Attachment in psychosis: A latent profile analysis of attachment styles and association with symptoms in a large psychosis cohort

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Abstract
Attachment has been identified as one of various possible mechanisms involved in understanding models of psychosis, but measures that reliably and validly assess attachment styles in psychosis are limited. The aim of this study was to identify attachment patterns in psychosis and examine demographic and clinical correlates across attachment groups. Latent profile analysis on attachment data from 588 participants who met criteria for non-affective psychosis was used to classify people into attachment classes. Four latent classes of attachment were identified: secure, insecure-anxious, insecure-avoidant and disorganised. Secure attachment was the most common attachment style, suggesting that a significant number of clients with psychosis are inherently resilient. Disorganised attachment was associated with a higher proportion of sexual and physical abuse and more severe positive symptoms compared to other attachment classes. This is not only the largest study to examine attachment styles, their demographic and clinical profile, and the clinical profile of disorganised attachment more specifically, in psychosis, but also the first study to use a validated self-report measure of attachment in psychosis to identify four classes of attachment style. Findings advance developmental models of attachment and psychosis; participants with disorganised attachment report more frequent trauma history and more severe psychotic symptoms.

1. Introduction

The attachment system involves a complex interaction between genetic, biological, developmental and environmental factors. Twin studies in infants/toddlers have found evidence of strong environmental influences on attachment, but some research on adolescent attachment patterns show a substantial genetic influence, with attachment styles influenced by heritable traits such that attachment security emerges through the two-way interplay between the child’s genes and the caregiving environment.

(Fearon et al., 2014). Furthermore, longitudinal evidence supports the idea of genetic contributions to continuity and change in attachment security from infancy to young adulthood, suggesting that attachment styles are not necessarily stable across the lifespan, even in healthy individuals (Raby et al., 2013).

Despite this complex interplay, it is now well established that adverse developmental experiences are associated with increased vulnerability to developing psychosis (Varese et al., 2012). Attachment theory (Bowlby, 1969) has been used to understand individuals’ approaches to seeking help during periods of distress and their adaptation to childhood adversities (Read et al., 2005). Three organised patterns of adult attachment have been described: secure, insecure-anxious and insecure-avoidant (Hesse, 2008) and have been widely conceptualised in accordance with a two-dimensional model of attachment anxiety and attachment avoidance, with high levels on either dimension representing an insecure attachment pattern/style. Attachment anxiety involves expectations of separation and rejection and is characterised by a negative self-perception, dependence on others and exaggerated affect or helplessness to maintain contact or proximity with another (Purnell, 2010). Attachment avoidance is associated with emotional deactivation, autonomy, avoidance of close relationships and negative perceptions of others (Bartholomew and Horowitz, 1991). Individuals who report low levels on both dimensions represent a secure attachment pattern/style, which is associated with a positive self-image, an ability to form emotionally close relationships and regulate emotional distress, and autonomy. Insecure attachment is associated with worse outcomes in terms of symptom severity and course of illness (Gumley et al., 2014; Korver-Nieberg et al., 2013).
poorer engagement with services, more interpersonal problems, more severe trauma, greater positive and negative psychotic symptoms and greater affective symptoms (Gumley et al., 2014). Research has found an over-representation of insecure-avoidant attachment in clients with psychosis (Berry et al., 2007; Gumley et al., 2014). Whilst insecure anxious and avoidant attachment patterns represent coherent attempts to adapt to an adverse caregiving environment, some individuals demonstrate a fearful attachment pattern, which is associated with high levels of both anxiety and avoidance (Bartholomew and Horowitz, 1991) and disorganisation of the attachment system (Main and Hesse, 1990). Disorganised attachment is thought to develop in the context of insensitive parental behaviour such that the individual lacks coherence in regulating affect and getting his/her attachment needs met (Hesse and Main, 2006); the caregiver, who is a potential source of comfort, is in fact a source of threat. Not only is disorganised attachment a potential risk factor in the development of psychosis (Harder, 2014; Liotti and Gumley, 2009; Longden et al., 2012), it is also associated with childhood adversity and dissociative symptoms (Liotti and Gumley, 2009; Longden et al., 2012), increased risk of trauma history and increased psychopathology (Harder, 2014). Researchers using self-reported attachment have made conceptual links between disorganised attachment and high scores on the two attachment dimensions; however, specific correlates of disorganised attachment in psychosis are yet to be determined (Harder, 2014).

In this study, we combined observations on the Psychois Attachment Measure (PAM; Berry et al., 2006), the most widely used measure of attachment in psychosis, from seven samples with established psychosis, collected in the UK between 2004 and 2012. Our aims are twofold: (i) to explore patterns of response across attachment (PAM) items using latent profile analysis to confirm four proposed attachment patterns; and (ii) to examine associations between these latent classes and their clinical and demographic correlates. We hypothesise that the PAM can be used to categorise clients with psychosis into four different attachment groups (secure, insecure-avoidant, insecure-anxious, disorganised). We further hypothesise that disorganised attachment will be associated with more frequent reports of trauma history and more positive psychotic symptoms.

2. Method

2.1. Subjects and study setting

The sample consisted of 588 people who met Diagnostic and Statistical Manual (Fourth Edition; DSM-IV) diagnosis of schizophrenia-related disorder who participated in psychosis-related studies across the UK. The research team obtained these diagnoses from the referring clinician and the client’s clinical records. Seven sets of archived data sets were used to create a large cohort of participants who met the eligibility criteria of the current study (Arbuckle et al., 2012; Barrowclough et al., 2010; Berry et al., 2008, 2014; Blackburn et al., 2010; Picken et al., 2010; Pilton et al., 2015). Written informed consent for participation in each study and for related studies was obtained from all participants and the relevant local research ethics committee approved each study. Clinicians from inpatient and community mental health services in the North West of England identified and invited eligible clients to take part in each relevant study. The researchers then reviewed the participants’ medical notes for demographic and background information. Inclusion criteria for this analysis were: 1) meets criteria for any non-affective psychotic disorder as confirmed by treating psychiatrist and case note review; 2) aged 16 years/above; 3) in contact with mental health services; 4) no significant history of organic factors implicated in the aetiology of psychotic symptoms (confirmed by treating psychiatrist and case note review); 5) completed the PAM; and 6) English speaking.

2.2. Measures

2.2.1. Attachment

The PAM (Berry et al., 2008) is a 16-item self-report questionnaire assessing two dimensions of anxious and avoidant attachment. Participants’ rate on a four-point Likert scale the extent to which each statement describes how they currently relate to key people in their life (‘not at all’ to ‘very much’). Total scores are calculated for each dimension by averaging item scores, with higher scores reflecting greater anxiety and avoidance. Acceptable levels of internal consistency have been demonstrated across studies, with Cronbach’s alpha coefficients ranging from 0.70 to 0.86 for the anxiety dimension, and from 0.60 to 0.91 for the avoidance dimension (Gumley et al., 2014).

2.2.2. Psychotic symptoms

The PSYRATS (Haddock, 1999) is a semi-structured interview designed to assess the subjective characteristics of hallucinations and delusions and comprises two scales: auditory hallucinations (11 items) and delusions (6 items). In keeping with how the PSYRATS is designed to be used, this measure was only administered to those participants who exhibited delusions and hallucinations. The scales have been used widely and have good psychometric properties with individuals with established psychosis (Drake, 2007). The PSYRATS was administered by interviewers trained and supervised by expert clinical academics in the administration and scoring of the measure.

2.2.3. Trauma

Trauma was assessed either using the Trauma History Questionnaire (THQ; Green, 1995), which is a semi-structured interview used to assess history of exposure to several types of trauma, or the Childhood Trauma Questionnaire (CTQ; D.P. et al. 1994), which is a self-report measure that evaluates childhood emotional, physical and sexual abuse and childhood physical and emotional neglect. Scores were collapsed to form a binary Yes/No variable indicating whether or not clients reported a traumatic event (Kilcommons and Morrison, 2005). Traumatic events were grouped according to whether subjects reported either physical or sexual abuse. We examined only physical and sexual abuse in the current study as interpersonal traumas, in particular physical and sexual abuse, have been specifically linked to psychotic symptoms (Varese et al., 2012) and have been shown to increase vulnerability to the development of psychotic symptoms via disruptions in the attachment system (Longden et al., 2012). Four studies collected trauma data (Barrowclough et al., 2010; Berry et al., 2008; Blackburn et al., 2010; Pilton et al., 2015). The THQ was administered by interviewers trained and supervised by expert clinical academics in the administration and scoring of the measure.

2.2.4. Demographic characteristics

Participants’ age, number of psychiatric hospital admissions, gender, ethnicity and diagnosis were assessed using a demographic inventory administered with the interview.

2.3. Statistical analysis

The sample is described using summary statistics. Latent profile analysis was used to determine the number and nature of attachment classes in psychosis based on responses to the 16-item PAM measure, treating the PAM scale (0–3) as continuous. Latent profile analysis (Vermunt and Parkinson, 2002) is an individual-centred form of finite mixture model of the number of discrete latent classes of individuals identified on a set of continuous indicators (i.e. the PAM items). The statistical method is concerned with the structure of cases (not items) and is used to identify homogeneous groups (classes) from categorical multivariate data (Muthén and Muthén, 2000). Following maximum likelihood estimation, the fit of five different models (two-class to model through to six-class model) was assessed. We specifically aimed...
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