THEORETICAL FRAMEWORK

Importance of religion/spirituality for persons suffering from schizophrenia
Religion/spirituality is important for patients with psychosis to cope with their disease in daily life (60% patients in Geneva, 73% in Quebec).

Religious attachment
In an evolutionary perspective, previous studies on religious attachment (Kirkpatrick 1997, 1998, 1999; Granqvist, 1998; Granqvist et al. 1999, 2007, 2010) suggested the adaptive value of religious commitment. According to this approach, there are two general hypotheses: The correspondence hypothesis states that securely attached primary caregivers could be transposed on a spiritual figure. The compensation hypothesis suggests that the relationship to God can compensate for deficient primary caregiver.

OBJECTIVES

Using the “Adult Attachment Interview” to studyattachment styles in patients with chronic psychosis. No study to date has assessed attachment in this population with such instruments.

Given the fact that there are no data about religious attachment in a population of people suffering from psychosis, the present study aims to investigate this population and the role of religion and spirituality to cope with their disease.

Research question
Is attachment to spiritual figures a good explanation for coping strategies in patients with psychosis?

RESULTS

1. Attachment styles in patients with psychosis

Results revealed a high prevalence of insecure avoidant attachment in patients with psychosis. The distribution of different attachment styles in the control group is quite similar to that in the general population (adjusted chi-square: 2.11; p=0.35) while the difference is highly significant between the patient group and the general population (chi-square = 29.72; p=0.00000035).

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Patient AAI</th>
<th>Patient AII</th>
<th>General population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure</td>
<td>13</td>
<td>24%</td>
<td>17%</td>
</tr>
<tr>
<td>Avoidant</td>
<td>18</td>
<td>35%</td>
<td>31%</td>
</tr>
<tr>
<td>Preoccupied</td>
<td>5</td>
<td>10%</td>
<td>11%</td>
</tr>
</tbody>
</table>

2. Intersection of attachment to the spiritual figure and attachment to the primary attachment figure.

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Patient AAI</th>
<th>Patient AII</th>
<th>Controls AAI</th>
<th>Controls AII</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure</td>
<td>6</td>
<td>18</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Avoidant</td>
<td>10</td>
<td>18</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Preoccupied</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

DISCUSSION

Attachment to spiritual figures is a good explanation for the religious coping strategies in 64% of the patients and 72% of controls. Among the 32 participants for whom attachment to a spiritual figure is important, the compensation hypothesis is certainly verified for 7 (5 patients and 2 controls) of them: 4 preoccupied and 3 avoidant. These participants have replaced an insecure attachment with the primary caregivers figure by a secure attachment with a spiritual figure. Transposing on a spiritual figure the same model of attachment than the model built with the first caregivers (pattern secure/secure) can also be interpreted as adaptive if it was a secure one (n=13).

However, how to explain the patterns insecure/insecure (n=9), secure/insecure (n=3)? Furthermore there are religious people without religious attachment. Thus if adaptive, religion: proceeds also by other ways than attachment.

The fact that insecure/insecure correspondence is observed mainly in patients probably explains why studies on religious attachment, conducted exclusively with a non-clinical population, have missed this type of correspondence. These results invite to consider insecure attachment not as an inferior attachment, but simply as another style of attachment.

REFERENCES


AKNOWLEDGEMENT

This study was supported by grant CR131, 124772 from the Swiss National Science Foundation