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Psychiatry Research

journal homepage: www.elsevier.com/locate/psychres

Attachment as a partial mediator of the relationship between emotional abuse and schizotypy



Karen Goodall ^{a,*}, Robert Rush ^b, Lisa Grünwald ^c, Stephen Darling ^c, Niko Tiliopoulos ^d

^a Clinical Psychology, The University of Edinburgh, Edinburgh, UK

^b Division of Health Sciences, Queen Margaret University, Edinburgh, UK

^c Division of Psychology and Sociology, Queen Margaret University, Edinburgh, UK

^d School of Psychology, The University of Sydney, Sydney, Australia

ARTICLE INFO

Article history:

Received 19 March 2015

Received in revised form

6 August 2015

Accepted 30 September 2015

Available online 21 October 2015

Keywords:

Schizotypy

Attachment

Trauma

Emotional abuse

Psychosis

Mediation

ABSTRACT

Developmental theories highlight the salience of attachment theory in explaining vulnerability towards psychosis. At the same time there is increasing recognition that psychosis is associated with childhood trauma variables. This study explored the interaction between attachment and several trauma variables in relation to schizotypy levels in a non-clinical sample. 283 non-clinical participants completed online measures of schizotypy, attachment, childhood abuse and neglect. When five types of abuse/neglect were entered into a linear regression analysis emotional abuse was the sole independent predictor of schizotypy. Age, attachment anxiety and avoidance were independent predictors after the effects of emotional abuse were controlled for. The overall model was significant, explaining 34% of the variation in schizotypy. Moderation analysis indicated that the effect of emotional abuse was not conditional upon attachment. Parallel mediation analysis indicated small but significant indirect effects of emotional abuse on schizotypy through attachment avoidance (13%) and attachment anxiety (8%). We conclude that emotional abuse contributes to vulnerability towards psychosis both directly and indirectly through attachment insecurity.

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1. Introduction

Increasingly, attachment theory is being employed as a theoretical framework for explaining how traumatic experiences in childhood are related to psychopathology generally and, specifically, to psychosis-proneness (Mikulincer and Shaver, 2012; Gumley et al., 2014). Current conceptualisations of psychosis support the notion of continuous distribution of subclinical psychotic symptoms in the general population, a concept known as schizotypy (Johns and van Os, 2001; Stefanis et al., 2002), and converging evidence from both non-clinical and clinical samples provides support for an association between insecure attachment and schizotypy (Berry et al., 2006; Meins et al., 2008; Tiliopoulos and Goodall, 2009).

Vulnerability towards the development of psychosis may be best understood within a context of attachment-influenced affect regulation systems (Gumley et al., 2014), where insecure attachment is associated with poor strategies for responding to, and regulating, distress. This vulnerability may be manifest via a

number of different mechanisms such as dysfunctional cognitive models, heightened physiological responding and lowered thresholds for perceiving stress (Maudner et al., 2006; Mikulincer and Shaver, 2012; Lataster et al., 2013). Adult attachment is commonly measured on two orthogonal dimensions of attachment insecurity (Fraley et al., 2000). These dimensions are associated with specific patterns of goal – congruent cognitions and responses in the face of distress. The avoidance dimension is associated with compulsive independence, denial or non-recognition of emotional response and a suppressive regulation strategy, while the anxiety dimension is associated with a cognitive model of vulnerability, compulsive threat monitoring and exaggeration of negative affect (Diamond et al., 2006; Mikulincer and Shaver, 2007; Goodall et al., 2012). Both avoidant and anxious attachment insecurity are associated with schizotypal symptoms and therefore psychosis-proneness in both clinical and non-clinical populations (Korver-Nieberg et al., 2014; Sheinbaum et al., 2014).

It is also increasingly evident that traumatic childhood experiences play a significant role in the development and maintenance of psychosis (Varese et al., 2012; Matheson et al., 2013). Numerous studies have indicated an over-representation of sexual abuse and childhood physical abuse in clinical patients with

* Corresponding author. Fax: +44 1316503891.

E-mail address: karen.goodall@ed.ac.uk (K. Goodall).

psychosis symptoms (e.g. Yen et al., 2002; Read et al., 2005). Studies that have included more common types of traumatic experience have, however, indicated that neglect and emotional abuse may be more powerfully related to schizotypal symptoms than sexual or physical abuse (Berenbaum et al., 2003; Johnson et al., 2000; Powers et al., 2011). There is therefore a growing interest in investigating the differential effects of specific abuse and neglect variables and furthermore, how these variables interact with attachment to increase vulnerability towards psychosis.

The interaction between attachment and adversity has often been conceptualized from a resilience perspective where secure attachment is posited to act as a buffer against adverse childhood experiences such as abuse and neglect (Sroufe, 2005), whilst insecure attachment has been conceptualized as a risk factor which amplifies the effect of other risk factors (Mikulincer and Shaver, 2007). An alternative hypothesis is that abuse or neglect in childhood would prevent the development of a secure attachment representation thus the relationship between trauma and schizotypy may be partially or wholly mediated by attachment. A small number of studies have investigated the interaction of attachment and trauma variables in relation to schizotypy. Berry et al. (2007) found that adult attachment style predicted specific symptoms when the effects of trauma were controlled for, which further emphasizes the importance of attachment in specifying the development of psychosis. Further specification of how these factors interact is warranted. Previous studies have demonstrated that attachment mediates the relationship between schizotypy and composite measures of sexual abuse and neglect (Sitko et al., 2014) and physical/emotional trauma (Sheinbaum et al., 2014) however it is recognized that the dynamics and effects of specific types of adversity may differ (Sheinbaum et al., 2014).

The aim of the present study was twofold: firstly to compare the effects of emotional abuse, emotional neglect, physical abuse and physical neglect on schizotypal symptoms and secondly to determine the role of attachment in relation to identified associations. We hypothesised that, in line with previous research, emotional abuse and neglect would be more strongly predictive of schizotypy levels than sexual or physical abuse. A second aim of the study was to investigate whether attachment moderates or mediates the relationship between identified variables and schizotypy in order to further explore the mechanisms through which childhood adversity interacts with attachment.

2. Methods

2.1. Participants and procedure

Prospective participants were contacted via the university email system and through social media sites. They were provided with a link for an online survey site hosted by the Bristol Online Survey. The survey opened with an information page and consent was indicated by clicking on an “I agree” button. 283 participants completed the online survey (age range 18–74 years; mean = 26.8, SD = 9.28 years). Participants were mainly female (72%) and mainly students (58%). Ethical approval was obtained through the University ethics procedure.

2.2. Materials

The online survey comprised three standardized psychometric assessments, measuring the following concepts:

2.2.1. Adult attachment

The Experiences in Close Relationships Questionnaire – Revised (ECR-R; Fraley et al., 2000) is self-report assessment of adult

attachment on two orthogonal dimensions of anxiety and avoidance. It comprises 36-items, rated on a seven point Likert type scale ranging from 1 (strongly disagree) to 7 (strongly agree), with half of the items loading on each assessed dimension. Low scores denote attachment security. The scale has good internal reliability, with reported alpha coefficient values of 0.90 or higher for both sub scales (Fairchild and Finney, 2006). In the current study the alpha coefficient for both subscales was 0.92.

2.2.2. Childhood abuse and neglect

The Childhood Trauma Questionnaire (Bernstein and Fink, 1998) is a 25-item self-report measure that assesses 5 different types of childhood trauma: physical, sexual and emotional abuse, and physical and emotional neglect. Statements are rated on a 5-point scales ranging from “Never true” to “Very often true.” Thus higher scores reflect more instances of trauma. Normative internal consistency and test–retest reliabilities range from 0.80 to 0.83 (Bernstein and Fink, 1998; Bernstein et al., 1994). In the current study, the Cronbach alpha coefficient was 0.82.

2.2.3. Schizotypy

The SPQ-B (Raine and Benishay, 1995) is a 22-item, yes/no format self-report measure of schizotypy that is based on the 74-item full version of the SPQ (Raine, 1991). It comprises 3 subscales: Cognitive-Perceptual (8 items), Interpersonal (8 items), and Disorganization (6 items) and, a total score is obtained. Higher scores reflect higher levels of schizotypy. The Cronbach's α internal consistency reliability coefficient for the total scores in this study was 0.84 – similar to that of Raine and Benishay (1995).

3. Results

3.1. Descriptive statistics

This was a non-clinical sample therefore all of the childhood abuse and neglect variables exhibited positive skew, with relatively few high values being reported. Other variables were distributed normally. Independent *t*-tests indicated that there were no significant sex differences for any of the study variables. The percentage of participants who reported trauma of any level was: emotional abuse 90%; emotional neglect 88%; physical abuse 61%; physical neglect 57%; sexual abuse 15%.

3.2. Associations between study variables

As some of the CTQ variables were non-normally distributed, Spearman's rho correlations for the main variables are presented in Table 1. Table 1 shows that schizotypy total scores were positively associated with all abuse/neglect variables. The largest association was with emotional abuse (0.42, $p < 0.001$). As expected, schizotypy showed significant positive associations with attachment anxiety (0.43, $p < 0.001$) and avoidance (0.38, $p < 0.001$).

There were significant positive associations between trauma variables and attachment. Both attachment anxiety and attachment avoidance were associated with all trauma variables with the exception of physical abuse.

There were small but positive associations between age and emotional neglect (0.19, $p = 0.001$) suggesting that older participants report higher levels of neglect. Age showed small negative correlations with schizotypy (-0.15 , $p = 0.013$) and attachment anxiety (-0.25 , $p < 0.001$) and attachment avoidance (-0.18 , $p = 0.002$), suggesting that reported attachment insecurity and schizotypy reduce with age.

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