete high school (60%) and higher education (31%). Work activities are very varied, including students, drivers, shopkeepers, merchants, military, police, among others.

Ethical considerations

The study was approved by the Human Research Ethics Committee of the Pontifical Catholic University of Ecuador, Ecuador, as well as the San Juan de Dios Specialized Hospital of the city of Quito and the consent of the participants. The ethical principles of informed consent, confidentiality and anonymity were respected.

Results

This design aims to analyze the change in the parameters of spiritual intelligence competencies through repeated measures of within-subjects paired data over tree data points (T1, T2, T3). An inter-subject factor was included for comparison between three age groups.

Table # 1: Comparative table of spiritual competences by age group

The patients grouped by age (up to 24 years, 25-34 years and >35 years) did not show a different behavior or any special tendency. It should be noted, however, that the older age group (>35 years) marked the self-perception of spiritual competences at a much lower level than the other two age groups. This is probably due to the higher level of intoxication and years of use and dependence.

The number of subjects as well as the non-normality of some variables in the T3 measurement favored the impact assessment with a simple intrasubject design. Some problems with the variables collected for the evaluation of the impact of the intervention can be observed. The main problem is kurtosis (levels above 7 or even 10). Such high levels of kurtosis would fundamentally affect the estimation of correlations. In contrast, the levels

of skewness did not exceed three points except in Take 3. These levels of skewness moderately affect the estimation of means. From the above it can be noted that the mean comparison analyses (Variance Analysis) allowed the test to be carried out with all variables while for the correlational analyses, estimates including Take 3 of some variables were taken with caution.

In all of the patients interviewed, an increase in the assessment of spiritual intelligence competencies was observed, notably between the first and second intake and with less intensity between the second and third intake.

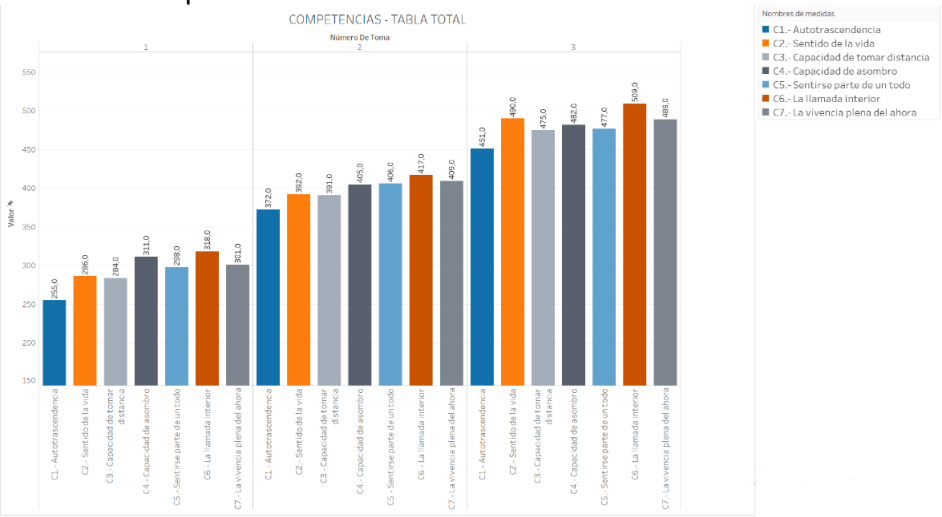
The study was conducted on an intra-subject basis, i.e. on a one-to-one basis, which results in greater reliability, and also because the therapy process as such is individual and not group-based. The results of the measurement of the seven competencies of spiritual intelligence in the intra-subject contrast tests show statistically significant differences in all competencies, with the spiritual competencies "meaning of life" and "self-transcendence" standing out in particular.

Table # 2: Correlations of Spiritual Competences according to Self-Perception

Correlations of Spiritual Competences							
	1. Self-trascendens	2.- Meaning of life	3.- Ability to take distance	4.- Capacity of wonder	5.- Feeling part of a whole	6.- Inner call	7.- Full experience of now
1.- Self trascendens	1,00	0,83	0,81	0,71	0,68	0,81	0,80
2.- Meaning of life	0,83	1,00	0,87	0,79	0,75	0,83	0,86
3.- Ability to take distance	0,81	0,87	1,00	0,82	0,79	0,89	0,87
4.- Capacity of wonder	0,71	0,79	0,82	1,00	0,84	0,85	0,83
5.- Feeling parto f a whole	0,68	0,75	0,79	0,84	1,00	0,84	0,78
6.- Inner call	0,81	0,83	0,89	0,85	0,84	1,00	0,90
7.- Full experience of now	0,80	0,86	0,87	0,83	0,78	0,90	1,00
AVERAGE	0,80	0,85	0,86	0,83	0,81	0,87	0,86

According to the table of internal correlations of the spiritual competences (Table # 2), the following spiritual competences stand out: the ability to take distance (C3), the inner call (C6) and living fully in the now (C7). However, sticking to the inter-subject study between the three intakes, the greatest growth during the therapeutic process is observed in order from highest to lowest: the inner call (C6), the meaning of life (C2) and living fully in the now (C7). From the various analyses presented, it can be observed that although all the spiritual competencies show an increase during the therapeutic process, the most recurrent are the inner call (C6) and living fully in the now (C7).

Table # 3: Competences in T1-T2-T3

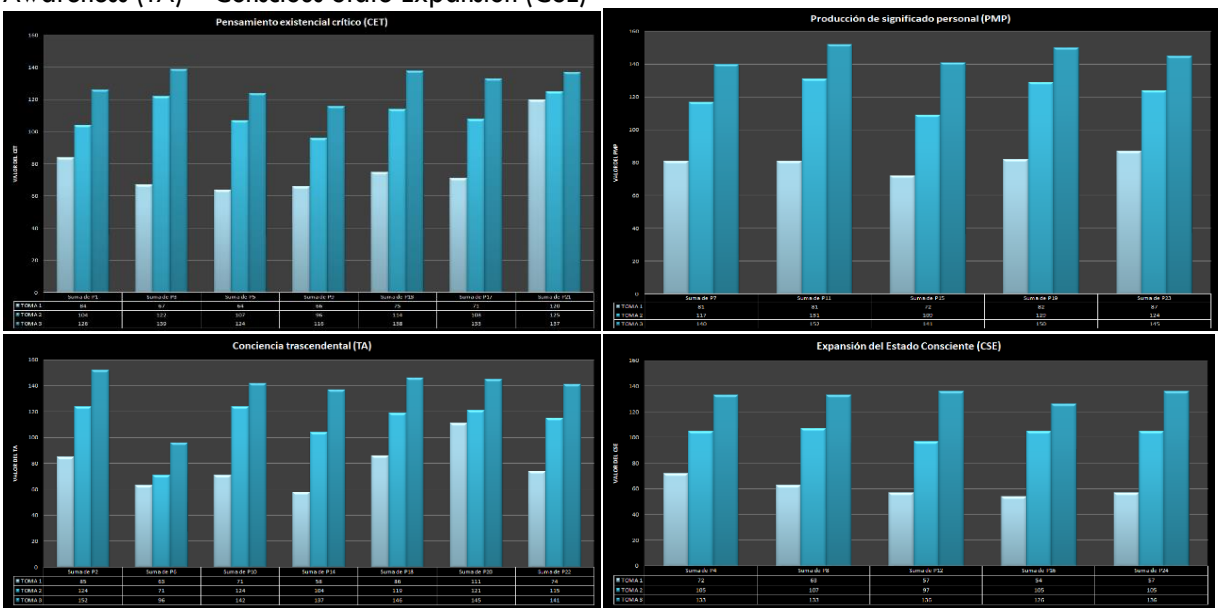


Likewise, this trend is observed in the SISRI-24 values, which were grouped according to four clusters. In all clusters, a progressive growth is observed between the three intakes. Of the four clusters, PMP (Personal Meaning Productions) has a slightly lower value than the other three.

In Critical Existential Thinking (CET) seven questions are shown (1, 3, 5, 9, 13, 17 and 21 of the SISRI-4) that are added together to determine the degree of CET in the participants, and according to the data obtained, there is a substantial increase of 41% in the average value (sum of the results obtained in the 7 questions per take and divided for the total number of participants in each take) of the 55 participants obtained from take 2 in relation to take 1. This indicates that there is an increase of the CET thoughts in the respondents after the execution of the spiritual therapy, and this is consolidated in an increase of 18% of the average value obtained from take 3 compared to take 2.

In Personal Meaning Production (PMP) there are five questions (7,11, 15, 19 and 23 of the SISRI-24) that are added together to determine the degree of PMP in the participants, and according to the date obtained, there is a substantial increase of 51% in the average value (sum of the results obtained in the 5 questions per intake and divided for the total number of participants in each intake) of the 55 participants obtained from intake 2 compared to intake 1. This indicates that there is an increase in the PMP of the respondents after the execution of the spiritual therapy, and this is consolidated in an increase of 19% in the average value obtained in take 3 compared to take 2.

Table # 4: SISRI-24 Critical Existential Thinking (CET) – Personal Meaning Production (PMP) - Transcendental Awareness (TA) – Conscious State Expansion (CSE)



In Transcendental Consciousness (TA) seven questions are shown (2, 6, 10, 14, 18, 20 and 22 of the SISRI-24) that are added to determine the degree of TA in the participants, and according to the data obtained, there is a substantial increase of 42% in the average value (sum of the results obtained in the 7 questions per take and divided for the total number of participants in each take) of the 55 participants obtained from take 2 in relation to take 1. This indicated that there is an increase of TA in the respondents after the execution of the spiritual therapy, and this is consolidated in an increase of 23% in the average value obtained in take 3 compared to take 2.

In Conscious State Expansion (CSE) there are five questions (4, 8, 12, 16 and 24 of the SISRI-24) that are added together to determine the degree of CSE in the participants, and according to the data obtained, there is a substantial increase of 71% in the average value (sum of the results obtained in the 5 questions per take and divided for the total number of participants in each take) of the 55 participants obtained from take 2 in relation to take 1. This indicates that there is an increase in CSE thoughts in the respondents after the execution

of the spiritual therapy, and this is consolidated in an increase of 28% in the average value obtained in take 3 compared to take 2.

Discussion

The present study has attempted at answering two research questions. The following are some interpretative insights into the results obtained in the study:

1. What spiritual competences are activated in patients through the application of spiritual therapy?

All spiritual competencies have shown activation during the spiritual therapy. The most prominent in this study are the ability to take distance, inner calling and full experience of now. This high internal correlation is probably since the application of the spiritual therapy [27] to the patients included breathing exercises lasting 20 minutes, which influences the emotional brain with a better orientation from a more critical and positive thinking.

On the other hand, remission and separation from everyday environments also allows an objective and deeper self-examination of the personal situation of addiction as a way of recycling the most negative aspects of their lives. This also allows for a reformulation of their way of being and acting in life (attitude of change in order to be able to re-insert themselves into life from a more positive and fruitful perspective). In some cases, the religious belief is quite strong [28]. Due to the high level of drug use, they have been in quite risky places, and even in street situations. Patients report that if it were not for God's action they do not know where they would be now. Thus, the internal correlation of spiritual competences (taking distance, inner calling and living fully in the now) is the highest obtained in this sample.

These competencies also strongly interrelate with each other; what affects one of them has an impact on the others. For example, inner calling and sense of life feed each other by having a personal decision to recover one's dignity, history, and relationships, including with divinity (absolute power that inspires one's sense of life). The capacity for wonder is one of the competencies that stands out most at the beginning of the therapeutic process, probably due to the change in the environment of precariousness, disorganization, emotional abandonment, and violence to which they were accustomed. Moreover, this is verified in the welcome, gratuity, and dignified treatment they receive at the hospital [29]. This has an impact on their self-esteem and the subsequent recovery of self-confidence.

The communication of one's own experience has a therapeutic effect as it "transfers the message" and serves as a point of reference that change is possible. This activates the inner call that invites to recovery, to live the now fully and thus to experience the need to distance oneself towards thoughts that allow for personal and spiritual growth.

On the other hand, the spiritual competence that correlates slightly less well is self-transcendence. Lifshitz et al. This phenomenon could be understood on a cognitive level, as for many people self-transcendence is related to big goals and changes in life [30]. In this therapeutic process, at least at the beginning, it is not possible to detect or mobilize the person towards great goals, since it is a gradual struggle against addiction that does not occur in emotional states or situations of grandiosity. Also, this word (self-transcendence) is not easily understood due to the conditions of incapacity or limitation, low self-esteem or devaluation, and disorder with which patients enter the therapeutic process.

In relation to the spiritual competences that show a strong tendency to grow during the process (the full experience of now, the meaning of life and the inner call), this highlighted value could be interpreted with the following reflections.

a. The desire for change: Addiction patients have reached the point where they have "hit rock bottom". Through spiritual therapy work they learn to see that this situation is not entirely negative. At the beginning of the process, they cannot perceive this. By listening to the inner call as a new energy that is in tune with the search for truth and beauty, they are confronted with their own life. In the therapeutic process they learn to manage their emotions and impulses and to develop a more humane and quality interrelationship with their loved ones. In this way, the inner call is ratified in everyday life.
b. When they lose their home and their direction, many patients also lose the meaning of life. The depressive symptomatology with which some of the patients arrive shows low self-esteem and an inability to feel. Frankl's theory inspires our research: through small stimuli and support provided by the spiritual therapy a new meaning of their existence is achieved through the activation of the competences of the inner call and the meaning of life [31]. The topics of conversation revolve around the family, the

children, the desire for a job or the completion of a course of study or training. Between the second and third month of therapy, there are references to the meaning of life in the life project: strengthening of the family environment and avoidance of stimuli for consumption. Similarly, the spiritual competence of living fully in the now is strengthened by better impulse control, reduction of the intensity of guilt, and orientation of their emotions. These small-big changes improve the interrelationship with others and make it possible to rebuild the family fabric, which was badly damaged. In the spiritual therapeutic process, there is an awakening to the present, the result of motivation and mobilization towards a new understanding of one's dignity as a person and the meaning of one's life.

c. The age factor: this aspect has changed in the last decade, since a greater frequency of younger patients can be ascertained.

Argyriou et al point in same direction of causes: the existential vacuum at home, the lack of maturity and the lesser authority of parental figures cause a complex situation of emotional abandonment and a compensatory affective search [32]. The easy access to alcohol and drugs, as well as the lack of control to which they are subjected, makes this younger human group a more vulnerable and early-onset target for excessive and dependent abuse. Mafias work inside and outside schools. They first recruit them with gifts and then keep them in micro-trafficking circles due to the high addiction generated by these drugs.

d. Generational: related to the previous age factor, it is observed that when comparing the generational groups (up to 24 years 52%, between 25 and 34 years 18%, and from 35 years onwards 30%) there are different behaviors in the analysis of spiritual competences. In the first group there is a change due to the formative evolution of their brain and especially due to greater emotional plasticity, which results in frequent mood swings. In their evolutionary development, people shape their character until they are about 35 years old. In the graph, the more adult group evolves with the general trend of the study because they understand the logical structure and aim more assertively towards the goals, they set for themselves. In the patients who have suffered from dependence, it is observed that depending on the better academic education and their IQ, the response to therapy is better.

2. How do these competencies correlate with the results of the spiritual intelligence test (SISRI-24)

The process of activating the competencies of spiritual intelligence also involves the link with the person who exercises the task of accompanying the person with addiction. To attend to this dimension of people suffering from addictive chemical dependency is to engage with the reality of the world in which we live. Derived from the field of bioethics, the different principles that govern the discipline are respected. The principle of beneficence stipulates that researchers should aim for the well-being of the participants. Hence, it is essential to have the patient's consent. Respect for the autonomy of the person, their values, worldviews, and wishes are also considered. This process requires ethical training for the professional, who is required to have a level of sensitivity that guides his or her knowledge for the good of the person being accompanied. Spiritual competence becomes an ethical requirement for the person being cared for and a way of humanizing hospital work.

When we talk about educating interiority, we are referring to the deepest dimension of the human being, the one that gives meaning to life and that inhabits every person. Interiority is the capacity to recognize oneself from within and to relate to others from the authentic and profound in order to find a personal balance that has an impact on others. When interiority is mentioned, we are talking about the spiritual. To educate interiority is to speak of feelings, of the search for the deep and essential that gives meaning to the human being [33]. Cultivating spiritual intelligence and acquiring basic competences means learning to enjoy silence as a way of encountering the essence of life and finding the essence of who we are, living a meaningful life that is open to what transcends it.

Conclusions

The spiritual accompaniment provided to patients seeks to confront and reduce addiction by fostering self-confidence, strengthening the will and thereby internally developing a sense of hope. All this through the process of activating the competencies of spiritual intelligence, which, although it refers directly to the immaterial, and the intellectual, or the moral dimension of the human being, also participates in the integrity of his/her existence. Hence, this research highlights the importance of the resource of spirituality in the consideration of the

therapy of people with alcohol and drug dependence and their families.

Limitations: The main limitation of this study is that it was carried out in a hospital institution whose addictions department only had male patients. For this reason, a gender comparison was not carried out, which will be the subject of another study. Similarly, it was necessary to exclude some patients who presented dual pathology and whose cognitive impairment in particular did not allow us to obtain accurate date for processing and interpretation. After the closure of the patient intake period, the study was validated through consultations with specialists around spiritual intelligence competencies (presentation at a congress in the city of Lima in 2019 and the academic writing of the article). This process was interrupted during the COVID-19 pandemic due to the reassignment of personnel at the Hospital. The investigation was restarted again in 2021 and the submission of this article in 2022.

Conflicts of Interest Statement
The authors declared no potential conflicts of interest concerning the research, authorship, and/or publication of this article

Conflicts of Interest
The authors have no conflicts of interest to declare.

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Author was involved in all steps of the preparation this article including final proofreading.

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References

1. Arruda M. *Humanizar Lo Infrahumano: La Formación Del Ser Humano Integral: Homo Evolutivo, Praxis y Economía Solidaria*. Barcelona: Icaria; 2005.
2. Gluyas Fitch RI, Esparza Parga R, Romero Sánchez MD, Rubio Barrios JE. Modelo de Educación Holística: Una propuesta para la Formación del Ser Humano. *Actualidades Investigativas en Educación*. 2015;15(3). doi:10.15517/aie.v15i3.20654
3. Ordóñez Fernández M, González Sánchez P. Las Víctimas Invisibles de la Violencia de Género. *Revista Clínica de Medicina de Familia*. 2012; 5 (1): 30-36. doi:10.4321/s1699-695x2012000100006
4. Lifshitz M, van Elk M, Luhrmann TM. Absorption and spiritual experience: A review of evidence and potential mechanisms. *Consciousness and Cognition*. 2019; 73: 102760. doi:10.1016/j.concog.2019.05.008
5. Vieten C, Lukoff D. Spiritual and religious competencies in psychology. American Psychologist, 2022, 77 (1), 26.
6. García Cuadrado JA. *Antropología Filosófica: Una Introducción a La Filosofía Del Hombre*. Pamplona: EUNSA, Ediciones Universidad de Navarra, S.A.; 2019.
7. Hinojosa L, Alonso Castillo MM, Armendáriz García NA, López García KS, Gómez Meza MV, Álvarez Bermúdez J. El Efecto de la Espiritualidad y el apoyo social en el Bienestar Psicológico y social del familiar principal de la persona dependiente Del Alcohol. *Health and Addictions/Salud y Drogas*. 2018; 18 (1): 71-79. doi:10.21134/haaj.v18i1.341
8. Villarreal-Mata JL, Sánchez-Gómez M, Navarro Oliva EI, Bresó Estavez E, Pérez Rodríguez E. Inteligencia emocional y Espiritualidad en el apego al tratamiento de adultos con adicciones al alcohol y Drogas. *Know and share Psychology*. 2020; 1 (4). doi:10.25115/kasp.v1i4.4345
9. López Férez JA. Don Pedro Laín Entralgo y Los Helenistas de Madrid. Notas para la historia de la Medicina y de la filología griega. *Asclepio*. 2010; 62 (2): 627-648. doi:10.3989/asclepio.2010.v62.i2.480
10. King DB, DeCicco TL. A viable model and self-report measure of Spiritual Intelligence. *International Journal of Transpersonal Studies*. 2009; 28 (1): 68-85. doi:10.24972/ijts.2010.28.1.68
11. Fonseca M. Attention to the spiritual and religious needs of patients by healthcare personnel. A model based on spiritual accompaniment. Medical Research Archives, 2021, 9(12).
12. García A. OMS Estadísticas Sanitarias Mundiales. Academia.edu. https://www.academia.edu/30983702/OMS_Estad%C3%ADsticas_Sanitarias_Mundiales. Published January 19, 2017. Accessed July 9, 2022.
13. Lévano CS. Acerca de la psicología de la Religión y La Espiritualidad. Revista EDUCA UMCH. https://revistas.umch.edu.pe/EducaUMCH/article/view/2. Accessed July 9, 2022.
14. Dew R, Fuemmeler B, Koenig H. Mediation and Moderation of Religion-Substance Abuse Relationships By Genotype. Medical Research Archives, [S.l.], v. 5, n. 4, apr. 2017.
15. Fonseca M. Attention to the spiritual and religious needs of patients by healthcare personnel. A model based on spiritual accompaniment. Medical Research Archives, 2021, 9(12).
16. Zohar D, Marshall I. *Inteligencia Espiritual*. Barcelona: Mondadori; 2002.
17. Buzan T. El Poder De La Inteligencia Espiritual. Barcelona: Urano; 2003.
18. Flower L. "My day-to-day person wasn't there; it was like another me": A qualitative study of spiritual experiences during peak performance in ballet dance. Performance Enhancement & Health, 2016, 4(1-2), 67-75.
19. Louca E, Esmailnia S, Thoma N. A critical review of Maslow's theory of spirituality. Journal of Spirituality in Mental Health, 2021, 1-17.
20. Cornejo Valle M, Martín-Andino Martín B, Esteso Rubio C, Blázquez Rodríguez M. The healthy turn: Sacrifice, healing, wellness, and its relation to contemporary spirituality. *Athenea Digital Revista de pensamiento e investigación social*. 2019;19(2):2125. doi:10.5565/rev/athenea.2125
21. Curlin FA, Lantos JD, Roach CJ, Sellergren SA, Chin MH. Religious characteristics of U.S. physicians. *Journal of General Internal Medicine*. 2005;20(7):629-634. doi:10.1111/j.1525-1497.2005.0119.x
22. Gardner H. *Multiple Intelligences: New Horizons*. New York: BasicBooks; 2006.
23. Gardner H. A case against spiritual intelligence. The international journal for the psychology of religion, 2010, 10 (1), 27-34.
24. Frankl V. *El Hombre En Busca De Sentido*. Herder Editorial; 2015.

25. DeCicco D, King T. A viable model and self-report measure of Spiritual Intelligence. *International Journal of Transpersonal Studies*. 2009; 28 (1): 68-85. doi:10.24972/ijts.2010.28.1.68
26. Torrens Mèlich M. Patología dual: Situación actual y retos de futuro. *Adicciones*. 2008; 20 (4): 315. doi:10.20882/adicciones.255
27. Vieten C, Lukoff D. Spiritual and religious competencies in psychology. American Psychologist, 2022, *77* (1), 26.
28. Cornejo Valle M, Martín-Andino Martín B, Esteso Rubio C, Blázquez Rodríguez M. The healthy turn: Sacrifice, healing, wellness, and its relation to contemporary spirituality. *Athenea Digital Revista de pensamiento e investigación social*. 2019;19(2):2125. doi:10.5565/rev/athenea.2125
29. Fonseca M. Attention to the spiritual and religious needs of patients by healthcare personnel. A model based on spiritual accompaniment. Medical Research Archives, 2021, 9(12).
30. Lifshitz M, van Elk M, Luhrmann TM. Absorption and spiritual experience: A review of evidence and potential mechanisms. *Consciousness and Cognition*. 2019; 73: 102760. doi:10.1016/j.concog.2019.05.008
31. Frankl V. *El Hombre En Busca De Sentido*. Herder Editorial; 2015.
32. Argyriou E, Um M, Carron C, Cyders M. Age and impulsive behavior in drug addiction: A review of past research and future directions. Pharmacology Biochemistry and Behavior, 2018, 164, 106-117.
33. Torralba F, Inteligencia espiritual. Plataforma; 2010.