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Review

Relationship between attachment style and symptom severity across the psychosis spectrum: A meta-analysis

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HIGHLIGHTS

- Prevalence of insecure attachment is significantly higher in psychosis sample.
- Within psychosis samples, a fearful attachment style was most prevalent.
- There is a small relationship between insecure attachment and positive symptoms.
- Insecure attachment only linked to negative symptoms within non-clinical samples.
- Longitudinal studies may increase our understanding of attachment in psychosis.

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ABSTRACT

There is growing evidence for the role of attachment in psychosis, however, to date there has been no quantitative review of the prevalence of insecure attachment in psychosis. The current study sought to systematically appraise studies investigating the prevalence of insecure attachment and the association with psychosis-spectrum experiences using meta-analytic techniques. A systematic search of studies carried out between January 1980 and 30th November 2015 found 25 papers eligible for inclusion. The meta-analysis showed that the prevalence of insecure attachment style was significantly higher in individuals with psychosis (76%) than in non-clinical samples (38%), with fearful attachment being the most prevalent. Across the continuum, there was a small but significant relationship between positive symptom severity and insecure attachment and a significant relationship between negative symptom severity and insecure attachment in the non-clinical analysis. This relationship was not found in the clinical group. The prevalence of insecure attachment appears to be high in psychosis, however, the relationship between symptom severity and attachment is small. Attachment theory may provide greater understanding of the development of positive symptoms than previously thought, however, research needs to include more at-risk samples and longitudinal research to fully understand the dynamics of this relationship.

1. Introduction

Adverse events in childhood, including trauma and neglect, have now been recognised as significant risk factors for a wide range mental health problems (Read & Bentall, 2012). Furthermore, there is increasing evidence of an association between early childhood trauma, in particular victimisation, and psychosis (Morrison, Frame, & Larkin, 2003; Trotta, Murray, & Fisher, 2015) with a recent meta-analysis indicating that individuals with psychosis were at least twice as likely to have been exposed to childhood adversity as controls (Varese, Smeets, et al., 2012).

In response to this, theoretical models of psychosis have moved

away from a strictly biological understanding of the disorder to an epigenetic one that describes how early trauma and neglect impact brain development through the stress regulation functions of the HPA axis (Read, Bentall, & Fosse, 2009) and evidence from non-clinical samples suggest psychotic-like experiences, in particular paranoia, are common within the general population and exist on a continuum of normal experiences (Berry, Wearden, Barrowclough, & Liversidge, 2006; Freeman et al., 2005). This move towards the conceptualisation of psychosis as a continuum disorder, at least in part driven by early interpersonal experiences, has led researchers to theorise about the role that attachment may have in the development and treatment of psychosis (Read & Gumley, 2010). Attachment style has been seen as both

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a potential risk and protective factor in psychosis (Harder, 2014) and the implications for recovery from psychosis have also been discussed in terms of engagement and treatment development (Barker, Gumley, Schwannauer, & Lawrie, 2015; Read & Gumley, 2010).

Attachment theory proposes that one's interpersonal relating style and ability to regulate emotions develop as a result of early experiences with primary care-givers (Bowlby, 1969, 1984, 1988). The attachment system is a safety-seeking mechanism designed to be activated by environmental threats (Bowlby, 1969). When an infant has an experience of a primary care-giver who is responsive, available and sensitive to their needs they develop 'secure attachment'. This primary relating experience allows the infant to develop internal working models of representations of the self and others which serve as the foundation for future relationships. In adulthood, secure attachment is expressed through autonomy, an ability to reflect on and manage one's cognitive and emotional experiences, and valuing close relationships. However, when a care-giver is absent or not able to provide a safe space from which the infant can explore the world and learn, an insecure attachment style can develop.

There are three main types of insecure attachment in adulthood; anxious (also referred to as anxious-ambivalent or preoccupied), avoidant (also referred to as dismissing) and fearful (Ainsworth & Bell, 1970; Bartholomew & Horowitz, 1991; Main & Solomon, 1986, 1990). An anxious attachment style is thought to develop as a result of inconsistent availability of the primary care-giver, leading the infant to learn to exaggerate emotional expression and minimise exploration of the environment their to keep the attention of the care-giver. In adulthood this is represented by heightened emotional expression and a reduced sense of autonomy leading to increased dependence on others. Avoidant attachment style, characterised in adulthood by over-regulating emotions and avoiding experiences of close relationships, develops from experiences of rejection from care-givers, in particular when expressing distress. Fearful attachment, often described as disorganized in childhood, is thought to arise in adaptation from either disrupted care experiences, such as neglect and early losses, or from frightening or frightened care-giver behavior, including physical and sexual abuse in childhood. These experiences lead the child to respond to their caregiver with fear or contradictory behaviours, such as approach-avoidance or freezing when distressed and seeking comfort (Main & Solomon, 1986, 1990). In adulthood, fearful attachment is represented by an inconsistent sense of self and an inability regulate one's emotions. People who present with a fearful attachment style often present as both highly anxious and avoidant due to a conflicting desire for and resistance to emotional closeness (Bartholomew & Horowitz, 1991).

Disruptions in care, such as early adversity and trauma, not only influence the way we relate to others in adulthood but also change the neuroendocrine stress regulation functions of the brain (Barker et al., 2015; Read et al., 2009). Individuals with disrupted attachment release higher levels of stress hormones, such as cortisol, when their attachment system is activated, for example through separation from a significant other in adulthood (Mikulincer & Shaver, 2007). This framework of affect regulation could help explain the development of psychosis through the increased stress-vulnerability and maladaptive coping strategies as a result of early adversity, which in turn influences the onset and expression of symptoms and subsequent recovery (Barker et al., 2015).

To date there have been three narrative reviews examining the relationship between attachment and psychosis. Two of these reviews have provided an overview of the role of attachment in the development of, and recovery from, psychosis (Berry, Barrowclough, & Wearden, 2007; Korver-Nieberg, Berry, Meijer, & de Haan, 2014) while the third provided a comprehensive review of the evidence base for the construct validity of attachment assessment in psychosis (Gumley, Taylor, Schwannauer, & MacBeth, 2014). All three reviews concluded that attachment is associated with poorer outcomes in psychosis. In

particular, insecure attachment has been found to be associated with an earlier onset of illness, poorer therapeutic alliance and engagement with mental health services, less adaptive recovery styles and poorer quality of life (Berry, Barrowclough, and Wearden, 2007; Gumley et al., 2014; Korver-Nieberg et al., 2014). Individuals with avoidant attachment styles also tended to have longer durations of hospitalisation compared to those with secure attachment styles (Ponizovsky, Nechamkin, & Rosca, 2007).

While the impact of insecure attachment has been discussed in the literature in relation to assessment, therapeutic engagement and recovery, there has been less research focused specifically on the prevalence of attachment disruption in psychosis and the evidence of associations with psychosis symptoms is inconsistent. Higher rates of avoidant attachment style have been reported in psychosis populations compared to non-clinical controls (Berry, Barrowclough, and Wearden, 2007; Korver-Nieberg et al., 2014), however, this conclusion was drawn from a small number of studies. What is more, the majority of these studies assessed attachment style through the Adult Attachment Interview (AAI: Main, Kaplan, & Cassidy, 1985) which has been found to have poor validity within psychosis samples (Berry, Barrowclough, and Wearden, 2007). This has been addressed in more recent studies by the development and adoption by most researchers of the Psychosis Attachment Measure (PAM: Berry et al., 2006), a measure specifically developed to assess attachment in people with psychosis, enabling higher consistency in measurement across studies.

A modest association between avoidant attachment style and positive and negative symptomatology has been found in clinical populations (Gumley et al., 2014; Korver-Nieberg et al., 2013), but the evidence for an association between symptom severity and anxious attachment style is more equivocal, and possibly confined to subclinical populations (Korver-Nieberg et al., 2014). Variability in findings could be due to inconsistencies in attachment assessment, small sample sizes and a limited number of studies. Existing reviews also highlighted the limitations of cross-sectional studies and small number of study samples drawn from early onset or 'at-risk' populations when drawing conclusions about the relationship between attachment and psychosis (Gumley et al., 2014; Korver-Nieberg et al., 2014).

While existing reviews have provided a comprehensive summary of the literature in relation to measurement and treatment outcomes, to date there has not been a systematic quantitative review of prevalence of attachment styles in psychosis and relationship to symptoms. The current paper aims to use meta-analytic techniques to present a quantitative review of the prevalence of reported attachment styles within psychosis populations and critically appraise the evidence for an association between insecure attachment styles and symptom severity in across the psychosis continuum. Specifically, the following questions were asked:

1. What is the prevalence of insecure attachment in people with psychosis and how does this compare to prevalence in non-clinical samples?
2. More specifically, what is the prevalence of different insecure attachment styles amongst people with psychosis?
3. Is insecure attachment associated with increased psychosis-spectrum experiences within both clinical and non-clinical samples?

2. Method

2.1. Inclusion criteria

Studies were included in the analysis if they (i) used a validated measure of attachment style (ii) used a validated measure of psychosis or psychotic-like symptoms (iii) used quantitative or mixed methodology (iv) were published in a peer-reviewed journal (v) were published between January 1980 and 30th of November 2015 (vi) were written in English. Studies were included in the analysis if they

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