



# The dynamics of attachment insecurity and paranoid thoughts: An experience sampling study



Katarzyna Sitko <sup>a,\*</sup>, Filippo Varese <sup>b</sup>, William Sellwood <sup>c</sup>, Amy Hammond <sup>a</sup>, Richard Bentall <sup>a</sup>

<sup>a</sup> Institute of Psychology, Health and Society, University of Liverpool, Liverpool L69 3GL, UK

<sup>b</sup> Section of Clinical and Health Psychology, School of Psychological Sciences, University of Manchester, M13 9PL, UK

<sup>c</sup> Division of Health Research, Faculty of Health and Medicine, Furness Building, Lancaster University, Lancaster LA14YG, UK

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## ABSTRACT

It has been proposed that insecure attachment can have adverse effects on the course of psychosis once symptoms have emerged. There is longitudinal evidence that increased insecure attachment is associated with increased severity of psychotic symptoms. The present study examined whether in the flow of daily life attachment insecurity fluctuates, whether elevated stress precedes the occurrence of attachment insecurity, and whether elevated attachment insecurity precedes the occurrence of paranoia. Twenty clinical participants with a psychosis-spectrum diagnosis and twenty controls were studied over six consecutive days using the experience sampling method (ESM). The findings revealed that fluctuations in attachment insecurity were significantly higher in the clinical group, that elevated stress predicted a subsequent increase in attachment insecurity, and that elevated attachment insecurity predicted a subsequent increase in paranoia; this effect was not observed in auditory hallucinations once co-occurring symptoms were controlled for. Finally, although previous ESM studies have shown that low self-esteem precedes the occurrence of paranoia, attachment insecurity continued to predict paranoia even when self-esteem was controlled for. The findings suggest that attachment security may be associated with a lower risk of paranoia, and that psychological interventions should address attachment beliefs and work towards establishing a sense of attachment security.

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## 1. Introduction

There has been growing interest in the role attachment plays in psychosis. Research suggests that the development of insecure attachment can increase vulnerability to subsequent psychosis (Read and Gumley, 2008), and can have adverse effects on its course once symptoms have emerged (Berry et al., 2007a). Insecure attachment is often associated with suboptimal early-life caregiving environments and can be understood within the framework of affect regulation (Berry et al., 2007a) which proposes that primary caregivers function as a 'safe haven' from which children can seek comfort and reassurance during distressing and stressful times (Mikulincer and Florian, 2001). When primary caregivers however fail to alleviate distress by being unresponsive or unavailable to the child's bid for proximity, negative working models about the self and others begin to develop (Mikulincer and

Shaver, 2012) and can increase sensitivity to future stress, criticism, and negative responses from others (Berry et al., 2007a). According to adult attachment theory (Bowlby, 1973; Hazan and Shaver, 1994) these early working models are highly accessible throughout the lifespan and continue to guide behaviour in future attachment related interactions (Main et al., 1985). It has also been proposed that, in times of stress, the differing attachment styles may be associated with different strategies of regulating affect, which may subsequently have meaningful effects on mental health (Mikulincer and Florian, 2001).

A large and influential epidemiological study found evidence for an association between insecure adult attachment and schizophrenia (Mickelson et al., 1997), and although this association has been replicated in non-clinical (Berry et al., 2007b, 2006; Korver-Nieberg et al., 2014; Meins et al., 2008) and clinical samples (Berry et al., 2007a; Gumley et al., 2014; Korver-Nieberg et al., 2014, 2015; Ponizovsky et al., 2007, 2013) it has been suggested that it could be more informative to explore such associations in relation to specific symptoms of psychosis (Bentall, 2004). Such specificities can provide a clearer understanding of how certain psychological mechanism are meaningfully related to the

\* Correspondence to: Institute of Psychology, Health and Society – Psychological Sciences, University of Liverpool, Waterhouse Building, Block B (2nd floor), Liverpool L69 3GL, UK.

E-mail address: [ksitko@liverpool.ac.uk](mailto:ksitko@liverpool.ac.uk) (K. Sitko).

experiences of individuals with psychosis (Bentall and Fernyhough, 2008) and, in turn this information may help clinicians focus psychological interventions appropriately. Bentall and Fernyhough (2008) proposed that insecure attachment can facilitate a paranoid attributional style so that, in the presence of other co-factors, paranoia develops as a consequence. This hypothesis has been supported by several recent findings showing specific links between insecure attachment and paranoia in both subclinical (Pickering et al., 2008) and clinical (Wickham et al., 2015) cross-sectional studies.

While the cross-sectional approach has been useful in beginning to outline an association between insecure attachment and paranoia, it is limited to a “snapshot” of information collected at a single time point. The information it provides cannot ascertain temporal associations, and consequently it is not entirely obvious how insecure attachment impacts on the course of psychosis, especially in relation to the maintenance of symptoms in daily life. Berry et al. (2008) have suggested that symptom maintenance can be understood within an attachment theory framework. In their longitudinal study they found that an increase in positive and negative symptoms was associated with increased levels of insecure attachment. Although the authors propose that fluctuations in symptoms can be meaningfully related to fluctuations in attachment style, a more intensive assessment is needed to examine how attachment insecurity is associated with the onset of specific psychotic symptoms in the flow of everyday life.

Bowlby, the father of attachment theory, conceptualised adulthood attachment as resulting from both early attachment histories and contextual factors (Bowlby, 1973). Based on the idea that working models of past relationships assist a person in new situations, attachment style has largely been viewed as being continuous across both time and contexts (Brumbaugh and Fraley, 2006). However, it has been noted that attachment can change in the long-term during the course of life (Davila et al., 1997), and it is possible that attachment representations (currently activated schemas about the self and others) may actually fluctuate even over short periods of time. Several longitudinal studies have observed considerable attachment fluctuations regardless of whether attachment was repeatedly measured across the life span, within several months, or in a shorter time frame of a week (Baldwin and Fehr, 1995; Kirkpatrick and Hazan, 1994; Scharfe and Bartholomew, 1994; Waters et al., 2000). Such fluctuations have led to the conceptualisation that both state and trait internal models of attachment may exist concurrently, and that global and specific attachment models may be held by the individual (Pierce and Lydon, 2001). Trait models are associated with attachment behaviours that are considered to occur consistently over time, while behaviours towards others that are considered to occur temporarily and inconsistently reflect state models (Chaplin et al., 1988). Baldwin and Fehr (1995) have made the case for attachment fluctuations as not resulting from unreliable assessment tools, but rather reflecting variability that is meaningfully impacted by contextual cues.

The experience sampling method (ESM) can enable a more detailed understanding of such fluctuations in the flow of daily life. ESM is an approach which employs a self-assessment tool to capture the frequency, intensity, and patterning of momentary mental processes and behaviours (Csikszentmihalyi and Larson, 1987), such as stress, current symptoms, current activity, and positive and negative affect (Varese et al., 2011). Compared to other longitudinal methods previously employed in attachment research, ESM employs a more intensive assessment schedule involving multiple assessments per day, therefore enabling to a more fine-grained examination of attachment and attachment fluctuations on the presenting difficulties of individuals with psychosis. Since the information is recorded in a temporal fashion,

ESM enables researchers to examine the underlying psychological mechanisms that are associated with the onset of psychotic symptoms (Myin-Germeys et al., 2009). Previous ESM studies of paranoia have focused on emotion and self-esteem, showing that both are highly fluctuating in paranoid patients (Thewissen et al., 2008, 2011), and that the onset of paranoid symptoms is typically preceded by low self-esteem and elevated negative affect (Thewissen et al., 2008, 2011).

The first objective of the present study was to test whether, in everyday life, there are fluctuations in attachment. It was predicted that a higher degree of fluctuations will be present in the clinical group than the control group. The second objective of the study was to test whether, in everyday life, reports of paranoid experiences are significantly predicted by preceding elevated attachment insecurity. Third, we investigated whether an increase in attachment insecurity in paranoid patients is related to elevated stress. Since research has suggested that comorbid symptoms might confound the predictors of paranoia (Pickering et al., 2008), this study also examined the specificity of this relationship by testing whether the experience of paranoia is preceded by elevated attachment insecurity once auditory hallucinations are controlled for, and also whether attachment insecurity preceded the occurrence of hallucinations. Finally, because low self-esteem has been associated with paranoia in previous ESM studies, we sought to determine whether the effect of attachment insecurity on paranoia survived after self-esteem had been controlled for.

## 2. Methods

### 2.1. Participants and procedure

Twenty clinical participants with schizophrenia spectrum diagnoses (schizophrenia, paranoid schizophrenia, schizoaffective, and non-specified psychosis) were recruited from outpatient facilities in North West England. Nineteen were taking antipsychotic medication at the time of testing. In addition 20 healthy controls with no history of mental health difficulties were recruited through flyers, e-mails, and from the University of Liverpool research participation panel. Between-group differences on demographic variables were tested using analysis of variance (ANOVA) and Pearson's  $\chi^2$  test. No significant differences were observed for age and sex, however participants in the clinical group spent fewer years in education (Table 1).

Nineteen from the clinical group and seven from the control group completed the study using a palm pilot (MAKE: Pilot Inc., TYPE: Tungsten E2), all other participants used paper diaries; based on preference/availability of palm pilots. Past research has shown that the two methods are compatible, and that compliance rates are similar (Green et al., 2006). The ‘Experience Sampling Program’ (version 4.0) (Barrett and Barrett Feldman, 2000), installed on the palm pilots emitted a signal (bleep) at variable time points within ten equal time intervals between 8 a.m. and 10 p.m., over 6 consecutive days. The palm pilot beeped loudly for up to 13 min until the screen was tapped using a stylus pen. Long and loud beeps give people the opportunity to answer more trials by not missing assessment points (Christensen et al., 2003). Each question appeared on the palm pilot screen individually, and participants responded by pressing a number with a stylus pen. The palm pilot would shut off if left untouched for two minutes. All responses included in the analyses were completed within 15 min of tapping the screen.

Participants who completed the study using paper diaries received six pocket sized booklets each consisting of 10 ESM assessment forms. A pre-set text message from Google Calendar prompted participants to complete the ESM assessment form and

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