A REVIEW TO THE ASSOCIATION BETWEEN SCHIZOPHRENIA AND ATTACHMENT

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Introduction

The theory of attachment as a spectrum in evolutionary psychology has shown its importance in interpersonal functioning and in the consolidation of personality traits, and also, this has aroused interest in research on how this factor influences psychopathology, since this will give more strength to the idea that early life has great weight for the consequences, dysfunctions and disorders in adulthood, as is the case of schizophrenia. Attachment is that affective bond that we establish with our most representative figures during childhood and that we become internal models of work and help to configure in us responses to separation, anguish and security (Crittenden, 2000). The classifications of attachment styles have been described by different authors from their main researchers such as Bowlby and Ainsworth (1979): secure, avoidant and ambivalent (Harder, 2014); and the disorganized as an opposite entity.

On the other hand, schizophrenia has had a rapid evolution over the years since the psychiatric phenomenology began the search for explanations around it because thanks to this has been delimited the symptomatology, the biological etiology and the plans for treatment. On the contrary, schizophrenia continues with multiple causes and theories that make it a clinical mystery, since it does not provide a universality regarding its origin and course. This psychopathology is characterized by the appearance of positive and negative symptoms. The positive ones refer positive or productive symptoms reflect the appearance of phenomena that were not present in the past, these can be hallucinations, delusions, formal disorders of thought (incoherence and illogicality), extravagant behaviors and catatonia; while the negative or deficit symptoms reflect the loss of a previously acquired capacity or characteristic, such as language problems, affective flattening, apathy, anhedonia and abulia.
With these categories, research has endowed a significant amount of ideas and new concepts that have allowed to approach the associations between schizophrenia as psychopathology and attachment as an early cause or risk factor and vulnerability to the acquisition of it.

**Schizophrenia**

Schizophrenia is a serious psychotic disorder, which is characterized by the appearance of positive and negative symptoms. These symptoms are diverse, including delusions and hallucinations (positive or symptoms of distortion of reality), disruptions of organization behavior and disorganization of the language and deficits in social and occupational functioning, as well as the cognitive (negative or symptoms of psychomotor poverty) (Rajkumar, 2014).

First, schizophrenia has a multicausal origin such as family interactions, trauma, development of each individual, and genetic factors which makes this disorder a complex phenomenon at the time of evaluation. In general, the psychosis is not hard to detect. Delusional ideas, hallucinations, and disorganized language or behavior tend to be obvious, since they represent a dramatic change from the normal behavior of the individual.

Likewise, the severity of symptoms and the long duration of the disease tend to cause a high degree of disability since that the schizophrenic patient has no touch with reality. This state of mind is manifested through symptomatic baggage, such as: Delusional ideas, which are false beliefs that can´t be explained through of the culture of the patient or their education (Morrison, 2014). These are based on correct inferences, which are firmly held despite others are disagree and the individual obtained evidence opposite to the beliefs; this emerges since the moment the patient through an idea begins to spin a history that comes from their deductions, logically flawed.
Then hallucinations are false sensory perceptions that take place in the absence of a sensory stimulus related (Morrison, 2014). The hallucinations are usually abnormal and affect any of the senses, however, are not always considered psychotic symptoms. The clinical professional considerate it as psychotic symptoms when this happen in the moment when an individual is on full alert. In this case, it means that the hallucinations that occur during a delirium not constitute as psychotic evidence in particular (Morrison, 2014). In addition, the patient who hallucinates believes the reality that lives and has an inability to exercise voluntary control.

Likewise, another important aspect is the disorganized language. In this case, the mental link is under power not logic, but by the rhyme, the puns and other non-obvious rules for the observer. So, it is considered to be a psychotic disorganization, the language should be so committed that interferes the communication. Moreover, as language is the way to access to the thought, the literature includes manifestations in the alterations of the formal course such as the poverty of content, laxity with loss of goals and sound associations and other inconsistencies that can be intelligible (Accatino, 2012).

As regard to abnormal or disorganized behavior, schizophrenia presents physical actions that seem to lack a target and are often uncomfortable.

This scheme constitutes the positive symptoms (delusions, hallucinations, disorganized thinking and catatonia). On the other side, the negative symptoms include poverty of language, blocks of thought, affective flattening, social withdrawal, apathy, anhedonia and loss of desire to do things. In this way, the positive symptoms reflect the emergence of phenomena that were not present before in the individual, while the negatives are showing a loss of previously acquired capacity (Vallejo, 2015).
Attachment

The attachment theory aims to explain the tendency of the human being to make strong affective bonds with others. According to Bowlby (1969, 1982) the dynamics within the attachment system have an established objective (psychological proximity) and maintaining the constant monitoring of signals with continuous behavioral adjustment. In addition, there is an innate propensity to organize itself; the bases for this organization are universal, genetically transmitted forms of processing information, so, this processing consists, separately, the brain yields “cognitive” information about casual relationships and “affective” information about somatic feelings associated to the contexts (Crittenden, 2005).

Attachment is defined as “an affective bond that a person forms with a "differentiated and preferred individual” or an attachment figure who will be close in distress situations (Danquah & Berry, 2014), also as "the dependent relationship that a child develops through his first caregivers"(Pearce, 2009). Likewise, attachment refers to repeated interactions, however, children develop a set of internal work structures that represent those interactions and contribute to endogenous system regulation (Rholes, 2015). These structures are a reflection of the subject's learning about the sensitivity and availability of caregivers over the course of repeated interactions.

About the structure of the internal work, the infantile experiences in the attachment relationships eventually lead to the regulation of affect, exploration and interpersonal functioning, in this way, attachment becomes a stable pattern over time. For this, the child seeks to establish this pattern based on an attachment figure, which can be one of the parents or a caregiver that is highly significant to the child, who is the principal repairer of the distress.

In accordance with Bowlby (1969, 1982), children are born with a repertoire of attachment behaviors designated by evolution to ensure proximity to the attachment
figures, who are the most likely to provide protection from physical and psychological threats, generate safety and healthy exploration of the environment, and help the child to learn to regulate emotions effectively (Obegi, 2009), therefore, it is someone who provides physical and emotional care, as well as having continuity and consistency in the child's life (Pearce, 2009). It is important to emphasize that the child chooses the attachment figure taking into consideration that:

- It should be seen as an objective for the search for proximity in times of distress or need, and that an unexpected separation from this person would cause distress, protest or efforts to meet again.

- It should be seen as a real safety refuge, provide comfort and protection.

- It should be as a secure base, allowing to pursue objectives in a safe environment and sustain exploration.

This attachment relationship between the child and his / her caregivers, according to attachment theorists, plays a key role in child development, the perception of the relationship with others, the concept of oneself and their life experiences (Pearce, 2009).

Classifications of attachment styles have been described by different authors from their main researchers such as Bowlby and Ainsworth (1979). Three patterns of organized attachment have been described: secure, avoidant and ambivalent (Harder, 2014); and the disorganized as an opposite entity. These patterns are understood as adaptations to the type of care provided, with the purpose of maintaining the protection of the caregiver (Harder, 2014).

Secure attachment is characterized by an adaptive affective regulation, an ability to be emotionally close to others, autonomy in interpersonal relationships and high levels of mentalization, that is, the ability to understand mental states (Harder, 2014). This pattern is the result of early interactions with caregivers who are
sensitive to the needs of the child for the exploration and solution of distress (Danquah & Berry, 2014). The secure pattern is associated with the emergence of a positive self-image, ability to manage stress and comfort in establishing healthy relationships with others.

Avoidant attachment refers to emotional deactivation and attention to mental states of self and others. This pattern involves wanting others at a distance, valuing achievements over close relationships (Harder, 2014). This means that early relationships were consistent rejection of caregivers in the face of distress.

On the other hand, ambivalent attachment develops in response to the inconsistent availability of the caregiver (Harder, 2014). In order to ensure the required attention of the attachment figures, the individual exaggerates the emotional expressions and maintains the attention in the attachment figures at the expense of the exploration and development of the autonomy. In this way, emotions tend to be regulated, and positive feelings are usually mixed with emotions such as anger and anxiety (Harder, 2014).

**Connections between schizophrenia and attachment**

Attachment theory postulates that early interpersonal experiences influence future interpersonal functioning, and that to some extent shapes the subject's cognition and emotional patterns (Crittenden, 2002; Berry, 2008). In this way, the theory states that if caregivers are sensitive to distress then the individual develops a secure attachment style. Contrary to this, if caregivers are less sensitive or do not respond to distress, the individual either increases levels of distress to satisfy their attachment needs (anxious-insecure or ambivalent) or disables their attachment system which is associated with low levels of affection and avoidance of close relationships (insecure-avoidant attachment) (Berry, 2008). In this way, the theory of attachment could allow an understanding of the components of social cognition and interpersonal difficulties, this could generate an association with the first psychotic outbreak and its evolution.
This information will be useful when constructing the psychotherapeutic strategy to apply with this psychopathology (Nieberg & cols, 2014).

On the other hand, there is also empirical evidence of associations between negative beliefs about themselves and others with psychotic symptoms, so that the entire cognitive system is organized by a superior system, attachment, which regulates emotions and builds an integrated or disintegrated identity of the self (Guidano, 1991). Therefore, it is possible that psychotic episodes lead to temporary growth in characteristics associated with both styles, anxious and avoidant, such as negative beliefs of self and others, as well as social isolation. In addition, avoidant adult attachment, which is associated with negative beliefs about oneself and others, as well as maladaptive methods of regulating distress, may increase vulnerability for symptoms or have an adverse effect on the course of psychosis. Once the symptoms are present.

Likewise, some research has found that individuals with schizophrenia have higher levels of insecure attachment, particularly avoidant attachment, compared to those with affective diagnoses (Berry, 2008; Harder, 2014; Nieberg & cols, 2014 ). Along the same lines, it can be deduced that anxious attachment is associated with overly demanding interpersonal style, while avoidant style would be associated with interpersonal hostility, and also that these interpersonal problems related to attachment could have an impact.

In relation to attachment and schizophrenia in particular, it is observed that the avoidant attachment style is positively related to paranoia and positive and negative symptoms. This means that the individual feels rejection of the experiences and relationships related to attachment, that is, social interactions and this at an early age (childhood) generates a rupture with the image and interpretation of others, of themselves and of the world what constructs schemas, images and perceptions that could lead to a psychotic spectrum due to the desintegration of experiences and the synchronicity between what happens outside the subject and its internal interpretation.
Likewise, individuals with an insecure attachment style have significant probabilities of attributing negative events and situations endogenously (to themselves), while subjects with a secure attachment style attribute adverse events primarily to situational factors. There is also a positive correlation between avoidant attachment and the severity of paranoid symptoms (Nielberg & cols, 2014). It is possible that patients with higher levels of difficulty in interpersonal relationships have more severe auditory hallucinations. This finding coincides with that observed in non-clinical populations when evaluating the association between anxious attachment and hallucinatory phenomena (Nielberg & cols, 2014). With this information, it is suggested that the insecure attachment pattern is a vulnerability factor for the appearance of a more serious disease, in terms of social isolation and interpersonal dysfunction, as the main deficit in social cognition and emotional intelligence.

Mentalization as a component of social cognition, refers to the ability to understand and realize mental states, including the thoughts, emotions and intentions of the person and third parties (Nielberg & cols, 2014), which could commonly be known as empathy. This ability is altered and diminished in patients who have negative interpersonal experiences, such as difficulties related to early attachment relationships. In coincidence, an association was found between insecure attachment and decreased mentalization ability (Nielberg & cols, 2014).

Finally, the patterns and styles of attachment in psychotic patients are related to the symptomatology and influence remission, well-being, mentalization, interpersonal functioning, social support and other factors. One of the most important mediating mechanisms in the relationship between attachment and psychosis is mentalization or empathy. This form of social cognition allows individuals to have a processing of information appropriate to social functioning. Achieving this function or ability will depend on traumatic or significantly negative early experiences through attachment.
The above allows to appreciate the importance of evaluating attachment relationships during the early stages of life.

**Bibliographic references**


