Defence mechanisms and attachment styles in paranoid ideation evaluated in a sample of non-clinical young adults

I meccanismi di difesa e gli stili di attaccamento nell’ideazione paranoide valutati in un campione non clinico di giovani adulti

Giacomo Ciocca\textsuperscript{1*}, Alberto Collazzoni\textsuperscript{2}, Erika Limoncin\textsuperscript{1}, Camilla Franchi\textsuperscript{3}, Daniele Mollaioli\textsuperscript{1}, Giorgio di Lorenzo\textsuperscript{4,5}, Emiliano Santarnechi\textsuperscript{6,7}, Alfonso Troisi\textsuperscript{4,5}, Alberto Siracusano\textsuperscript{4,5}, Alessandro Rossi\textsuperscript{2,3}, Emmanuelle A. Jannini\textsuperscript{1}

\textsuperscript{1}Chair of Endocrinology and Sexual Medicine, Departement of Systems Medicine, University of Rome Tor Vergata, Italy
\textsuperscript{2}Department of Biotechnological and Applied Clinical Sciences, University of L’Aquila, Italy
\textsuperscript{3}Department of Mental Health, ASL 01 Avezzano-Sulmona-L’Aquila, Italy
\textsuperscript{4}Chair of Psychiatry, Department of Systems Medicine, University of Rome Tor Vergata, Italy
\textsuperscript{5}Psychiatry and Clinical Psychology Unit, Department of Neurosciences, Fondazione Policlinico Tor Vergata, Rome, Italy
\textsuperscript{6}Department of Medicine, Surgery and Neuroscience, University of Siena, Italy
\textsuperscript{7}Berenson-Allen Center for Non-invasive Brain Stimulation, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA, USA

\textsuperscript{*}E-mail: giacomo.ciocca@libero.it

\textbf{SUMMARY. Objective.} The aim of this investigation was to evaluate defence mechanisms and attachment styles in paranoid ideation through a cross-sectional design with sequential recruitment of subjects. \textbf{Methods.} Five hundred and fifty non-clinical subjects were recruited from university students. A psychometric protocol comprising paranoid ideation scale of Symptoms Check List (SCL-90-R-Par) to identify paranoid ideation, Defence Style Questionnaire (DSQ-40) to evaluate defence mechanisms, and Relationship Questionnaire (RQ) to measure attachment styles was then administered. \textbf{Results.} We found a significant predictive value of immature defence mechanisms ($\beta=0.48; p<0.0001$) and preoccupied attachment style ($\beta=0.25; p<0.0001$) in the paranoid ideation. Moreover, subjects reporting a preoccupied or fearful attachment style showed higher levels of paranoia. \textbf{Conclusions.} This study revealed that paranoid ideation is mainly characterised by immature defence mechanisms. A clear insecure attachment style associated with paranoia was also found. The assessment of paranoid ideation should therefore consider the role of attachment style and defence mechanisms as an integral part during the diagnostic and therapeutic processes.

\textbf{KEY WORDS:} paranoia, attachment styles, defence mechanisms.

\textbf{INTRODUCTION}

A paranoid person harbours suspicion and doubts towards external reality and other people and «believes that harm is occurring, or is going to occur, to him or her, and that the persecutor has the intention to cause harm»\textsuperscript{1}. In this regard, the interpersonal theories of Trower and Chadwick and then of Bentall conceive paranoia as stable or dynamic pattern, according two clinical typologies: «bad me tend to blame themselves and see themselves as bad» and «poor me to see the other as bad and to see themselves as victims»\textsuperscript{2,4}.

In the psychological sciences the phenomenology of paranoia crosses both personality and psychotic disorders, albeit in different ways and to a varying degree. Aspects of para-
noid thought are in fact found in paranoid personality disorder and in many forms of schizophrenia, such as paranoid schizophrenia, which is mainly characterised by persecutory delusions5.

The psychopathology and aetiology of paranoia are described by psychodynamic and cognitive theories, but genetic and epigenetic researchers have also investigated paranoia in the vast spectrum of psychotic disorders6-8. Another recent investigation studied the interesting relationship between paranoia and anger in a forensic sample composed by subjects that had violent convictions and mental diseases9.

Even though paranoid functioning is a characteristic found in both personality and psychotic disorders, some psychological factors involved in the paranoia in non-clinical samples have not been fully explored. Among the psychological aspects characterising psychic functioning, defence mechanisms and attachment style play a central role.

Each person uses different defence mechanisms to confront stressful situations or states of anxiety, and a vast part of the literature distinguishes between mature, neurotic and immature defence mechanisms10. For example, immature defences such as projection, splitting and denial are often used in paranoid functioning, in which an internal threat together with negative aspects of self are projected toward external reality, with other people perceived as threatening11. This phenomenon is particularly evident in psychotic disorders involving persecutory delusions12. In this regard, a study has found a relationship between avoidant coping and denial in non-clinical paranoia, highlighting the role of maladaptive coping strategies as predictors of paranoid thought13. Therefore, it is likely that also peculiar aspects of defensive system are involved in the manifestation of paranoia.

Another fundamental issue and a current subject of debate concerns the role of the attachment styles involved in paranoia14-16. The principal attachment styles described are secure and insecure, on the basis of positive or negative child-caregiver relationships17-19. Subsequent studies20,21 distinguished particular types of attachment based on anxious and avoidant dimensions. In particular, Bartholomew and Horowitz21 observed and defined four types: secure, preoccupied, fearful and dismissing, on the basis of positive or negative models of self and other22. In this vein, a recent case-control study focusing on people with schizophrenia found that insecure attachment was predictive of paranoia, with negative self-esteem acting as a mediator23,24.

Other important studies have investigated the diffusion of paranoid thoughts in a non-clinical population, demonstrating a hierarchy of paranoid ideation along a continuum from normal to pathological25. A study of subjects with no psychiatric diseases found that depressed mood, social anxiety and avoidance, evaluation apprehension, self-monitoring and lower self-esteem were associated with paranoia26. Another recent investigation demonstrated that paranoia plays a mediation role among boredom proneness and conspiracist ideation, through an internet-based study on a sample of general public27.

In any case, particular aspects related to paranoia, including doubts about trust or mistrust of friends and colleagues, seem widespread in the general population1,6,27, suggesting that scientific interest should encompass several psychological aspects associated with paranoia in non-clinical subjects. This background of relational patterns and defensive styles, the current study hypothesis is to understand the possible impact of immature defence mechanisms and insecure attachment style on paranoia in a non-clinical sample.

The aim of this study was therefore to evaluate defence mechanisms and attachment styles in paranoid ideation through a psychometric investigation.

**METHODS**

**Sample recruitment**

Five hundred and fifty university students (aged 18-30) were sequentially and randomly recruited among different courses and disciplines of our university.

A psychometric protocol involving a socio-demographic questionnaire and self-report tests was then administered. The study protocol was approved by our ethics committee for investigations involving human subjects, in line with the Declaration of Helsinki, and all subjects signed an informed consent form on the handling of personal data.

**MEASURES**

**Defence mechanisms**

Defence mechanisms were assessed with the short form of the Defence Style Questionnaire (DSQ-40) (Italian version). It includes 40 items with responses on a 9-point Likert scale. DSQ-40 investigates 20 defence mechanisms; these were regrouped into mature, neurotic and immature to improve psychometric properties26,27. Mature defences include sublimation, humour, anticipation and suppression; neurotic defences include undoing, pseudo-altruism, idealisation and reaction formation; immature defence mechanisms include projection, acting out, isolation, devaluation, autistic fantasy, denial, passive aggressiveness, displacement, dissociation, splitting, rationalisation and somatisation.

**Attachment styles**

Attachment styles were assessed by the Italian version of the Relationship Questionnaire (RQ)28. This is a well validated and widely used tool with just four items, based on the four models of attachment styles29. This psychometric test was used in several studies concerning the assessment of attachment style26,27. Each item corresponds to a specific attachment style: secure, preoccupied, fearful and dismissing. The subject is invited to respond according to a dimensional and categorical perspective. First, subjects rate each description on a 7-point Likert scale. This test also describes the positive or negative models of self and other through the four types of attachment.

**Paranoia**

Paranoia, or more specifically paranoid ideation, was assessed by the Italian version of Symptom Check List-90-R (SCL-90-R), one of the most widely used self-report psychometric tests in the area of psychopathological symptom assessment30,31. It has 90 items, with a 4-point Likert scale for the evaluation of nine psychological symptoms (somatisation, obsession-compulsion, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety,
RESULTS

As shown in Table 1, in our sample women were more prevalent than men. Gender did not differ for age (women, 21.95±3.36; men, 21.99±3.54; t_{548}=-0.121; p=0.904) and was not associated with relationship status. The mean scores for paranoid ideation, defence mechanisms and attachment styles are also included in Table 1.

Some interesting findings emerged from the categorical measurement of attachment style assessed by RQ. As 62 subjects omitted to indicate the self-description they considered closest, this analysis included 488 participants. Of these, 141/488 (28.9%) indicated a secure attachment style, 68/488 (13.9%) a fearful, 123/488 (25.2%) a preoccupied, and 156/488 (32%) a dismissing attachment style. Among these subgroups, significant differences on the levels of paranoid ideation between subjects reporting a secure attachment and subjects with fearful, preoccupied attachment (p<0.05) were found. Specifically, higher paranoia scores were found in subjects with fearful and preoccupied attachment styles (Figure 1).

Moreover, multiple hierarchical regression analysis revealed that demographic variables contribute to explain only the 1% of the paranoia variance at step 1.

On the contrary, at the second step, defence mechanisms are significant predictors of paranoia, explaining alone the 24% of paranoia variance. In particular, immature defences (β=−.48; p<0.0001) (Figure 2a) has a higher predictive value than neurotic and mature (β=−.09; p<0.05 and β=−.11; p<0.05, respectively).

At the third step, attachment styles together defence mechanisms and demographic variable explain the 35% of paranoia variance. In this step preoccupied and fearful attachment styles have higher predictive values (β=−.25; p<0.0001 and β=−.14; p<0.0001, respectively) (Figure 2b), than secure attachment (β=−.085; p<0.05). Finally, age showed a negative, low but significant protective value for the paranoia (Table 2).

DISCUSSION

This study investigated the link among paranoia, defences and attachment styles and it found a clear evidence of a strong involvement of immature defence mechanisms and insecure attachment in paranoid ideation in non-clinical subjects. These aspects, which reflect the consolidated theories concerning the widespread diffusion of paranoid thoughts in the general population, open up an interesting issue regard-

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<th>Table 1. Socio-demographic and clinical characteristics of 550 non-clinical young adults.</th>
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Data are reported as frequency (and percentage) and mean ± SD. SCL-90-R-Par= Symptom Check List-90-R scale; DSQ-40= Defence Style Questionnaire; RQ= Relationship Questionnaire.

Figure 1. Paranoia levels in the different distributions of attachment styles according to the categorical evaluation of RQ.
Defence mechanisms and attachment styles in paranoid ideation evaluated in a sample of non-clinical young adults

The current study results demonstrated a considerable association between immature defence mechanisms and paranoid ideation, highlighting the evidence that paranoia is mainly related to primitive defences manifesting in relationships with other people, including in therapeutic relationships. In this regard, in most cases, defence mechanisms such as coping strategies are the subject’s adaptive response to a stressful internal or external demand causing anxiety or fear. It is likely that immature defences protect, in a dysfunctional way, the individual against an internal state.
of fear that he or she finds threatening. In fact, the psychometric protocol regroups, among immature defences the projection, splitting, denial and other primitive responses against anxiety, that could be considered psychological markers of an unhealthy functioning of personality.

In these cases, it is possible that there is a hyper-activation of immature defence mechanisms in which negative aspects of self, characterizing paranoia, are projected to other people, such as in a maladaptive response. In this regard, denial and avoidant coping representing maladaptive strategies were already considered predictors of subclinical paranoia, after an investigation on another large sample of university students.

Together to the considerable impact of immature defences, the assessment of attachment styles revealed an interesting significant association between fearful and preoccupied attachment styles and paranoid ideation. In particular, preoccupied attachment style could be considered the second predictor of paranoid ideation in the regression model. Also another recent study demonstrated a link between paranoia and preoccupied attachment style, although in a small group of psychiatric patients.

On the other hand, some evidences in literature have reported that fearful attachment characterizes psychotic symptoms, also with the mediation of childhood traumas. Moreover the categorical analysis of RQ revealed that subjects reporting a secure attachment significantly differed from the other attachment styles in the level of paranoid ideation, with lower scores on SCL-90-R-Par. In particular, individuals that have indicated preoccupied and fearful attachment styles were once again of clinical interest, due to paranoia scores higher than 1.

More in general, the involvement of preoccupied and fearful attachment styles in paranoia, highlights that paranoid ideation is associated with anxious and avoidant dimensions, aspects specifying both preoccupied and fearful attachment styles. In this regard, another recent study investigated the relationship between attachment style and psychotic symptoms in a large psychiatric sample, demonstrating a central role of avoidance and anxiety in the psychotic symptomatology, as paranoia and hallucinations.

Moreover, preoccupied and fearful attachment styles were both associated with a negative model of self, which seems to be in line with the negative self-concept and lower self-esteem that characterize paranoia.

On the whole, this investigation revealed that immature defence mechanisms and preoccupied attachment style both had high predictive power for paranoia levels. Neurotic defences and fearful insecure attachment were also predictive, albeit to a lesser extent. In contrast, secure attachment style and mature defences partially protected against paranoia, demonstrating that healthy personality aspects can prevent the tendency towards paranoid ideation.

On the other hand, this study has some limitations including the characteristics of the sample, which comprised young students. This could influence the applicability of the results to a general population. In addition, the lack of any careful psycho-diagnostic examination and the cross sectional nature of this study could be other additional limitations.

Finally, another interesting finding concerns the inverse and small correlation between paranoia levels and increasing age, which therefore seems to protect against a dysfunction-al paranoid attitude. This aspect is an important issue above all in our sample of university students and raises questions about the adjustment strategies of students at the beginning of university life.

CONCLUSIONS

Paranoid ideation is a very well-known attitude of thought that is widespread in the general population, even in individuals without evident psychiatric symptoms. However, particular and partially dysfunctional psychological constructs such as an insecure attachment style and immature defence mechanisms were associated with higher paranoia levels, highlighting, for the first time together, the impact of attachment style and defence mechanisms in the paranoia. Any diagnostic and therapeutic process focusing on paranoid thought should therefore consider the relational patterns and the defensive styles involved in paranoia, especially in young adults at the beginning of university life. Finally, this information on the relationship between paranoia, defences and attachment style could have important clinical implications in the prevention of psychological distress.

Conflict of interest: the authors declare no conflict of interest.

REFERENCES

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