Reviewer's report

Title: Attachment and coping in psychosis in relation to spiritual figures

Attachment and religion in psychosis Philippe Huguelet1, M.D. Sylvia Mohr1, Ph.D., Isabelle Rieben2, Ph.D., M.A., Roland Hasler1, Ph.D., Nader Perroud1, M.D., Pierre-Yves Brandt2, Ph.D. 1 University Hospital of Geneva and University of Geneva, Division of Adult Psychiatry, Rue du 31-Decembre 8, 1207 Geneva / Switzerland 2 Lausanne University, Faculty of Theology, BFSH 2, 1015 Lausanne/ Switzerland Pr Philippe Huguelet (corresponding author) University Hospital of Geneva Department of Mental Health and Psychiatry, Division of General Psychiatry Secteur Eaux-Vives Rue du 31 Decembre 8, 1207 Geneva/ Switzerland Tel: +41 22 382 31 03 Fax: +41 22 382 31 05 Philippe.huguelet@hcuge.ch Emails of the authors : Philippe.Huguelet@hcuge.ch Sylvia.Mohr@hcuge.ch isabelle.rieben@hcuge.ch roland.hasler@hcuge.ch nader.perroud@hcuge.ch pierre-yves.brandt@unil.ch;

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Reviewer: Susanne Harder

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Major Compulsory Revisions

This study explores attachment to a religious figure in a sample of individuals suffering from chronic psychosis (N=30) and a small control sample (N=18) exploring two opposing hypothesis: The correspondence hypothesis suggesting that early child-parent interactions correspond to a person’s relation to a spiritual figure and the compensation hypothesis suggesting that an insecure attachment history would lead to a strong religiousness/spirituality as a compensation for the lack of felt security. The role of attachment in psychosis is gaining interest internationally and the role of religious beliefs in psychosis is a clinically important topic for understanding the role of religious beliefs as either a mental support system helping in time of suffering in contrast to being part of the illness for example in the form of negative delusional religious beliefs. Thus, I find the topic of this study important and relevant, but I find that the manuscript needs major revisions:

1. Abstract and Introduction. The rationale for the study is not well defined. There are several foci i.e. the role of attachment in both development and treatment of psychosis as well as the association to symptoms and trauma and the role of attachment to spiritual figures. A clearer focus as well as a more well defined rationale for the chosen focus is needed.


A. in the methods section p 8 line 105 it states that all patients were religiously involved. As the control sample was matched to the clinical group, it is not clear why it was not possible to recruit 30 matched controls, and why the study ended
up with only 18 in the control group.

B. p 9 line 138. It states her that

“As the AAI led to a high level of distress for most of our patients, disorganization, a category of attachment sometimes considered in the attachment literature, was not systematically explored during the interview with respect to the patient’s wellbeing”

as the same time at page 10 line 152-155 it states that

“Childhood traumatic experiences in relation to attachment figures were extracted from the AAI with a focus on the following points: Multiple traumatic experiences, Separation from first attachment figure, Repeated separation from first attachment figure, Sexual abuse, Violence from parents, Parental psychiatric Disorder traumatic for the subject.”

As the main category of disorganized attachment in the AAI is the “Unresolved category” which is assessed based on the questions related to trauma and abuse it is not clear to me which questions were excluded in the AAI in order to not systematically explore disorganization “ during the interview with respect to the patients wellbeing”.

c. Further if the questions related to trauma and abuse was assessed in the AAI, why did they not code the U / unresolved category of the AAI and instead choose to make their own system for extracting trauma from the AAI? No rational for this was reported.

d. no data on reliability was provided for any of the measures.

3. Results:

a. As the trauma data is very exploratory and not based on a standardized measure such as the “unresolved” in the AAI, I would recommend this data for only descriptive purposes and not used in statistical analyses. (Table 4)

B. line 225. It is not clear to me what is meant by a “stable” attachment to at spiritual figure. This need to be defined.

c. Only associations between symptom severity and attachment pattern to religious figure is reported. This makes it difficult to get an impression of the importance of the spiritual attachment compared to the normal attachment patterns. Is the attachment to at religious figure adding anything not covered by the normal attachment pattern? As most of the participants showed a correspondent attachment pattern to attachment figures and spiritual figures, I would have liked to see the association between symptom and attachment pattern both in relation to spiritual figures and attachment figures.

4. Discussion.
The discussion is not enough centered around the data and findings reported in the study, but tend to cover much broader areas not adequately supported by the data. It would improve by being shortened considerable and more focused on the primary outcome of the study, the role of attachment to spiritual figures compared to normal attachment pattern, and the two hypotheses explored in this regard.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests