



Associations between attachment and psychopathology dimensions in a large sample of patients with psychosis



Nikie Korver-Nieberg^a, Katherine Berry^b, Carin Meijer^a, Lieuwe de Haan^a, Alexander M. Ponizovsky^{c,*}

^a Department Early Psychosis, Academic Psychiatric Center, Amsterdam, The Netherlands

^b School of Psychological Sciences, University of Manchester, Manchester, United Kingdom

^c Research Unit, Mental Health Services, Ministry of Health, 39 Yirmiyahu St. P.O. Box 1176, Jerusalem 9446724, Israel

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ABSTRACT

Attachment theory is a powerful theoretical framework that complements and extends current models of psychosis. We tested the hypothesis that attachment anxiety and avoidance are differentially associated with the severity of positive, negative and general psychopathology symptoms in patients with a diagnosis of psychosis. Five hundred patients with DSM-IV or ICD-10 diagnoses of psychotic disorders (schizophrenia, schizoaffective or non-affective psychosis) from independent samples from Netherlands, United Kingdom and Israel completed the Relationship Questionnaire. Psychopathology was assessed with the Positive and Negative Syndromes Scale. We used both categorical and dimensional approach to attachment data, which were analyzed using ANOVA with post-hoc tests, Pearson's correlations and multiple regression analysis. The conservative level of statistical significance was established ($p < 0.001$) to control for multiple testing. After adjustment for possible confounders, attachment anxiety predicted severity of positive symptoms as well as affective symptoms. Both attachment anxiety and avoidance were associated with severity of hallucinations and persecution. Contrary to predictions, attachment avoidance was not associated with overall scores for negative symptoms, although there was some evidence of relatively weaker association between avoidance and social and emotional withdrawal.

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1. Introduction

The role of trauma in the development of psychosis is well-established and there is now growing interest in elucidating the mechanisms through which trauma exerts its influence (Read and Bentall, 2012). It has been argued that attachment theory is a powerful theoretical framework that both complements and usefully extends current models of the development and persistence of psychosis (Korver-Nieberg et al., 2014; Gumley et al., 2014a, 2014b). Insecure attachment styles may develop as a result of suboptimal caregiving in earlier life and are associated with later difficulties in regulating affect, poorer interpersonal functioning and negative beliefs about the self and others (Mikulincer and Shaver, 2012). They are hypothesised to increase vulnerability to the development of psychosis and are associated with worse outcomes in terms of symptom severity and course of illness (Korver-Nieberg et al., 2014; Gumley et al., 2014a, 2014b). Conversely, secure attachment, which is associated with a positive self-image, a capacity to manage distress, comfort with autonomy and in forming relationships with others is hypothesised

to be an important protective factor in the context of mental disorder (Mikulincer and Shaver, 2012).

There are different methods of assessing and conceptualising attachment styles in adulthood. Bartholomew and Horowitz (1991) describe a four category model of adult attachment and have developed a brief self-report questionnaire to assess an individual's attachment style. As shown in Fig. 1, the four categories of attachment (secure, preoccupied, dismissing and fearful) can also be conceptualised as dimensions, either in cognitive terms as beliefs about self and others, or in affective terms as anxiety and avoidance. The dimensions of attachment anxiety and avoidance have been found to underlie a number of other self-report measures of attachment (Brennan et al., 1998).

As different types of insecure attachment are associated with different methods of regulating distress and self-other beliefs, it is possible that attachment styles may be differentially associated with specific symptom profiles. Preoccupied attachment or higher attachment anxiety is associated with hyper-activating coping strategies (excessive proximity seeking) that results in difficulties in regulating negative affect as well as sensitivity to threat (Mikulincer and Shaver, 2012). Conversely, dismissing or high avoidant attachment is associated with deactivating coping strategies that result in a blocking of conscious emotions, withdrawal from others and

* Corresponding author.

E-mail address: alexpon8@gmail.com (A.M. Ponizovsky).

		MODEL OF SELF (ANXIETY)	
		Positive (Low)	Negative (High)
MODEL OF OTHER (AVOIDANCE)	Positive (Low)	<p>SECURE</p> <p>High self-worth, believes that others are responsive, comfortable with autonomy and in forming close relationships with others.</p>	<p>PREOCCUPIED</p> <p>A sense of self-worth that is dependent on gaining the approval and acceptance of others.</p>
	Negative (High)	<p>DISMISSING</p> <p>Overt positive self-view, denies feelings of subjective distress and dismisses the importance of close relationships.</p>	<p>FEARFUL</p> <p>Negative self-view, lack of trust in others, subsequent apprehension about close relationships and high levels of distress.</p>

Fig. 1. Bartholomew and Horowitz's (1991) model of adult attachment.

impaired mentalization (Mikulincer and Shaver, 2012). Fearful attachment is associated with both high levels of anxiety and avoidance or 'disorganisation' of the attachment system.

Previous research has generated mixed findings in relation to associations between symptoms profiles and insecure attachment patterns (Berry et al., 2008; Ponizovsky et al., 2007, 2013; Korver-Nieberg et al., 2014, 2013). However, two recent reviews of the psychosis and attachment literature conclude that there is good evidence that dismissing-avoidant attachment is associated with positive symptoms and to a lesser extent negative symptoms (Korver-Nieberg et al., 2014; Gumley et al., 2014a, 2014b). There is also some evidence that preoccupied/anxious attachment is associated with positive and affective symptoms, but not negative symptoms. The role of fearful attachment has been relatively less well researched, but a related concept of disorganised attachment has been implicated as a potential risk factor for the development of psychosis (Harder, 2014).

Although there is a growing consensus of the importance of attachment theory to the understanding of psychosis, there are limitations in the existing literature including small sample sizes, different ways of conceptualising and assessing attachment and cultural differences in attachment patterns. Accordingly, the aims of this study are to explore associations between attachment style and symptoms of psychosis in a large cross-cultural sample of patients who all completed the Bartholomew and Horowitz's (1991) Relationship Questionnaire (RQ) to assess attachment (we refer to Fig. 1 for a description of the attachment prototypes as assessed with the RQ). Consistent with previous research and theoretical formulations (Korver-Nieberg et al., 2014; Gumley et al., 2014a, 2014b; Harder, 2014), we hypothesised that preoccupied attachment (or high attachment anxiety) would be associated with positive and affective symptoms of psychosis, and dismissing attachment (or high avoidant attachment) would increase vulnerability to both negative and positive symptoms.

Further, we hypothesised that fearful attachment would be implicated in positive, affective and negative symptoms, whereas secure attachment would be negatively correlated with positive, affective and negative symptoms. Our primary aim was to investigate associations between attachment and symptom domains. However, in line with a single-symptom approach to understanding psychosis, we specifically investigated associations between attachment and two of the key positive symptoms of psychosis: hallucinations and paranoia. In line with previous studies, we predicted positive associations between all

types of insecure attachment and both more severe hallucinations and more severe persecution.

2. Methods

2.1. Participants

In this study we used the data on 500 psychiatric patients who participated in different research projects in the Netherlands, United Kingdom and Israel. The criteria for inclusion of the patients were: 1) diagnosis of schizophrenia, schizoaffective or non-affective psychosis according to ICD-10 or DSM-IV criteria; 2) age 16 or older; 3) medication-stabilised condition; 4) ability to provide the written informed consent; 5) completed attachment (RQ) and psychopathology (PANSS) measures; and 6) a native language (respectively Dutch, English, or Hebrew) proficiency. Patients were excluded, if they had comorbid organic syndromes implicated in the aetiology of psychotic symptoms or impairing their comprehension of study procedures. The Netherlands' subsample ($n=92$) was derived from the ongoing longitudinal multicentre cohort study the 'GROUP (Genetic Risk and Outcome of Psychosis) project' in the Netherlands and (Dutch speaking part of) Belgium (Korver et al., 2012). The United Kingdom's subsample ($n=81$) was collected across community and inpatient psychiatric services in Greater Manchester as part of a previous study validating a new self-report of attachment (Berry et al., 2008). The Israel's subsample ($n=327$) was composed of patients participating in different attachment-in-psychopathology projects that were performed in three inpatient and community settings across Israel (Ponizovsky et al., 2007, 2013; Ponizovsky et al., 2014). Demographic and illness-related information, including gender, age, marital and employment status, diagnosis, age of onset, illness duration and number of inpatient admissions was extracted from the patients' medical records.

2.2. Measures

2.2.1. Psychopathology

The clinical profile and severity of current symptomatology were evaluated using the Positive and Negative Syndromes Scale (PANSS) (Kay et al., 1987). It is a 30-item scale with 7 positive-symptom items, 7 negative-symptom items, and 16 general psychopathology symptom items, including symptoms of anxiety and depression. Each item is scored on the 7-point severity scale, resulting in a range of possible scores from 30 to 210. The positive- and negative-symptom item groups are often reported separately, with a possible range of 7–49. The internal consistency of the PANSS scales in our sample ranged from acceptable to excellent; Cronbach's alphas were 0.94 for the total scale, 0.79 for the positive symptom scale, 0.92 for the negative symptom and 0.88 for the general psychopathology symptom scale.

2.2.2. Attachment

To evaluate attachment styles, all patients completed the Relationship Questionnaire (Bartholomew and Horowitz, 1991), which characterises adult attachment styles through 4 brief statements and asks participants to endorse the statement

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