



Effects of peer-to-peer care promotion on psychic distress and psychological distress

Efectos de la promoción del cuidado entre pares en el sufrimiento psíquico

Claudia Díaz Carbajal

Maestra en Salud Mental de la Infancia y la Adolescencia (Universidad Autónoma de Querétaro, México)
psic.clau92@gmail.com
<https://orcid.org/0009-0002-5917-7321>

Guillermo Hernández González

Maestro en Psicología Social (Universidad Autónoma de Querétaro, México)
guillermo.hernandez@uaq.edu.mx
<https://orcid.org/0000-0001-68232236>

ABSTRACT

The results of a qualitative exploratory research are presented, which aims to identify the effects of promoting peer care on the strategies with which adolescents face psychological suffering. A psychoeducational workshop was used, which was evaluated through the student's diary, COL log and focus group. The results include reflections around 4 strategic axes against psychological suffering, support networks, self-care and peer care.

RESUMEN

Se presentan los resultados una investigación exploratoria de corte cualitativa, que pretende identificar los efectos de la promoción del cuidado entre pares en las estrategias con las que los adolescentes enfrentan sufrimiento psíquico. Se recurrió a un taller psicoeducativo,

mismo que fue evaluado a través del diario del estudiante, bitácora de COL y grupo focal. Como resultados se encuentran reflexiones en torno a 4 ejes estrategias frente al sufrimiento psíquico, redes de apoyo, autocuidado y cuidado entre pares.

Keywords / Palabras clave

Psychological suffering, care, peer care, mental health, adolescence

Sufrimiento psíquico, cuidado, cuidado entre pares, salud mental, adolescencia

2 Introduction

Adolescence as a stage of development involves, beyond pubertal changes, the reorganization of socialization processes, partly due to the needs of adolescents to be read differently from childhood, and partly due to the change of expectations that the adult world places on them, in the words of Rosabal, et al. (2015):

It has been common in different societies and cultures that the transit between the child and the adult, is marked by a change in expectations, in relation not only to sexual and reproductive functions, but also to social status, comprising a wide variety of rites and beliefs that have sought to socially differentiate a stage of life, called adolescence (p.2).

These expectations, which are generally built on adult-centered coordinates, propose a hegemonic vision of life at this stage, which is often far removed from the possibilities of adolescents (Obiols, 1993). Thus, the demands of success and well-being presented by the market and its cultural products, which are reinforced in the spaces of socialization, are elements that generate various forms of discomfort in those whose daily lives place them on the margins of the model.

Castelló (2016) that in adolescence a series of emotional discomforts linked to the context and the social system are presented, discomforts that demand prompt attention instead of waiting for a disorder to develop. In agreement, Rosabal et al. (2015) argue that adolescents may exhibit risk factors and behaviors by not addressing social pressures that make them feel uncomfortable in a timely manner.

We then speak of everyday discomforts faced by people in adolescence, which from Ausburguer (2002) is referred to as psychic suffering, i.e. those forms of discomfort that do not fall under psychopathology, and cannot be categorized as illness. The use of psychic suffering as a category allows placing the tensions at a subjective level, distancing it from any attempt to pathologize, and avoiding placing it in the coordinates of disorders.

In this sense, Ausburguer (2002) states that psychic suffering is not a predictor of a disorder, although it may precede it; thus, psychic suffering in itself is presented as a need for attention in adolescence, since its identification and the development of resources to mitigate it are key in the development process.

3

In the case of adolescence, the sources of psychic suffering can be identified as school problems, family situations, relationships with partners or friends, the relevance of decision-making in their lives, among others (Diaz-Carbajal and Hernandez-Gonzalez, 2021). Another possible source of psychic suffering in adolescents is the idea of thinking about their future, since it is a socially traced path: reaching youth, achieving professional success, forming a family of their own and living happily for the rest of their lives, pigeonholing the ways in which adolescents could take charge of the lifestyle they would like to have.

For Hernández-nava et al (2020), the sources of psychic suffering of males in a rural context are crossed by gender logics; in their study, the authors find as sources of psychic suffering family situations of conflict, the discomfort derived from dating relationships and community violence. In addition, it is identified that the main resource for self-care and mutual care is alcohol consumption, which, on the one hand, refers to hegemonic masculinity, and on the other hand, shows the continuum between care and risk practices.

In the face of psychic suffering, it is assumed that one of the main coping resources is the construction and strengthening of care practices among peers, as cited by Gracia et al. (2001, cited in Orcasita & Uribe, 2010).

Some research shows that the relationships established between people allow minimizing the adverse effects of different stressful situations, in addition to the fact that people in better psychological and physical conditions were those who maintained a greater number

of interactions or were socially integrated, as opposed to those in conditions of isolation or little integration (p. 70).

For Pezoa (2022), care makes the interdependence of people visible and from there ensures the sustainability of life. While for Duboy-Luengo and Muñoz-Arce (2022) care networks are a way to remedy the social crises we are facing, distancing care from mercantile coordinates.

From the mental health perspective, Keller Garganté (2022) argues that the different devices that promote mutual support and care make it possible to share experiences related to psychic suffering, as well as self-care strategies. The author argues that these spaces generate trust and reciprocity, creating a safe space, free of judgment and power relations. This is achieved from 4 fundamental norms: confidentiality, commitment to assistance, inclusion and respect. In addition, it proposes to look at these devices not only as a resource for the management of psychic suffering but also as a facilitator of well-being, enjoyment and a meaningful life.

Di Lori et al. (2016) in turn finds that mutual care practices are formed from social interaction, based on reciprocity and interdependence, generating a space of protection and security that allow the resilience of difficult situations.

Previous works demonstrate the effectiveness of promoting peer-to-peer care in the face of various phenomena that derive in psychic suffering either by political violence (Schoof et al., 2018) , mental health issues (Ardila et al., 2013), domestic violence, (CONAVIM,2012) or street situation (Di Lori et al., 2016). In particular, on peer care promotion in young people, there are works that seek the configuration of life projects in young people who present social vulnerability (Lavatelli et al.,2014), prevention of school violence (Tudela de Marcos and López de Roda, 2017; Avilés and Alonso, 2014), discomfort derived from gender demands (Hernández and Garbus, 2018) and coping with school stressors (Mota Sousa et al., 2022).

In all this background, peer care is shown as a powerful resource to cope with everyday discomforts that turn into psychic suffering, providing a safe space. Particularly in educational spaces, since it can be the privileged socialization space for adolescents. Kokott and Viveros (2022) argue that the promotion of care in the school environment is fundamental for the development of democratic

coexistence, while Rogero (2010) proposes that the promotion of care in school institutions allows the strengthening of a culture of mutual care in all socialization spaces, and that these practices have the central objective of building the maturity and autonomy of the student body.

Within the school spaces, the bonds built with peers sustain the transit of the academic days, prevailing in some occasions outside the school and building networks with characteristics of a functional community in which its members mutually influence each other. These networks are initially formed on the basis of cultural identification, tastes, interests, common experiences, etc., so that, once consolidated, it becomes possible to build feelings of belonging, affiliation and/or confidentiality, thus generating care networks that will have an impact on the development and well-being of adolescents, inasmuch as: "Social networks (...) constitute an indispensable element for the health, adjustment and well-being of the individual. The important aspect of support networks is that they are emotionally significant people for the individual and are the ones who potentially provide social support" (Orcasita & Uribe, 2010, p.70).

Aranda & Pando (2013), refer that:

"Two types of networks can be distinguished: the informal (where the existing interactions are mainly through the family, spouse, children, siblings, relatives and friends), and the formal (where the interactions provided are mainly through groups, organizations, social centers, health centers, etc.), and where all of them, to a greater or lesser degree, are important and necessary in any situation, whether critical or not" (p. 240).

From the above, peer care networks provide resources that are difficult to reach from other spaces or actors, since it is with peers that processes of identification, belonging and protection are built in times of adversity, to alleviate experiences of vulnerability or risk and the accompaniment to find solutions to different situations safely according to the needs that arise. Thus, mutual care, while preventing exposure to other possible events of adversity, proposes that the lessons learned from this practice be transferred to other stages of their lives. In this sense, peer care networks also promote self-care, given that the expectation of contributing to the support of others with whom they live implies responsibility and the use of tools for their own

benefit, which in turn means that the support of the networks is further strengthened.

In the case of mutual care networks among adolescent peers, a certain potential for action is contemplated by finding shared characteristics among those involved, ranging from physical, sociocultural and/or psychological conditions, which generate identification and bonding, based on the certainty that they mutually understand each other's conditions, as mentioned by Ardila et al. (2013) "(...) peers have a vision of the sufferer as a similar other, and in this sense, they make present what care is" (p. 466). From this perspective, mutual care networks among adolescent peers are conceived as an element of support and prevention for the experience of psychological suffering, since they can be a source of trust and security for coping with such discomfort, promoting mutual care.

Support or care networks, especially among peers, are an important strategy for reducing the likelihood of risk situations arising in adolescents; however, when viewed from the perspective of the context in question, it is possible to recognize that, although these networks are implicit among them, they may not be closely knit, or at the time they do not have adequate guidance and information to provide timely care for others, leading to situations that invalidate adolescents in their difficult situations, or else they use strategies that put them at risk when caring (Hernández-Nava et al. 2020).

It should be clarified that the sources and characteristics of psychic suffering in adolescents are situated; in particular, this paper addresses the intervention carried out with students from a high school in the municipality of Colón, Querétaro, Mexico. The school has an enrollment of between 230 and 280 students, mostly of rural origin, belonging to communities where most of the inhabitants know each other; usually the family represents an important reference for life expectations and decision making in the short and medium term. The form of socialization that occurs at school and therefore the possibilities of forming care networks are influenced by community practices, because although there is initially a certain openness to share with those close to them their feelings, thoughts, experiences, etc., sometimes there is some resistance to maintain this confidentiality, and much of the gap that separates peers at this age has to do with the fear of being exposed, pointed out and even betrayed, because these are experiences that they carry from their lifestyles and that they reflect in other spaces of socialization.

In the technical report of the Psychological Attention Service of the campus in the semester prior to the beginning of the COVID-19 pandemic, it is indicated that out of 255 students attended, 54 of them were for academic issues, 55 were attended for school context situations, two more students attended to receive Vocational Guidance, 46 people presented family situations and finally 76 students voluntarily attended to receive the service for personal situations. It is worth noting that according to the figures reported, a large part of the student body attended the service, and it is also observed that in some cases the academic risk is generated as a result of intrapersonal or interpersonal situations.

Based on the above, an intervention focused on peer care was proposed, with the following as the main objective of this work.

Materials and Methods

The results of an exploratory qualitative study are reported, where the intervention of a workshop that promotes peer care is evaluated.

As a form of intervention, a psychoeducational workshop was used which, as mentioned by Miracco, et. al. (2012), intends to be a preventive device, aiming at the transmission and elaboration of information that intends to influence a process of change on the population in which it intervenes. The psychoeducational workshop, had a structure of six sessions in which 14 students participated, all self-identified as women, students enrolled in the different semesters offered, it should be clarified that some of them knew each other because they were in the same semester or because of previous experiences in their high school stage.

The student's diary, COL logbook and focus group were used as techniques to gather information. The student diary is proposed as a narrative after each session where the participants of the intervention describe their experience, interpretation and perspective of the work. The LOC logbook (ordered understanding of language) is a tool that, based on the questions "What did I feel?", "What did I realize?" and "What did I learn?", makes it possible to recognize the effect of an intervention on its participants. The focus group is characterized as a group device that allows to inquire about very specific aspects of the experience of those who participate.

The procedure consisted of 5 stages; first, the students were invited to participate, ensuring the voluntary nature of their participation and requesting the signature of informed consents by the tutors. The second stage consisted of a couple of sessions that, by means of participatory strategies, investigated the sources of psychic suffering of the participants.

The third stage was the implementation of the psychoeducational workshop in six sessions, where topics related to the identified sources of psychic suffering and peer care strategies were addressed, it should be noted that after each session the student's diary was kept. The fourth stage focused on the application of tools that allowed exploring the effects of the intervention in two moments, the first one presented as an evaluation activity within the last session, where the LOC logbook was applied; the second one a month after the end of the workshop, convening the focus group, which sought to identify how they implemented the knowledge acquired during the workshop, its efficiency and possible new positions, as well as the actions they take in situations that mean psychic suffering in their daily life both for them and for their peers.

Results

In the diagnostic sessions, the sources of psychological suffering identified in the adolescent participants were: feelings of low self-esteem, grief due to loss, family conflicts and uncertainty in making decisions for their life project.

The adolescents identified that the predominant feelings in situations of psychological suffering are sadness, frustration or anger; in addition, given the lack of resources to deal with these emotions, they may engage in self-injurious practices such as cutting themselves. On the other hand, other attempts to resolve psychological suffering include crying, shutting themselves away and, only in extreme cases, seeking support from people close to them.

The participants agree that they know colleagues who go through similar situations and that they also share experiences of having felt discouraged from continuing to seek support due to the lack of guidance and confidentiality among peers when they feel the need for listening or accompaniment, since on different occasions they have felt undervalued or disappointed when confidentiality agreements were broken and felt judged by their listener.

After the application of the psychoeducational workshop and according to the instruments implemented, effects are identified around 4 axes: strategies in the face of psychic suffering, support networks, self-care and peer care, which are described below.

Strategies for coping with psychological distress

With regard to strategies for coping with psychological suffering, the adolescents report that they used to use strategies to deal with their psychological suffering, including suffering alone, keeping their feelings to themselves and letting them pass with time. After the reflections during the workshop, they identified that avoiding feelings or situations of suffering could bring them greater consequences in the short and medium term, which is why it was proposed as a new strategy to seek support from their peers or from professionals. On the other hand, it was found that part of their initial strategies came from the belief that their emotions were not valid because they were hypersensitive, or to give importance to minimal things, after the intervention the importance of validating and making their emotions visible, giving respect to their own processes, without omitting or forcing them, was mentioned. In such a way that the strategies in the face of psychic suffering that the participants found were to seek support from peers and mental health professionals, as well as to validate their emotions.

It was also identified in the focus group that the care strategies learned were socialized by the adolescents to the peers with whom they relate within the institution and outside it, and the participants also maintain that psychological suffering accompanies situations that can occur at any time, and that the intensity or duration will depend on the strategies they use.

Support networks

Regarding support networks, it is found in the beginning, for adolescents it is difficult to identify a solid support network nearby, due to previous experiences where reciprocity or confidentiality of peers is broken. The participants characterize a support network as one that has the task of accompanying, listening and guiding without judgment and in confidentiality in moments of psychic suffering; they also recognize the risk of over-involvement in the problems of others, so that within the workshop they construct the idea of the limit of support, expressing that this comes when they feel that they

"appropriate the problems" or "make others responsible for the solutions".

On the other hand, in the workshop, they reflected on what actions are taken when the problem exceeds the personal resources of the network, and in view of this, it was suggested that accompanying the search for external help, such as mental health professionals or other instances, is part of the actions within the support network. In this area there is an important change in the idea of building a network, since at the beginning it was thought that the actions of the network were dependent on what the adolescents could do, so that expanding their possibilities of action to the search for and accompaniment in the request for professional services provides agency to the participants on the one hand and on the other, reduces the anguish of having to solve everything from within the network.

However, the possibility of building support networks generated - at first - resistance in the adolescents because their community context regularly tends to be prejudiced, for this reason, it was feared that in the search for a network, they could be judged or devalued in the request for support; in view of this, it was suggested that the workshop group itself could be a peer support network, since during the sessions, aspects such as sympathetic listening, empathy and commitment to confidentiality were already taking place. Thus, they find that within the workshop they think of themselves as participants in a network in their double possibility of giving and receiving support, thus reducing the risks of psychic suffering.

Self-care

During the workshop, the role of self-care as a central element of mutual care is reflected upon; at the beginning, an impossibility of thinking of themselves in care networks is observed, either because, although they recognize that they can care for others, they perceive themselves with few resources in cases of events that generate psychic suffering, or because they state that they are unwilling to receive care actions. On the other hand, in the first instance, they prioritize their role as caregivers, leaving aside self-care.

In view of the above, concepts of care were constructed to break the caregiver/ cared-for dichotomy, recognizing that one can seek one's own well-being and that of one's peers under any circumstance, without putting either at risk or counterproductive. In addition, during the psychoeducational workshop, self-care was characterized as a

condition for being able to care for others, which implied for them to recognize the risks that are generated when making decisions about what to do with their situations of discomfort, but also to recognize when the impositions or expectations of their context give them forms of psychic suffering for which they are not responsible, concluding that self-care implies knowing "what is my own and what belongs to others", "who I am and what I want from myself", which represents the basis for healthy and even resilient intra- and interpersonal relationships in the daily life of adolescent girls.

Self-care, as a personal need in the face of psychic suffering, was placed in situations of discomfort such as separation with friends or partners, pressure from the family or community in decision making and in the changes that daily life presents; thus phrases such as "we should not cling to someone (...) we have to accept change so that they can be accepted by us.) we have to accept change so that it becomes easier" or "I am not responsible for what others expect of me" imply that the participants generated a starting point for taking care of themselves, distancing themselves from the social pressure that often represents a form of psychic suffering.

Peer care

During the psychoeducational workshop, the conditions for peer care were built in a reflexive way; first of all, it was possible to share experiences that generate psychic suffering in order to look at common problems nuanced in the individual experience; from the above, two fundamental elements in mutual care are proposed, the first one is empathy, since having common sources of psychic suffering makes it easy to understand the emotional field of the other, on the other hand, the commitment of listening free of prejudices and with full recognition of the emotions of the others. In this way, peer care was conceived as an action that implies responsibility and respect since, while recognizing the weaknesses of the networks in which they were previously immersed, they themselves acquired the commitment to respect the processes of their peers, since each one experiences their situations differently; accompanying and listening without judgment, not invalidating the feelings of others, recognizing that there are limits in caring for others, and also that empathy implies the responsibility of maintaining a line between the problems of others and one's own were elements perceived as fundamental to not losing objectivity in mutual care.

It was also possible to recognize the power of peer-to-peer care, insofar as listening to each other becomes an understanding that can distance itself from adult-centered logics; this strengthened the participants' capacity to accompany, care for and guide others from horizontal coordinates.

Throughout the workshop, feelings of identification and trust were built, which would derive in mutual support in situations of psychic suffering, assuming that the peers can help each other in daily events in the spaces and events they share.

In the conclusions of the workshop, the participants express that care can be exercised in a mutual way and, within this exercise, it is important to empathize with the other that, although they share important similarities, each one is characterized by their individuality; this will allow them to be sources of support without becoming judges or supporters of any position other than that of accompanying in the processes of psychic suffering of their peer.

The notion of mutual care networks in the adolescents who participated in the psychoeducational workshop seems to be sustained one month after the intervention, since the narratives of their experiences and perspectives on what they have learned support it. The adolescents report that they maintain contact with each other and have managed to maintain empathy and willingness to help.

Likewise, some of them report having positioned themselves as active agents of support for their classmates, without becoming over-involved, managing to accompany some of them in situations of psychological suffering. one of them mentions:

Another characteristic of the mutual care networks that they manifest was maintained is the responsibility of being a network and respecting their own or others' decisions, that is, considering that as a network their limitations are in accompanying, listening and guiding without making others' problems personal; showing availability and interest in others while maintaining self-care.

Conclusions

Psychic suffering turns out to be a consequent effect of the inscription of the individual to the social as mentioned by Avila (2012), who recognizes it as that which causes the isolation of the individual towards his or her institutions of development as a solution to the

suffering that this causes. This affirmation is palpable in adolescents from the identification of their sources of psychic suffering which, in general, revolve around their relationships with others, such as: self-esteem in the face of comparisons with others, grief at the loss of loved ones, family conflicts derived from the expectations placed on their children, and decision making regarding what others expect them to decide about their lives.

According to the above and based on the studies conducted by Hernández (2018) adolescent males in a rural municipality in the same State of Querétaro, showed as a source of psychic suffering the relationship with their parents and girlfriends, which leads us to recognize again that the internal conflict that is experienced in psychic suffering is derived from the external, however they have different sources and ways of facing possibly derived from the establishment of gender stereotypes, culture and also of the time.

On the one hand, female adolescents find among their strategies in the face of psychic suffering to spend time alone in closed spaces or they preferred to tell people they trust, in a passive way, while Hernandez (2018), showed that adolescent males choose to express their psychic suffering through crying, alcohol consumption or even through violence; that is, through risky behaviors.

According to peer support networks, positive effects have been identified among adolescents, based on what was referred to by Avilés and Alonso (2014) who developed and tested a school support system, whose results proved that the strength of such system is located in making the protagonists of solutions to those involved in the peer context, who by being sources of support also demonstrated to have contributions in their personal growth, security and self-confidence, traits that were identified in the adolescents participating in the workshop, who showed openness and strengthening in their social support skills.

With the same objective Tudela de Marcos and López de Roda (2017), demonstrate that the development of digital media allows the creation of efficient online spaces for the creation of remote support groups, which, decreases the barriers to socialize support and interaction strategies, which as a result of the confinement by COVID-19 was a tool applied during this research, obtaining significant results in the intervention, thus suggesting what is a viable tool for contemporary generations that develop as digital natives.

Based on the results obtained from the intervention carried out in the psychoeducational workshop weaving networks of mutual care, it was identified among high school adolescents that the sources of psychic suffering they share are; self-esteem, mourning for loss, family conflict resolution and decision making for the life project.

Among the strategies used by the adolescents to cope with these situations were: being alone, keeping their feelings to themselves and letting them pass with time, sometimes talking with people they trusted. This leads to a comparison between the strategies used by males and females to face their psychological suffering, since such strategies could be based on what is socially established and allowed, however, in one way or another, the lack of psychological, emotional and social tools represents the risk that can be experienced in adolescence when experiencing situations of psychological suffering without information or some type of accompaniment.

The support networks that the adolescents identified were mainly family and close friends, however, some weaknesses were found in these networks, including some of the networks in their past were not healthy for them, which caused the adolescents to show some resistance in allowing themselves to be heard or accompanied in times of emotional discomfort, derived from this the participants built a concept of peer support network, based on confidentiality as a fundamental element, listening without judgment, empathy and support recognizing limits, as well as accompaniment and respect in the processes of each person.

The group intervention also succeeded in identifying a possible new peer support network among the members, which turned out to be an option for the adolescents to experience a network consolidated in the essential knowledge of accompaniment, guidance, and in general with the elements they need to feel safe and in the possibility of allowing themselves to be accompanied during their own suffering processes.

On the other hand, the adolescents socialized the strategies they built during the workshop with the people with whom they usually related, which showed that the tools they built are significant to the extent of being functional in their daily lives and in their different development contexts.

Finally, it is concluded that peer support networks are functional and have a positive impact on adolescents as a strategy to cope with psychic suffering, in addition to being a field of opportunity for psychology as

a preventive strategy for mental health problems in adolescence, on the other hand, its areas of opportunity are the sensitization of its members to comply with the essential principles of a network as well as the flexible guidance or advice of mental health professionals who can be founders of such networks without turning the relationships into something hostile or forced, but rather adapted to the conditions of each population.

References

- Aranda, C. y Pando, M. (2013). Conceptualización de apoyo social y redes de apoyo social. *Revista IIPSI, Facultad de psicología UNMSM*. 16(1). 233-245.
- Ardila, S. y Galende, E. (2011). El concepto de Comunidad. *Salud Mental y Comunidad*, 1(1).39-50.
- Ardila, S., Agrest, M., Abadi, D. y Cáseres, C. (2013). El aporte de los pares al trabajo en salud mental. *VERTEX Revista Argentina de Psiquiatria*, XXIV,112(10). 465- 471.
- Ausburger, A. (2002). De la epidemiología psiquiátrica a la epidemiología en salud mental: el sufrimiento psíquico como categoría clave. *Cuadernos Medicos Sociales*,81. 61-75.
- Avilés Martínez, J. M., & Alonso Elvira, N. (2014). Sistemas de apoyo en la escuela para el desarrollo de la convivencia y la prevención de la violencia escolar. *Revista INFAD De Psicología. International Journal of Developmental and Educational Psychology.*, 7(1), 257–266. <https://doi.org/10.17060/ijodaep.2014.n1.v7.797>
- Castello, M., Fernández de Sanmamed, M. J., García, J., Mazo, Mendive, V., Rovira, A., M. J., Serrano, E., Zapater, F.(2016). Atención a personas con malestar emocional. Relacionado con condicionantes sociales en atención primaria . *Forum d'Atenció Primaria*.
- Comisión Nacional para Prevenir y Erradicar la Violencia Contra las Mujeres [CONAVIM]. (2012). *Redes Ciudadanas de Actuación en Detección, Apoyo y Referencia en Situaciones de Violencia*. [Archivo PDF] <http://www.conavim.gob.mx/work/models/CONAVIM/Resource/309/1/images/PUBLICACION.pdf>
- Di Lori, J., Seidmann, S., Gueglio, C., y Rigueiral, G.. (2016). Intervenciones psicosociales con personas en situación de calle: El cuidado como categoría de análisis. *Psicoperspectivas*, 15(3), 123-134. <https://dx.doi.org/10.5027/psicoperspectivas-Vol15-Issue3-fulltext-838>

- Díaz-Carbajal, C. y Hernández-González, G. (2021). Caracterización del sufrimiento psíquico en estudiantes de un bachillerato en el estado de Querétaro, México. Memorias del XIII Congreso Internacional de Investigación y Práctica Profesional en Psicología XXVIII Jornadas de Investigación XVII Encuentro de Investigadores en Psicología del MERCOSUR III Encuentro de Investigación de Terapia Ocupacional III Encuentro de Musicoterapia. Num 16 Psicología de la Salud. Buenos Aires Arg. 24 AL 26 DE NOVIEMBRE 2021. 27-31 <http://jimemorias.psi.uba.ar>
- Duboy-Luengo, M., y Muñoz-Arce, G. (2022). La sostenibilidad de la vida y la ética del cuidado: análisis y propuestas para imaginar la intervención de los programas sociales en Chile. *Asparkia. Investigación Feminista*, (40), 151-168. <https://doi.org/10.6035/asparkia.6164>
- Hernández Nava, H., y Garbus, P. (2017). Prácticas de cuidado de la salud mental entre pares en hombres adolescentes de San Antonio de la Cal, Qro. Mex. IX Congreso Internacional de Investigación y Práctica Profesional en Psicología.
- Hernández-Nava, H., Hernández-González, G., y Garbus, P. (2020). Varones adolescentes en un contexto rural mexicano: sufrimiento psíquico y cuidado entre pares. *Salud colectiva*, 16, e2266.
- Keller, C. (2022). Apoyo mutuo, autogestión y activismo en salud mental. Elementos para la democratización del cuidado. *Athenea Digital*, 22(3). e3130. <https://doi.org/10.5565/rev/athenea.3130>
- Kokott, V., Viveros, M. (2022). Ética do cuidado e a convivência na escola. En García,J.,Veloso,F., y Barreto, S.(2022). Saberes, alegria e convivência: a reinvenção da escola.Inbooks. pp 1019-1038. https://www.researchgate.net/profile/Simone-Sarmento/publication/360796929_SABERES_ESPERADOS_DE_UM_PROFESSOR_DE_LINGUA_ADICIONAL_NA_EDUCACAO_INFANTIL/links/628bd900a23fc672d699a47e/SABERES-ESPERADOS-DE-UM-PROFESSOR-DE-LINGUA-ADICIONAL-NA-EDUCACAO-INFANTIL.pdf#page=1019
- Lavatelli, L., Aisenson, G., y de Marco, M. (2014). La importancia de las redes y apoyos como recurso en la construcción de trayectoria de jóvenes vulnerables. *Anuario de Investigaciones*, XXI. 93-103.
- Miracco, M., Scappatura, M., Traiber, L., De Rosa, L., Arana, F., Lago, A., Partarrieu, A., Galarregui, M., Nussold, P. y Keegan, E.(2012). Perfeccionismo en la universidad: talleres psicoeducativos, una intervención preventiva. IV Congreso Internacional de Investigación y Práctica Profesional en

- Psicología XIX Jornadas de Investigación VIII Encuentro de Investigadores en Psicología del MERCOSUR. Facultad de Psicología - Universidad de Buenos Aires, Buenos Aires. <https://www.aacademica.org/000-072/290.pdf>
- Mota Sousa, M., Gomes Medeiros, H., Braga, Sidney, A., De Lima, C., Gonclavez, S. y Goncalves, E. (2021). Grupo Operativo como ferramenta para o cuidado em saúde mental. *Research, Society and Development*, 10(3), e43510313318-e43510313318.
- Obiols, G. (1993). Adolescencia, posmodernidad y escuela secundaria. 1 Congreso Argentino de Educación Física y Ciencias. Universidad Nacional de La Plata, Facultad de Humanidades y Ciencias de la Educación, Departamento de Educación Física. En *Memoria Académica*. http://www.memoria.fahce.unlp.edu.ar/trab_eventos/ev.6891/ev.6891.pdf.
- Orcasita, L. T., y Uribe, A. F. (2010). La importancia del apoyo social en el bienestar. *Psychologia. Avances de la disciplina*, 4(2). 69-82. <https://www.redalyc.org/articulo.oa?id=297224090010>
- Pezoa, L. (2022). Redistribución y Reconocimiento de los cuidados: su potencia transformadora en contexto universitario. *Propuestas críticas en Trabajo Social*, 2(4), 168-176. doi: 10.5354/2735-6620.2022.66496
- Rogero, J. (2010). Escuela del cuidado mutuo. *Aula de Innovación Educativa*, 191. 59-62.
- Rosabal, E., Romero, N., Gaquín, K., y Hernández, R. A. (2015). Conductas de riesgo en los adolescentes. *Revista Cubana de Medicina Militar*, 44(2). 218-229. http://scielo.sld.cu/scielo.php?pid=S0138-65572015000200010&script=sci_arttext
- Schoof, M. T., Manzanares, E., y Grimaldo, M. (2018). Red de soporte social y apoyo comunitario en miembros de una organización de desplazados por violencia política residentes en Cañete, Perú. *Revista Costarricense de Psicología*, 37(2). 107-129. <https://dx.doi.org/10.22544/rcps.v37i02.02>
- Tudela, S., y Barón, A. (2017). Redes sociales: Del ciberacoso a los grupos de apoyo online con víctimas de acoso escolar. *Escritos de Psicología / Psychological Writings*, 10(3), 167-177. <https://doi.org/10.5231/psy.writ.2017.3011>