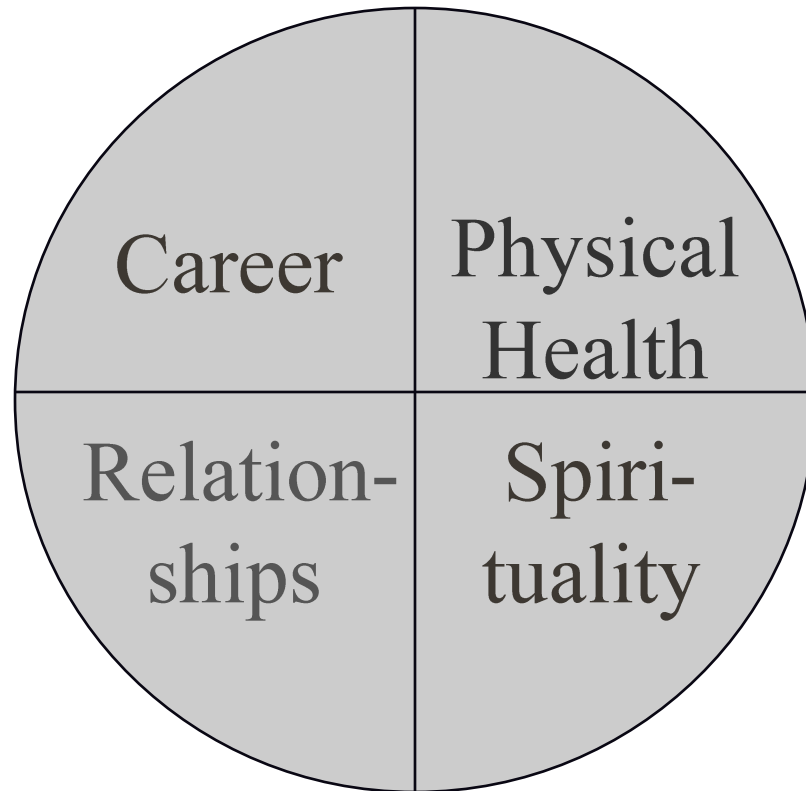


God's Image, Attachment's Figures and Psychosis

C.C. Dr. Ph. Huguelet, Isabelle
Rieben

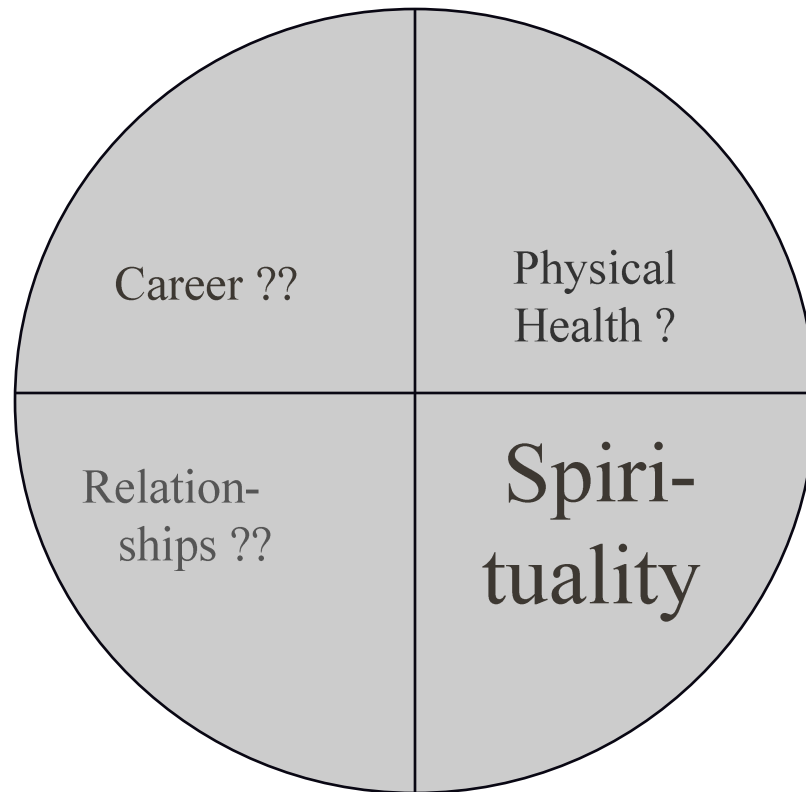
European Conference on Religion,
Spirituality and Health, May 19, 2012





Goal Domains in One's Life*

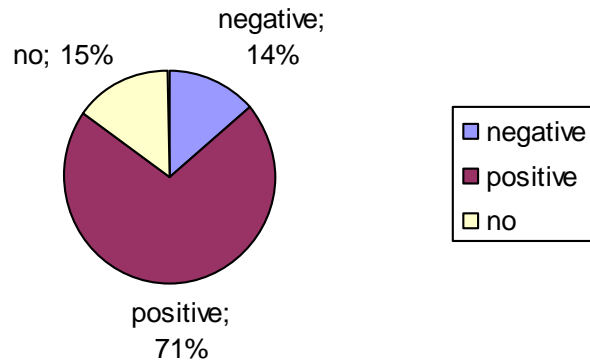
*R.A. Emmons, 2007



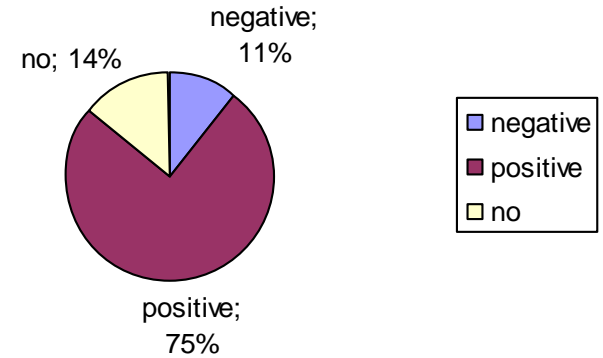
Goal Domains in the lives
of patients with psychosis

Religious coping in psychosis

Religious coping in Geneva



Religious coping in Trois-Rivières



Article

Toward an Integration of Spirituality and Religiousness Into the Psychosocial Dimension of Schizophrenia

Sylvia Mohr, M.A.

Pierre-Yves Brandt, Ph.D.

Laurence Borrás, M.D.

Christiane Gilliéron, Ph.D.

Philippe Huguelet, M.D.

Objective: Spirituality and religiousness have been shown to be highly prevalent among patients with schizophrenia. However, clinicians are rarely aware of the importance of religion and understand little of the value or difficulties it presents to treatment. This study aimed to assess the role of religion as a mediating variable in the process of coping with psychotic illness.

Method: Semistructured interviews about religious coping were conducted with a sample of 115 outpatients with psychotic illness.

Results: For some patients, religion instilled hope, purpose, and meaning in their lives (71%), whereas for others, it induced spiritual despair (14%). Patients also reported that religion lessened

(54%) or increased (10%) psychotic and general symptoms. Religion was also reported to increase social integration (28%) or social isolation (3%). It may reduce (33%) or increase (10%) the risk of suicide attempts, reduce (14%) or increase (3%) substance use, and foster adherence to (16%) or be in opposition to (15%) psychiatric treatment.

Conclusions: Our results highlight the clinical significance of religion in the care of patients with schizophrenia. Religion is neither a strictly personal matter nor a strictly cultural one. Spirituality should be integrated into the psychosocial dimension of care. Our results suggest that the complexity of the relationship between religion and illness requires a highly sensitive approach to each unique story.

(Am J Psychiatry 2006; 163:1952–1959)

A Randomized Trial of Spiritual Assessment of Outpatients With Schizophrenia: Patients' and Clinicians' Experience

Philippe Huguelet, M.D.
Sylvia Mohr, Ph.D.
Carine Betrisey, M.A.
Laurence Borrás, M.D.
Christiane Gillieron, Ph.D.

Adham Mancini Marie, M.D.
Isabelle Rieben, M.A.
Nader Perroud, M.D.
Pierre-Yves Brandt, Ph.D.

Objective: Recovery-oriented care for patients with schizophrenia involves consideration of cultural issues, such as religion and spirituality. However, there is evidence that psychiatrists rarely address such topics. This study examined acceptance of a spiritual assessment by patients and clinicians, suggestions for treatment that arose from the assessment, and patient outcomes—in terms of treatment compliance and satisfaction with care (as measured by treatment alliance). **Methods:** Outpatients with psychosis were randomly assigned to two groups: an intervention group that received traditional treatment and a religious and spiritual assessment (N=40) and a control group that received only traditional treatment (N=38). Eight psychiatrists were trained to administer the assessment to their established and stable patients. After each administration, the psychiatrist attended a supervision session with a psychiatrist and a psychologist of religion. Baseline and three-month data were collected. **Results:** The spiritual assessment was well accepted by patients. During supervision, psychiatrists reported potential clinical uses for the assessment information for 67% of patients. No between-group differences in medication adherence and satisfaction with care were found at three months, although patients in the intervention group had significantly better appointment attendance during the follow-up period. Their interest in discussing religion and spirituality with their psychiatrists remained high. The process was not as well accepted by psychiatrists. **Conclusions:** Spiritual assessment can raise important clinical issues in the treatment of patients with chronic schizophrenia. Cultural factors, such as religion and spirituality, should be considered early in clinical training, because many clinicians are not at ease addressing such topics with patients. (*Psychiatric Services* 62:79–86, 2011)

Addressing cultural issues associated with health care among patients with severe mental disorders is part of recovery-oriented care (1). This is in line with the concept of “psychiatry for the person,” which has been advanced in recent years by the World Psychiatric Association. The concept places the patient’s whole person at the center of clinical care and health promotion, at both individual and community levels (2).

Obviously, religion is part of the cultural dimension of humans. Religion, in its broadest sense, encompasses spirituality (concern with the transcendent and with the significance and meaning of life and similar issues) and religiousness (specific behavioral, social, and doctrinal practices and denominational characteristics). Spirituality and religiousness have been identified as pivotal in the psychological process of recovery from severe mental disorders such as schizophrenia, in that they may provide meaning and hope in suffering (3,4). Nevertheless, ways of addressing religion in clinical settings remain to be established, particularly among individuals with severe disorders, such as psychosis (5).

Some studies have shown the importance of religion to patients with psychosis. A study of 406 persons with persistent mental illness found that 80% used religious beliefs or practices to cope with daily difficulties or frustrations, particularly those

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Spiritual/religious coping... *

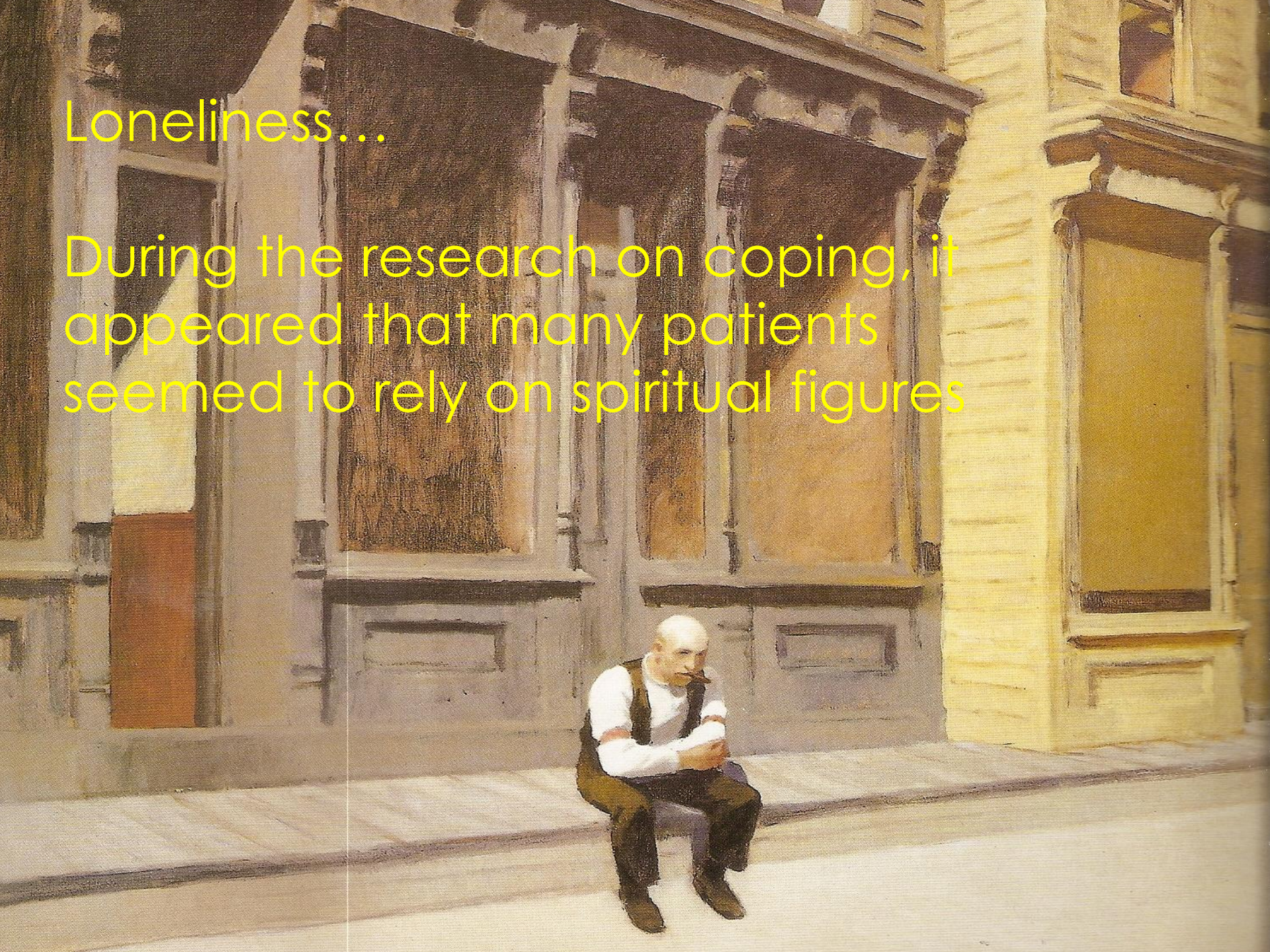
- ...serves several purposes :
- => spiritual (meaning, purpose, hope)
- => self development, resolve (self-efficacy)
- => **sharing** (closeness, connectedness to a community)
- => restrain (help in keeping emotion and behavior under control)

Loneliness...



Loneliness...

During the research on coping, it appeared that many patients seemed to rely on spiritual figures



Attachment (Bowlby)

- Innate « attachment behavioral system »
 - Motivates to seek proximity to significant others
- => Attachment can be secure or insecure
- => Insecure attachment can be « anxious » (preoccupied) or « avoidant »

Attachment

- Attachment style related to attachment figures (e.g. parents)
- Secure attachment =>
 - Secure sense of self
 - Emotion regulation
 - Social skills (including intimate relations)
- => Attachment insecurity can be viewed as a general vulnerability to mental disorders
 - Attachment insecurity related to various psychiatric disorders

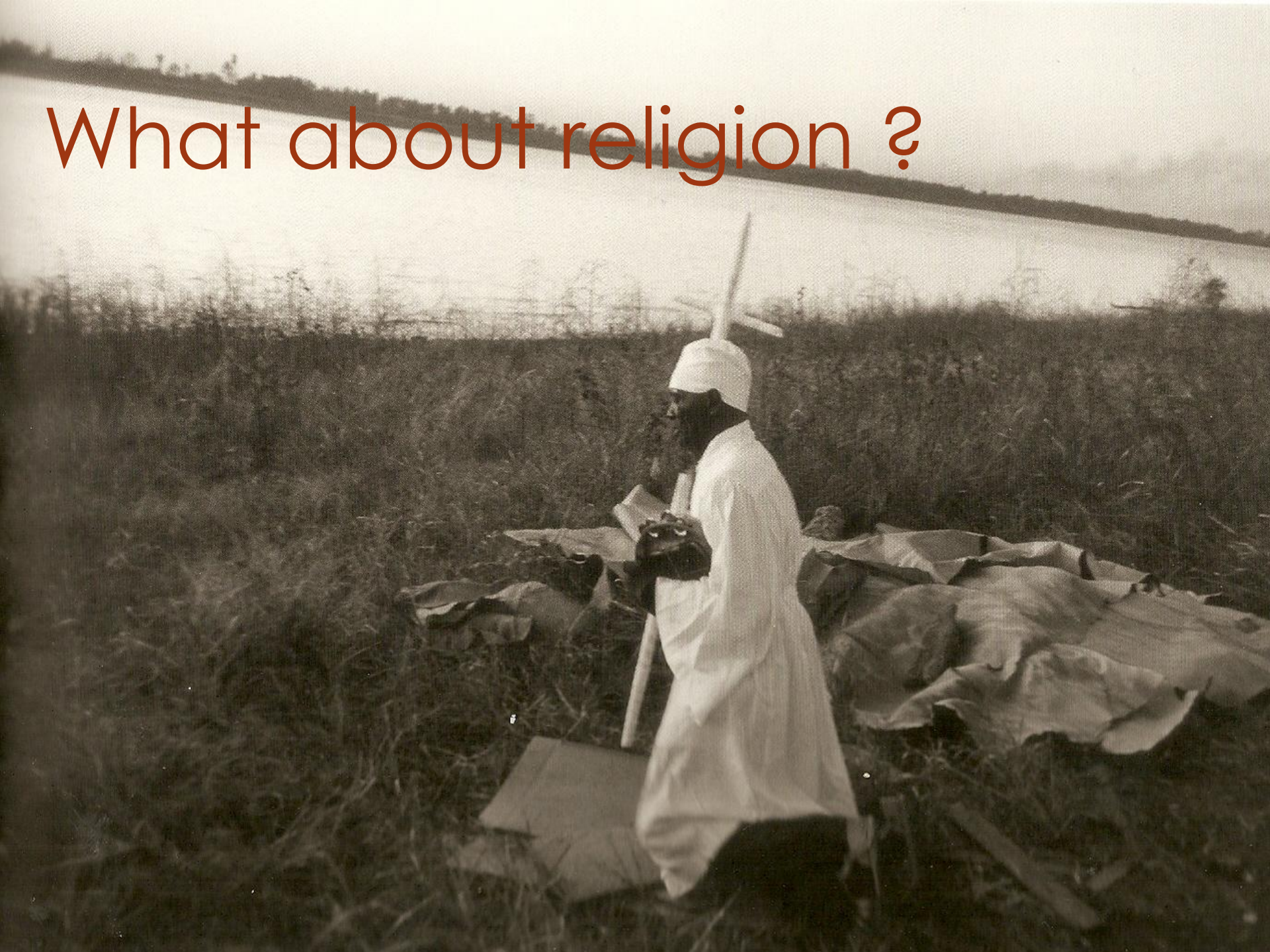
Attachment...

- Categorical vs. Dimensional concept
 - Secure vs. Unsecure
 - More or less Preoccupied
 - More or less Avoidant
- Different kind of attachment figures who may give...
- Comfort
- Protection
- ...

Literature

- 2 studies on attachment and psychosis
 - Dozier (12 subjects)
 - Gumley (34 first episodes psychosis)
 - 26.5% secure attachment

What about religion ?



Spirituality and attachment

A spiritual figure may be considered to function as an attachment figure when:

1. Attachment behaviors are activated for obtaining or maintaining proximity
2. Safe haven in times of distress
3. Secure base
4. Separation distress

(according to Bowlby's criteria)

Spirituality and attachment

- Two hypotheses (i.e. possibilities):
 - **Correspondence** : « secure religiosity » comes from secure attachment
 - **Compensation**: « secure religiosity » compensates a history of insecure attachment

- Methods

Population

-28 patients recruited randomly
whatever their religious/spiritual
believes or practices were

-18 controls recruited with religious
or spiritual believes or practices

Participants (patients)

- Out-patients meeting the ICD-10 (WHO, 1993) diagnostic criteria for schizophrenia or other chronic psychoses, (Geneva).
- Aged 18 to 65

Participants (controls)

- Participants without any psychiatric diagnosis
 - who consider to have some spiritual or religious believes or practices
- Each participant was a match with a patient according to gender, age and parents' level of education

Procedure

- **Semi-structured interview** for the evaluation of religious beliefs in the relation to a possible spiritual figure (50-60min)
- **AAI** (Adult Attachment Interview, 50-120min)
- **BPRS** (symptoms evaluation, 45min)
- **SCID** (diagnostic evaluation for patients, 3-5 hours)/ **SCID-NP** (questionnaire to exclude any psychiatric diagnosis in non-patients 50min)

Assessment of spirituality

Construction of a semi-structured interview to assess spiritual beliefs and practices related to a spiritual figure based on both:

1. Evaluation of spirituality in patients with schizophrenia (semi-structured interview, HUG)
2. AAI

«Semi-structured interview for the assessment of religious believes related to a spiritual figure»

- Parents religiosity during participants childhood
- Participants spirituality during childhood
- Changes in believes or practices during adolescence and adulthood
- Actual believes and practices
- Investigation of representations of spiritual figures and IWM related to them
- Examining coping strategies and their efficiency at a qualitative level and on a quantitative scale

Adult Attachment interview (AAI)

- About 20 questions
- Description of parental relations
- Separations, particular concerns, rejection, abuse...
- Coding
 - Secure vs. Insecure
 - Avoidant (dismissive) vs. Preoccupied
- Describes « Internal Working Models » (IWM)...

Internal working models (IWM)

- Access to attachment related memories
- Beliefs related to others' image
- Goals and needs related to others
- Strategies to achieve these goals

- Results

1. Prevalence of avoidant attachment in psychosis

Representativity of attachment model distribution between patients and controls

	Secure		Avoidant		Preoccupied		Chi square	P
	Number	%	Number	%	Number	%		
Patients	6	21%	19	68%	3	11%	29.72	0.00000035
Population	339	58%	140	24%	105	18%		

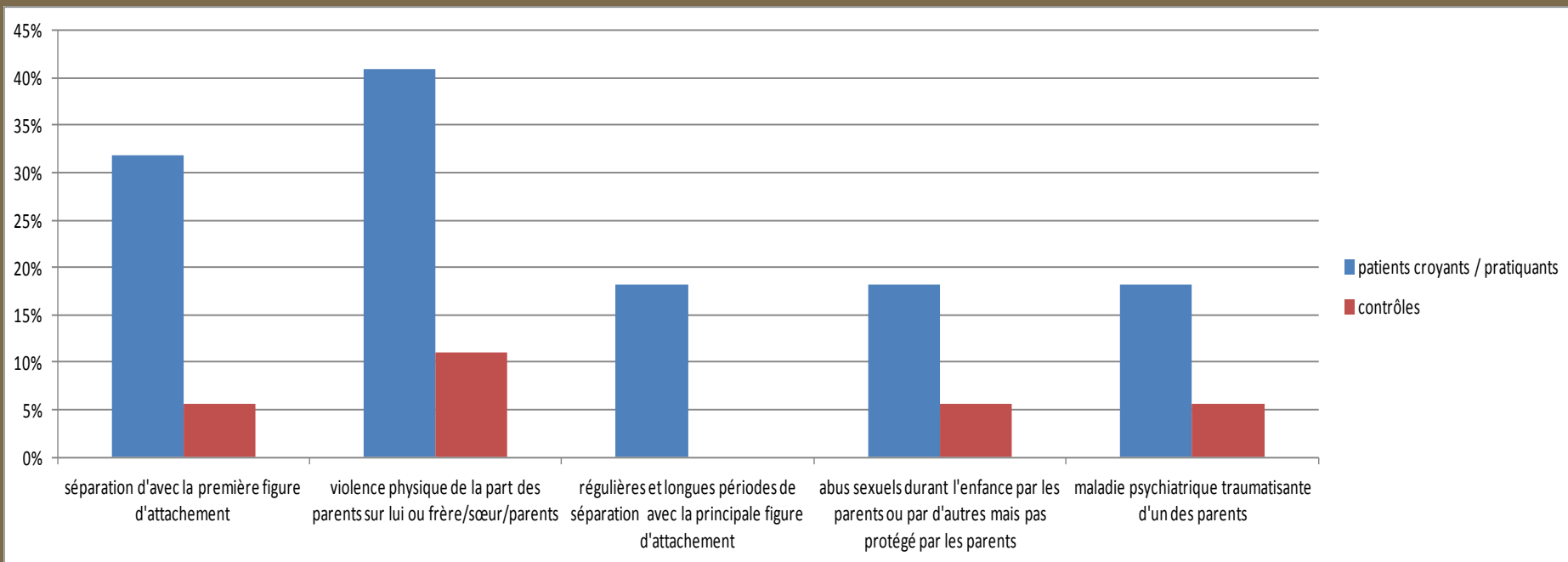
Population of patients representative of the general population at 5% if $p > 0.05$ (2 degrees of freedom)

* group of non-clinical population (Van IJzendoorn and Bakermans-Kranenburg's, 1996)

2. Traumatic experiences related to attachment figures during childhood

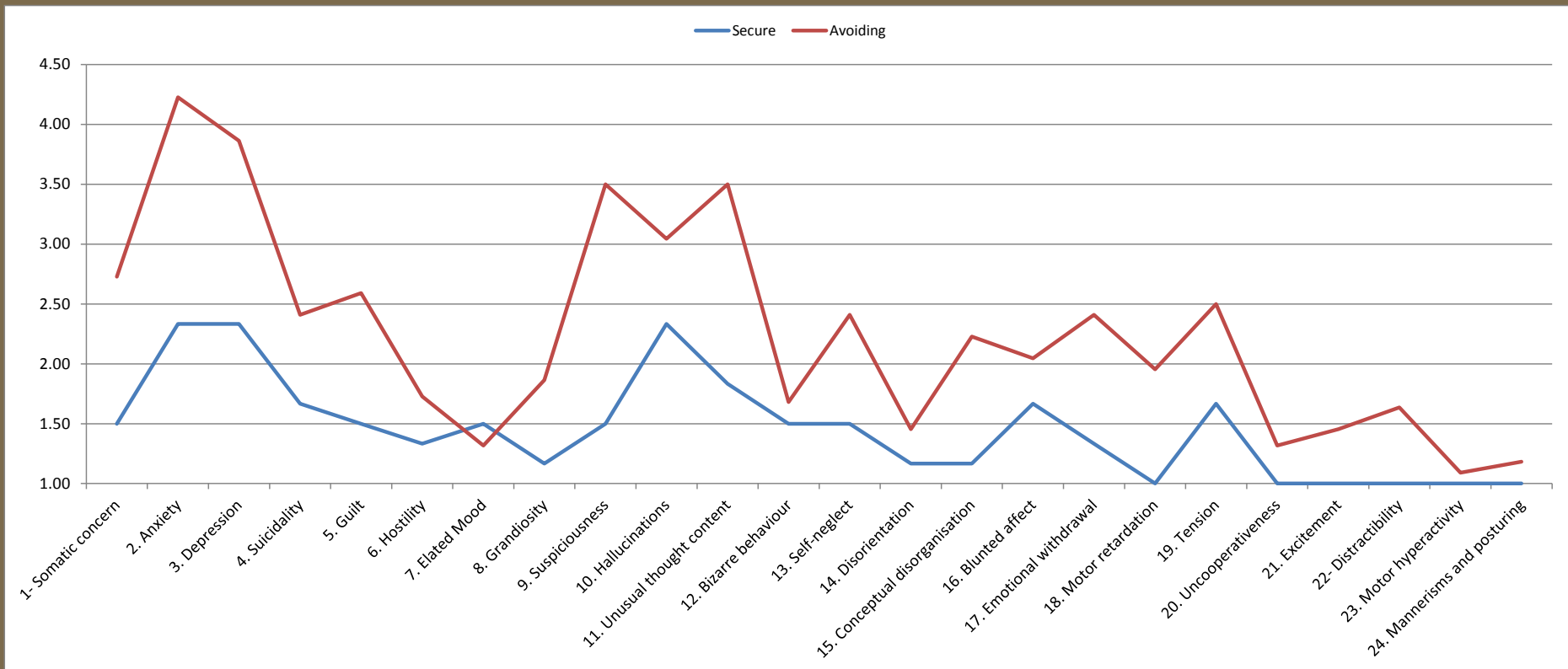
20/28 patients and 5/18 controls experienced traumatic childhood experiences related to their attachment figures:

Chi square corrected (1, N=46)=6.75, $p=0.0094 < 0.01$.



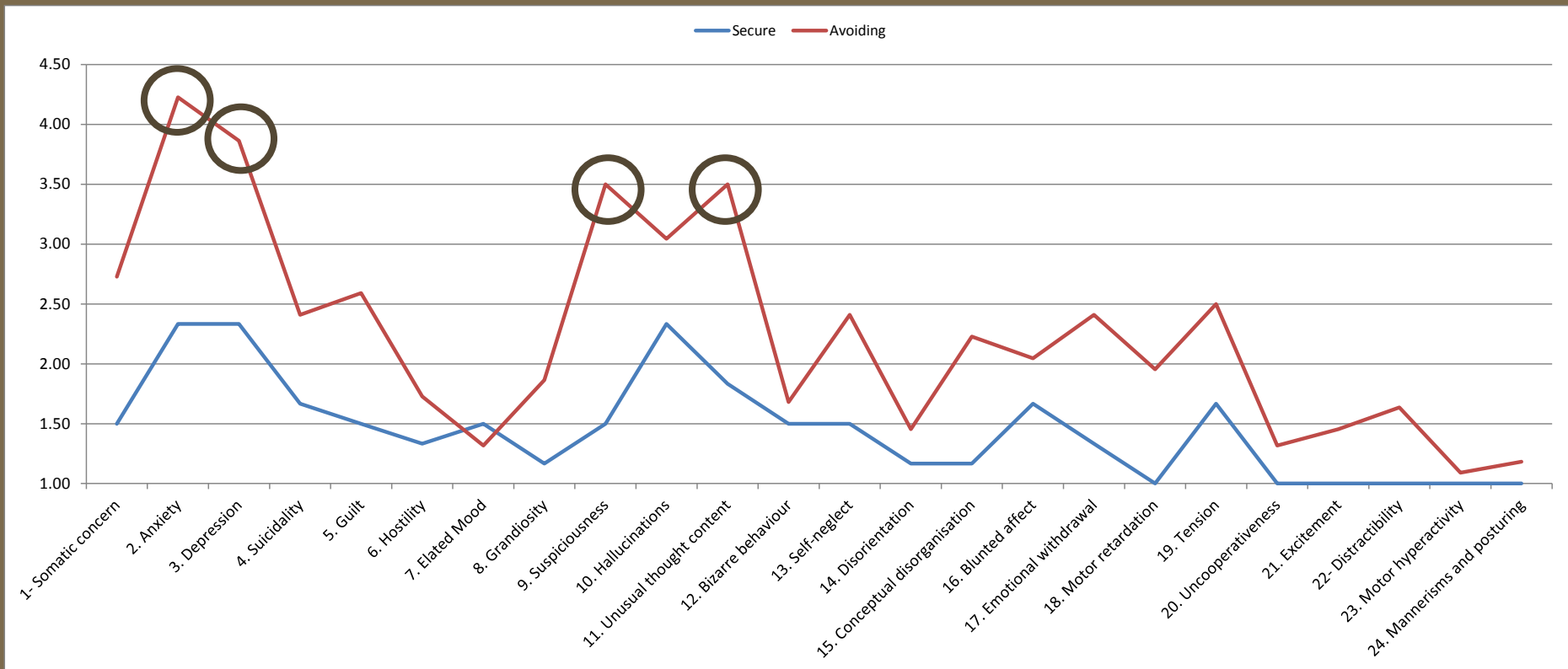
3. Symptoms and attachment models

The intensity of symptoms is significantly lower in patients with a secure attachment model in comparison with those with an insecure attachment model



3. Symptoms and attachment models

The intensity of symptoms is significantly lower in patients with a secure attachment model in vs. those with an insecure attachment model



ATTACHMENT AND RELIGIOUS ATTACHMENT IN PATIENTS WITH CHRONIC PSYCHOSIS

Attachment and religious attachment in patients with chronic psychosis

64% patients believe in a spiritual figure who functions like an attachment figure for them

Relation to the spiritual / religious figure within patients

	N	%
Secure	8	29
Avoidant	5	18
Preoccupied	5	18

Attachment and religious attachment in controls

78% of controls believe in a spiritual figure who functions like an attachment figure for them

Relation to the spiritual / religious figure within controls

	N	%
Secure	12	67
Avoidant	0	0
Preoccupied	2	11

Example of a **Secure** IWM towards the spiritual figure

1. Attachment behaviour: looking for proximity

Patient 11

«Sometimes when I'm walking in the street, When I'm in my bed, in fact anywhere, at any time, I can talk or whisper to God»

2. safe haven in times of distress

Patient 13

«When I feel a little sad, then I pray the Lord, sometimes I read the bible and I feel better after»

Example of a **Secure** IWM towards the spiritual figure

3. Secure base

Patient 14

«It gives you a feeling of security, it's like having always a protecting angel who watches your steps»

Patient 5

«It helps me to trust others»

4. Separation distress

Patient 5

«I could not live without him anymore, I don't know how other's can!»

EXAMPLE OF AN **INSECURE** IWM TOWARDS THE SPIRITUAL FIGURE

1. Attachment behaviours: looking for proximity or distance

Patient 22

«God is everywhere, but I don't want to be close to him, I just want him to help me out»

2. Safe haven in times of distress

Patient 15

«I'm scared he get's tired of me if I ask for help to often»

EXAMPLE OF AN **INSECURE** IWM TOWARDS THE SPIRITUAL FIGURE

3. Secure base

Patient 20

«In my everyday life I would say it gives me a mini protection, but nothing I can count on»

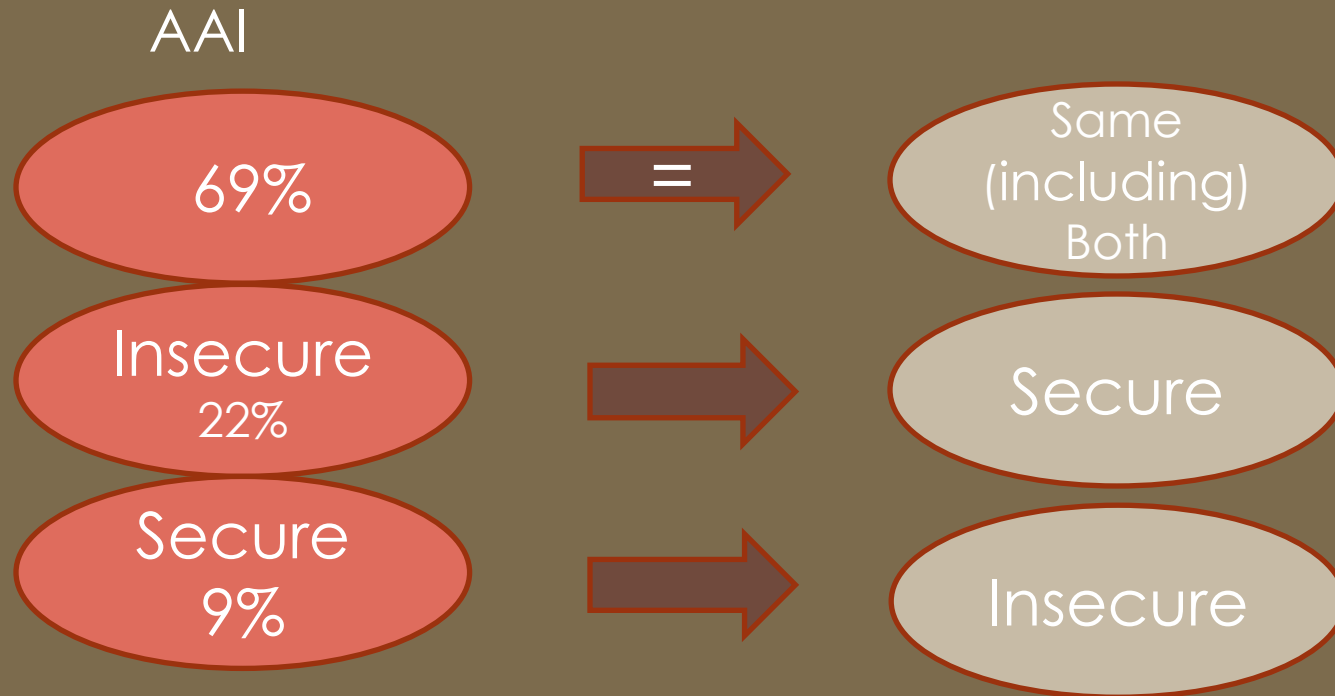
4. Separation distress

Patient 20

«Oh I wouldn't care if she wasn't there anymore, I could still run to my parent's»

AAI and IWM related to the spiritual figure (P+C)

Correspondance (69%), compensation (22%), loss of security (9%)



Transformation of IWM

Example of a compensation from an insecure to a secure IWM towards the spiritual figure

Patient 5

« Then I told him : Lord I hate you with all my heart, with all my soul, with all my spirit, with all my strength! At the following second I heard words that came like a lightning « Because to me, you can say all you feel : I'm love, I'm stable, I'm based on freedom ». « There started, our relationship, today I trust him for everything! »

Transformation of IWM

Example of a control who has a secure attachment in the AAI mostly related to her mother, but an insecure attachment to God

Control 5:

«Oh no God, he is not trustworthy, the only reason he could be useful is to be yelled at! I think it's a scandal how often he abandons me. It's just like my father always did and still does!»

Hierarchy of IWM

- Different relationships in a lifetime
= several IWM coexisting
- Most frequently the IWM related to the primary attachment figure is the one activated towards a spiritual figure
- Attachment to a spiritual figure is a dynamic process

Spiritual coping and attachment theory

There is a significant correlation between positive spiritual coping and having a **secure spiritual attachment figure** for the following dimensions:

- Dealing with anxiety
- Dealing with depression
- Self-esteem
- Being able to trust others
- Finding comfort

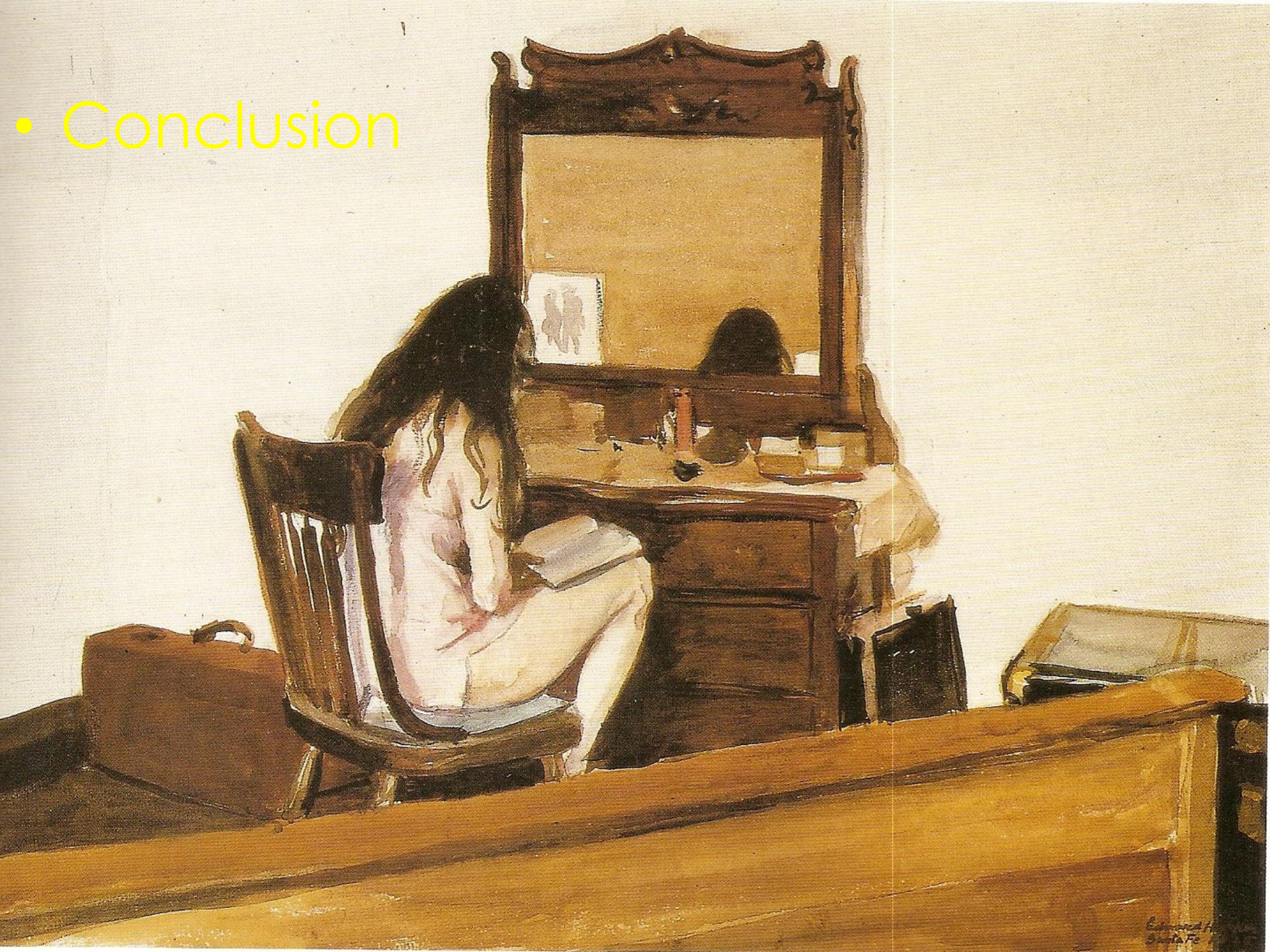
Insecure avoidant attachment as a predictor of early development of psychosis

Both in Gumley's research (2011) with first episode patients and our research :

Insecure avoidant attachment is linked to an early beginning of psychosis

=> Insecure attachment as a cause of increase of psychopathology ? ?

- Conclusion



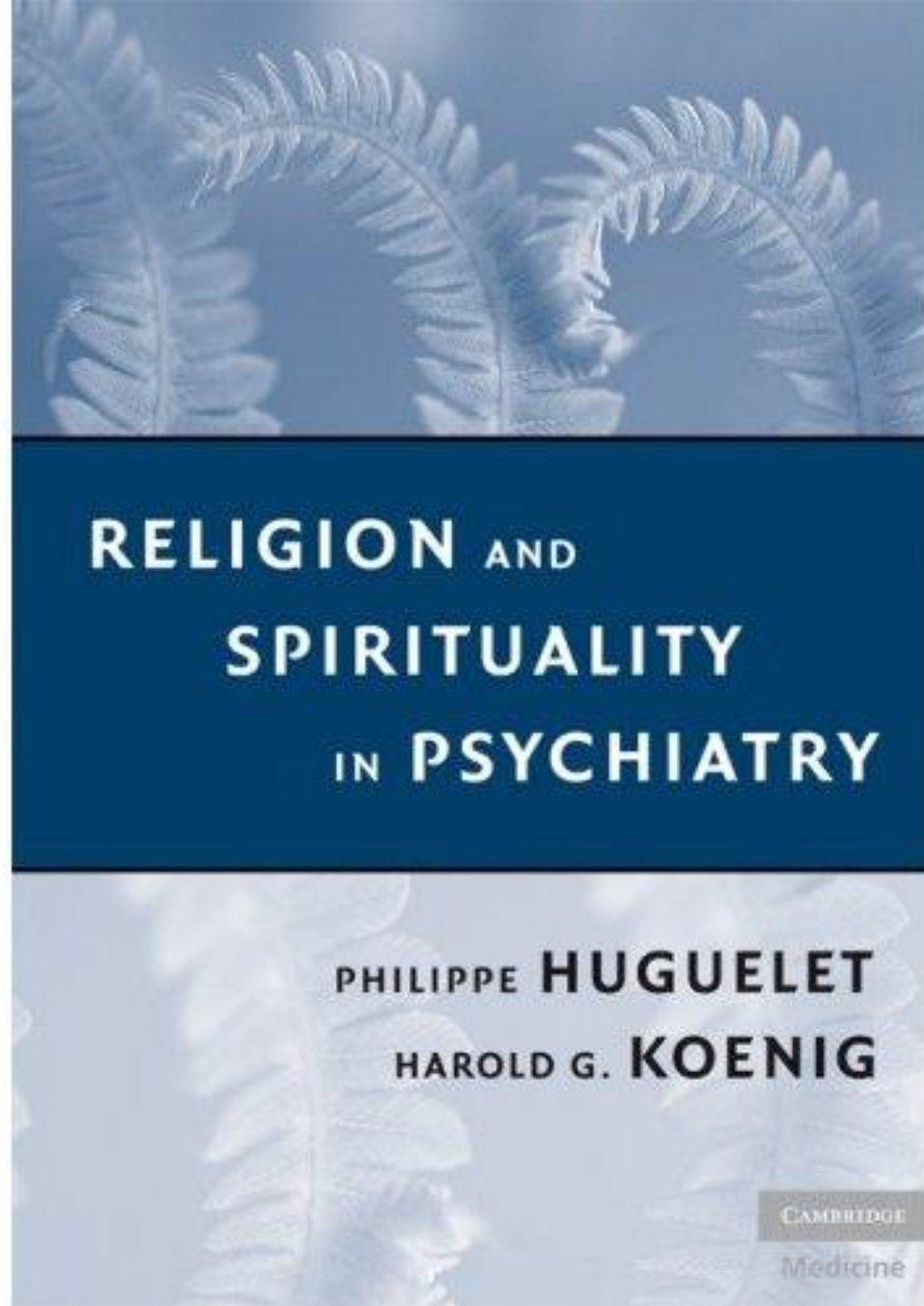
Edward H. Santa Fe

Attachment and religious figures in psychosis

- Many patients with psychoses are able to build a stable relation with a spiritual figure
- Having a stable relation with a spiritual figure is associated with overall positive religious coping
- There is a hierarchy of IWM which can be activated towards a spiritual figure
- => This appears to be a dynamic process, sometimes compensating early attachment pitfalls
- More globally attachment concept may help understanding the « non specific factor » of psychotherapeutic intervention

For further
information...

Huguelet & Koenig
Cambridge University
Press 2009



**RELIGION AND
SPIRITUALITY
IN PSYCHIATRY**

**PHILIPPE HUGUELET
HAROLD G. KOENIG**

CAMBRIDGE

Medicine

Thank you for your attention !

