



Letter to the Editor

Clinical personality traits and parental bonding in patients with recent onset of psychosis



Attachment theory provides a useful framework to understand interpersonal difficulties that may predate the onset of psychosis and their impact on outcomes, such as treatment engagement, clinical severity or metalizing capacity (Gumley et al., 2014; Korver-Nieberg et al., 2014; Mathews et al., 2016). Most studies conclude that parental affectionless control bonding style, i.e. low in care-high in control, is the most common parental bonding style in patients with psychosis and is associated with poorer outcomes (Mathews et al., 2016). Previous evidence has shown a strong relationship between maternal bonding behaviours and premorbid personality in patients with schizophrenia and schizoaffective disorders (Willinger et al., 2002). However, possible associations between particular clinical personality traits and attachment styles associated with psychosis remain understudied.

We aimed to elicit [1] clinical personality traits, [2] parental bonding, and [3] links between specific personality traits and parental affectionless control bonding style in a sample of patients with recent onset of psychosis (ROP; within 5 years from first psychotic symptoms) in comparison with a sample of healthy volunteers (HV).

Sixty-four patients with ROP and 94 HV participated in the study. We used the Millon Multiaxial Inventory (MCMII-III) (Millon et al., 1997) to establish severity of clinical dimensional personality traits, and the Parental Bonding Instrument (PBI) (Parker et al., 1979). The PBI ascertains parental bonding styles retrospectively, when participants were ≤ 16 years old. It assesses 'care' and 'control' either as continuous or dichotomous bonding variables, and also determines four categorical bonding styles: high care-low control: "optimal parenting"; high care-high control: "affectionate constraint"; low care-low control: "neglectful parenting"; and low care-high control: "affectionless control".

The Institutional Review Board of Malaga Hospital approved study procedures. All participants, including patients and HV, provided written informed consent. All procedures were in accordance with the Helsinki Declaration for studies involving humans.

Most ROP participants were men (78.79%) and with a DSM-5 diagnosis of schizophrenia (62.12%). The mean age of onset of psychotic symptoms was 22.24 years ($SD = 4.29$), and the mean duration of psychotic illness at the time of assessment was 25.9 months ($SD = 20.0$). There were no significant differences in age, gender or marital status between patients and HV.

The ROP sample had significantly higher mean scores in most personality traits, except for histrionic ($p < 0.001$), narcissistic ($p < 0.001$), and compulsive ($p = 0.002$), which were significantly higher in HV. When bonding variables were on a continuous scale, ROP participants scored significantly higher than HV in fathers' control (18.00 ± 6.23 vs 12.20 ± 5.07 $p < 0.001$) and mothers' control

(18.59 ± 5.42 vs 14.78 ± 6.16 $p < 0.001$) and significantly lower in fathers' care (19.02 ± 7.86 vs 25.96 ± 6.62 $p < 0.001$) and mothers' care (23.11 ± 6.94 vs 28.78 ± 5.54 $p < 0.001$). The same differences applied when 'control' and 'care' were scored as dichotomous bonding variables ($p < 0.001$). As previously reported, the most frequent categorical bonding style among individuals with ROP was affectionless control, whilst for HV was optimal parenting. Significant differences ($p < 0.001$) were found across all four categorical bonding styles in both samples. Table 1 shows associations between affectionless control bonding style and specific clinical personality traits in both ROP and HV participants. Patients with affectionless control bonding style scored higher in certain clinical personality traits, such as schizoid, depressive, antisocial, schizotypal and borderline, especially in the mother's affectionless control bonding style subsample.

To the best of our knowledge this is the first study that explores the relationship between parental bonding and clinical personality traits in patients with ROP in comparison with a sample of HV. As previously reported (Armelius and Granberg, 2000; Parker et al., 1982), our study confirms that ROP patients' parental control was higher in comparison with HV. Conversely, parental care was significantly lower. As stated above, the affectionless parenting control has been associated with earlier onset of psychosis and increased relapse rates (Parker et al., 1982). Notably, we found that ROP patients who received this parenting style, especially from the mother, scored significantly higher in clinical personality traits associated with worse adjustment and prognosis (Sevilla-Llewellyn-Jones et al., 2017). Interestingly, HV with affectionless control bonding style did not tend to present with such maladaptive personality profile.

Arguably, acute psychotic symptomatology could influence both personality expression and recall of parental bonding styles. Accordingly, the ROP individuals included in this study had to be clinically stable and free of acute psychotic symptoms for at least 2 months (Mayoral et al., 2008). Nonetheless, it is worth noting that longitudinal studies have confirmed stable personalities in patients with ROP (Beauchamp et al., 2006). Also, PBI has proved to have good test-retest reliability for both disorder type and fluctuations in symptom severity (Parker et al., 1982).

In short, whilst the strength and causality of association between attachment styles and personality is still unclear, our study suggests that a combination of mother's affectionless control bonding style and specific, maladaptive personality traits may play a part in psychosis-risk and, potentially, treatment outcomes. In order to confirm these findings, further prospective studies, including bigger samples, are warranted.

Contributors

JSLL designed the study, managed the literature searches, wrote the protocol, undertook the statistical analysis and wrote the first draft of the manuscript. PCD, ALM, and AEE conducted assessments. SO, supervised all the phases of the study and review, and revised

Table 1
Relationship between affectionless control bonding style and clinical personality traits of patients with recent onset of psychosis in comparison with healthy volunteers.

Personality traits		Affectionless control parenting style			
		Father		Mother	
		Mean (SD)	<i>p</i> value*	Mean (SD)	<i>p</i> value*
Schizoid	Patients	54.05(17.55)	0.026	55.68(17.41)	0.043
	HV	40.63(23.77)		42.9(24.36)	
Avoidant	Patients	55.55(23.14)	0.264	55.61(21.92)	0.091
	HV	47.26(27.95)		42.65(31.29)	
Depressive	Patients	52.7(23.84)	0.012	53.73(24.14)	0.000
	HV	33.68(26.51)		25.35(26.31)	
Dependent	Patients	50.93(22.3)	0.144	53.7(22.46)	0.011
	HV	43.53(21.81)		38.05(23.34)	
Histrionic	Patients	36.27(20.35)	0.109	36.32(19.41)	0.063
	HV	45.95(22.07)		47.8(24.35)	
Narcissistic	Patients	57.5(18.56)	0.486	55.98(16.01)	0.074
	HV	60.37(21.02)		61.45(18.12)	
Antisocial	Patients	57.07(18.56)	0.033	58.82(16.88)	0.003
	HV	49(16.23)		45.55(20.04)	
Sadistic	Patients	46.11(17.95)	0.952	47.84(17.29)	0.114
	HV	45.89(19.77)		40.2(19.99)	
Compulsive	Patients	47.09(21.14)	0.148	45.66(19.93)	0.111
	HV	53.89(15.29)		53.6(17.99)	
Negativistic	Patients	45.09(20.03)	0.922	46.98(19.82)	0.283
	HV	43.79(21.4)		39.1(23.39)	
Masochistic	Patients	47.09(18.29)	0.177	47.8(18.01)	0.023
	HV	36.05(24.84)		29.65(26.39)	
Schizotypal	Patients	47.73(25.00)	0.050	49(24.03)	0.005
	HV	35.42(25.38)		25.6(26.34)	
Borderline	Patients	52.07(23.96)	0.012	54.68(22.49)	0.000
	HV	37.11(19.68)		31.1(21.78)	
Paranoid	Patients	53.5(22.29)	0.730	52.95(21.59)	0.277
	HV	45.21(28.92)		41.2(30.20)	

HV: healthy volunteers.

* U-Mann-Whitney tests.

the manuscript. JP critically revised and edited the manuscript. BR reviewed the manuscript. All authors contributed to and have approved the final manuscript.

Declaration of competing interest

There is no conflict of interest.

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