A mediation model linking attachment to God, self-compassion, and mental health

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Attachment theory posits that insecure attachment is a risk factor for the development of anxiety and depression and ample evidence supports this idea. Research has also demonstrated links between attachment to God and mental health, but little is known about the emotion regulatory mechanism that underlies this relationship. The present study explored the explanatory role of self-compassion in the relation between attachment to God and anxiety, depression, and life satisfaction in a sample of 181 adults who completed an online survey. Elevated attachment anxiety and avoidance were associated with higher depression and anxiety, and lower life satisfaction. Self-compassion mediated these associations (in an inverse direction for anxiety and depression), suggesting that people who feel uncomfortable depending on God, or who fear God’s rejection, have difficulty extending kindness to themselves. Possible interventions are discussed in the context of these results.

Keywords: attachment to God; self-compassion; mental health; mechanical Turk; anxiety; depression

In recent decades, attachment theory has been invoked as a framework for understanding the relationship that religious people have with God. Accumulating evidence supports the idea that God can function as an attachment figure, and that this symbolic attachment relationship confers many of the same psychological benefits as a human attachment relationship (Granqvist & Kirkpatrick, 2013; Homan, 2014; Kirkpatrick, 2005; Kirkpatrick & Shaver, 1992). Although growing evidence demonstrates that secure God attachment is related to lowered rates of psychological problems and increased well-being (Kirkpatrick, 2005), little is known about the process underlying this association. Self-compassion, defined as an attitude of kindness towards the self even in times of disappointment or failure, has emerged as an important correlate of a wide range of psychological benefits (MacBeth & Gumley, 2012). It is logical to predict that people who are securely attached to God will experience greater self-compassion because theoretically individuals’ sense of being loved and worthy of care is a reflection of their mental model of their attachment relationship (Bowlby, 1980). The purpose of this study was to test whether self-compassion mediated the relationships between attachment to God and three outcomes: anxiety, depression, and life satisfaction.

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Attachment theory

Attachment theory, as formulated by Bowlby (1969/1982), posits that the enduring emotional bonds between children and their primary caregivers establish a broad foundation for psychosocial functioning. Through repeated interactions with primary caregivers, children develop mental representations of the world, self, and others (known as internal working models). When interactions with attachment figures are generally positive (i.e., the attachment figure is available and responsive in times of need), the resultant internal working model is positive and secure. The individual internalises a view of self as worthy, of others as reliable and trustworthy, and of the world as predictable and safe. In contrast, when attachment figures are inconsistent or rejecting, the resultant internal working model regards the self and others as negative, and the world as uncertain.

Internal working models have their roots in childhood but by adulthood they develop into a hierarchy of both general and relationship-specific working models that continue to influence expectations, perceptions, and behaviour in close relationships (Collins, Guichard, Ford, & Feeney, 2004). Adult attachment is generally described in terms of two dimensions: anxiety and avoidance (Brennan, Clark, & Shaver, 1998). The first dimension, attachment anxiety, centres on fears about rejection or abandonment. People who score high on this dimension are uncertain about their own worth and whether relationship partners will be available and responsive when needed or desired. The second dimension, attachment avoidance, refers to the degree to which the individual is uncomfortable with emotional closeness and reliance on others. People with high attachment avoidance strive to remain psychologically and emotionally independent from important others. In contrast, securely attached people (i.e., low scores on both of these dimensions) are confident about their own lovability, expect that relationship partners will respond to them, are comfortable with closeness and interdependence, and have constructive coping abilities.

According to Bowlby (1973, 1980), attachment insecurity is a vulnerability factor for depression and anxiety. Attachment insecurity predisposes the individual to hopeless, pessimistic mental models of self and world, and cognitive theorists emphasise that these negative thoughts are a diathesis for the development of depression (Abramson, Metalsky, & Alloy, 1989; Beck, 2002). In regard to anxiety, the belief that attachment figures are unavailable and unresponsive results in mental models of the world as a dangerous place, and self as fearful and unable to cope. These cognitions can intensify anxious reactions to threats and challenges. Ample evidence supports these ideas. More than 100 empirical research articles have reported that attachment insecurity is related to higher levels of depression and anxiety (e.g., Kadir & Bifulco, 2013; Marganski, Gallagher, & Miranda, 2013; Monti & Rudolph, 2014). Studies that have explored these relationships using dimensional self-report measures have shown that attachment anxiety tends to be more consistently related to both depression and anxiety than does attachment avoidance (e.g., Hankin, Kassell, & Abela, 2005; Wei, Vogel, Ku & Zakalik, 2005). Most of these studies were correlational, but some followed participants prospectively and found that attachment style preceded the development of depression and anxiety (Hankin et al., 2005; Wei, Russell, & Zakalik, 2005).

God as an attachment figure

An important aspect of many people’s religious experience is that they have a personal relationship with God, and this relationship can be effectively conceptualised in terms of attachment (Granqvist & Kirkpatrick, 2013; Kirkpatrick, 1992, 2005). The defining criteria for an attachment relationship include seeking and maintaining proximity, viewing the attachment figure as
providing a haven of safety in the presence of threat, and using the attachment figure as a secure base (Ainsworth, 1985). These criteria can be observed in believers when they seek proximity through prayer, turn to God for comfort when threatened, and find confidence for life’s challenges when they believe that God is with them. Furthermore, because God is usually believed to be omnipresent and all-powerful, God represents the ultimate attachment figure: stronger, wiser, and always available.

There is limited extant research on attachment to God and psychological disorders, but existing work suggests that secure God attachment protects against psychopathology in a way that parallels secure human attachment. An early, now classic study reported that God attachment security was related to less loneliness/depression and anxiety (Kirkpatrick & Shaver, 1992). However, this study categorised participants’ attachment style based on prototypical descriptions; since it was published, dimensional measures of attachment to God that assess the anxiety and avoidance dimensions have been developed. Research that has assessed attachment to God along these dimensions has generally found that greater security (i.e., lower attachment anxiety and avoidance) is related to lower levels of anxiety and depression (Bishop, 2008; Knabb & Pelletier, 2014; Rowatt & Kirkpatrick, 2002). Secure attachment to God is also related to higher life satisfaction (Freeze & DiTommaso, 2014; Wei et al., 2012), which is important because contemporary psychologists recognise that mental health consists of more than the absence of problems. Instead, it includes the presence of positive qualities such as happiness and life satisfaction (Seligman, 2011).

**Self-compassion**

Self-compassion is thought to include three interconnected components: self-kindness, common humanity, and mindfulness (Neff, 2003a). Self-kindness refers to responding to perceived inadequacy or disappointment with understanding, patience, and forgiveness. People who are self-kind affirm that they deserve love and affection. Common humanity refers to the recognition that all people are imperfect, make mistakes, and experience failure. As a result of this recognition, self-compassionate people do not feel isolated by the experience of failure or struggle. Finally, mindfulness refers to maintaining awareness of one’s painful thoughts and feelings, but maintaining a sense of objectivity rather than becoming immersed in those feelings.

Self-compassion can serve as an emotional regulation strategy, and for this reason it shows strong associations with psychological health (Diedrich, Grant, Hofmann, Hiller, & Berking, 2014; Neff, 2003b). Self-compassionate people recognise distressful feelings, but respond to those feelings with understanding and a sense of shared humanity. Rather than berating oneself or ruminating on perceived inadequacies, the self-compassionate response entails extending kindness. As a result, the impact of emotionally distressing experiences is minimised and the tendency to be overly pessimistic and critical (as is common in depression) is interrupted. This response soothes feelings of inadequacy or anxiety, rather than allowing them to grow. Consistent with these ideas, self-compassionate people have been shown to report lower rates of psychological distress, such as anxiety, depression, and stress (MacBeth & Gumley, 2012). Self-compassion has been linked with reduced rumination and worry, and these processes mediated the inverse relationships between self-compassion and depression or anxiety (Raes, 2010). Self-compassionate people reacted to hypothetical distress-producing scenarios with fewer catastrophic thoughts, which often characterise anxiety (Leary, Tate, Adams, Allen, & Hancock, 2007). Finally, individuals who reported higher self-compassion also experienced higher rates of desirable outcomes, such as life satisfaction, social connectedness, perceived competence, and intrinsic motivation (Neff, 2003b; Neff, Hsieh, & Dejitterat, 2005).

There is strong reason to think that secure attachment to God would facilitate self-compassion. Theoretically, mental models of attachment figures and mental models of the self are
complementary (Bowlby, 1980). Thus, people who perceive God as loving, caring, and available are likely to hold mental models of self as worthy of love and compassion. Further, it has been proposed that people develop security-based self-representations, defined as aspects of the self that originated in interactions with the attachment figure (Mikulincer & Shaver, 2004). Specifically, if an attachment figure has demonstrated qualities such as kindness, empathy, and encouragement, the individual incorporates these qualities into his/her mental representation of self. These mental representations, when activated, can help to regulate distressful emotions. Thus, people whose supportive attachment figures have demonstrated compassion are likely to demonstrate compassion toward themselves. These ideas have received support in several studies involving human attachment. Neff and McGehee (2010) reasoned that sensitive, responsive parenting (the same aspects of parenting that are crucial for secure attachment) would facilitate the development of self-compassion. Their study confirmed a positive relationship between attachment security and self-compassion among young adults. In addition, self-compassion has been shown to mediate the link between human attachment and subjective well-being (Wei, Liao, Ku, & Shaffer, 2011), as well as the link between human attachment and a global measure of mental health (Raque-Bogdan, Erickson, Jackson, Martin, & Bryan, 2011). These findings are important because they test predictions stemming from attachment theory; however, the mediating role of self-compassion has not yet been explored in the context of attachment to God.

The purpose of the present study was to examine the relationships among the two dimensions of attachment to God, self-compassion, anxiety, depression, and life satisfaction. There were three research hypotheses. First, it was predicted that elevated God attachment anxiety and avoidance would show a positive association with two common forms of psychological distress (anxiety and depression), and an inverse association with life satisfaction. Second, it was predicted that self-compassion would correlate negatively with anxiety and depression, and positively with life satisfaction. Third, it was predicted that self-compassion would mediate the relationships between the two attachment to God dimensions and the three mental health outcomes.

Method

Participants and procedure

All procedures were approved by the Institutional Review Board and all participants were treated according to ethical guidelines established by the American Psychological Association. A brief description of the study, including estimated duration and compensation, was posted on Amazon’s Mechanical Turk (MTurk) website. MTurk is a website that provides online “workers” with opportunities to complete online tasks for monetary compensation. It is recognised as a source of quality data for social science research, and tends to provide greater diversity than college samples (Buhrmester, Kwang, & Gosling, 2011). Interested participants were directed to a survey link. Before proceeding, participants were required to indicate that they understood the informed consent information, and that they agreed to participate. Following acknowledgement of informed consent, the measures described below were presented in random order. Two attention checks were embedded in the survey (e.g., “To make sure you are paying attention, please answer strongly disagree”), and those who failed either check were not included in the data set. Participants were paid $2.50 for completing the survey.

Additional participants were recruited from an undergraduate college with a strong religious heritage. They heard a brief description of the study in their regular classes and were offered extra credit in exchange for completing the online survey.

A total of 349 individuals completed the survey. However, 163 people from the MTurk sample chose not to complete the Attachment to God Inventory and instead endorsed the not
applicable to me option. Thus, data from these participants were not used in any analyses. Five additional participants were deleted due to missing data. The final sample consisted of 181 participants (124 from MTurk and 57 from the undergraduate institution); 73% of the sample were male. Participants ranged in age from 18 to 63 years ($M = 28.49$ years, $SD = 9.20$). They identified as White (78.2%), African-American (6.7%), Asian-American (7.8%), Latin American (5.7%), Native American (1.0%), or multiracial (2.1%). The breakdown of educational attainment was as follows: a high school degree or less (14.8%), some college (54.0%), a Bachelor’s degree (23.3%), and more than a Bachelor’s degree (7.9%). Participants identified as Protestant (36.5%), Christian other (27.0%), Roman Catholic (14.8%), other (including Muslim, Buddhist, Sikh; 4.2%), and 15.3% reported no religious affiliation. About one-third of the sample reported that they never attended worship services (33.0%; an additional 23.4% reported attending several times a year, 11.7% reported one to three times a month, and 31.9% attended weekly or more. In regard to self-rated religiosity, 21.3% reported that they were not at all religious, 39.9% somewhat religious, 30.3% very religious, and 8.5% extremely religious.

**Measures**

**Self-compassion**

The 12-item Self Compassion Scale Short-Form (Raes, Pommier, Neff, & Van Gucht, 2011) was used to measure self-compassion (e.g., “I try to be understanding and patient towards those aspects of my personality I don’t like”). Items are rated on a 5-point response scale ranging from 1 (almost never) to 5 (almost always). The short-form correlates almost perfectly with the original, longer version of the scale and showed good internal consistency among Dutch and American undergraduate students (Raes et al., 2011). Items were reversed where necessary and added to create a single self-compassion score. Cronbach’s alpha for the current study was 0.82.

**Attachment to God**

The Attachment to God Inventory (AGI; Beck & McDonald, 2004) was used to assess a participant’s tendency to either increase (anxiety) or suppress (avoidance) distress when the availability of God is in question. Participants indicated agreement with 26 items using a 7-point scale (1 = disagree strongly, 7 = agree strongly). In recognition of the fact that some people may not feel that they have a relationship with God, an additional option (not applicable to me) was provided. The 14-item Anxiety subscale taps themes of anxiety about one’s relationship with God (e.g., “I often worry about whether God is pleased with me”; “Sometimes I feel that God loves others more than me.”) High scores on this subscale reflect an anxious, insecure relationship with God while low scores reflect greater security. The 12-item Avoidance subscale assesses themes involving an unwillingness to draw close to God (e.g., “I just don’t feel a deep need to be close to God”; “I believe people should not depend on God for things they should do for themselves”). High scores on this subscale reflect greater avoidance. The AGI showed good factor structure and construct validity in a multi-sample study (Beck & McDonald, 2004). Cronbach’s alpha for the current study was 0.87 for the Anxiety subscale and 0.89 for the Avoidance subscale.

**Satisfaction with life**

The Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985) includes five statements about general life satisfaction (e.g., “In most ways my life is close to ideal”). Participants indicate their agreement with each statement using a 7-point scale ranging from 1 (strongly
disagree) to 7 (strongly agree). Higher scores indicate higher life satisfaction. This widely used measure demonstrated strong internally consistent and stable scores over a two-month period among college students and older adults (Diener et al., 1985), and is strongly related to positive affect and self-esteem. In the present study, Cronbach’s alpha was 0.90.

Mental health
The Depression Anxiety and Stress Scale-Short Form (DASS; Lovibund & Lovibund, 1995) was used to assess symptoms of depression and anxiety. The seven-item Depression subscale is based on primary symptoms of depression (e.g., “I felt that I had nothing to look forward to”, “I felt down-hearted and blue”). The seven-item Anxiety subscale is based on primary symptoms of anxiety (e.g., “I was aware of dryness of my mouth,” “I was worried about situations in which I might panic and make a fool of myself”). Participants rate each symptom on the basis of its severity during the previous week using a 4-point response scale ranging from 0 (did not apply to me at all) to 3 (applied to me very much or most of the time). Scores for each subscale can range from 0 to 21, with higher scores indicating greater depression or anxiety. The DASS-SF Depression scale showed a strong, positive correlation with the Beck Depression Inventory ($r = 0.79$) and the Anxiety subscale also showed a strong, positive correlation with the Beck Anxiety Inventory ($r = 0.85$; Antony, Bieling, Cox, Enns, & Swinson, 1998). Cronbach’s alpha for the present study was 0.84 for the Anxiety subscale and 0.90 for the Depression subscale.

Demographic questionnaire
The last page of the survey asked participants about demographic information including age, sex, highest level of education completed (1 = less than high school, 2 = some college, 3 = a Bachelor’s degree, 4 = more than a Bachelor’s degree), religious affiliation, frequency of attendance at religious services, and self-rated religiosity (1 = not at all religious, 2 = somewhat religious, 3 = very religious, 4 = extremely religious).

Results
As a preliminary analysis, the major study variables were examined for violations of normality. All skew and kurtosis statistics were within acceptable ranges for multiple regression analyses (i.e., less than 3.00 for skew and less than 10.00 for kurtosis; Kline, 2010). Descriptive statistics and intercorrelations for the major study variables are presented in Table 1. There was a small but significant correlation between attachment anxiety and attachment avoidance, indicating that these two variables share about 6% of their variance (Beck & McDonald, 2004). God attachment anxiety showed significant associations with anxiety, depression, self-compassion, and life satisfaction (the latter two correlations were in a negative direction). God attachment avoidance showed a significant negative correlation with life satisfaction. Self-compassion was significantly inversely related to anxiety and depression, and positively related to life satisfaction.

Reviews of the religion/health literature have emphasised the importance of controlling for basic demographic variables (Powell, Shahabi, & Thoreson, 2003); thus, age, sex, and education were used as covariates in all subsequent analyses. Some research has found strong associations between general religiousness and secure attachment to God (Cassibba, Granqvist, & Constantini, 2013, Cassibba, Granqvist, Constantini, & Gatto, 2008); for this reason, self-rated religiosity was also included as a covariate. (In this study, the correlation between self-rated religiosity and God attachment anxiety was $r = 0.25$ and the correlation between self-rated religiosity and God
attachment avoidance was $r = 0.73$.) Finally, the source of the participants was included as a covariate (i.e., Mechanical Turk or the undergraduate college).

The MEDIATE macro for SPSS (Hayes & Preacher, 2013) was used to determine total, direct, and indirect effects of the attachment dimensions on anxiety, depression, and life satisfaction. A conceptual diagram of the mediational model that was tested is presented in Figure 1. Three separate analyses were conducted (one for each of the three criterion variables). Values for each pathway (as depicted in Figure 1) are presented in Table 2. The significance of indirect effects was tested using 95% confidence intervals based on 5000 bias-corrected bootstrap samples. Confidence intervals that did not contain zero were regarded as significant. This procedure is now recommended for testing the significance of indirect effects because it does not require the assumption of normality for the sampling distribution of indirect effects (Hayes, 2009).

For the first model (with anxiety as the criterion variable), there was evidence that attachment anxiety and avoidance indirectly influenced anxiety symptoms through their effect on self-compassion, as these confidence intervals were entirely above zero ($a_1b = 0.027$, 95% CI = 0.008–0.046; $a_2b = 0.012$, 95% CI = 0.003–0.027). The more participants felt unsure and anxious about their relationship with God, or the more they avoided closeness with God, the less compassion they tended to show towards themselves ($a_1 = -0.229$; $a_2 = -0.098$). Self-compassion, in turn, was inversely related to anxiety symptoms ($b = -0.120$). Attachment anxiety had a significant direct effect upon anxiety symptoms when self-compassion was included in the model.

![Conceptual diagram of the mediation model predicting anxiety, depression, and life satisfaction from God attachment anxiety (AG anxiety), God attachment avoidance (AG avoid), and self-compassion.](image-url)
Table 2. Unstandardised regression coefficients, standard errors, and model summary information for the mediation model depicted in Figure 1.

<table>
<thead>
<tr>
<th>Criterion Variable</th>
<th>a₁ (AGAnx → Self-compassion)</th>
<th>a₂ (AGAvoid → Self-compassion)</th>
<th>b (Self-compassion → Criterion)</th>
<th>c₁’ (AGAnx → Criterion)</th>
<th>c₂’ (AGAvoid → Criterion)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>SE</td>
<td>p</td>
<td>B</td>
<td>SE</td>
</tr>
<tr>
<td>Anxiety</td>
<td>-0.229</td>
<td>0.03</td>
<td>0.001</td>
<td>-0.098</td>
<td>0.04</td>
</tr>
<tr>
<td></td>
<td>N = 178</td>
<td></td>
<td></td>
<td>R² = .244, p &lt; .001</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>-0.226</td>
<td>0.03</td>
<td>0.001</td>
<td>-0.113</td>
<td>0.04</td>
</tr>
<tr>
<td></td>
<td>N = 181</td>
<td></td>
<td></td>
<td>R² = .403, p &lt; .001</td>
<td></td>
</tr>
<tr>
<td>Life satisfaction</td>
<td>-0.223</td>
<td>0.03</td>
<td>0.001</td>
<td>-0.111</td>
<td>0.04</td>
</tr>
<tr>
<td></td>
<td>N = 181</td>
<td></td>
<td></td>
<td>R² = .373, p &lt; .001</td>
<td></td>
</tr>
</tbody>
</table>

Notes: Age, sex, education, self-rated religiosity, and data source were included as covariates. AGAnx, God attachment anxiety; AGAvoid, God attachment avoidance.
The criterion variable in the second analysis was depression. Both attachment dimensions had an indirect effect on depression through self-compassion ($a_1b = 0.060$, 95% CI = 0.040–0.089; $a_2b = 0.030$, 95% CI = 0.012–0.056). As with the first model, elevated attachment anxiety and avoidance were both related to lower levels of self-compassion ($a_1 = −0.226$; $a_2 = −0.113$) and self-compassion was significantly inversely related to depression ($b = −0.265$). Attachment anxiety had a significant direct effect upon depressive symptoms when self-compassion was included in the model ($c_1' = 0.087$) but avoidance did not ($c_2' = −0.017$). The omnibus test for the complete model was significant ($R^2 = 0.403$, $p < .001$).

Finally, the third model used life satisfaction as the criterion variable. There was evidence that both attachment dimensions indirectly influenced life satisfaction through their effects on self-compassion (anxiety: $a_1b = −0.101$, 95% CI = −0.143 to −0.069; avoidance: $a_2b = −0.050$, 95% CI = −0.092 to −0.021). Increased attachment security was related to lowered self-compassion (anxiety: $a_1 = −0.223$; avoidance: $a_2 = −0.111$). People who reported higher levels of self-compassion also tended to report higher life satisfaction ($b = 0.453$). There was no evidence that either attachment dimension had an effect on life satisfaction independent of their effect on self-compassion ($c_1' = −0.053$; $c_2' = −0.005$). The omnibus test for the complete model was significant ($R^2 = 0.373$, $p < .001$).

Discussion

Results of this study indicated that people who respond to uncertainties about God’s availability with either elevated distress (anxiety) or suppression of emotions (avoidance) are less likely to respond to their own shortcomings with gentleness and understanding, and that this relative lack of self-compassion mediated the association between two dimensions of attachment to God and three common indicators of mental health. These results are consistent with Mikulincer and Shaver’s (2004) proposition that people treat themselves in a manner consistent with the way that the attachment figure treated them. Through a process of identification with the attachment figure, people develop a self-representation that integrates the figure’s qualities and responses. This security-based self-representation enables people who perceive God as loving, accepting, and available to retain a sense of positive self-worth while recognising their own weaknesses and shortcomings. Essentially, those who perceive God as compassionate are able to extend compassion to themselves. On the other hand, people who have a history of interactions in which God is perceived as dismissing or disapproving will incorporate these qualities into their own self-concept, making it likely that they will treat themselves with disapproval or disdain.

According to theory, attachment security is an important source of individual differences in emotional regulation. Because securely attached people are confident of the attachment figure’s love, approval, and responsiveness, they learn to experience and express emotions without the fear of abandonment or criticism. In contrast, avoidant attachment is related to denying or repressing emotions as a way of maintaining self-reliance, and anxious attachment is related to exacerbating negative emotions through self-criticism, rumination, and worry (Cassidy, 1994). Presumably, this dynamic holds true when God is the attachment figure. The present study supports this idea because it shows that people with a secure attachment to God are able to treat themselves with kindness and to mindfully approach distressing issues. As previous research has shown, self-compassion is an effective emotional regulation strategy that interrupts some of the maladaptive coping strategies that often lead to depression or anxiety, such as rumination or catastrophising (Leary et al., 2007; Raes, 2010).
Results of this study have some implications for clinical practice. Although there are consistent links between God attachment insecurity and various markers of psychopathology, attachment relationships are thought to be relatively stable. Theoretically, internal working models of attachment figures develop over years of repeated interactions (or in the case of God, perceived interactions) with that figure. Thus, although not immutable, they may be difficult to change. In contrast, self-compassion might be a fruitful target for therapeutic intervention, and initial evidence supports this idea. For example, community adults who underwent an eight-week self-compassion workshop experienced gains in self-compassion and well-being, which were maintained at a year follow-up (Neff & Germer, 2013). An online self-compassion intervention produced increases in happiness and decreases in depression in individuals at risk for depression (Shapira & Mongrain, 2010) and a randomised clinical trial of mindfulness-based cognitive therapy for patients with recurrent depression showed that increases in self-compassion mediated improvements in depressive symptoms (Kuyken et al., 2010). These studies and others (e.g., Albertson, Neff, & Dill-Shackleford, 2014; Diedrich et al., 2014) indicate that it is possible to increase self-compassion, and that such changes can produce improvements in psychological health.

Some scholars have questioned the advisability of studying attachment to God in religious populations because of generalisability issues (Granqvist, 2014). This study began with a secular source of data (i.e., Amazon’s MTurk). As part of informed consent, potential participants were told that they would be asked questions about their relationship with God, but they were not screened in any way. Because not all people perceive that they have a relationship with God, an additional option was provided for each of the Attachment to God Inventory items (i.e., not applicable to me). More than half of the MTurk respondents chose this option for all the AGI items, and nearly all these participants described themselves as not at all religious. It is interesting to note that about one-fifth of the sample who did complete the AGI also described themselves as not at all religious, and about one-third of the sample reported that they never attended religious services. Thus, it appears that although religiousness is not a prerequisite for perceiving a personal relationship with God, such a relationship is simply not relevant to many nonreligious individuals. When it comes to generalising findings regarding attachment to God, it may be the case that findings are most relevant to more religious populations.

This study had some limitations. First, it was limited by its correlational design. The study tested a model of mediation that implied that attachment to God influenced mental health via self-compassion. This causal model was based upon a strong theoretical foundation, and was supported by the data. However, it is difficult to establish causation unequivocally using statistical methods. It is always possible that self-compassion is merely a correlate of attachment to God rather than a true mediator. It is also possible that people who are experiencing psychological distress perceive that God is distant and unresponsive, rather than vice versa. Only experimental manipulation can rule out these possibilities. Another limitation involved the sample, which was primarily drawn from the general United States population. Although the sample was presumably more diverse than most college student samples, it was nonclinical, and most participants showed low levels of psychological distress. It is possible that the observed contributions of attachment to God to mental health were attenuated by this aspect of the sample. Furthermore, results may not generalise to people experiencing clinical levels of anxiety or depression, or people with different demographic characteristics.

Despite these limitations, this study extends understanding of the link between attachment to God and mental health outcomes by suggesting an underlying mechanism. Although attachment theory proposes that secure attachment is associated with better emotional regulation, this study indicates some specific and tangible ways in which that emotional regulation is played out. Specifically, by extending kindness and understanding to the self, recognising and acknowledging
distressful emotions without overidentifying with them, and recognising that struggles are part of the human experience, people who perceive a warm and secure relationship with God experience fewer psychological symptoms and greater life satisfaction. It appears that the psychological desideratum of feeling unconditionally loved, accepted, and attended by God facilitates the believer’s ability to handle distress and enjoy emotional well-being.

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