Quality of Attachment in Psychosis and Spiritual Figures

Isabelle Rieben1 PhD, Philippe Huguelet2 MD, Francesco Lopes3 MSc, Sylvia Mohr2 PhD, Pierre-Yves Brandt4 PhD

1 : Centre Hospitalier Universitaire Vaudois (CHUV), Lausanne, 2 : Department of Psychiatry, University Hospitals of Geneva ; 3 : Faculty of Psychology and Educational Sciences, University of Geneva ; 4 : Faculty of Theology and Religious Studies, University of Lausanne

THEORETICAL FRAMEWORK

Attachment theory provides a framework necessary for conceptualizing the role of social cognition, interpersonal experience and regulation of affect in the development of both interpersonal functioning and psychological distress.

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 Québec). Although spiritual care is provided in the mental health care system in Geneva and Québec, there is no systematic assessment of religious or spiritual beliefs and practices in patients with psychosis.

Research question

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

OBJECTIVES

Using the "Adult Attachment Interview" to study attachment styles in patients with chronic psychosis. No study so far has assessed attachment in this population with such instruments.

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(r) = 0.35) while the difference is highly significant between the patient group and the general population (chi-square = 29.72 : p(r) = 0.000000003).

<table>
<thead>
<tr>
<th>Model</th>
<th>Patient</th>
<th>Controls</th>
<th>General population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure</td>
<td>6</td>
<td>13</td>
<td>55</td>
</tr>
<tr>
<td>Anxious</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Disorganized</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Preoccupied</td>
<td>4</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Avoidant</td>
<td>3</td>
<td>17</td>
<td>3</td>
</tr>
<tr>
<td>Insecure</td>
<td>11</td>
<td>11</td>
<td>13</td>
</tr>
</tbody>
</table>

* Distribution of attachment styles in a large non-clinical sample (Van Ijzendoorn & Bakermans-Kranenburg 1996).

2. Traumatic experiences in infancy

The present figure shows that symptoms such as anxiety: T(28) = 4.18, p<0.001, depression: T(28) = 3.00, p=0.01, suspiciousness: T(28) = 4.11, p<0.001, and unusual thought content: T(28) = 2.30, p < 0.05 were significantly lower in patients with a secure attachment model (snow-ball method), regions of Geneva and Lausanne, Switzerland (10 males and 7 females). Age (M = 41.28, SD = 12.01). All participants reported that their religious beliefs and practices are important for them.

DISCUSSION

Attachment to spiritual figures is a good explanation for the religious coping strategies in 64% of the patients and 78% 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 is explained 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


