WITHOUT YOU THERE IS NO ME

An interpersonal framing of psychosis

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Avhandling för avläggande av filosofie doktorsexamen i psykologi, som med vederbörligt tillstånd av samhällsvetenskapliga fakulteten vid Göteborgs Universitet kommer att offentligen förvaras fredagen den 21 februari, 2014, kl 10.00, sal F1, Psykologiska Institutionen, Haraldsgatan 1, Göteborg

Fakultetsopponent: Professor Andrew Gumley, Department of Psychology, University of Glasgow, Glasgow, United Kingdom

The thesis is based on a summary of the following papers:


II. Strand, J., Olin, E., & Tidefors, I. (2013). ‘I divide life into different dimensions, one mental and one physical, to be able to handle life, you know?’ Subjective accounts of the content of psychotic symptoms. Clinical Psychology & Psychotherapy. Advance online publication. doi: 10.1002/cpp.1872

III. Strand, J., Goulding, A., & Tidefors, I. Attachment styles and symptoms in individuals with psychosis. (Under revision in Nordic Journal of Psychiatry)

IV. Strand, J., Olin, E., & Tidefors, I. Mental health professionals’ views of the parents of patients with psychotic disorders: A participant observation study. (Under revision in Health and Social Care in the Community)
Abstract

Strand, J. (2014). *Without You There is No Me: An Interpersonal Framing of Psychosis*. Department of Psychology, University of Gothenburg, Sweden.

The general aim of this thesis was to explore experiences of interpersonal relationships of individuals with psychotic disorders and to explore patients’ understanding of their symptoms. The four studies covered different aspects and perspectives relevant to understanding the interpersonal context and its possible associations with psychosis. The aim of Study I was to explore how individuals with psychosis experience their early relationships with caregivers and how they describe themselves as children. The study was based on interviews with 7 men and 5 women (aged 29 to 63 years). Caregivers were portrayed as sexually, physically, and/or emotionally abusive, often in combination with a non-abusive caregiver described as resigned and passive. The childhood strategies such as daydreaming and ‘trying to become invisible’ that emerged resemble recognized childhood signs of psychotic disorders. In Study II, the aim was to explore how individuals with psychosis make sense of the content of their psychotic symptoms. The study was based on the same interviews used in Study I. A consistent theme in the participants’ understanding of the content of their psychotic symptoms was either an absence of interpersonal relationships or relationships described as abusive or intrusive. The aims of Study III were to compare the distribution of attachment styles in patients with psychosis with that in the general population and to investigate the relations between attachment and symptoms in the psychosis group. The study group consisted of 47 individuals (30 males and 17 females) with a mean age of 43.02 years. As expected, the secure attachment style was underrepresented in the study group compared with the general population group, and dismissing and fearful attachment styles were overrepresented in the clinical sample. The results also showed significant positive correlations between preoccupied attachment and severity of symptoms. In Study IV, the aim was to explore mental health professionals’ perceptions of parents of patients with psychosis. Participant observations were conducted during team meetings at a psychiatric care unit specializing in patients with psychosis. In the analysis, a complex and multifaceted image emerged of parents as seen by mental health professionals. Some parents were described as a helpful resource, but others were thought to hinder treatment, or to cause the patient emotional pain. Other parents were described as neglectful or abusive. In sum, this thesis shows that knowledge of interpersonal relationships could be valuable for understanding the early signs and adult symptoms of psychosis. These findings may be important to consider both in individual treatment and in treatment focusing on family interventions.

*Key Words: Attachment, Caregiving, Childhood, Mental health professionals, Parents, Psychosis, Relations, Symptoms*