

Quality of Attachment in Psychosis and Spiritual Figures

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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).

Geneva's four public psychiatric ambulatory facilities (Mohr et al., 2006), n=115
Trois-Rivières, Quebec, outpatients from the Assertive Community Treatment program (Borras et al., 2010), n=121.

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 attachment to 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 study attachment 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).

	Secure		Avoidant		Preoccupied	
Patient	6	21%	19	68%	3	11%
Controls	13	72%	3	17%	2	11%
General population*	339	58%	140	24%	105	18%

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

2. Traumatic experiences in infancy

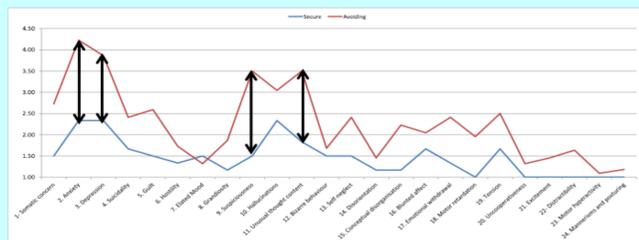


Figure: Difference of the mean of symptoms measured by the BPRS in patients with a secure attachment (n = 6) and the those with an insecure attachment (n = 22) out of 28 patients

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.

POPULATION

28 outpatients with chronic psychosis, The Psychiatric Consultation Service, des Eaux-Vives, Geneva, Switzerland (20 males and 8 females) ;
Age (M=41.61, SD = 10.05)

18 controls (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.

	Christians	Muslims	Jews	Buddhists	Without
Patients	19	4	2	1	2
Controls	13	1	-	-	4

MEASURES

- AAI : Adult Attachment Interview (George, Kaplan, & Main 1986 ; Main, Goldwyn & Hesse, 2003; French version by Blaise Pierrehumbert) ; coding by F. Lopes.
- SCID : Structured clinical interview for DSM-IV Axis I Disorders (First et al. 1997 ; patient and non-patient French versions) : diagnostic evaluation.
- BPRS : Brief psychiatric rating scale (Lukoff et al. 1986 ; French version) : symptomatic evaluation only with the patients subgroup.
- Semi-structured interview on religious beliefs, practices and spiritual figures (following the AAI structure, elaborated by I. Rieben).

RESULTS

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

Attachment to the spiritual figure	Patients (AAI)				Controls (AAI)			
	Secure	Avoidant	Preoccupied	Total	Secure	Avoidant	Preoccupied	Total
Secure	3	2	3	8 (29%)	10	1	1	12 (67%)
Avoidant	-	5	-	5 (18%)	-	-	-	-
Preoccupied	1	4	-	5 (18%)	2	-	-	2 (11%)
No spiritual figure	2	8	-	10 (35%)	1	2	1	4 (22%)
	6	19	3	18	13	3	2	18

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 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).

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.

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