



Insecure attachment predicts proneness to paranoia but not hallucinations[☆]

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Abstract

This study investigates the relationship between attachment, paranoid beliefs and hallucinatory experiences. Five hundred and three students completed online questionnaires, including the persecution and deservedness scale, the Launay–Slade hallucination scale, Bartholomew and Horowitz’s relationship questionnaire, Levenson’s multidimensional locus of control scale and measures of self-esteem and anticipation of threatening events.

After comorbidity between paranoia and hallucinations was controlled for, insecure attachment predicted paranoia (persecution) but not hallucinations. The extent to which persecution was perceived to be deserved was predicted by low self-esteem. Negative self-esteem, anticipation of threatening events and a perception of others as powerful mediated the relationship between attachment insecurity and persecutory paranoia. The findings indicate that insecure attachment is specifically related to paranoid beliefs. © 2007 Elsevier Ltd. All rights reserved.

Keywords: Attachment; Psychosis; Hallucinations; Paranoia

[☆] This research was approved by the University of Lancaster Research Ethics Committee.

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1. Introduction

Attachment representations affect interpersonal relationships across the lifespan (Bowlby, 1969, 1973, 1980) and may play an important role in psychopathology. Research with children has demonstrated four attachment styles: secure, anxious-ambivalent, avoidant and disorganised (Ainsworth, Blehar, Waters, & Wall, 1978; Main & Soleman, 1990), which have subsequently been investigated in relation to adult interpersonal relationships (Hazan & Shaver, 1987; Shaver, Hazan, & Bradshaw, 1988). These styles have been described as the expressions of internal working models and can be assessed in adults by questionnaire (Griffin & Bartholomew, 1994). Based on Ainsworth's earlier work, Bartholomew and Horowitz (1991) proposed a four-category classification of adult attachment: secure, preoccupied (anxious-ambivalent) with the avoidant category divided into two distinct styles, dismissing avoidant and fearful avoidant. The secure and dismissive styles are associated with higher self-esteem compared to the preoccupied and fearful styles (Bartholomew & Horowitz, 1991; Bylsma, Cozzarelli, & Sumer, 1997). Two dimensions underlying these styles can be conceptualised within Bowlby's theory of internal working models: attachment anxiety (model of self) and attachment avoidance (model of others) (Bartholomew, 1990; Brennan, Clark, & Shaver, 1998). Self-esteem is uniquely predicted by attachment anxiety (Murray, Holmes, Griffin, Bellavia, & Rose, 2001) and Luke, Maio, and Carnelley (2004) found that attachment avoidance uniquely predicted humanity-esteem (view of others).

1.1. Attachment and psychosis

Disruption of early relationships may confer vulnerability to psychosis. For example, in a 28-year longitudinal study of 11,000 participants, unwanted pregnancies resulted in a fourfold increase in later psychosis, even when controlling for socio-demographic and medical factors (Myhrman, Rantakallio, Isohanni, Jones, & Partanen, 1996). Other studies have found an association between positive symptoms of psychosis and early separation from parents (Mednick & Schulsinger, 1965; Morgan et al., 2007). In a series of studies, Dozier and her colleagues found that the majority of participants with schizophrenia were classified as having a dismissing or fearful-attachment avoidant style (Dozier, Cue, & Barnett, 1994; Dozier & Lee, 1995; Dozier, Stevenson, Lee, & Velligan, 1991). Furthermore, Mickelson, Kessler, and Shaver (1997) found that symptoms in accordance with the diagnostic criteria of schizophrenia (DSM-III-R; American Psychiatric Association, 1987) were associated with insecure attachment.

1.2. Attachment and paranoia

Paranoid delusions, which are found in both clinical and general populations and lie on a continuum with normal functioning (Fenigstein & Vanable, 1992; Freeman et al., 2005; Shryane, Melo, Pickering, & Bentall, submitted for publication), are a common symptom of psychosis (Moutoussis, Williams, Dayan, & Bentall, 2007). Trower and Chadwick (1995) have argued that there are two types of paranoia, poor-me and bad-me. The former reflects a negative view of others and a perception of unjustified persecution, the latter is characterised by a fear of negative evaluation from others and a perception that persecution is deserved (Trower & Chadwick, 1995). In psychiatric patients, poor-me paranoia predominates (Bentall et al., in press; Forn-

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