PSYCHOGERIATRICS
The Official Journal of the Japanese Psychogeriatric Society
doi:10.1111/psyg.12719 PSYCHOGERIATRICS 2021; 21: 848–849

LETTER TO THE EDITOR

# One size does not fit all: individual differences in attachment style and fear of COVID-19 in hospitalized elderly patients

Dear Editor,

The coronavirus pandemic has increased hospitalizations in Italy. Hospitals with COVID-19 units admit patients affected by the virus along with patients with pathologies unrelated to COVID-19. Government safety guidelines limit informal caregivers' direct contact with hospitalized patients,[1] who can contact those caregivers using digital devices (e.g., tablets, mobile phones). However, older patients are likely unused to social interactions through such technologies.

Patients without COVID-19 face fear of COVID-19 infection and distress of separation from loved ones.[2] Several studies indicate that reactivity to social separation and seeking of social contacts are linked to individual differences in attachment style, which affects health-related outcomes.[3,4]

From March through July 2020, we asked hospitalized patients without COVID-19 ($N = 98$; mean age: $79.63 \pm 10$ years; 70 women; clinical conditions: fractures 31%, heart disease 9%, pneumonia 7%) to complete the following: (i) the Attachment Style Questionnaire, measuring five dimensions of attachment style (confidence/secure attachment, discomfort with closeness, need for approval, preoccupation with relationships, and relationships as secondary);[4] (ii) a set of questions about COVID-19, measuring separation distress (3 items) and fear of contracting COVID-19 infection (2 items) on a 5-point Likert scale, as well as questions about frequency of contacts with informal caregivers during hospitalization; and (iii) the Stanford Expectations of Treatment Scale[5] (IRB: 264-2020-OSS-AUSLBO; 265-2020-OSS-AUSLBO).

Using multiple regression analyses, we considered separation distress levels, treatment expectations, and frequency of contacts with caregivers as dependent variables. Independent variables were Fear of COVID-19 and Attachment Styles, controlling for age and gender.

Both the need for approval ($\beta = 0.27$, $P < 0.05$) and fear of COVID-19 infection ($\beta = 0.32$, $P < 0.05$) were positively associated with patients' social separation distress ($F(8,89) = 6.92$; $P < 0.01$; ${}_{adj}R^2 = 0.33$).

Confidence ($\beta = 0.51$, $P < 0.05$) and, inversely, age ($\beta = -0.26$, $P < 0.05$) were associated with remote contacts with caregivers ($F(8,89) = 4.31$; $P < 0.01$; ${}_{adj}R^2 = 0.22$).

Confidence ($\beta = 0.41$; $P < 0.05$), and, inversely, fear of COVID-19 infection ($\beta = -0.22$; $P < 0.05$) were associated with positive expectations about one's treatment ($F(8,89) = 3.09$; $P < 0.01$; ${}_{adj}R^2 = 0.15$).

Along with the fear of COVID-19 infection, individual differences in attachment style were related to separation distress, remote communication, and attitude toward the treatment in elderly patients without COVID-19. The higher patients scored on need for approval and fear of infection, the more they reported separation distress, highlighting the dependence of anxiously attached patients on direct contact with their loved ones. Notably, older patients had fewer remote contacts with caregivers. In contrast, the higher patients scored on confidence (secure attachment), the more they reported technology-mediated remote communication and a positive attitude toward their treatment, suggesting that secure attachment is associated with a positive attitude towards social and environmental resources during hospitalization.

We therefore advocate considering attachment style differences in those facing hospitalization during pandemics. Hospital guidelines should include the psychological assessment and treatment of all patients, with and without the target infection, to enhance everyone's psychological adaptation to hospitalization during pandemics.

Gloria Leonardi,[1,2] Valentina Colonnello,[1] Marina Farinelli,[1,3] Erik Bertoletti[2] and Paolo Maria Russo[1]

*[1]Department of Experimental, Diagnostic and Specialty Medicine, University of Bologna and [2]Santa Viola Hospital and [3]Clinical Psychology Service, Villa Bellombra Rehabilitation Hospital, Colibrì Consortium, Bologna, Italy*

Disclosure: The authors report no sources of funding and no conflicts of interest.

## REFERENCES


1 Italian Ministry of Health. Ministerial Decree (DCPM 1 March 2020). Official Gazette-General Series, n. 52, 1 March 2020, 20A01381. 2020. https://www.gazzettaufficiale.it/eli/id/2020/03/01/20A01381/sg

2 Colonnello V, Leonardi G, Farinelli M, Bertoletti E, Russo PM. Psychological distress in hospitalized patients without COVID-19 symptoms: the role of fear of infection and remote contact with informal caregivers. *Psychol Med* 2020; **1**: 1–2. https://doi.org/10.1017/S0033291720005012.

3 Farinelli M, Panksepp J, Gestieri L *et al*. Do brain lesions in stroke affect basic emotions and attachment? *J Clin Exp Neuropsychol* 2015; **37**: 595–613. https://doi.org/10.1080/13803395.2014.991279.

4 Fossati A, Feeney JA, Donati D *et al*. On the dimensionality of the Attachment Style Questionnaire in Italian clinical and non-clinical participants. *J Soc Pers Relat* 2003; **20**: 55–79. https://doi.org/10.1177/02654075030201003.

5 Younger J, Gandhi V, Hubbard E, Mackey S. Development of the Stanford Expectations of Treatment Scale (SETS): a tool for measuring patient outcome expectancy in clinical trials. *Clin Trials* 2012; **9**: 767–776. https://doi.org/10.1177/1740774512465064.


 