Attachment and psychosis
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Summary and general discussion
Summary key findings

Part 1
Before assessing the role attachment plays in patients with psychosis, details on the current state of research and a description of the samples and instruments used in this thesis were provided.

The overview of the existing literature on attachment in psychosis suggested attachment to be related to several personal and illness characteristics of patients with psychosis as well as to psychotic phenomena in non-clinical samples. Factors such as symptoms, recovery-coping style, attribution style, mentalization, social networks, quality of life, interpersonal functioning, therapeutic relationships and treatment adherence were addressed. This overview provides a framework for further research on attachment and psychosis.

The Genetic Risk and Outcome of Psychosis (GROUP) project provided most of the participants studied in this thesis. Samples of patients with psychosis, their siblings and healthy controls were recruited from all over the Netherlands and Belgium and took part in a longitudinal study on vulnerability and resilience factors in psychosis. Within this patient sample a wide range of psychotic disorders was diagnosed. Details of the study and assessments were described. As the validity of the subtypes of schizophrenia was under debate at the time, especially with regard to development of the DSM-5, the validity of these subtypes was studied in this sample. As expected, the subtypes had no specific distinguishing value and are currently not part of the DSM-5.

As an add on to the large amount of questionnaires and other measures of the GROUP assessment battery, we chose a relatively short and easy to administer instrument for assessing adult attachment. The self-report ‘Psychosis Attachment Measure (PAM)’ was translated in Dutch and was found to be valid and reliable in samples with psychosis and their siblings. Subsequently, the Dutch PAM was used throughout the studies included in this thesis.

Part 2
The second part of the thesis focusses on the role of attachment in the development of interpersonal functioning in psychosis.

Insecure attachment was found to play a mediating role in the relationship between childhood adverse events and the development of psychotic symptoms. This relationship appeared to be particularly strong in siblings, who have an increased genetic risk of developing psychosis, without the illness related confounders.

The construct of Theory of mind (ToM) in relation to attachment and psychosis was studied, as it was suggested that ToM and attachment are plausibly related. Both concepts are thought to be involved in the development of interpersonal dysfunctioning which is often present in psychosis and has been found to precede transition to psychosis.

The results of our first study on ToM and attachment revealed that perspective taking as a basic cognitive ToM component was unrelated to either attachment or paranoid thoughts in an early onset of psychosis and a control sample. These findings are in line with the idea that ToM impairment particularly arises in the development of affective ToM rather...
than cognitive ToM. For that reason, in a second study we examined both cognitive and affective ToM in samples of patients, healthy siblings and controls. In this study we found both components of ToM to be related to insecure attachment, with stronger associations in affective ToM. The discrepant findings on cognitive ToM, may be explained by the differential operationalization of cognitive ToM. Where the first study comprised a basic perspective taking skill, the second tapped into more complex cognitive ToM skills, closer to mentalizing skills. These findings suggest insecure attachment and ToM skills to be involved in the development of interpersonal difficulties in psychosis.

With regard to attachment and psychotic symptoms, an important finding was the relation between insecure attachment and paranoid thoughts in both patients and controls. More specifically, attachment anxiety was related to social reference paranoia, whereas attachment avoidance was related to persecutory ideas. Both findings were controlled for total symptom scores implying that the associations cannot be attributed to severity of symptomatology. Understanding the role of attachment in symptoms of psychosis may help patients and clinicians gain more insight into development and course of specific symptoms.

Part 3
The third part of this thesis examined the role of attachment in the adaptation and recovery process.

Insecure attachment and personality traits were associated with quality of life in patients with psychosis, even after controlling for symptom severity. These findings are clinically relevant as they point to the importance of these specific psychosocial factors for the quality of life of patients suffering from psychosis. Designing therapeutic interventions (including elements) directed at improving attachment security may be useful in improving quality of life.

In order to improve attachment security within a therapeutic setting, the quality of the relationship between patient and psychiatric staff is of importance. The last study in this thesis examined the impact of insecure attachment of both patients and psychiatric staff on the quality of their alliance, as perceived by both. Findings indicated that attachment styles of patients and staff, as well as their interaction were important for the perceived working alliance. These results suggest that not only patient attachment style but also attachment style of psychiatric staff should be taken into consideration in creating an optimal working alliance to enhance treatment outcome.
General Discussion

The main goal of this thesis was to further our understanding of current psychosocial models by introducing attachment as a relevant developmental framework. Firstly, attachment theory provides a psychosocial model for a developmental pathway to psychosis. Secondly, after expression of psychotic symptoms and interpersonal difficulties, attachment theory provides new insights for a psychosocial model regarding the road to recovery. In order to gain a broader perspective on how to apply these findings to the improvement of current psychological treatment interventions in psychosis, our empirical findings (Chapters 5, 6, 7, 8, 9, 10) complemented by findings from other studies (Chapter 2) will be combined to describe the possible pathways. Finally clinical implications will be discussed.

Possible pathways

The role of attachment in the pathway to psychosis is visualized in figure 1. As argued, attachment is a crucial concept for the development of interpersonal functioning in adult life. This thesis suggests associations between insecure attachment, impaired ToM skills and childhood adverse events in psychosis. Therefore, based on the results of this thesis and results from other studies that were performed during the last 20 years an integrative model including the following pathway is proposed: insecure attachment mediates the effect of childhood adverse events into psychosis through the mechanisms of impaired ToM and interpersonal dysfunctioning (for a description of a similar model see; Read & Gumley,2008).

Interpersonal functioning has not been specifically addressed in this thesis, except for chapter 5 where ‘social engagement’ and ‘interpersonal behaviour’ were studied in relation to insecure attachment in patients and siblings (correlations ranged from .23 to .50) as part of concurrent validity analyses for the Psychosis Attachment Measure. Future research should focus on incorporating all these factors and their interactions into one model and include longitudinal designs to increase our understanding of causal and/or mediating relationships in this pathway.

Second a model of attachment regarding ‘recovery’ from psychosis is proposed. Two concepts in relation to attachment, which are considered important in this regard, were studied: quality of life and therapeutic alliance. In figure 2 a model for this pathway is proposed, based on current findings as well as results from other studies, who addressed the role of ‘illness coping’ in relation to attachment (MacGlashan, 1987; Drayton, Birchwood, & Trower, 1998). Individuals who had experienced more early adverse events and had developed an insecure attachment style, were found to be more likely to adopt an avoidant coping strategy called ‘sealing over’ that limits one’s potential for recognizing, understanding or integrating the psychotic experience. Psychosis is seen as ‘separate from oneself’ and its impact is minimized (MacGlashan, 1987; Drayton, Birchwood, & Trower, 1998). Avoidant attachment was found to be related to this maladaptive coping mechanism and individuals with this recovery coping style are less likely to seek help and engage to services, experience more relapses, worse social functioning and quality of life. Taken together the following pathway is suggested (see figure 2). Again, future research should focus on incorporating all these factors and interactions of these factors into one model and include longitudinal designs to increase our understanding of causal and/or mediating relationships in this pathway.
**Clinical implications**

For clinical practice it is important to reflect on factors that may facilitate secure attachment. There is evidence that internal working models in general can be positively revised during adulthood through corrective interpersonal emotional experiences (Mallinckrodt, 2000; Mikulincer & Shaver, 2007). There is also some evidence that psychotherapy can increase attachment security by transforming these working models (Mikulincer & Shaver, 2007). Results from our studies suggest that some factors may be considered in this regard.

In general, as mental health professionals play a key role in the lives of many patients with psychosis, the therapeutic setting should provide a secure base to facilitate optimal conditions for improving attachment security in the context of interpersonal relationships. Once a secure relationship is established, patients can be encouraged to explore their experiences of psychosis and their relation to current problems with interpersonal functioning.

With regard to providing a secure base, not only attachment style of patients and clinicians but also the interaction of both attachment patterns was associated with the quality of therapeutic alliance. Therefore, knowledge of both attachment styles and their interaction may improve our understanding of therapy outcome. A first step may be to include a pre-treatment attachment measure for both patients and staff, to either find a favourable patient-staff match or to anticipate difficulties that may arise when trying to form a therapeutic alliance between a patient and staff member who both show increased levels of insecure attachment.
Secondly, in order to understand the origin and persistence of psychotic symptoms in terms of attachment behaviours, clinicians should include more routinely questions in treatment about early attachment relationships and early adverse events that may have impacted on mentalization abilities and the development of a secure adult attachment style. This could give clinicians and more importantly patients, more insight into their experiences and the way these may have influenced interpersonal coping strategies.

Clinicians may use this knowledge by reframing the origin and persistence of problematic interpersonal behaviour in terms of attachment behaviours, which used to be functional and understandable in earlier relationships. This may provide a ‘normalising perspective’ from which exploration and practice of alternative social beliefs and skills could become a focus of treatment.

This thesis also offers some suggestions for potential beneficial specific interventions. First, the way anxious and avoidant attachment were differentially related to symptoms suggest that to increase the possibility of positive therapeutic change, it may be beneficial to design different types of interventions directed at social problems and symptoms resulting from different insecure attachment patterns. For example, anxious attachment was more strongly related to social reference paranoia whereas avoidant attachment was more strongly related to persecution.

Second, interventions aimed at repairing mental states about self and others, which are the fundamentals of attachment style, may be a relevant treatment avenue in psychosocial treatment of psychosis.

In the last decade several types of interventions have been developed for patients with psychosis, that focus on problems in social interaction and associated skills and beliefs, for example interventions targeting social cognitive skills. Kurtz & Richardson (2012) provide a meta-analytic overview assessing the effect of social cognition trainings, showing some promising results with regard to facial affect recognition and ToM.

In addition, two recent studies using cognitive behavioural therapy (CBT) interventions focusing on negative symptoms (including social withdrawal) found encouraging results (staring et al., 2013; Grant et al., 2012). The focus of these interventions lies on targeting demoralisation beliefs regarding one’s social and cognitive abilities that may result in avoidance of (social) interaction.

Also, some CBT intervention studies in psychosis have been described that focus on more basic cognitive schemas or working models. Tai & Turkinton (2009), for example, describe interventions designed to focus on schemas, interpersonal relationships, emotion regulation, information biases self-evaluation.

As mentioned in chapter 2, mentalization based treatment is a proven successful therapy in borderline personality disorder. Exploration of the potential use of (elements of) mentalization based treatment in psychosis could be a focus of future research. Brent et al (2009) describe a case study with favourable outcome of mentalization based treatment in a patient with psychosis, with specific focus on disruptive attachment experiences and childhood trauma, however more research is needed.
Another interesting perspective on relapse prevention and wellbeing after psychosis that deserves further study is provided by Gumley and Schwannauer (‘Staying well after psychosis’, 2006). These authors have developed an attachment incorporated, cognitive interpersonal treatment approach for patients recovering from psychosis. They describe several aspects of the therapeutic process that focus on emotional and interpersonal adaption to psychosis, including a developmental perspective on help seeking and affect regulation, supporting self-reorganisation and adaptation after acute psychosis. Other treatment elements are traumatic reactions to psychosis, working with feelings of humiliation, entrapment, loss and fear of recurrence as well as interpersonal schemata and development of alternative interpersonal coping skills. Currently the evidence supporting this treatment is the focus of an ongoing study on treatment engagement, attachment and recovery (SSP:EAR; 2006).

The variety of intervention programs and therapies highlight the need for further research in order to specify and further develop existing psychosis treatment. This thesis underlines the importance of the concept of attachment as underlying mechanism of interpersonal difficulties, which should be considered in designing new interventions.

**Limitations, strengths and suggestions for further research**

Each of the studies included in this thesis its specific limitations, which are discussed in the relevant chapters. However, some general limitations should be discussed. The major limitation is that all studies had a cross-sectional design, therefore it is not possible to determine causal relationships. Prospective designs in future research are essential to investigate the causal directions in the relationship between attachment and psychosis. Along the same lines, we were unable to study childhood attachment style and it is therefore impossible to draw firm conclusions with regard to the assumption that early attachment style is related to adult attachment style. However, attachment style was found to be relatively stable over 20 years in a longitudinal follow up study in the general population (Waters et al., 2000) and results from chapter 5 suggest stability over a 3 year time period within a psychosis sample. However, (childhood) traumatic events are considered an important contributor of developing insecure adult attachment (Baer & Martinez, 2006); in this respect psychosis itself is often experienced as traumatic which might have influenced a persons’ attachment style (Rooke & Birchwood 1998; Morrison, Bowe, Larkin, & Nothard, 1999). Because of the cross sectional nature of the studies it remains unclear to what extent attachment style was affected by psychosis or whether high levels of insecure attachment were already present before onset of psychosis. Future studies with prospective longitudinal designs are therefore of utmost importance. Despite this limitation, the inclusion of siblings gives us some insight, as they share both genetic and environmental risk factors, without the illness related confounding effects. Interestingly, the association between attachment and (subclinical) symptoms was stronger in siblings than in patients and the relationship between early trauma and psychosis was more strongly mediated by attachment in siblings than in patients. This suggests that
attachment may play a more influential role on a subclinical level. The findings in siblings indicate that, although attachment is likely to be involved in the route into psychosis, once the illness has established itself, several other factors may (partly) shift attachment to the background, suggesting that attachment should be considered in the context of these factors with regard to outcome. To our knowledge we are the first to show that associations between attachment and psychosis are stronger in healthy siblings compared to patients. More research including siblings, or even twins, is needed to increase our understanding of the impact of attachment on a subclinical level.

It is important to stress that not all individuals with psychosis have an insecure attachment style. Berry and colleagues (2007) have suggested that attachment might be a non-specific risk factor for psychopathology and that the role attachment plays in psychosis should be considered alongside a wide range of contextual factors. Along the same lines, not all individuals who experience trauma develop psychopathology. Although trauma is a known cause of insecure attachment it has also been found that secure attachment protects and mitigates against adverse events (www.traumacenter.org; Browne & Finkelhor, 1986). The risk of developing an insecure attachment style is likely to increase when the trauma is inflicted by significant attachment figures. Unfortunately we could not assess this in the present study but future studies should consider this.

Another limitation is the use of self-report assessments in all the studies. Self-report questionnaires are liable to self-report bias or social desirability bias. Although it is encouraging that several key findings have been replicated using narratives and self-report questionnaires, further research is needed to compare different methods of assessing attachment in samples with psychosis. However, the self-report measure used for the conducted studies comprises the valid two dimension structure which is in line with current attachment models for assessing adult attachment with self-report questionnaires.

The generalizability of the findings is also limited in terms of sample characteristics. Only one study included a sample of patients with an early onset of psychosis. The majority of the participants were derived from the Amsterdam subsample of the GROUP project. In addition, participants who give informed consent to participate in a demanding study could be a relatively well functioning group with a relatively secure attachment style.

Our study, however, has also several strengths. Thanks to the design of the GROUP study it was possible to study patients with psychosis and their healthy siblings. This is a massive strength as siblings have a high risk for developing psychosis due to shared genetic factors, but without the possible confounding illness related factors. That way it is possible to study psychotic phenomena and other related issues without the potential disruptive effects of psychotic symptomatology and treatment.

Previous research focused mainly on patient attachment styles. Chapter 10 studied therapist attachment in addition to patient attachment and both attachment patterns were found to be of value for the quality of the therapeutic alliance, which is important to consider in relation to positive outcome.
Future research should focus on clinical intervention studies in which the alliance can be assessed pre- and post-treatment. Future research should include assessment of attachment of both therapist and patients in order to find matching pairs for beneficial treatment outcome. Our study also included several types of care workers, of which the majority were psychiatric staff who were not involved in actual psychotherapy, therefore future studies should investigate the patient-therapist interaction in psychotherapy.

Taken together this thesis provided a reliable and valid Dutch attachment measure for use in psychotic and non-clinical samples and important findings that support the relevance of two pathways in which attachment plays a pivotal role: one describing the development of psychosis and one describing a pathway to outcome. Studies were conducted with participants derived from the GROUP study, which allowed studying important associations of attachment and psychosis in patient and sibling samples. The insights gained from this thesis may broaden our understanding of current psychosocial models and may be implicated in improvements of psychotherapeutic interventions.

References Discussion


21. www.traumacenter.org