Attachment to God is related to both parental bonding and religious coping, but the relation of the two latter variables has gained little attention until now. In a study among 95 Roman Catholics (49 women), the mediating role of attachment to God between perceived parental care and religious coping was tested. Results showed that levels of avoidant attachment to God and positive religious coping were independent of perceived parental care. Multiple linear regressions revealed that anxious attachment to God fully mediated the relationship between parental care and negative religious coping. Possible explanations for these selective relationships are discussed.

Keywords: attachment to God; religious coping; parental bonding; mediation
1. Introduction

The developmental background of general coping strategies has received much attention (Rutter 1981; Skinner & Zimmer-Gembeck 2007). In several studies (Kliewer et al. 1996; Matheson et al. 2005), early experiences – especially relational experiences – were found to have a great impact on the development of appropriate coping strategies. Surprisingly, this burgeoning of research on developmental antecedents is not characteristic of the field of religious coping. On the one hand, little is known about the relationship between general parental care and religious coping. Granqvist (2005) found no significant correlations between insecure attachment history and collaborative, self-directing, and deferring religious coping. Bradley and her colleagues (2005) reported weak positive correlation between severity of childhood trauma and negative religious coping. On the other hand, studies point to the importance of socialisation effects in the development and utilisation of religious coping, although these developmental antecedents are usually more specific than general parental care. For example, Cullman (2006) reported that both actual and perceived parental and peer religious coping was significantly related to the religious coping of the individual.

An attachment theory approach to religiosity and to the relationship with God (Granqvist et al. 2010; Kirkpatrick 2005; Reinert et al. 2009) might be promising in linking parental care to religious coping. One of the important aspects of this theory is mental representations – internal working models of God and self – underlying attachment to God (Beck & McDonald 2004). On the one hand, these representations are rooted in early relationships with caregivers. According to the findings of several studies (Beck & McDonald 2004; Birgegard & Granqvist 2004), more secure (i.e., less anxious and less avoidant) attachment to God is related to better perceived quality of parental care giving. On the other hand, these representations of God – corresponding to avoidant attachment to God – and representations of self in relation to God – corresponding to anxious attachment to God – are formative in regard to the quality and extent of religious coping. Insecure (i.e., more anxious and more avoidant) attachment to God covers a less loving, less supporting, and more controlling image of God (Rowatt & Kirkpatrick 2002), which in turn is connected with the more frequent use of negative and less frequent use of positive religious coping (Bjork & Kim 2009). Belavich and Pargament (2002) reported that secure attachment to God is related to positive forms of spiritual coping, while anxious attachment to God is related to negative forms of religious coping. In a more recent study, Davis and his colleagues (2008) reported correlations between avoidant attachment to God and positive religious coping (negative correlation) and negative religious coping (positive correlation). Anxious attachment to God had a weak positive correlation with negative religious coping. Kelley and Chan (2012) found a positive correlation between secure attachment and positive religious coping.

Based on the previously presented body of research, we tested the relationships between perceived parental care, attachment to God, and religious coping.
Furthermore, the mediating effect of attachment to God between parental care and religious coping was tested.

2. Method

In a cross-sectional study, 95 young adults who identified themselves as Roman Catholics participated and completed self-report questionnaires. The sample consisted of 49 females and 46 males with an average age of 31.1 ± 6.74 years. Most of the participants (77.9%) had a high level of education (12+ years of formal education). Participants were recruited through the leaders of Catholic small groups. No reward was offered for participation.

The Hungarian translation of the Brief Religious Coping Scale (Brief RCOPE) was used to measure religious coping (PARGAMENT et al. 2011; PARGAMENT et al. 1998). Brief RCOPE consists of 14 items with two independent subscales that measure positive and negative religious coping. To measure attachment to God, we used the Hungarian translation of the Attachment to God Inventory (AGI; BECK & MCDONALD 2004). AGI is a 28-item self-report instrument that measures two dimensions of attachment to God: 1. avoidance (of intimacy with God), and 2. anxiety (of separation from God). To measure parental care, the 12 items of the Care subscale from the Hungarian version of Parental Bonding Instrument (H-PBI) was used (TŐTH & GERVAI 1999; PARKER et al. 1979). Participants rated the items on a 4-point Likert scale both for their mothers and fathers. Higher scores on the Care subscale refer to memories of an emotionally warmer, more caring parent.

Statistical analysis was done by SPSS 19.0 for Windows. Pearson’s and Spearman’s correlation was used to test relationships between non-categorical and categorical variables respectively. To test mediation, we used multiple linear regression (BARON & KENNY 1986).

3. Results

According to Spearman’s correlation coefficients, neither gender nor level of education had a significant effect on Brief RCOPE subscales, AGI dimensions, and maternal care. Women (ρ = 0.22; p < 0.05) and less educated individuals (ρ = −0.21; p < 0.05) reported a higher level of perceived paternal care. Age had no effect on attachment to God, religious coping, and maternal care. Perceived paternal care decreased with age (r = −0.24, p < 0.05).

Acknowledgements: The author would like to thank Professor Richard Beck and Professor Kenneth I. Pargament for giving their permission to translate the instruments Attachment to God Inventory (Professor Beck) and Brief Religious Coping Scale (Professor Pargament) into Hungarian. Many thanks for their work and time with checking the back-translations.
Table 1
Pearson’s correlation coefficients between religiosity measures variables and perceived parental care

<table>
<thead>
<tr>
<th></th>
<th>POS_RCOPE</th>
<th>NEG_RCOPE</th>
<th>AGI_AV</th>
<th>AGI_ANX</th>
<th>PA_CARE</th>
<th>MA_CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>POS_RCOPE</td>
<td>( \alpha = 0.80 )</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>NEG_RCOPE</td>
<td>0.13</td>
<td>( \alpha = 0.70 )</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>AGI_AV</td>
<td>–0.72**</td>
<td>–0.13</td>
<td>( \alpha = 0.82 )</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>AGI_ANX</td>
<td>–0.02</td>
<td>0.51**</td>
<td>0.07</td>
<td>( \alpha = 0.89 )</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>PA_CARE</td>
<td>0.05</td>
<td>–0.28**</td>
<td>–0.05</td>
<td>–0.26*</td>
<td>( \alpha = 0.93 )</td>
<td>–</td>
</tr>
<tr>
<td>MA_CARE</td>
<td>0.12</td>
<td>–0.33**</td>
<td>0.02</td>
<td>–0.40**</td>
<td>47**</td>
<td>( \alpha = 0.92 )</td>
</tr>
</tbody>
</table>

Note: * \( p < 0.05 \); ** \( p < 0.01 \); POS_RCOPE: positive religious coping; NEG_RCOPE: negative religious coping; AGI_AV: avoidant attachment to God; AGI_ANX: anxious attachment to God; PA_CARE: perceived paternal care; MA_CARE: perceived maternal care; \( \alpha \): Cronbach’s alpha coefficient

Table 2
The mediating effect of anxious attachment to God between perceived parental care and negative religious coping tested with multiple regressions

<table>
<thead>
<tr>
<th></th>
<th>( R^2 = 0.28 )</th>
<th>( \beta )</th>
<th>( p )</th>
<th></th>
<th>( R^2 = .28 )</th>
<th>( \beta )</th>
<th>( p )</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA_CARE</td>
<td>–0.15</td>
<td>= 0.10</td>
<td></td>
<td>MA_CARE</td>
<td>–0.15</td>
<td>= 0.11</td>
<td></td>
</tr>
<tr>
<td>AGI_ANX</td>
<td>0.47</td>
<td>&lt; 0.001</td>
<td></td>
<td>AGI_ANX</td>
<td>0.45</td>
<td>&lt; 0.001</td>
<td></td>
</tr>
</tbody>
</table>

Note: Dependent variable in both models: negative religious coping; AGI_ANX: anxious attachment to God; PA_CARE: perceived paternal care; MA_CARE: perceived maternal care

Pearson’s correlations (Table 1) revealed significant relationships between parental care and anxious attachment to God, between parental care and negative religious coping, and between anxious attachment to God and negative religious coping in the expected directions. Avoidant attachment to God and positive religious coping were also strongly and negatively correlated, but parental care showed no significant correlation with either avoidant attachment to God or positive religious coping.

Relationships among parental care, anxious attachment to God, and negative religious coping made these variables suitable to test the mediating effect of anxious
attachment to God (BARON & KENNY 1986). Multiple linear regressions were used to decide whether mediation existed, and whether this was partial or full mediation. Results in Table 2 show that anxious attachment to God fully mediated the effects of both maternal and paternal care on negative religious coping. Thus, less parental care leads to more frequent use of negative coping via leading to more anxious attachment to God.

4. Discussion

The positive correlation between negative religious coping and anxious attachment to God supported results from previous studies (BELAVICH & PARGAMENT 2002; DAVIS et al. 2008). Highly anxious attachment to God represents an increased preoccupation with the relationship with God and constant fear of abandonment (BECK & MCDONALD 2004). Therefore, individuals who exhibit more anxious attachment to God are prone to interpret negative life events in the light of separation from God and God abandoning them than individuals with low scores on the anxiety dimension of AGI.

The negative correlation found between positive religious coping and avoidant attachment to God in this study was in line with expectations and previous results (BELAVICH & PARGAMENT 2002; DAVIS et al. 2008; KELLEY & CHAN 2012). Low avoidance of God is associated with an image of God who is loving and caring, and renders support in times of need. This supportive image of God enables the individual to turn to God in the case of adverse life events when help is needed.

Parental care was correlated with anxious but not avoidant attachment to God. This selective relationship might be due to the nature of attachment representations. Avoidant attachment in general reflects representations of significant others, and is more relationship-specific, while anxious attachment represents representations of the self, which is more stable across relationships (MOREIRA 2011). So, on the one hand, perceptions of God and parents seem to be independent, while on the other hand, perception and evaluation of the self remains stable across relationships.

Our results that maternal and paternal care correlated with negative but not positive religious coping replicated the results of BRADLEY and her colleagues (2005) in an average environment. Whereas they found that severity of childhood trauma correlates with negative religious coping, we found that lack of parental care in a normative sample is associated with higher frequency of negative religious coping. Furthermore, multiple linear regressions showed that this negative relationship between parental care and negative religious coping was fully mediated by anxious attachment to God. Rejection by parents might lead to the formation of a representation that the self is not loveable, not even by God. The proneness of these individuals to interpret negative life events as if God had abandoned them stems from this negative image of the self. Their assumption of an abandoning God leads to the more frequent use of negative religious coping, which also emphasises the world as om-
inous and God as absent (Pargament et al. 1998), because we are not worthy of his attention, not even in times of distress.

Further studies with advanced theological approach should investigate whether the selective relationships described in this study with Roman Catholic participants existed in individuals from other Christian denominations or other religious affiliations as well. Future research should also reveal what factors of socialisation (e.g. religious education, experiences with religious groups and authorities) play a role in forming avoidant attachment to God and positive religious coping.

References


