Journal of Contextual Behavioral Science xx (xxxx) xxxx–xxxx

Contents lists available at ScienceDirect

Journal of Contextual Behavioral Science

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

Brief Empirical Reports

Understanding the effect of attachment styles in paranoid ideation: The mediator role of experiential avoidance

Paula Castilho[a], Maria João Martins[a,*], Ana Margarida Pinto[a], Ricardo Viegas[a], Sérgio Carvalho[a], Nuno Madeira[b,c]

[a] Cognitive and Behavioural Center for Research and Intervention (CINEICC), University of Coimbra, Portugal
[b] Psychiatry Department, Coimbra Hospital and University Centre, Portugal
[c] Psychological Medicine Department, Faculty of Medicine - University of Coimbra, Portugal

A R T I C L E I N F O

Keywords:
Attachment
Experiential avoidance
Paranoia
Psychosis

A B S T R A C T

Objectives: 1) to evaluate different attachment styles depending on the attachment figure; 2) to explore the association between experiential avoidance and paranoid ideation frequency; 3) to test a mediation model in which the impact of adult attachment on frequency of paranoid ideation occurs through experiential avoidance.
Method: We assessed adult-attachment, experiential avoidance and paranoid ideation frequency in a sample of 37 (30 male and 7 female) outpatients and inpatients with a psychosis-spectrum diagnosis.
Results: The anxiety attachment pattern was significantly higher in all attachment figures. We found that attachment anxiety (mother) was associated with both experiential avoidance and paranoid ideation. An association between experiential avoidance and paranoid ideation frequency was also found. Results show that experiential avoidance mediated the relationship between attachment anxiety and paranoid ideation frequency.
Conclusion: Our study highlights the importance of addressing therapeutically the mechanisms people with psychosis use to cope with the internal experience elicited by insecure attachment styles, specifically experiential avoidance, and suggests the adequacy of acceptance and mindfulness-based therapies in promoting recovery for psychotic patients.

1. Introduction

Psychosis is a broad domain that includes several diagnoses defined by abnormalities in one or more of the following five domains: delusions, hallucinations, disorganized thinking (speech), disorganized or abnormal motor behavior and negative symptoms (APA, 2013). Severe social deficits and interpersonal difficulties have long been associated with psychosis, with an emphasis on the link between social anxiety and paranoid beliefs (Michail & Birchwood, 2009).

Treatment of psychosis is mainly focused on symptoms stabilization through psychopharmacology. Nevertheless, there is an increasing interest in psychosocial approaches that promote coping with symptoms and reduction of the burden of disease (Klosterkötter, 2014), such as attachment informed (Gumley, Taylor, Schwannauer, & MacBeth, 2014) and contextual-behavioral interventions (Khoury, Lecomte, Gaudiano, & Paquin, 2013).

Bowlby's attachment theory model is mainly focused on parent-infant relationships (Bowlby, 1969). Nevertheless, research has stressed the important role of adult attachment and relationships with multiple attachment figures (Ross & Spinner, 2001). This results from advances, both theoretical (with the adoption of a dimensional approach to attachment rather than a categorical perspective) and in measurement (with the development of contextual and multidimensional measures) in the field of attachment theory, which have shown that attachment can be viewed and evaluated both as a dispositional variable and as a state-like variable that varies depending on the specific relational contexts it is oriented to (Fraley, Hudson, Heffernan, & Segal, 2015; Gillath, Karantzas, & Fraley, 2016).

Adult attachment can be conceptualized in a two-dimensional approach: affective-behavioral (anxiety versus avoidance) and cognitive (model of self versus model of others) (Hazan & Shaver, 1987). Brennan, Clark, and Shaver (1998) also conceptualized and empirically corroborated a structure of two dimensions in adult attachment: "attachment anxiety" (negative self-image, fear of rejection, worry about others availability, negative affect and in behavioral terms overly demanding interpersonal interactions) and "attachment avoidance" (negative image of others, uncomfortable with closeness, defense responses such as hostility, minimization of affect and social with-

* Correspondence to: CINEICC, Faculty of Psychology and Educational Sciences of University of Coimbra, Rua do Colégio Novo, Apartado 6153, 3001-802 Coimbra, Portugal.
E-mail address: martins.mjrv@gmail.com (M.J. Martins).

http://dx.doi.org/10.1016/j.jcbs.2016.11.007
Received 14 May 2016Received in revised form 31 October 2016Accepted 23 November 2016
Available online xxxx
2212-1447/ © 2016 Association for Contextual Behavioral Science. Published by Elsevier Inc. All rights reserved.

drawal). Although these dimensions have been considered independent from a theoretical and measurement viewpoint, recent studies have been questioning their orthogonality, showing that anxiety and avoidance attachment are frequently associated with each other (Cameron, Finnegan, & Morry, 2012).

Several studies have emphasized the high prevalence of insecure attachment patterns (e.g. attachment anxiety and attachment avoidance) in individuals with psychosis (Berry, Barrowclough, & Wearden, 2007a). Studies have found that attachment styles mediate the relationship between negative experiences in childhood and psychotic symptoms in adulthood (Sitko, Bentall, Shevlin, O'Sullivan, & Sellwood, 2014) and that attachment anxiety is positively correlated with psychotic symptoms (Berry, Barrowclough, & Wearden, 2008). In a systematic review of attachment in psychosis, Gumley, Taylor, Schwannauer, & MacBeth (2014) found associations between insecure attachment and psychotic symptoms, poorer engagement with mental health services and quality of life, interpersonal problems, and maladaptative coping. Korver-Nieberg, Berry, Meijer, and de Haan (2014) found that insecure attachment was associated with psychotic phenomenology and maladaptive coping styles in recovery processes. Regarding attachment specificity, research suggests that individuals with psychosis are capable of developing distinctive attachment orientations depending on the attachment figure (Berry, Wearden, & Barrowclough, 2007b).

Attachment theory provides a comprehensive framework on how early interaction with significant figures may contribute to the development of basic systems (internal working models) and shape how we come to evaluate the self and others and how we regulate behavior, affect and interpersonal functioning (Bowlby, 1973, 1980). Recent studies suggest that the use of emotion regulation strategies is influenced by attachment styles, with insecure and disorganized attachment styles being associated with particular emotion regulation strategies (Pascuzzo, Moss & Cyr, 2015). In line with this, studies have demonstrated that strategies of experiential avoidance may be used to manage difficulties and relieve the distress resulting from attachment styles (e.g., Vanwoerden, Kalpakci, & Sharp, 2015; Mikulincer & Shaver, 2008).

Experiential avoidance (EA) is described as the unwillingness to have difficult inner experiences (e.g., thoughts, feelings, physical sensations) that lead to attempts to avoid, suppress, or modify those experiences, which in turn result in actions incongruent with valued life directions (Hayes et al., 2004). People with psychosis tend to use coping strategies based on EA rather than acceptance (Perry, Henry, & Grisham, 2011) and EA has been associated with paranoia even in non-clinical populations (Udachina et al., 2009; Udachina, Varese, Myin-Germeys, & Bentall, 2014). Goldstone, Farhall, and Ong (2011) found that EA mediates the relationship between life hassles and both delusions and delusional distress, in both clinical and non-clinical samples. Also, EA seems to be an important predictor of hallucinatory behavior (Varese, Udachina, Myin-Germeys, Oorschot, & Bentall, 2011) and distress caused by verbal auditory hallucinations (Varese et al., 2016) in clinical populations.

Several studies on acceptance-based interventions have been emerging with promising results. These interventions (mainly Acceptance and Commitment Therapy, ACT; Hayes, Strosahl, & Wilson, 1999) aim at developing an open, accepting and defused way of dealing with private experiences (such as psychotic symptoms, which are likely to induce suppression and/or avoidance), while fostering the present moment non-judgmental awareness and promoting values-based action (Gaudiano, 2015; Oliver, Joseph, Byrne, Johns, & Morris, 2013). Results have shown ACT interventions to decrease symptom believability (Bach & Hayes, 2002; Bach, Hayes, & Gallop, 2012), social interference, distress related to hallucinations as well as to improve affect (Gaudiano & Herbert, 2006; Gaudiano, Herbert, & Hayes, 2010). These studies found reduced rates of rehospitalization after the intervention, reduced depressive and negative symptoms, illness severity, (Gaudiano et al., 2015; Shawyer et al., 2012; White et al., 2011), and improvement of psychosocial functioning (Gaudiano et al., 2015), acceptance towards symptoms, and quality of life (Shawyer et al., 2012).

We considered several premises in order to define this study's aims: a) recent research proposes that attachment theory may be a useful framework in understanding both development and recovery from psychosis (Gumley, Taylor, Schwannauer, & MacBeth, 2014; Sitko et al., 2014); b) several studies have stressed the importance of the person's unwillingness to experience aversive inner experiences and the consequent ineffective attempts to modify their topography (EA) in psychopathology (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996); c) EA has been considered as one of the roots of psychotic symptomatology such as delusions and delusional thinking under stress (Goldstone et al., 2011; Udachina et al., 2009). Thus, this study had three main objectives: 1) to understand the different patterns regarding attachment styles (attachment-avoidance and attachment-anxiety) when considering different attachment figures (mother, father, romantic partner and best friend); 2) to explore the association between experiential avoidance and paranoid ideation frequency; and 3) to test a mediation model in which the impact of adult attachment on frequency of paranoid ideation occurs through experiential avoidance.

2. Method

2.1. Study design

The present study followed an observational and cross-sectional design.

2.2. Participants and procedure

All procedures were previously approved by the ethics committee of the hospitals. Participants were recruited after referral of their assistant psychiatrists. The sample consists of 37 participants (30 male and 7 female) who were outpatients or inpatients at the Psychiatric Departments of two hospitals of the central region of Portugal. All of participants had been diagnosed with a psychotic disorder by their assistant psychiatrist, specifically schizophrenia (89.19%), schizoaffective disorder (8.11%) and psychosis not otherwise specified (2.70%). Participants' informed consent was obtained and confidentiality and anonymity were assured. Participants were then given a battery of self-report questionnaires. One researcher with clinical expertise was present during the assessment and helped the participants whenever needed.

2.3. Measures

2.3.1. Acceptance and Action Questionnaire II (AAQ-II, Bond et al., 2011)

AAQ-II is a 7-items self-report measure, scored in a 7-point Likert Scale (ranging from 1="never true" to 7="always true"), that reflects a single dimension of experiential avoidance. Total score values range from 7 to 49, with higher scores reflecting higher levels of experiential avoidance. The Portuguese version showed good psychometric properties (Pinto-Gouveia, Gregório, Dinis, & Xavier, 2012). In the present study, the Cronbach's alpha was .87.

2.3.2. Experiences in close relationships – Relationship structure (ECR-RS Fraley, Heffernan, Vicary, & Brumbaugh, 2011)

ECRS-RS is a measure comprised of 9 items, distributed by two subscales: anxiety (3 items) and avoidance (6 items), scored in a 7-point Likert Scale (ranging from 1="Strongly Disagree" to 7="Strongly Agree"). Each of these dimensions is evaluated for different close relationships (i.e. mother, father, romantic partner, best friend). There is a score for each figure within each attachment (varying between 1

Download English Version:

https://daneshyari.com/en/article/7268404

Download Persian Version:

https://daneshyari.com/article/7268404

Daneshyari.com