Relationships Between Attachment to God, Religiosity, Mental Health Outcomes

By Angela Deng

A capstone submitted in partial fulfilment

of the requirements for the Degree of

Master of Counselling (MC)

City University in Canada

Vancouver, BC

November 20, 2025

APPROVED BY

Steve Conway, Psy.D., R.C.C., Director of Canadian Master of Counselling Programs

Ron Manley, Ph.D., R.Psych. (#0866)

School of Health and Social Science

Table of Contents

Abstract

Bowlby's (1982) attachment theory began with children and their parents, and then was extended to adult romantic partnerships. Attachment theory has also become a framework to understand the complex associations between religiosity/spirituality and mental health outcomes. That is, researchers have argued that persons can attach to their perception of a deity or higher power (e.g., Kirkpatrick, 2005). This capstone explored factors that may impact the development of one's attachment to God and religiosity. This capstone then highlighted relationships between attachment to God, religiosity, mental health, and psychological well-being, along with clinical implications. Finally, piloted counselling interventions aiming to address individuals' spiritual struggles, view of God and attachment to God were considered. Overall, this research suggested religiosity and attachment to God as avenues for improving mental health outcomes.

Keywords: Attachment to God, mental health, psychological well-being, spiritual struggles, spirituality integrated counselling

Chapter One: Introduction

The predominant way to conceptualize relationships is through the lens of attachment theory (e.g., Thompson et al., 2022). Attachment theory began by conceptualizing the behaviours infants undertook to remain in proximity to their primary caregiver such as crying, where infants felt safe and secure (Bowlby, 1982). In Ainsworth and colleagues' (1978) research, infants showed three different patterns of behaviour towards their primary caregiver, reflecting different characteristic relational bonds. Some infants were secure in their bond, while other infants related to their primary caregiver with either anxiety or avoidance. Bowlby (1982) argued that infants attachment security impacted their later relational bonds, as their early experiences with their primary caregiver became internalized, impacting their expectations and behavioural responses in future relationships. These internalized expectations and associated behaviours are referred to as internal working models. Thus, one likely came to view themselves as worthy of love, others as trustworthy and the world as safe, if they received adequate and consistent care as an infant. Research generally has shown that persons' early relational bond toward their primary caregiver is modestly associated with their later relational bonds with others (Thompson et al., 2022). Overall, attachment theory has become a well-researched and prominent way to view persons' typical relational bonds with others (Thompson et al., 2022).

Another line of research has been investigating how a person's early relational bond or attachment, affect their later representation of and bond with a deity or higher power (who will be referred to as God). In the literature, researchers have attempted to use attachment theory as a framework to understand the frequently found relationship between indicators of religion and spirituality such as prayer and indicators of better well-being (e.g., Granqvist et al., 2010; Kirkpatrick, 2005). They make the case that God can act as a surrogate attachment figure for

individuals, based on the criteria of an attachment figure laid out by Bowlby (1982) and Ainsworth (1985). Many people, for example, have turned to their perception of God for help or comfort when they are in distress or facing difficulty (e.g., Granqvist et al., 2010). Thus, God appeared to provide safety for them. Further, God can serve as a person's secure base from which they can have confidence to explore and face new challenges, knowing they can retreat to a place of security as needed. Like infants with their parents (Bowlby, 1982), people also tend to perceive God as possessing greater wisdom and power than themselves (e.g., Granqvist et al., 2010). In short, there was growing consensus that individuals could have relational attachments with other people as well as with their perception of God.

For over three decades, researchers have investigated how persons' attachments to God relate to their other attachments, mental health and psychological well-being. Using forced choice or single item measures, studies initially found that persons endorsed religious beliefs, practices and conversions significantly related to their attachments with romantic partners (e.g., Kirkpatrick & Shaver, 1992) and recalled attachments with their parents during their childhood (e.g., Granqvist & Kirkpatrick, 2004). With the development of more complex attachment measures (e.g., Brennan et al., 1998; Pargament et al., 2000; Rowatt & Kirkpatrick, 2002), researchers found significant associations between peoples endorsed attachments with romantic partners and God (e.g., Beck & McDonald, 2004) and their parents and God (e.g., Sim & Yow, 2011). In addition, individuals' attachment to God has been significantly associated with indicators of mental health (e.g., Bonhag & Upenieks, 2021; Upenieks et al., 2024). A person's attachment to God has also significantly predicted psychological well-being, even after accounting for their attachment with their parents (Njus & Scharmer, 2020). Finally, there is some evidence suggesting it is beneficial for persons to discuss their attachment to God in

counselling (e.g., Thomas et al., 2011). Thus, counsellors should consider the important role their clients' relational bond with God can play in their mental health, well-being and treatment.

Relevance of Clients' Religiosity and Spirituality

There are also several reasons for counsellors to potentially address their clients' religiosity and spirituality in counselling. As of 2019, 68% of Canadians, 15-years-old and older, identified as affiliated with a religion, especially Christianity (Cornelissen, 2021). Fifty-four percent of Canadians also expressed that their lives were somewhat or very influenced by their religious or spiritual beliefs. That said, it was more likely for older versus younger adults between 2017 and 2019 to indicate being religiously affiliated and having attended religious activities (Cornelissen, 2021). Compared to prior Canadian censuses, the census in 2021 showed that 53.5% or 19.3 million Canadians identified as Christian, with nearly five percent identifying as Muslims and over two percent identifying as Hindus and Sikhs (Statistics Canada, 2022). Thus, while, 34.6% or 12.6 million Canadians identified as non-religiously affiliated, many Canadians are religious. Also, many polled migrants from around the world also significantly identified as religious or spiritual (Kramer & Tong, 2024), which is relevant considering the significant increases in immigrants to Canada (Statistics Canada, 2024). Further, across 64 studies, some persons expressed their desire to have their spirituality incorporated into their counselling sessions (e.g., Harris et al., 2016). Other people discussed experiences of mental health practitioners dismissing, misunderstanding or pathologizing their spiritual experiences (Milner et al., 2019). Moreover, research has found that certain but not all forms of religiosity are significantly associated with better or worse psychological well-being and mental health, especially during difficulties (Pargament, 2002a; Smith et al., 2003). Also, persons commonly experience struggles in their spirituality such as feeling angry or disappointed with God or

doubting their beliefs, particularly for those with mental health challenges (Pargament & Exline, 2021). Therefore, there is a complex and nuanced relationship between indicators of individuals' religiosity and spirituality, and their mental health and well-being. Overall, some persons seeking counselling may identify as religious or spiritual and prefer to bring these areas into their work.

Contribution to the Field and Purpose of Capstone

Recent capstones have considered the quality of persons' attachments to their primary caregiver and romantic partners, and the implications on these persons' mental health and related treatment (e.g., Green, 2022; Mennie, 2024). To my knowledge, however, no previous capstones have investigated peoples' attachment to God, particularly in light of their mental health and treatment. Additionally, though there is extensive research on individuals' attachment to God, this literature may be unfamiliar to counsellors and thus, underutilized when working with clients. Given the potential benefits of considering clients' attachment to God in counselling, it is valuable to inform counsellors on the current research findings. Therefore, this capstone will address the complex associations between attachment to God, religious, spiritual, mental health and psychological well-being variables. In particular, the capstone focuses on how persons develop their attachment to God and religiosity, and the role these play in their mental health and psychological well-being. The efficacy of piloted counselling interventions which were designed to address persons' spiritual struggles, representations of God and attachment to God, are then considered. In short, I intend to fill in a gap among prior capstones by critically examining the role persons' attachment to God may play in their mental health and well-being.

Research Question

The main research question of this capstone is: how does one's attachment to God develop and subsequently impact their mental health and psychological well-being. For many

people, how they relate to their understanding of God plays a crucial role in their lives. Their relationship with God may serve as a resource to harness when addressing their difficulties or may even be key to more deeply understanding a person's struggles (e.g., Milner et al., 2019; Pargament & Exline, 2021). Further, while religion is generally considered less central in western countries, religion is very central in India, the country of origin for many Canadian immigrants (Anderson, 2024; Woodberry et al., 2025). Also, polling data from 2020 found that over 237 million persons in North America identified as Christians, with 6 million or less identifying as Muslim, Jewish, Buddhist, and Hindus (Hackett et al., 2025). Therefore, counsellors would benefit from developing cultural sensitivity to work with clients who identify as religious and/or spiritual.

Thus, this capstone hopes to increase counsellors' understanding of the role religiosity and spirituality can play in persons' mental health, psychological well-being, and related treatment.

Intended Audience

This capstone is mainly intended to increase counsellors' and religious leaders' understanding of how a person's religiosity and spirituality, and particularly their perceived attachment to God develops and can relate to their mental health challenges and wellness. This capstone also aims to offer insight into how such findings can inform the work of counsellors and religious leaders offering counselling services to religious and/or spiritual clients. In particular, it will review the effectiveness of several piloted counselling interventions to address their spiritual struggles, views of God and attachment to God. These interventions could be adapted for particular clients in counselling with counsellors or religious leaders. Further, persons may gain greater understanding of how their religious or spiritual worldview has

positively and negatively contributed to their lives. Persons may also be empowered to seek out counselling services which integrate their religious and spiritual beliefs and practices into sessions. In short, the capstone seeks to make the attachment-to-God literature more accessible to counsellors and religious leaders as well as persons hoping to gain personal insights and make informed therapy choices.

Attachment Theory

This capstone will mainly analyze research through an attachment theory lens. In Attachment theory, Bowlby (1982) brought together ideas from psychoanalysis, evolutionary biology, ethology and control systems theory. He proposed that a person was born with distinct ways or systems of organizing their behaviours to reach certain goals. Bowlby emphasized persons' attachment and exploratory systems, which from a young age led children to behave in ways that increased physical closeness to their main or primary caregiver and familiarity with novel parts of their environments, respectively. Further, as children gained greater cognitive and locomotive abilities, their activated attachment and exploratory systems included additional behaviours to reach each systems' goals. Children were also able to internalize their primary caregiver (e.g., allowing them to be separated for longer periods of time) as well as temporarily make use of objects such as stuffed bears or other persons to comfort their distress. In summary, Bowlby's (1982) proposed that people had internal systems working towards different goals via the use of increasingly complex behaviours, and only one system focused on attaching to others.

Bowlby (1982) theorized that children pursued certain goals, and thus enacted systems of behaviour, based on various factors. Children sought closeness with their primary caregiver, for instance, if they felt too distant from them, if they felt like too much time had passed since separation or if they perceived a threat. When children's attachment system was triggered,

children stopped engaging with exploratory behaviour and shifted to attachment behaviour such as crying to achieve their goals of seeking nearness with their primary caregiver. The children's attachment behaviour then triggered their mothers' caregiving system, leading their mothers to act in caring ways towards their children. When children felt secure with their primary caregiver, however, their need to stay close with their primary caregiver lessened and their desire to explore new or interesting features of their environment became heightened (i.e., activating their exploratory system). Thus, Bowlby (1982) argued children's attachment and exploratory systems were activated in certain situations. When systems were triggered, children would seek to achieve that systems' goals (e.g., closeness to their caregivers) using system-related-behaviours.

In addition, Ainsworth and colleagues (1978) research showed that children's activation of attachment and exploratory systems, and use of related behaviours, were based on previous experiences with their primary caregiver. In the Strange Situation task, mothers were able to soothe their children, who they are briefly separated from, quicker and easier when their children were securely versus insecurely attached to them. Then securely attached children resumed their exploratory behaviour. When mothers were observed to reject and ignore their children, the avoidantly attached children responded to their reunion by avoiding closeness with their mothers. When mothers were sometimes but not consistently responsive and caring towards their children's distress, however, their ambivalently attached children would anxiously pursue closeness with their mother. Later, Main and Solomon (1986) identified another way insecurely attached children responded to reunion in the Strange Situation task. Children with mothers who abused or neglected them tended to have conflicted attachment and exploratory systems, which expressed itself in disorganized behaviours (e.g., moving towards and then moving away from their mothers). Moreover, using a manualized interview method (George et al., 1985),

behavioural patterns or styles of attachments found in children have also been found in adults (e.g., Cassibba et al., 2008). In adults, however, ambivalent, avoidant and disorganized attachment styles are referred to as preoccupied, dismissive and fearful-avoidant (Bartholomew et al., 1990). Further, factor analyses revealed that adults with different attachment styles displayed varied degrees of relational avoidance and anxiety, as follows: minimally avoidant and anxious (i.e., secure), minimally avoidant but highly anxious (i.e., preoccupied), highly avoidant and minimally anxious (i.e., dismissive); highly avoidant and anxious (i.e., fearful-avoidant; Bartholomew et al., 1990). Thus, children and adults both attach to others in four distinctive attachment styles, and these styles involve varied degrees of relational avoidance or anxiety.

Compensation and Correspondence Theories

Over 30 years of research has explored how a person's current attachment style with God is related to their childhood attachment to parents and current attachment to close relationships and romantic partners. One of two major pathways proposed is via compensation (Granqvist, 2014). That is, one may have early experiences with an unavailable, insensitive or unresponsive primary caregiver, whom one cannot turn to during distressing times. When an individual is, for example, stressed or has experienced loss, it can activate their attachment system, leading them to form close, comforting and secure bonds with other attachment figures. When one lacks security with other people, one may emotionally regulate by experiencing safety and security in their relationship with God. Alternatively, it is conceptualized that some persons' religious beliefs and relationships with God develop via correspondence. Early experiences of receiving sensitive and responsive care from one's primary caregiver can develop their sense of security with their caregiver. It is natural for a person who trusts their caregiver to also identify with their caregiver's religious beliefs and hold these beliefs throughout their life. Therefore, an

individual's early experiences of secure attachment with their caregiver shapes their internal working model for relationships and corresponds to their religiosity (Granqvist, 2014).

Reflectivity and Positionality Statement

It is important to situate myself as a person and researcher, as my experiences have uniquely shaped my approach in this capstone. As a Caucasian female who is a very religious Christian, I can identify with many participants in the discussed research. I have personally experienced my relationship with God and religiosity as a resource and also a struggle, especially during stressful life circumstances. With others' support and religious teaching, I have been able to make sense of my difficult experiences in light of my relationship with God and religious beliefs. I also have a greater understanding and empathy for persons who have experienced religion and religious contexts as emotionally painful. Further, while I have chosen to be part of an organized religion, I respect others who are spiritual without being religious. In addition, I have a positive view of religion, which makes it somewhat challenging to interpret mixed or inclusive findings related to the benefits of having a secure attachment to God and being a religious person. Still, I sought to offer critical views of studies' methodology regardless of their findings. Finally, my various experiences with religion have biased my choice to dive into the religion and spirituality literature on attachment to God, mental health and well-being. In summary, I have come to this capstone with largely positive preconceived notions of religion.

Definition of Terms

Attachment: An enduring emotional bond developed between one and their primary caregiver and subsequent surrogate caregivers including older siblings, teachers, and romantic partners as well as one's perception of the divine or God (Ainsworth, 1985; Brennan et al., 1998; Granqvist et al., 2010).

Compensation Theory: When persons cannot emotionally regulate their feelings of stress or loss by feeling cared for by their primary caregivers, they experience the safety and security they lack in their relationship with God (Granqvist, 2014).

Correspondence Theory: Individuals who feel cared for by their primary caregivers experience safety and security, when feeling stressed or experiencing loss, with their caregivers and subsequent attachment figures throughout their lives. Their religious beliefs are also shaped by their caregivers' religious beliefs (Granqvist, 2014).

Dismissive or Avoidant Attachment Style: An approach to relating with others in which one denies their need to be close with others, viewed as unreliable, and prefers to rely on themselves, viewed as capable. One also struggles to depend on or be emotionally open with others (Bartholomew, 1990; Brennan et al., 1998).

Preoccupied or Anxious Attachment Style: An approach to relating with others in which persons are aware of their desire to be close with others but feel afraid of abandonment, overly concerned about their relationships and unworthy of receiving others' love or support (Bartholomew, 1990; Brennan et al., 1998).

Religion: One's pursuit of the divine, God, something larger than themselves, the sacred or associated characteristics such as transcendence (Pargament, 2002b).

Secure Attachment Style: An approach to relating with others in which individuals feel safety and security with their primary and subsequent attachment figures, such that they feel cared for when distressed and engage in exploration of unfamiliar environments (Ainsworth, 1989).

Spiritual Struggle: Persons feel tense, conflicted, or strained in their relationship with the divine or sacred. One form of struggle relates to angry or disappointed feelings towards the

divine or believing that the divine is punishing, abandoning or unloving (Exline et al., 2023; Pargament & Exline, 2022).

Chapters Outline

In the following two chapters, I will highlight the limitations of and measures used in each area of religion to facilitate an informed understanding of the subsequent findings. In chapter two, I present empirical evidence which supports that one's view of and attachment to God can compensate for their insecure attachment with their parents or others (Granqvist, 2014). Then, I consider complementary evidence that persons' representations of and attachment to God corresponds to their representations of their parents and themselves and attachments to others. Afterwards, I systematically examine the research associating individuals' religiosity, view of and attachment to God with their mental health in student and adult populations. The following section does the same but with research related to psychological well-being. In chapter three, I summarize findings in chapter two and offer implications for counsellors. I also review some piloted counselling interventions which integrated spiritual struggles, representations of God and attachment to God for student and adult samples. I conclude with final clinical implications and ethical considerations when incorporating clients' religiosity or spirituality into counselling.

Chapter Two: Literature Review

In the following chapter, I will provide an overview of literature on religiosity/spirituality related to attachment to God, mental health and psychological well-being. First, I consider factors impacting the development of persons' attachment to God by reviewing evidence for two complementary pathways. I then present research on how one's religiosity and attachment to God may predict or be associated with mental health and psychological well-being variables. These studies have considerable flaws, but their findings are suggestive of several patterns.

Compensation and Correspondence Theories

Limitations and Measures

Many research studies have been conducted to empirically test the two major pathways that inform a person's relationship with God, particularly among those in monotheistic religions. Before considering major study findings, it is important to acknowledge the limitations of this field of study. The bulk of the research had moderately or highly religious Christian samples (e.g., Buri & Mueller, 1993), who sometimes report more positive and less negative perceptions of God (e.g., Exline et al., 2013). There are also limited studies which included non-religious affiliated persons (e.g., Exline et al., 2013) or focused on Jewish persons recruited online (Greenwald et al., 2021). Most studies were conducted in the United States or Sweden, either with university students, church groups or community respondents to a newspaper survey (e.g., Granqvist & Kirkpatrick, 2004). As Sweden has an overall secular population, researchers sought out religious populations such as theological students to increase the variability of scores on religious measures (e.g., Granqvist & Hagekull, 2000). Thus, when considering their findings, Canadians may be more similar to Swedish versus American participants because 57%, 69% and 47% of Canadians, Americans and Swedish adults identified as religiously affiliated in 2023 and

2024 (Evans et al., 2025). Generally, a large proportion of study samples are comprised of female and Caucasian persons with a few studies having moderate ethnic diversity (e.g., Dickie et al., 1997) or only Italian participants (e.g., Cassibba et al., 2008). Additionally, many studies are cross-sectional (e.g., Beck & McDonald, 2004), limiting the ability to determine the direction of associations between attachment and religious variables. Similarly, studies tend to rely on self-report measures, which social desirability or theological beliefs could have biased persons' responses (e.g., Cassibba et al., 2013). Finally, while most studies are at least adequately powered to detect medium to large effects among variables, many analysed differences between small subgroups with unequal group sizes (e.g., Limke & Mayfield, 2011). Thus, some null findings may reflect methodological limitations. Some studies with small samples also likely had somewhat inflated but genuine findings (e.g., Ioannidis, 2008). Generally, the following findings should be interpreted and applied with caution.

Evidence of Compensation Theory

Limitations and Measures

Primarily, compensation theory has been studied by considering the attachment style of persons but endorse having experienced a sudden religious change. Many studies exploring religious change are limited by the pitfalls mentioned above, including the following: homogeneous and highly religious samples, likely inflated reports of secure attachment to God, a cross-sectional design and unequal and small sub-groups. Many studies, for example, had a small percentage of participants report having had a sudden religious change (Granqvist & Kirkpatrick, 2004), resulting in analyses of small samples with limited statistical power to detect small effects. Also, since many studies were cross-sectional, many observed associations could theoretically reflect bidirectional relationships or the influence of another variable. Moreover,

findings ranged from being modest, to practically meaningful to substantial. While the literature on religious change has clear limitations, there is compelling evidence suggesting that sudden religious change is more likely to occur among insecurely attached persons.

To set the stage, many studies examining compensation theory assessed persons' attachment style with their current romantic partner, each parent during childhood and/or God (Hazan & Shaver, 1987; Kirkpatrick & Shaver, 1992). Participants were classified as securely, avoidantly or anxiously attached based on the descriptive paragraph they endorsed to describe their attachment relationships. Participants also sometimes rated the extent each description matched their attachments. Using continuous ratings allowed for more varied responses and less risk of misclassification, however, one's parental attachments could still be biased based on their memory recall. Moreover, studies typically inquired about whether participants' religious beliefs had changed in importance, suddenly or gradually and due to distressing experiences, such as relational or health problems, referred to as compensatory themes (e.g., Granqvist & Hagekull, 1999). These studies also considered whether participants regulated their affect by turning to God when distressed and whether they adopted and plan to pass on the same religious beliefs, practices, commitments and values of their parents. These refer to emotionally and socialization-based religiosity, respectively. Other aspects of participants' religious beliefs were assessed such as their perception of God as personal, loving, controlling and distant (Benson & Spika, 1973; Kirkpatrick & Shaver, 1990). Participants also endorsed whether they had a relationship with God or Jesus and identified as a Christian. In addition, other studies considered how participants were parented and perceived their parents (e.g., Dickie et al., 1997). Therefore, religious change studies tend to consider persons' attachments, and religious change, beliefs and motivations.

Student Samples

Several studies have provided support for the compensation theory in students. Swedish university students, for example, endorsing sudden religious conversions had significantly higher avoidant and anxious parental attachments than students who indicated no religious change (Granqvist & Hagekull, 1999). Moreover, students insecurely (especially avoidantly) versus securely attached to parents reported significantly more sudden and intense religious change, occurring later in life, and related to compensatory themes. Similarly, among Swedish high school students who became more religious, greater compensatory themes were significantly related to greater insecure parental and anxious peer attachments (Granqvist, 2002). Further, students' reports of suddenly and intensely becoming more religious were significantly associated with reports of greater insecure maternal attachments 15 months earlier. Likewise, their endorsed decline in religiosity was significantly predicted by greater insecure maternal and anxious peer attachment 15 months earlier. Also, higher emotionally based religiosity was marginally predicted by higher anxious peer attachments, while higher socialization-based religiosity was significantly predicted by higher insecure maternal attachments. Finally, American undergraduate students who perceived themselves as less versus more deserving of others' love and care were more likely to endorse a loving God image and having a relationship with God four or five months later (Kirkpatrick, 1998). Likewise, many college alumni who indicated insecure attachment with parents often discussed being personally connected with God (Kimball et al., 2013). Alumni with insecure parental or peer attachment may have gained secure attachment with God as they used language related to attachment to God as often as alumni reporting secure parental or peer attachment. In summary, research with Swedish and American students has revealed a link between attachment insecurity and religious change.

Adult Samples

Additionally, researchers have studied religious change among community adult samples. Several studies involved American newspaper readers who responded to surveys and agreed to participate in follow-up studies. A significantly large proportion of respondents who endorsed avoidant maternal attachment had experienced sudden religious change as an adolescent or adult (Kirkpatrick & Shaver, 1990). Further, most respondents endorsing sudden religious change indicated experiences of relationship difficulties and emotional distress prior to change. Also, female newspaper respondents with insecure (and especially anxious) versus secure romantic attachment indicated more religious conversions and new relations with God over four years, controlling for their baseline religiosity (Kirkpatrick, 1997). Also, a meta-analysis, which included several aforementioned studies found that participants with insecure parental attachments had a significantly increased likelihood of suddenly becoming more religious (Granqvist & Kirkpatrick, 2004). Similarly, participants who suddenly versus gradually increased in religiosity reported higher parental attachment insecurity and emotionally based religiosity. Therefore, evidence with American adults suggests sudden religious change was associated with attachment insecurity and experiences of relational and emotional distress.

Studies have also investigated religious change in non-American and mixed religious samples. A recent study, for instance, found that adult Israelis with greater anxious and avoidant attachments in close relationships predicted more compensatory themes (Greenwald et al., 2021). Moreover, adult Israelis more anxiously attached in close relationships predicted leaving or converting to Orthodox Judaism suddenly and intensely. Similarly, persons who converted to or left Orthodox Judaism indicated higher insecure parental attachment during their childhood than persons with different Orthodox affiliation than parents or no Orthodox affiliation nor Orthodox

parents (Pirutinsky, 2009). In addition, of six adults interviewed, most had Christian parents, and currently endorsed Christianity, New Age beliefs or their own form of religiosity (Marchal et al., 2010). Four adults were classified as insecurely attached to their parents and God, however, they reported having a personal relationship with God after shifting their view of God from being impersonal and strict to supportive and loving. Two adults also shared relational and life difficulties contributing to their religious change. Moreover, most adults may have related to God as an attachment figure since God has been in most of their lives since childhood and they had no long-term romantic partner. Overall, studies on religious change among insecurely attached persons with various religious afflictions provide additional support for compensation theory.

Role of Recalled Parents' Religiosity

Further, evidence suggests persons insecurely attached to parents, who view their parents as more or less religious during their childhood, may impact their religious change. When recalling their father as having been less religious, for instance, Swedish university students insecurely versus securely attached to him reported significantly higher religiosity, close relations with God, beliefs in a theistic God and religious change as an adult (Granqvist, 1998). Similarly, students who recalled being insecurely attached to parents, who had been less religious, endorsed significantly higher emotionally based and lower socialization-based religiosity (Granqvist & Hagekull, 1999). Likewise, American newspaper respondents who recalled being insecurely attached to their mothers, who had been less religious, were significantly related to higher intrinsic religious motivation, religious service attendance, belief in a personal, actively engaged God, personal relations with God and focus on Christian moral teachings (Kirkpatrick & Shaver, 1990). Findings among respondents recalling being insecurely attached to their fathers, who had been less religious were similar but weaker. Also, adult Israelis

more insecurely attached in their close relationships predicted becoming or leaving Orthodox Judaism based on having had less or more Orthodox parents, respectively (Greenwald et al., 2021). Moreover, American students' greater insecure paternal attachment was significantly associated with less loving and more controlling God images, when recalling their fathers as more religious (Reinert & Edwards, 2009). Thus, findings suggest persons insecurely attached to their parents may become more religious after having had less religious parents and vice versa.

Summary and Caveats

Overall, studies with students and adults from community support compensation theory. As compensation theory proposed, individuals endorsing more attachment insecurity also significantly endorsed more sudden religious changes. In addition, persons who reported more insecure attachments and increases in their religiosity were significantly more likely to report greater compensatory themes. Finally, those indicating parental attachment insecurity and less religious parents during childhood had a significantly higher likelihood of suddenly becoming more religious. These findings should be cautiously interpreted given the null findings in several studies. The attachment to God categories among Italian mothers and highly religious persons were unrelated to their adult attachment classifications (Cassibba et al., 2008; 2013). Also, highly religious persons' attachment to God was not associated with the probability their parents were loving or rejecting (Cassibba et al., 2008). Moreover, Italian mother's religiosity did not moderate the association between their adult attachment and their child's placement of felt figures of God and a child in attachment activating situations (Cassibba et al., 2013). Further, associations between American campers' attachment styles and their conversions at a Christian summer camp were not moderated by the extent their parents were religious (Schnitker et al., 2012). Therefore, studies with null findings shed doubt on compensation theory but may be due

to being underpowered to detect small effects and/or using different methods to assess attachment security (e.g., classifications based on interviews and self-report measures).

Evidence of Correspondence Theory

Limitations and Measures

Several of the studies which empirically tested compensation theory also tested correspondence theory. These and additional studies tended to be cross-sectional and thus lack the ability to make causal inferences (e.g., Kirkpatrick & Shaver, 1992). Further, studies exploring correspondence of attachment styles could have potentially been inflated or not detected due to comparing different self-report measures and small subgroups (e.g., Beck & McDonald, 2004). Also, studies generally had homogeneous religious samples, which restricted the ability to generalize results to mostly Caucasian and Christians (e.g., Buri & Mueller, 1993). Unsurprisingly, participants often endorsed God as more loving and less distant (e.g., Reinert & Edwards, 2009). Participants also endorsed more secure attachments to God, perhaps as the theologically correct response (Cassibba et al., 2008; 2013). Moreover, studies relying on single item and forced-choice measures generally had less varied responses regarding attachment styles and religiosity, compared to studies using multi-item measures. Also, participants' reported views of God as controlling sometimes had low internal consistency (e.g., Reinert & Edwards, 2012), which may have impacted the likelihood of detecting small effects. Small and medium significant associations were still found, however, between parental attachment security and views of God as loving, distant and controlling (e.g., Reinert & Edwards, 2012). Overall, significant and null findings should be applied with consideration to the studies' limitations.

Evidence for correspondence theory involved aforementioned measures such as classifying persons' attachment types based on their endorsed descriptive paragraph and ratings

of paragraphs. In addition, new measures were introduced and used to assess participants' anxious and avoidant attachments to God (Beck & McDonald, 2004; Rowatt & Kirkpatrick, 2002) and in close relationships (Brennan et al., 1998). Another measure conceptualized participants' attachment styles based on their reported views of their own worthiness to receive love and care and other's availability and support (Bartholomew & Horowitz, 1991). That is, persons were classified based on indications of positive versus negative views of themselves (i.e., secure and dismissive versus fearful-avoidant and preoccupied) and views of others (i.e., secure and preoccupied versus dismissive and fearful-avoidant). Furthermore, studies examining corresponding attachment styles also assessed participants' perception of their parents during their childhood and God. Finally, children's implicit perception of God as close was measured by having them place a God felt figure near a child felt figure in attachment-activating versus neutral fictional situations (e.g., Cassibba et al., 2013). Finally, a few studies had participants indicate the insecurity and unique specialness of their relationship with God, referred to as spiritual instability and grandiosity, respectively (Hall & Edwards, 2002). In summary, later versus earlier correspondence studies tended to use more complex measures of attachment and religiosity.

Student Samples

Several studies' findings provide support for correspondence between one's attachment style and their religiosity and beliefs about God in American students. Undergraduate students with positive versus negative self-views indicated significantly less distant God images and more loving God images (Kirkpatrick, 1998). Students also significantly reported God as less distant when they viewed others positively versus negatively. Further, students viewing themselves and others in a positive versus negative light endorsed significantly higher religiosity. After four or

five months, students with positive views of others indicated significantly greater increased religiosity and loving God images than those with negative views of self, and less distant God images than those with negative views of others. Likewise, students viewing themselves and others in a positive versus negative light both endorsed marginally and significantly greater relationships with God, respectively (Kirkpatrick, 1998). In addition, students who reported less avoidant attachment to God tended to also report greater importance on religious activities (McDonald et al., 2005). Finally, in two studies (Reinert & Edwards, 2012; 2014), students' higher secure maternal attachment significantly predicted the following: females' higher loving and less distant and controlling God images in the first study and less distant God images in the next study; males' higher loving and less controlling God images in the second study. Meanwhile, males' greater paternal attachment security significantly predicted more loving God images in the first study and more less distant God images in the second study. Finally, among Swedish university students, higher reported secure attachment in close relationships was significantly associated with reporting having relationships with God. Thus, securely attached students were generally also more religious, with more positive views of God. Studies also found some gender-specific effects.

Adult Samples

Several findings further support corresponding attachment and religious variables with adults in the community. For instance, American and British young adults' lower attachment avoidance and anxiety was significantly predicted by higher reported positive beliefs about God, based on personal experiences and also their theological views of the former (Zahl & Gibson, 2012). More indications of an anxious attachment to God was significantly predicted by more critical personal experiences and theological views of God. Moreover, adult American newspaper

respondents with a secure versus avoidant attachment to romantic partners were significantly associated with greater endorsement of being intrinsically religiously motivated, attending religious services, and identifying as born again (Kirkpatrick & Shaver, 1990). Securely and anxiously attached respondents also indicated a significantly higher belief in God as personal and active in persons' lives compared to avoidantly attached respondents. Respondents with secure and anxious attachments to romantic partners tended to significantly identify as Christians. Securely attached respondents also reported viewing God as significantly more loving and less controlling and marginally less distant compared to those insecurely attached. These secure respondents also significantly endorsed more importance to their religion and more relationships with God than insecure respondents. In a follow-up study, securely attached respondents did not indicate more relationships with God or belief in a personal God than those insecurely attached (Kirkpatrick & Shaver, 1992). Less than one half versus one third of respondents with insecure versus secure maternal attachments reported insecure attachments with romantic partners and God, respectively. Further, respondents securely attached to romantic partners were significantly less agnostic or atheists compared to avoidant or anxious attached respondents, respectively. Also, greater adult attachment security was significantly associated with greater loving God images among religious Italians (Cassibba et al., 2008). Finally, children positioned a God felt figure in closer proximity to a child felt figure when their mother was classified as having secure versus insecure states of mind (Cassibba et al., 2013). Thus, community samples endorsed greater religious indicators when securely attached to romantic partners, with only some also endorsing relationships with God and less insecure attachment to God.

Role of Recalled Religious Upbringing

Moreover, there is evidence of persons' religious upbringing impacting their beliefs about

God and their own religiosity. For example, when American undergraduate students recalled their mother or father as having been more religious during their childhood, and were securely attached with that parent, they significantly endorsed more loving and less distant God images (Reinert & Edwards, 2009). Students securely attached to their father, who they recalled having been more religious, also significantly indicated more secure attachment to God. Moreover, less avoidantly attached to God students also significantly recalled their parents had been more religious, their father had been less of a hypocrite and there was more familial closeness during their childhood (McDonald et al., 2005). Further, among Christian camp staff applicants, those securely and insecurely attached to God indicated having a significantly more religiously active and nominal Christian family, respectively (Schnitker et al., 2012). Similarly, Swedish high school students reporting lower insecure parental attachments also significantly reported higher socialization-based religiosity (Granqvist, 2002). Also, among American youth and young adults with religious parents, endorsing feeling closer to God was significantly predicted by endorsing feeling closer to their parents (Homan, 2019). However, feeling closer to God was also significantly predicted by reporting feeling closer to their mother in youth without religious parents. Finally, among nine to 15-year-old American males, their views of God as more loving and authoritarian was significantly predicted by their parents' views of God as more loving and authoritarian (Hertrel & Donahue, 1995). This pattern is also nearly identical and significant for same aged females. Overall, one's view of God and religiosity appear to be shaped by their parents' religiosity when securely attached to one's parents, in line with correspondence theory.

Role of Perceptions of Parents

American studies also examined how a person's perception of their parents affected their view of or attachment with God. When nine to 15-year-olds viewed their parents as more loving

and their mother as more authoritarian, they endorsed significantly more loving and authoritarian views of God, respectively (Hertrel & Donahue, 1995). Likewise, among youth, reporting being closer to their parents significantly predicted reports of feeling closer to God (Homan, 2019). Moreover, in children, ratings of God as more nurturing were significantly predicted by rating their father as more nurturing (Dickie et al., 1997). Similarly, their ratings of God as more powerful were significantly predicted by viewing their parents as more similar to God, rating their mother as more powerful, and less consistently, rating their father as more powerful. In a similar vein, high-school students were significantly likely to perceive their same-sex parent and God as more loving, and for males, their mothers and fathers as more controlling and God as more negative and all-powerful, respectively (Spilka et al., 1975). Also, among adults recruited online and undergraduate students, lower reported anger towards God and from God was significantly predicted by lower reports of cruel parents and God (Exline et al., 2013). Students endorsing anxious and unstable relationships with God fully moderated nearly all associations between anger at or from God and parental cruelty. Further, students indicating more anxious attachment to God were significantly likely to indicate feeling more unsupported and restricted by more overprotecting parents (McDonald et al., 2005). Meanwhile, more avoidantly attached to God students also indicated feeling more restricted by more overprotecting fathers and feeling more uncared for by parents, who were more rigid. Additionally, male young adults' endorsed God as highly nurturing when also endorsing their mother as being more powerful (Dickie et al., 2006). Likewise, males with more punishing views of their mother were closer to God, while females with less maternal punishing views were closer to God and highly religious. Finally, adults reporting their parents and God as having been versus not been unconditionally loving and accepting were significantly more likely to view God as more benevolent and indicate greater

religious commitment (Currier et al., 2022). There was also a significant likelihood of adults indicating less and more religious struggles when also perceiving their parents had positive and negative views of them, respectively. In summary, findings suggest how one perceives God is impacted by how one perceives their parents.

Role of Self-Perceptions

Similarly, several mostly American studies have considered how a person' s view of God is shaped by their view of themselves. Higher self-esteem was significantly associated with less belief of God abandoning them and more collaboration with God to solve their problems in university students (Phillips et al., 2004) and female students (McElroy et al., 1999). There were also significant associations between higher views of God and themselves as loving for high school students, with males' higher self-esteem related to lower views of God as wrathful (Spilka et al., 1975). Higher kind views of God reported by students were significantly predicted by higher reported self-esteem (Buri & Mueller, 1993) and higher loving views of themselves for female students (Reinert & Edwards, 2014). Female students and young adults also indicating themselves as less controlling and more nurturing and powerful, significantly predicted parallel qualities in God (Dickie et al., 2006; Reinert & Edwards, 2014). Likewise, for Australian adults, females endorsing liking themselves significantly predicted greater caring, involved and less negative views of God (Greenway et al., 2003). Meanwhile, males' indicating liking themselves and feeling competent predicted higher involved and lower negative views of God, respectively. Also, male young adults' higher self-esteem significantly predicted their perception of God as highly nurturing (Dickie et al., 2006). Further, based on their personal experiences, young adults' endorsing more self-esteem significantly predicted more positive and less critical views of God, respectively (Zahl & Gibson, 2012). Regarding attachment, higher endorsed self-esteem was

significantly predicted by less endorsed anxious attachment to God in students and less anxious and avoidant attachment to God in online adults (Njus & Scharmer, 2020). Also, a clearer religious identity and self-understanding mediated the association between a greater secure attachment to God and greater self-esteem reported by Singaporean adults (Lee & Sim, 2022). That is, adults more securely attached to God lead to having a clearer religious identity, which lead to having a clearer self-understanding, with greater clarity leading to greater self-esteem. Finally, among older American adults, their higher self-esteem was significantly predicted by higher belief in God's intervention in their lives (Krause, 2005). Thus, persons' views of themselves shed light on their view of God, and in the latter case, vice versa.

Consistency of Attachment Styles

Other findings more directly address the link between one's attachment styles to romantic partner or parents and God. For American university students, having a greater secure attachment with their same sex parent predicted less insecure attachment to God (Reinert & Edwards, 2012). Further, greater anxious attachment to God was significantly related to greater anxious attachment to romantic partners in students (Beck & McDonald, 2004; Sandage et al., 2015). The parallel associations with avoidant attachment were significant but more modest. Further, students tended to significantly endorse higher anxious attachment to God and their fathers (Limke & Mayfield, 2011). Similarly, only greater avoidant and anxious paternal attachment predicted the same attachment style to God in students. Moreover, for students who feel more spiritually superior, their spiritual instability (e.g., poorer affect regulation) resulted in more avoidance or anxiety in their relationships with romantic partners and God (Sandage, 2015). In addition, American adults' higher secure attachment to God was significantly related to their lower anxious attachment to others, in their recalled and current attachment styles prior to and

after their loved one's death, respectively (Kelley, 2003). There were also significant associations between greater current anxious attachment to God and avoidant attachment to others, and greater current avoidant attachment to God and avoidant and anxious attachment to others. Lastly, a qualitative dissertation found very similar states of mind when all six adults described their attachment to parents and God (Marchal et al., 2010). Adults, for instance, presented as angry and ambivalent towards their parents and God, or conveyed idealized portrayals of parents and God to minimize relational problems. Taken together, there is evidence a person's attachment to their romantic partner or parents corresponds to their attachment with God.

Gradual Religious Change

Research has also considered religious change among persons securely attached to their parents. Most adolescent summer camp applicants indicated having spiritual growth gradually in their narratives about their personal faith (Schnitker et al., 2012). Among campers, those more securely and insecurely attached to their parents had significantly increased and decreased likelihood of gradually converting to Christianity, respectively. Campers with avoidant attachment to parents, however, had higher odds of gradually or not converting versus sudden converting to Christianity. Further, Americans and Swedish participants endorsing gradual versus sudden religious changes marginally endorsed greater secure maternal and significantly endorsed less insecure parental attachments (Granqvist & Kirkpatrick, 2004). Participants who gradually versus suddenly changed also indicated more and less socialization-based and emotionally based religiosity, respectively (Granqvist & Kirkpatrick, 2004). Therefore, there is clear evidence linking persons' gradual religious change with their secure attachments with parents, especially with their mother, and having taken on their parents' religious beliefs and practices.

Summary

In summary, empirical findings generally support correspondence theory, as there is evidence that American students and adults with greater secure versus insecure attachments, also indicated greater religiosity and positive views of God. Moreover, findings provide support that securely attached persons' own religiosity and perceptions of God are shaped by their childhood memory of their parents' religiosity. Further, in American studies, one's views of their parents and themselves seem to impact their beliefs about or attachment with God. Finally, research shows persons' corresponding attachments to their romantic partners or parents and God.

Religiosity, Attachment to God and Mental Health

Limitations and Measures

Many studies have investigated associations between a person's mental health and both their religiosity and attachment to God. These studies mostly included American university students and middle-aged adults from the community (e.g., Homan, 2014). A few studies were conducted among other populations such as older adults (Thauvoye et al., 2018), Muslims living in Australia (Miner et al., 2017), Christians mostly living in New Zealand (Calvert, 2010) and Jewish and Muslim Israelis (Shoshan et al., 2024). The samples' ethnic background has importance in the applicability of the study's findings. While Canadians used to predominantly identify as religious, for instance, the percentage of Canadians considering themselves as religiously affiliated has declined from 1985 to 2019 (Cornelissen, 2021). The decline in religious affiliation would suggest that findings from Australian versus American studies may be more applicable to Canadians, as 48%, 69% and 57% of Australians, Americans and Canadians considered themselves religiously affiliated in 2023 and 2024 (Evans et al., 2025). Other differences between countries may play a role, for example, in peoples' dependence on God.

Across 31 European countries, for instance, countries with higher religiosity were significantly likely to have lower economic growth and lack of accessible governmental social services (Storm, 2017). As the governmental social services increased between 2002 and 2014, the levels of religiosity decreased. Given the average Canadian's access to governmental social services, their social security may lead to differences in relationships between attachment to God, religiosity and mental health outcomes. In addition, students and adults in the community generally reported low levels of depressive and anxiety symptoms (Homan, 2014). Meanwhile, persons receiving inpatient care, grieving a loved one's death or being treated for breast cancer tended to endorse higher mental health difficulties (e.g., Kelley & Chan, 2012; Mosqueiro et al., 2015; Saki et al., 2020). Moreover, many participants were females and/or moderate to highly religious (e.g., Li et al., 2016), but not always (Homan, 2014). Further, studies have varied sample sizes, with larger samples (e.g., Bonhag & Upenieks, 2021) having greater power to detect small differences than smaller samples (e.g., Kelley, 2003). Further, most studies examining mental health and religious links have mostly Caucasian samples (e.g., Hunter, 2017), with a few more ethnically diverse (e.g., Parenteau et al., 2019). Similarly, many studies had primarily Christian samples with fewer participants endorsing other or no religious affiliations (e.g., Phillips et al., 2004), though several studies focused on Jewish and/or Muslim populations (e.g., Shoshan et al., 2024). Therefore, many results would most apply to clients affiliated with Christianity. Finally, studies used predominantly adequate to excellent internally reliable measures. Despite some exceptions, many findings generally apply to American, Christian and female adults who are at least moderately religious and not clinically depressed or anxious.

Research on relationships among attachment, religious and mental health variables tends to use common self-report measures. Studies frequently used multi-item scales to measure

persons' attachment with God. Most measures assessed the extent persons avoided closeness with God and were anxious God would abandon them (e.g., Beck & McDonald, 2004). Another measure considered several components of attachment security including feeling safe and secure in relationship with attachment figures (Sim & Loh, 2003). Attachment to God measures used with Muslim populations assessed how they related to, believed in, trusted in and attended to God (e.g., Aghajani et al., 2020). There was also a specific measure for Muslims' attachment to God, which included seeking to be close to God, protesting God's perceived absence and viewing God as loving and supportive when experiencing difficulties (Miner et al., 2017). In addition, persons view of God, based on implicit, relational experiences and explicit religious teachings were assessed using their reaction time and self-reports (e.g., Hart et al., 2024). Further, several studies included measures to assess how persons trusted God (e.g., Rosmarin et al., 2011), viewed God (Benson & Spika, 1973), felt about God and perceived God's actions (Schaap-Jonker et al., 2016). Further, various religious variables were measured such as participants' use of religious strategies to problem solve (Pargament et al., 1988) and their motivation to be religious (Allport & Ross, 1967). Also, many studies measured participants experiences of negative affect (Watson et al., 1988), psychological distress (Derogatis, 1982), depressive symptoms (Radloff, 1977) and anxious symptoms in the past week or two (Spitzer et al., 2006). Lastly, it was common for researchers to consider participants' religious behaviours, stress levels and perceived social support (e.g., Hunter, 2017). Thus, studies commonly assessed and compared participants' attachment anxiety and avoidance, religiosity and mental health.

Religiosity and Mental Health

Student Samples

Studies have examined how religious variables related to mental health variables with

university students. Those endorsing significantly more intrinsic religiosity included Iranian students securely and preoccupiedly versus dismissively and fearfully--avoidantly attached to God (Ghorbani et al., 2016) and American students endorsing less self-reliance and beliefs that God had abandoned them (Phillips et al., 2004). Iranian students with secure and preoccupied attachment to God also significantly indicated being more religious for personal gains, along with American students indicating more self-reliance and beliefs of a supportive though disengaged God (Ghorbani et al., 2016; Phillips et al., 2004). Moreover, students reporting greater anxiety and depression were significantly more likely to believe in a supportive God, disengaged from their affairs (Phillips et al., 2004). In Canadian students, endorsing greater anxiety, after imagining losing their personal control in a threatening situation, predicted endorsing greater views of God as controlling (Laurin et al., 2008). Further, American seminary students with more implicitly or experientially positive views of God, significantly indicated fewer symptoms of depression and shame when indicating more explicitly or doctrinally correct positive views of God (Hart et al., 2024). Similarly, among students, a predictor for endorsing less symptoms of depression, anxiety, and shame was reporting more explicitly but not implicitly positive views of God. Likewise, American students endorsing significantly fewer depressive symptoms was predicted by less disappointed feelings toward God and spiritual instability (Paine & Sandage, 2017). Also, lower reported symptoms of depression was significantly predicted by greater views of God as loving for male students and lower stress levels and greater perceived support from friends for female students (McElroy et al., 1999). When females viewed God as controlling and distant, more self-reliance was significantly related to fewer depressive symptoms. In contrast, higher indicators of depression were significantly associated with higher self-reliance in females and lower deferring to God to act in males (McElroy et al., 1999).

Overall, students' mental health was associated with their motives of being religious, problem-solving strategies and God image.

Community Adult Samples

Research with mostly American adults found online or from the community examined associations between religious, social, and mental health variables. Adults' lower psychological distress, for example, was significantly predicted by more frequent prayer (Bradshaw et al., 2010), with higher church attendance predicting lower generalized anxiety (Henderson & Kent, 2022). Likewise, lower endorsement of depressive symptoms in adults has been significantly predicted by the following religious variables: higher intrinsic religiosity (Smith et al., 2003), attendance at religious services (e.g., Upeniek, 2022), religious commitment (Calvert, 2010), and frequency of prayers when viewing God as more loving and less distant (Bradshaw et al., 2008). Further, adults' reports of less depressive and anxiety symptoms were significantly predicted by greater perceived social support, mattering to others and personal dignity (Bonhag & Upeniek, 2021; Pirutinsky et al., 2019; Upeniek, 2022). Moreover, fewer endorsed depressive symptoms in adults was also significantly predicted by views of God as more involved in their lives, caring (in men), disapproving (in women) and views of their relationship with God as positive and loving (Bonhag & Upenieks, 2021; Greenway et al., 2003; Levin, 2002; Smith et al., 2003). Similarly, significant predictors of less anxiety in adults included perceiving God as more involved, approving and trustworthy (Bonhag & Upenieks, 2021; Hunter, 2017; Pirutinsky et al., 2017). Also, adults feeling more positively about God and viewing God as more supportive and less passive were more likely to indicate less psychological distress (Eurelings-Bontekoe et al., 2005). Likewise, among Muslim Australians, endorsing a more positive view of God significantly predicted more pursuit of closeness to God and protest when perceiving God as

absent, and in turn, less and more psychological distress, respectively (Miner et al., 2017). Further, after engaging in a Pentecostal prayer intervention, adults reported fewer depressive and anxiety symptoms compared to their baseline, with more reports of feeling close to the Holy Spirit predicting less reported psychological distress (Monroe & Jankowski, 2016). Overall, adults' religiosity, relationships and perceptions of God often predicted their mental health.

The links between adults' religiosity, relationships and views of God and their mental health, however, are complex. Additional findings, for example, suggest mental health indicators also predict religious variables such as less endorsed attendance at religious services being significantly predicted by more generalized anxiety (Ellison et al., 2014). Similarly, over a 12-year period, women more frequently versus never attending church were significantly less likely to become depressed (Li et al., 2016). Over the same period, women who were clinically depressed versus not depressed were less likely to frequently attend church. It is also likely adults with greater mental health concerns are more likely to turn toward God. As previously mentioned, adults endorsed feeling emotionally distressed and experiencing relational challenges with romantic partners and parents prior to becoming more religious (Kirkpatrick & Shaver, 1990). Also, adults with more psychological distress seeking God more perhaps explains findings, for example, of adults in community and in psychiatric care endorsing more depressive symptoms, distress and religiosity (Hunter, 2017; Schaap-Jonker et al., 2017). Thus, research sheds light on associations between religious and mental health variables but often results in more questions.

Unique Adult Samples

The relationships between religiosity and mental health variables has been considered among adults with clinical depression and psychiatric diagnoses. Brazilian adult inpatients, for

example, who were more versus less intrinsically religious, reported significantly less overall functioning, fewer suicidal attempts and more severe depression, psychiatric symptoms, perceived social support, and reduced symptoms at discharge (Mosqueiro et al., 2015). Further, adult inpatients' higher intrinsic religiosity significantly predicted higher resilience. In addition, Dutch adults, mostly from the community, reported being highly anxious, angry and positive towards God, who they perceived as highly supportive and authoritative (Schaap-Jonker et al., 2017). Other Dutch adults, receiving psychiatric care, were mostly identical, except for endorsing little positive feelings toward God and perceiving God as unsupportive. The latter, negative group endorsed significantly more affect and less positive affect, indicative of higher depression, compared to the former, positive group, who endorsed the inverse pattern, indicative of higher anxiety (Clark & Watson, 1991; Schaap-Jonker et al., 2017). Positive and negative authoritative groups, however, indicated similar importance of their religion to their lives, though the latter significantly identified more as Orthodox-reform (Schaap-Jonker et al., 2017). Finally, a third group of Dutch adults, mainly comprised of community members, predominantly viewed God as passive, and were significantly most likely to report no religious affiliation, compared to positive and negative authoritative groups. Therefore, two studies extend links between religiosity and mental health among adults who are clinically depressed and psychiatric patients.

Older Adult Samples

Researchers have investigated associations among religiosity, personality and mental health variables, among older adults in the Netherlands. For instance, older adults reporting more anxiety toward God significantly endorsed more guilt (Braam, Schaap-Jonker, et al., 2008). Also, older adults indicating greater discontentment toward God significantly associated with greater feelings of depression (in 1992 and 2005), guilt and hopelessness and predicted by greater

neuroticism (Braam, Mooi et al., 2008; Braam, Schaap-Jonker et al., 2008). Older adults endorsing higher neuroticism also significantly predicted higher fear and anxiety towards God (Braam, Mooi et al., 2008). Further, older adults reporting a more agreeable personality significantly predicted viewing God as more supportive and praying more frequently. Moreover, there were no significant associations with older adults self-identifying as Roman Catholic (Braam, Schaap-Jonker et al., 2008). Older adults, however, identifying as Protestant with higher symptoms of depression were significantly associated with higher discontentment (in 1992 and 2005) and anxiety toward God. Also, among Protestant older adults, those endorsing current clinical versus non-clinical depression were significantly more discontented toward God. Further, older adults reported fewer positive feelings toward God and more fear, unfairness, ambivalence and desolation towards God when they reported current and persistent versus no clinical depression (Braam et al., 2014). Even older adults indicating a recently remitted versus no previous depressive episode indicated significantly less positive affect and more unfairness and desolation towards God. In summary, Dutch older adults' feelings about and view of God was affected by their endorsement of neuroticism, openness, agreeableness, Protestant religious affiliation and clinical depression. Additionally, American older adults' greater anxiety about death was significantly predicted by less endorsed church attendance as well as less belief in God's intervention in their lives, especially for African Americans (Krause, 2005). Another study found similar significant predictors for older adults' anxiety and to a lesser extent, depression (Schieman et al., 2006).

Attachment to God and Mental Health

Student Samples

Researchers have investigated how students' attachment to God is related to their

reported symptoms of depression and anxiety. Iranian students securely attached to God indicated significantly lower depressive symptoms than those with dismissive and fearful-avoidant attachments, and significantly lower anxiety than those with preoccupied and fearful-avoidant attachments (Ghorbani et al., 2016). For Singaporean university and high school students, reports of greater attachment security to God significantly predicted fewer depressive symptoms (Sim & Yow, 2011), psychological distress and average stress (Raj & Sim, 2022). When students indicated moderate to high secure attachment to God, their average stress in the past month has less negative impact on their psychological distress. Likewise, American students reported greater attachment security and less attachment insecurity to God significantly predicted, using less maladaptive coping strategies, and in turn, less negative affect and depressive symptoms (Parenteau et al., 2019). In contrast, American students' endorsing significantly more anxious attachment to God predicted more depressive symptoms (Njus & Scharmer, 2020), stress, anxiety, and excessive use of the internet which interfered with other aspects of their lives (Knabb & Pelletier, 2014). Similarly, among student athletes, greater avoidant attachment to God significantly predicted greater indicators of depression (Upenieks et al., 2024). Also, students reporting lower secure and higher anxious attachment to God significantly predicted higher anxiety, which was partially mediated by their need for external validation to feel worthy. Students' higher attachment insecurity to God, however, no longer predicted higher indicators of depression, once considering their disappointed feelings toward God (Paine & Sandage, 2017). Finally, Iranian students' anxious attachment to God was significantly related to their religiosity and spirituality and mediated by indicated depression and life satisfaction (Allipour, 2019). Thus, students' attachment to God mostly predicted their endorsement of depressive and anxiety symptoms, with several mediators.

Community Adult Samples

Studies considered the role of attachment to God in predicting the mental health of adults, recruited online or from the community. Among American adults, greater secure attachment to God significantly predicted fewer reported symptoms of depression and anxiety (Bonhag & Upenieks, 2021; Ellison et al., 2014; Upenieks, 2022) and less psychological distress (Bradshaw et al., 2010; Ellison et al., 2012; Henderson & Kent, 2022). Meanwhile, endorsement of higher anxious attachment to God significantly predicted more depressive and anxiety symptoms (Homan, 2014; Hunter, 2017; Njus & Scharmer, 2020), more worry and psychological distress (Bradshaw et al., 2010; Henderson & Kent, 2022; Hunter, 2017), and more negative affect (Freeze & DiTommaso, 2015; Rowatt & Kirkpatrick, 2002). In addition, American adults anxiously and to a lesser extent, avoidantly attached to God reported more depressive symptoms, anxiety and/or psychological distress (Knabb et al., 2023; Pirutinsky et al., 2019; Stulp et al., 2019). Similarly, Jewish and Muslim Israelis with higher insecure attachment to God, indicated significantly greater negative or conflicting relations with the divine, and in turn, significantly greater symptoms of depression (Shoshan et al., 2024). Further, among adults having a stressful year as well as New Zealander males, greater anxious attachment to God was significantly predicted by greater depressive symptoms and negative affect four months later (Calvert, 2010). The inverse pattern occurred for avoidant attachment to God. Further, Australian adults with secure versus insecure attachments to their parents and God endorsed less trait anxiety (Miner, 2009). Moreover, associations between greater insecure attachment to God and mental health indicators were significantly mediated by more of the following: perception of mattering to others (Bonhag & Upenieks, 2021); critical views of self (Homan, 2014); perception of God as having abandoned and punished them (Calvert, 2010); and avoidance of feeling their own

distress, difficulty tolerating uncertain outcomes, and repeated negative thoughts (Knabb et al., 2023). Also, adults insecurely attached to God reported worse quality of sleep as reported more major life stressors (Ellison et al., 2019). In summary, studies found adults' attachment to God predicted their mental health, though adults' mental health also likely impacted their attachment to God. For instance, adults' higher depressive symptoms and negative affect predicted higher anxious attachment to God four months later (Calvert, 2010).

Unique Adult Samples

Several studies expand research on the impact of one's attachment to God on their mental health to adults grieving a significant death and women diagnosed with breast cancer. Among grieving American adults, their recalled greater secure attachment to God before their loved one died significantly predicted feeling less severely depressed and less disconnected from others following and three months after their loved one died (Kelley, 2003). In contrast, those recalling more anxious and avoidant attachment to God significantly predicted feeling more severely depressed and more disconnected, distressed and lonely following the death of their loved one. Likewise, for Canadian women, higher anxious attachment to God significantly related to higher symptoms of depression three and six months after being diagnosed with breast cancer (Gall & Bilodeau, 2020). Women's lower reported use of avoidant coping, however, predicted lower depressive symptoms three, six and 12 months after their diagnosis, and was inconsistently predicted by higher anxious attachment to God. Similarly, among Iranian women diagnosed with breast cancer, their higher anxiety about death predicted higher symptoms of depression and mediated the effect higher attachment to God had in reducing their depressive symptoms (Saki et al., 2020). Thus, research with unique samples found adults' attachment to God affected their mental health, particularly their reported depressive symptoms and anxiety about death.

Older Adult Samples

Several studies considered how older adults' attachment to God related to their death related anxiety and mental health. Among Iranian older adults, reporting more attachment security to God was significantly associated with less anxiety about death and more positive attitudes about death (Aghajani et al., 2020; Ghorbani et al., 2024; Nasiri et al., 2020). In particular, older adults who endorsed higher attending to and trusting in God and overall secure attachment to God significantly predicted their higher positive attitudes about death (Nasiri et al., 2020). Further, older adults indicating greater use of positive religious strategies to cope with stress or distress significantly predicted greater attachment security to God (Ghorbani et al., 2024). Moreover, older adults reporting lower secure attachment to God significantly predicted higher anxiety about death. There is also a significant relationship between using more negative religious strategies of coping and more anxiety about death in older adults, which is partially mediated by the quality of attachment to God. In addition, Belgian older adults' higher anxious and avoidant attachment to God at follow-up was significantly predicted by their higher reported depressive symptoms six months earlier (Thauvoye et al., 2018). In the subsequent six months, older adults' greater endorsed attachment anxiety was significantly predicted by their earlier greater depressive symptoms. This pattern was only replicated for attachment avoidance to God among older adults with a deceased family member. Thus, research suggests attachment security to God has protective effects on older adults' death related anxiety and attitudes, and older adults with more depression, subsequently endorse more anxious and avoidant attachment to God.

Summary and Caveat

Overall, across various heterogenous studies, findings suggest religious and attachment to God variables reduced or exacerbated mental health variables. Research consistently found

several factors lowered persons' risk of endorsing symptoms of depression and anxiety. Protective factors were more of the following: religiosity such as frequent church attendance (e.g., Upenieks, 2022); attachment security to God (e.g., Kelley, 2003; Nasiri et al., 2020; Sim & Yow, 2011); positive views of God (e.g., Hart et al., 2024; Hunter, 2017); perceived social support and mattering to others (e.g., Pirutinsky et al., 2019; Upenieks, 2022). Further, several factors consistently increased the likelihood of reporting depressive symptoms and anxiety. Risk factors included higher anxious and to lesser extent, avoidant attachment to God (e.g., Knabb et al., 2023), higher negative views of God (e.g., Braam et al., 2014; Schaap-Jonker et al., 2017) and lower perception one mattered to others (Pirutinsky et al., 2019). Moreover, studies with large samples of adults found most consistent links between religiosity, attachment to God and mental health (e.g., Ellison et al., 2014), followed by older adults and students (e.g., Braam et al., 2014; Rowatt & Kirkpatrick, 2002), adults living with grief and cancer (e.g., Gall & Bilodeau, 2020; Kelley, 2003), and lastly, adults with clinical presentations (e.g., Mosqueiro et al., 2015). As a caveat, however, most studies were cross-sectional, limiting the ability to infer the impact of religiosity and attachment to God on mental health and vice versa. The few longitudinal studies reported the following mixed findings: more depressive symptoms significantly predicted insecure attachment to God three to six months later (Calvert, 2010; Thauvoye et al., 2018); the opposite pattern (Gall & Bilodeau, 2020; Kelley, 2003). Finally, women's frequency of attendance at religious services significantly impacted their likelihood of developing clinical depression later on and vice versa (Li et al., 2016).

Religiosity, Attachment to God and Well-Being

Limitations and Measures

Many researchers have investigated the relationships between religiosity, attachment to

God and well-being variables. These studies generally have more homogenous religious samples of Christians (e.g., Phillips et al., 2004) and to lesser extent, Muslims (e.g., Siregar et al., 2024), limiting the generalizability of their findings. Also, participants, on average, reported high levels of attachment security to God and positive views of God, potentially reducing the effect sizes of findings (e.g., Zahl & Gibson, 2012). Though rare, a few studies included a small to moderate subset of persons' endorsing no religious affliction or being an atheist or agnostic (e.g., Njus & Scharmer, 2020). These studies in turn, had more varied responses and more generalizable findings. Similarly, most studies had majority American Caucasian samples (e.g., Culver & Denton, 2017), with a few studies from Iran (Farhoush et al., 2019), New Zealand (e.g., Calvert, 2010), Canada (e.g., Freeze & DiTommaso, 2014), and Indonesia (e.g., Siregar et al., 2024). There was more ethnic diversity, however, for a couple of studies (e.g., Bradshaw & Kent, 2018; Migdal & MacDonald, 2013). Thus, limited sample backgrounds restrict the application of study's findings. Moreover, most studies were conducted with university students or middle-aged adults from the community (e.g., Miner, 2009), with fewer studies focusing on older adults or unique samples (e.g., Bradshaw & Kent, 2018; Kelley & Chan, 2012). Many studies also had females moderately (e.g., Njus & Scharmer, 2020) to largely overrepresented in samples (e.g., Ningrum & Kusumaningrum, 2022). There were also several measures with low reported reliability, though primarily assessing persons' views of God versus their attachment to God (e.g., Zahl & Gibson, 2012). In addition, several studies were likely underpowered to detect small effects (Njus & Scharmer, 2020). In summary, many findings have limited generalizability to American Caucasian females, who are highly religious Christians.

Studies linking one's religiosity, attachment to God and sense of well-being use similar self-report measures. Participants often indicated their motivations to be religious (Allport &

Ross, 1967), beliefs about God (e.g., Phillips et al., 2004), views of God (e.g., Steenwyk et al., 2010), religious strategies of problem-solving (Pargament et al., 1988) and attachment anxiety and avoidance toward God (Beck & McDonald, 2004). Researchers also frequently assessed participants' psychological well-being based on the following facets: accepting themselves with their strengths and flaws, having loving and empathetic relationships with others, seeking places that are supportive of their psychological health, having convictions which imbue their lives with purpose, and developing their potential to personally grow (Ryff, 1989). Also, participants indicated how satisfying, meaningful and purpose driven their lives were, referred to as existential well-being (Paloutzian & Ellison, 1982). Further, studies sometimes used measures of life satisfaction (Diener et al., 1985), meaning (Steger et al., 2006), hope (Beck et al., 1974), positive affect (Watson et al., 1988) and quality of life (WHOQOL Group, 1998). Most psychological well-being measures assessed participants' general disposition, with a few asking about the past week or two (Beck et al., 1974; Watson et al., 1988; WHOQOL Group, 1998). Measures were generally reliable, though still only captured a snapshot of one's experiences.

Religiosity, Views of God and Well-Being

Student Samples

Studies among mostly American university students examined associations between religious views of God and well-being variables. American students indicating higher existential well-being were significantly more likely to indicate lower views of God as abandoning, and higher deferring to God to act and collaborating with God to problem solve (Phillips et al., 2004). Also, higher existential well-being and explicit positive view of God were significantly associated for seminarian students with high implicit positive views of God (Hart et al., 2024). Endorsement of higher existential well-being and purpose in life was also significantly

associated with higher intrinsic religiosity, religious behaviours and view of spirituality as personally applicable (Migdal & MacDonald, 2013). Similarly, students reporting feeling closer to God significantly predicted a greater sense of purpose in their lives at baseline and five years later. Further, lower feelings of hopelessness endorsed by students was significantly predicted by having their religiosity be less motivated by exploring existential questions and more for its intrinsic value and perceiving God as less controlling (Steenwyk et al., 2010). Moreover, students' perceived views of God as more loving and less controlling significantly predicted their indication of being more satisfied with their lives (Steenwyk et al., 2010). Iranian students with greater satisfaction with their lives were significantly more likely to report being regularly connected to something transcendent. In addition, among American students exposed to God priming words, those who viewed God as less versus more controlling endorsed significantly more life satisfaction and positive current affect (Wiegand & Weiss, 2006). Regardless of primer, students with higher views of God as loving also indicated higher positive current affect. Similarly, female students reporting greater and less psychological well-being were significantly likely to report greater or less self-reliance, when viewing God as controlling or very loving, respectively (McElroy et al., 1999). Thus, findings found links among persons with greater religiosity, spirituality, positive views of God and psychological well-being.

Various Adult Samples

Studies have explored the impact adults' religiosity and beliefs about God have on their psychological well-being. Australian adults endorsing more intrinsic religiosity significantly predicted more existential well-being (Miner, 2009). Also, clinically depressed Brazilian adults with higher versus lower intrinsic religiosity reported significantly higher differences in their quality of life, competency, acceptance of themselves and their lives and resiliency, between

starting and ending inpatient care (Mosqueiro et al., 2015). Further, among adults grieving the loss of a loved one, those indicating greater depressive symptoms significantly predicted greater use of positive religious strategies to cope, which in turn, predicted greater growth related to their stressful circumstances (Kelley & Chan, 2012). For Canadian adults, being more dependent on members of their church significantly predicted having more spiritual experiences in their daily lives and being more emotionally well (Freeze & DiTommaso, 2015). In addition, greater endorsed religiosity and spirituality significantly predicted less endorsed emotional distress (Freeze & DiTommaso, 2014). Moreover, across several studies, higher positive and to a lesser extent, lower negative views of God were significantly associated with higher psychological well-being (Stulp et al., 2019). Among American Jewish adults who implicitly view God positively, those reporting greater and lesser life satisfaction were significantly predicted by greater and lesser explicitly positive views of God, respectively (Pirutinsky et al., 2020). Also, higher life satisfaction and to a lesser extent, happiness, were significantly predicted by American adults' perception of having a closer relationship with God, who viewed God as a ruler or judge (Pollner, 1989). Likewise, New Zealander adults indicating less belief that God had abandoned them significantly predicted greater positive well-being (Calvert, 2010). Also, among American and British young adults, feeling more positively and less critically towards God significantly predicted greater life satisfaction (Zahl & Gibson, 2012). Lastly, for Turkish adults in poor health, viewing God as more loving significantly predicted more of the following: acceptance of their situation, growth, positive relationships and seeking spaces psychologically beneficial (Demirkan, 2023). In short, across various samples of adults, religious variables predicted their psychological well-being.

Attachment to God and Well-Being

Student Samples

Attachment to God is another variable associated with students' psychological well-being. American students reporting less attachment anxiety and avoidance to God significantly predicted greater reported existential well-being (Beck & McDonald, 2004). Likewise, less attachment avoidance to God endorsed by students significantly predicted endorsing more meaning in their lives, less searching for purpose and more perceptions of being competent and connected to others (Keefer & Brown, 2018). Meanwhile, Iranian students with lower anxious and higher secure attachment to God were significantly more likely to indicate higher life satisfaction (Farhoush et al., 2019). For Chinese international students or immigrants in America, greater life satisfaction and positive affect was significantly predicted by greater secure and less avoidant attachment to God (Wei et al., 2012). Moreover, American students more securely attached to God significantly predicted using more emotionally focused and less maladaptive coping strategies, and in turn, more positive affect (Parenteau et al., 2019). Students with higher avoidant and anxious attachment to God also significantly predicted using more maladaptive coping strategies, and in turn, less positive affect. Further, among Iranian students, more endorsed attachment to God and relying on God significantly predicted lower psychological well-being (Nemati et al., 2024). Similarly, Indonesian students reporting higher attachment to God (e.g., positive views of God and protesting when God feels absent) were significantly likely to report higher psychological well-being, including being self-accepting, autonomous, being in spaces which promote their psychological health and seeking to personally grow (Ningrum & Kusumaningrum, 2022). In short, students' attachment security and insecurity with God was associated with or predicted more or less psychological well-being, respectively.

Various Adult Samples

With various populations, researchers have considered how adults' secure attachment to God relates to their psychological well-being. For African migrants living in Australia, for instance, reporting being more securely attached to God and connected to their place of residence significantly predicted their reported higher quality of life (Counted et al., 2020). Likewise, more than half the studies in a meta-analysis found that adults' endorsing a greater relationship with the divine significantly related to greater quality of life, with a quarter and a sixth finding no and an inverse relationship, respectively (Counted et al., 2018). Indirect pathways between adults' relationship with the divine and their quality of life included social support and meaning. For American adults in mourning, for example, reports of higher attachment security to God significantly predicted higher meaning, which then predicted lower depressive and grief symptoms (Kelley & Chan, 2012). Adults endorsing greater secure attachments to God also significantly predicted and was related to greater personal and spiritual growth following the recent loss of a loved one at baseline (Kelley & Chan, 2012) and also three months later (Kelley, 2003). Similarly, adults who were more securely attached to God, were significantly associated with more purposeful and meaningful lives at baseline and three months later (Kelley et al., 2003). Australian adults showed a similar pattern (Miner, 2009). Further, higher attachment security to God has been significantly associated with higher psychological well-being such as the following: growth following a crisis, life satisfaction, positive experiences, thriving, and/or life purpose (Demirkan, 2023; Njus & Scharmer, 2020; Stulp et al., 2019). Finally, for Indonesian Muslim adults who returned to their religion, those engaged in more religious practices significantly predicted more attachments to God, which predicted more satisfaction in

their lives (Siregar et al., 2024). In summary, studies provide evidence associating greater secure attachment to God to greater psychological well-being, such as quality of life.

In contrast to findings with secure attachment to God, insecure attachment to God has been linked with poorer psychological well-being. American adults who reported more anxious and to a lesser extent, avoidant attachment to God significantly predicted less satisfaction with their lives, positive experiences, and thriving (Njus & Scharmer, 2020). For New Zealander adults, greater endorsed attachment anxiety to God was significantly related to less positive well-being and to a lesser extent, less positive affect about three to five months later (Calvert, 2010; Duncan, 2007). Adults with higher avoidant attachment to God had more inconsistent and weaker relationships with positive-being and affect. American adults with more attachment anxiety and avoidance to God, however, significantly predicted less self-compassion, and in turn, less life satisfaction (Homan, 2014). Similarly, among mental health practitioners, endorsing greater anxious attachment to God significantly predicted less self-compassion and to a lesser extent, general compassion for others (Fung, 2021). Adults from Turkey and Canada who also indicated being more anxiously attached significantly predicted being less accepting of themselves and their lives (Demirkan, 2023) and also less satisfied with their lives and less emotionally well (Freeze & DiTommaso, 2014). Turkish adults with greater attachment anxiety also significantly predicted being less of the following: autonomous, positively related to others, purposeful in life and intentional about growing personally and using spaces promoting their psychological health (Demirkan, 2023). Further, Australian and American adults who endorsed higher anxious and avoidant attachments to God were significantly associated with lower purpose and meaning at baseline (Miner, 2009) and also three months later (Kelley et al., 2003). Thus, studies found that greater attachment insecurity to God was associated with or predicted

less psychological well-being. There were, however, unexpected findings, such as adults more anxiously attached to God significantly predicting more life satisfaction (Homan, 2014).

Religiosity, Beliefs about God, Attachment to God and Well-Being

Older Adult Samples

Research investigating associations between religiosity, views of God, and psychological well-being has been conducted with American older adults. Among older adults, greater endorsed psychological well-being was significantly predicted by self-identifying as a protestant, and to a lesser extent, greater frequency of prayer and religious attendance three years earlier (Bradshaw & Kent, 2018). Similarly, older adults indicating more church attendance and private prayer predicted indications of being more satisfied with their lives and optimistic (Krause, 2005). Replicating the latter, greater endorsed attendance predicted greater optimism three years later (Kent et al., 2018). Meanwhile, older adults indicating lower optimism was significantly predicted by indicating no religious affiliation (compared to being a protestant) three years earlier. Among older adults, however, reports of higher life satisfaction and optimism were significantly predicted by reporting higher exercise of control in their lives through collaboration with God, especially for African versus Caucasian Americans (Krause, 2005). Likewise, older adults' endorsement of more satisfaction with their lives and optimism was significantly predicted by endorsing more forgiveness from God three years earlier, among those more securely attached to God (Kent et al., 2018). Also, older adults indicating greater life satisfaction significantly predicted by greater and lesser beliefs that God's forgiveness was conditioned on their behavioural change, for adults with greater and lesser attachment security to God, respectively. The same pattern was marginally significant for higher reports of optimism. Similarly, indications of praying more significantly predicted more psychological well-being in

older adults with higher attachment security to God (Bradshaw & Kent, 2018). Lastly, Iranian older adults' greater psychological well-being was significantly predicted by greater attachment to God (Seyednoohi & Ghodsi, 2023). In short, the psychological well-being of older adults was predicted by their religious behaviours and specific beliefs about God, especially when they were more securely attached to God.

Summary

Overall, across differing samples of students and adults, studies found significant associations between greater religiosity, positive beliefs about God, secure attachment to God and psychological well-being, and the inverse pattern. Further, several religious variables predicted greater psychological well-being including the following: greater intrinsic religiosity (e.g., Miner, 2009), loving views of God (e.g., Steenwyk et al., 2010), and attendance at religious services, especially for older adults (e.g., Krause, 2005). In contrast, higher controlling and abandoning views of God (e.g., Calvert, 2010; Steenwyk et al., 2010) and no religious affiliation, especially for older adults, (e.g., Kent et al., 2018) predicted less psychological well-being. Moreover, studies often found that those more securely attached to God predicted better psychological well-being (e.g., Beck & McDonald, 2004; Njus & Scharmer, 2020), while those insecurely, especially anxiously attached to God, tended to predict worse psychological outcomes (e.g., Demirkan, 2023; Nemati et al., 2024). Generally, studies with university students typically found direct relationships between variables, with small to medium effects (e.g., Bradshaw & Kent, 2018; Ningrum & Kusumaningrum, 2022). In comparison, adult studies found mostly small incremental effects but robust interactions (e.g., Bradshaw & Kent, 2018). Several studies with adults also considered points across time and controlled for covariates. In addition, studies with students tended to find similar effects with religious and attachment to God

variables, while studies with adults often found larger effects for attachment to God versus religious variables. Finally, since many studies were cross-sectional, variables may be related in either direction or due to another variable. In short, research across student and adult samples found evidence that persons' religiosity and attachment to God were associated with their psychological well-being.

Conclusion

This chapter presented extensive research on factors affecting one's approach to religion and perception of God. I also explored associations between persons' religiosity, view of God, attachment to God, mental health and psychological well-being. In this following chapter, I will summarize broad findings, across varied samples and suggest clinical implications.

Chapter Three: Implications for Counselling Practice

Overall, studies with heterogenous samples offer evidence that a person's religiosity and attachment to God plays a meaningful role in their mental health and psychological well-being (e.g., Beck & Mcdonald, 2004; Rowatt & Kirkpatrick, 2002). This chapter will summarize these findings (see Appendices A to K) and present clinical implications. I will also consider evidence for piloted spiritual counselling groups to address spiritual struggles, views of God and attachments with God in students and various adult samples (e.g., Dworsky et al., 2013; Gibbel et al., 2019; Olson et al., 2016; Thomas et al., 2011). I will conclude with clinical implications as well as ethical considerations for counsellors providing spiritual integrated counselling.

Summary and Clinical Implications

Religiosity, Mental Health and Psychological Well-Being

As discussed in the previous chapter, studies with university students, middle aged and older adults and adults in special circumstances have investigated associations between religious, mental health and psychological well-being variables. Heterogeneous studies provided evidence that having an intrinsic motivation to be religious significantly predicted or was associated with the following reports: fewer depressive symptoms (Smith et al., 2003), more purpose and meaning in life (Migdal & MacDonald, 2013) and fewer feelings of hopelessness (Steenwyk et al., 2010). Similarly, various findings support the positive role of endorsing higher attendance at religious services, for instance, in significantly predicting less generalized anxiety and depression for adults (Ellison et al., 2014; Li et al., 2016; Upenieks, 2022) and greater psychological well-being such as greater optimism for older adults (Bradshaw & Kent, 2018; Kent et al., 2018; Krause, 2005). Higher frequency of praying also significantly predicted higher psychological well-being for older adults (Bradshaw & Kent, 2018; Krause, 2005). The

associations, however, between greater religious behaviours, less mental health conditions and greater psychological well-being are complex. As shown, adults with clinical depression were also significantly less likely to attend religious services (Li et al., 2016) and frequently praying was significantly beneficial when adults viewed God as loving (Bradshaw et al., 2010). Further, other non-religious variables also significantly impacted reported mental health such as their perceived social support and value (Bonhag & Upenieks, 2021; Upenieks, 2022) and less stress in female students (McElroy et al., 1999). Taken together, it may be beneficial for mental health practitioners to encourage clients to engage in their personal religious practices, particularly for its own sake along with seeking social support and reducing their level of stress. Any recommendations for clients, however, should consider their view of God, as holding less loving God images significantly predicted worse psychological well-being for adults praying more often (Bradshaw et al., 2010).

Attachment to God and Mental Health

Generally, reviewed research with students, adults in the community, older adults and adults facing unique hardships found links between attachment security to God and better mental health. In particular, greater endorsed secure attachment to God significantly predicted fewer symptoms of depression and/or anxiety (e.g., Ellison et al., 2014; Kelley, 2003; Nasiri et al., 2020; Sim & Yow, 2011). Many studies that distinguished anxious and avoidant attachment to God found stronger effects between the former and psychological distress (e.g., Stulp et al., 2019). Links between psychological distress and attachment to God were found to be significantly mediated by various factors including the following: recent stress levels (Raj & Sim, 2022), feeling of mattering to others (Bonhag & Upenieks, 2021), feeling abandoned or punished by God (Calvert, 2010), avoiding experiencing distress, difficulties tolerating

uncertainty and dwelling on negative thoughts (Knabb et al., 2023), anxiety about dying (Saki et al., 2020) and sense of meaning (Kelley & Chan, 2012). These links are complex, however, as reports of higher depressive symptoms significantly predicted their higher anxious and/or avoidant attachment to God four to six months later (Calvert, 2010; Thauvoye et al., 2018). There is also evidence of an inverse relationship, however, it was based on recalled attachment to God prior to adults' experience of grief or breast cancer, which was likely biased due to their current circumstances (Gall & Bilodeau, 2020; Kelley, 2003). Overall, these findings highlight how clients' perceived relationship with God may be negatively impacting their mental health. Findings also suggest potential mediating processes to directly address, with clients desiring their religious or spiritual beliefs to be part of the counselling process. Thus, findings indicate the potential benefit of addressing clients' psychological distress via their attachment to God.

Attachment to God and Psychological Well-Being

As previously discussed, various studies indicated more reports of secure attachment to God significantly predicted better psychological well-being. Specifically, reports of higher attachment security significantly predicted by the following: higher reported purpose and meaning in life (e.g., Beck & McDonald, 2004; Miner, 2009), life satisfaction (e.g., Wei et al., 2012), quality of life (e.g., Counted et al., 2020), personal and spiritual growth (e.g., Kelley & Chan, 2012), psychologically thriving (Njus & Scharmer, 2020) and compassion for humanity in general (Fung, 2021). These relationships were found to be significantly mediated by the following: self-compassion (Fung, 2021; Homan, 2014), experiencing God's forgiveness and believing behavioural changes should follow (Kent et al., 2018), perceived social support and meaning (Counted et al., 2018) and engaging their emotions when coping with life stress (Parenteau et al., 2019). Securely attached to God adults may also have better psychological

well-being, perhaps due to significantly endorsing greater self-acceptance, autonomy and intentionally seeking spaces promoting psychological health (Ningrum & Kusumaningrum, 2022). Moreover, though limited, longitudinal research suggests that higher psychological well-being follows more secure attachment to God reported at least three months earlier, versus the inverse direction (Calvert, 2010, Duncan, 2007; Kelley, 2003; Kelley & Chan, 2012). Further, it is possible adults' engagement with their religious practices impacts their attachment to God, as suggested in findings with Indonesian, Muslim adults (Siregar et al., 2024). Thus, evidence suggests clients may benefit psychologically through counselling interventions which seek to address their attachment insecurity to God and mediating processes between their attachment to God and psychological well-being. In addition, clients seeking to change their attachment to God may only experience greater psychological well-being after several months. This speculation is based on longitudinal findings, which admittedly only considered relationships between attachment to God and psychological well-being variables over time (e.g., Calvert, 2010).

Additionally, studies indicated persons' attachment security to God may be affected by the several previously mentioned factors such as their feelings about God (e.g., Eurelings-Bontekoe et al., 2005), views of God (e.g., Hunter, 2017) and view of themselves (e.g., Njus & Scharmer, 2020). Further, one's attachment to God may also be impacted by their perception of their parents as having been more or less religious during their childhood (e.g., Granqvist, 2002; Kirkpatrick & Shaver, 1990), along with how they viewed their parents (e.g., Dickie et al., 2006; Hertrel & Donahue, 1995) and attached to their parents (e.g., Granqvist & Kirkpatrick, 2004). Secure attachment to parents in childhood, for example significantly and fully mediated relationships between greater recalled childhood verbal and physical abuse and greater attachment insecurity to God in American students (Reinert & Edwards, 2009). The significant

association between reports of experiencing more sexual abuse during childhood and reporting more insecure attachments to God, however, was not mediated by their recalled attachment to their parents. Therefore, attachment to parents appears to have limited impact on a person' s greater insecure attachment to God for the latter individuals. Given the robust links between higher reports of attachment security and psychological well-being, clients' well-being may improve after addressing factors that impact their attachment to God in counselling. While the studies referred to so far have simply considered how ones' attachment to God related to their psychological well-being, often at one point in time, several studies have piloted spiritual counselling interventions, which aimed to change persons' attachment to God and view of God.

Practical Clinical Implications

There are practical implications for counsellors, given the significant relationships found between one's attachment to God, religiosity and mental health outcomes. At intake, for instance, counsellors could consider assessing their clients' relation to religion and view of God (Stulp et al., 2019). Counsellors could ask certain demographic questions, for example, in screening questionnaires to assess if clients identified as religious or spiritual and preferred to discuss their religion or spirituality in counselling (Piedmont & Wilkins, 2020). Depending on their clients' interests, counsellors could explore their clients' personal experiences with their religion or spirituality, including their beliefs and practices. Asking explicit questions would allow counsellors to place their clients' religious or spiritual experiences in the context of their personal needs, mental health and well-being (Currier et al., 2023). Counsellors, for instance, could specifically inquire about the relation between their clients' religious or spiritual experiences and their presenting problems. Counsellors could also ask broad questions such as about their clients' experiences of feeling alive, which may lead to discussing the role of religion or spirituality in

their clients' lives (Pargament, 2007). Additionally, counsellors could be listening for religious or spiritual themes which clients may spontaneously self-disclose (Currier et al., 2023). Clients could discuss their religion or spirituality, for example, in the context of discussing their pain, themselves, changes and their well-being (Stewart-Sicking et al., 2019). Afterwards, counsellors could decide to directly assess clients' religion or spirituality, which may result in integrating religion or spirituality into the counselling process. Also, counsellors could consider consulting with or offering clients referrals for religious leaders such as chaplains (Currier et al., 2023). Moreover, counsellors could use self-report measures with clients to assess, for instance, their attachment to God (e.g., Beck & McDonald, 2004) or motivations for being religious (Allport & Ross, 1967). In addition, counsellors should show openness and nonjudgment while assessing their clients' stance on religion or spirituality (Currier et al., 2023). Finally, counsellors should consider how clients' gender or racial identity may uniquely impact their religion or spirituality, mental health and how their religion or spirituality relates to their mental health (e.g., Krause, 2005; Steenwyk et al., 2010). In summary, counsellors could directly or indirectly assess their clients' religion or spirituality, and tailor the counselling services to their professional competencies and clients' preferences.

The literature on attachment to God has highlighted several considerations when integrating clients' religion or spirituality into the counselling process. Prayer practices, for example, could better benefit older adults who are also working to become securely attached to God (Bradshaw et al., 2018). Addressing clients' attachment to God could involve considering their views of God and attachment styles in individual or group therapy (Knabb & Pelletier, 2014). At the same time, engaging in Islamic religious practices could be beneficial to the extent they lead to becoming securely attached to God (Siregar et al., 2024). Similarly, persons may

come to view God and their relationship with God differently based on their corrective experiences while engaging in prayer or spiritual communities (Kimball et al., 2013). Also, most adults who prayed to God, praised God and prayed for others over a month-long intervention disclosed improvements in their relationship with God (Palmer, 2020). That said, counsellors could have to help their clients integrate their emerging secure attachment to God with their prior insecure attachments to others (Miner, 2009). Also, counsellors could support and guide clients to process their negative feelings, views of and/or beliefs towards God (e.g., Pirutinsky et al., 2020). Further, counsellors could empower their clients to use their attachment to God, religion or spirituality and related practices and communities as resources, given their relations with better mental health outcomes (e.g., Gall & Bilodeau, 2020; Smith et al., 2003). Moreover, counsellors could assess and work with clients in factors which mediated the relationship between attachment to God and mental health outcomes. Psychological factors included the following: self-understanding (Lee & Sim, 2022), self-evaluation (Homan, 2014; Upenieks et al., 2024), existential concerns (Kelley & Chan, 2012; Saki et al., 2020) and their emotional regulation and coping (Knabb et al., 2023; Parenteau et al., 2019). In addition, religious or spiritual factors included religious motivation (Miner, 2009), clarity of religious identity (Lee & Sim, 2022) and view of God and affect towards God (Calvert, 2010; Paine & Sandage, 2016). Finally, counsellors could develop a secure attachment with their clients, which may lead to less problems with other people as suggested by recent research with anxiously attached clients (Jacobsen et al., 2024). Though speculative, it is also possible clients' corrective experiences in therapy could impact their relationship with God. More research is necessary, however, to explore this possibility. Overall, counsellors could work with their clients in various psychological and religious or spiritual dimensions to impact their mental health outcomes.

Spiritual Counselling Interventions

Limitations and Measures

There are several pilot studies directly investigating changes in persons' mental health and psychological well-being with counselling interventions addressing their attachment to God and view of God. Many of these studies have limited generalizability and ability to detect small treatment changes, given their predominantly self-selected American, Caucasian, female and Christian samples (e.g., Thomas et al., 2011). A few studies, however, had more ethnically diverse samples (e.g., Olson et al., 2016; Williams et al., 2020), fewer religious persons (e.g., Currier et al., 2017; Murray-Swank & Pargament, 2008) and a small subset of atheists and agnostics (e.g., Dworsky et al., 2013). One study was also conducted with Dutch adults (Stulp et al., 2022). Further, many studies with adults included those receiving inpatient care for their mental health at Christian or spiritual centers (e.g., Tisdale et al., 1997). Student samples generally had fewer clinical presentations, with a few exceptions (e.g., Dworsky et al., 2013; Thomas et al., 2011). Most adult studies had no control group, while several studies randomly assigned students into the counselling group, control group and/or a waitlist group (e.g., Rasar et al., 2013). Additionally, most spiritual counselling groups involved eight to ten weekly in-person sessions, between 55 to 90-minutes, facilitated by supervised graduate clinical psychology students, who often received extensive training in a manualized approach (e.g., Olson et al., 2016). During weekly meetings, counselling groups typically discussed spiritual struggles (e.g., Gibbel et al., 2019) and their view of and attachment to God (e.g., Rasar et al., 2013). Thus, researchers have piloted spiritual counselling intervention groups with mostly homogenous samples and limited controls.

Moreover, researchers tended to assess the pre- to post-treatment changes in participants.

Studies commonly considered participants' psychological distress over the past week (e.g., Derogatis, 1982), self-stigmatization due to their spiritual struggles (e.g., Dworsky et al., 2013), and their positive and negative affect (Watson et al., 1988). There was also consideration of several spiritual and religious outcomes including participants' attachment to God (e.g., Beck & McDonald, 2004) and their use of positive and negative religious strategies to cope with life stress or spiritual struggles (Pargament et al., 2000). In addition, researchers asked participants the extent to which they endorsed the following: viewing God as loving and caring or distant and judgemental (Gorsuch, 1968); experiencing God as present and challenging (Lawrence, 1997); and viewing themselves as worthy to be loved by God (Lawrence, 1997). The measures were generally reliable self-reports, with only one study also collecting ratings from adults' clinicians (Stulp et al., 2022). Further, some samples showed a more positive view of God prior to and after receiving the piloted interventions (e.g., Olson et al., 2016). Finally, most studies did not include long-term follow-ups, except a few studies (e.g., Tisdale et al., 1997). Consider these caveats when interpreting the effectiveness of the piloted spiritual counselling interventions.

Counselling Interventions Related Research

Student Samples

Pilot studies of spiritual counselling interventions have been conducted with university students, when persons often reflect on their spirituality (Dworsky et al., 2013). Twelve American undergraduate students, for example, attended five to nine group counselling sessions addressing their spiritual struggles (Dworsky et al., 2013). Considering change in scores, students indicated significantly lower psychological distress and self-stigmatization and higher positive affect and emotional regulation. Students also reported significantly using less negative religious coping, behaving more in line with their spiritual values, and viewing themselves as

more worthy to be loved by God. Further, 26 students, with some adults, participated in manualized, integrative counselling groups to address their negative views of God (Thomas et al., 2011). After eight weeks versus at baseline, participants significantly endorsed greater positive (e.g., accepting) and less negative views of God (e.g., disapproving), less insecure attachment to God and less incongruence between their views of God based on personal experiences and doctrinal beliefs. Also, randomly assigned students in the same manualized counselling or bible study groups (e.g., focused on spiritual formation) versus on the waitlist, indicated the following: being significantly more aware of God's presence and guidance in their lives; more loving towards God, themselves and other in the past week; and no differently attached to God (Rasar et al., 2013). Additionally, 61 students participated in narrative therapy counselling groups (e.g., to promote novel experiences and insights) or only completed measures ten weeks apart (Olson et al., 2016). Neither group of students had significant changes in their implicit or explicit views of God (e.g., via drawings or self-reports, respectively). That said, students in the counselling groups often endorsed more positive views of and attachment to God in their final journal entries, where they indicated significantly greater positive versus negative affect words. Finally, 13 students with insecure attachments to God, practiced self-guided hypnosis about 34 days, on average, or were waitlisted (Williams et al., 2020). After six weeks, students in the hypnosis versus waitlist group reported significantly less insecure attachment to God but not different views of God as loving. Overall, there were mixed findings on the efficacy of piloted spiritual counselling interventions, with some evidence for improved views of and/or attachments to God.

Various Adult Samples

Researchers considered changes in views of God among various American adult samples

receiving a spiritual counselling intervention. Nine interviewed adults endorsed viewing and relating to God more positively after engaging in Christian counselling focused on their view of God, religious practices and supportive spiritual communities (Kim et al., 2019). Adults reported subsequent decreases and increases in their psychological distress and well-being, respectively. Moreover, adults in inpatient mental health centers endorsed the following significant changes after, compared to prior receiving object relational and spiritual programming: significantly higher loving, close, and present views of God and higher positive self-views (Tisdale et al., 1997); lower mental health symptoms, emotional distress and insecure attachment to God (Kerlin, 2017); higher positive affect, lower negative affect, negative views of God, and religious struggles (Currier et al., 2017); lower psychological distress and higher positive views of God for those with higher explicit positive views of God and lower insecure attachments (Stulp et al., 2022); and lower psychological distress and higher authoritative and consistent benevolent views of God after four months of receiving spiritually integrated services (Currier et al., 2021). Also, adults were more likely to have less psychological distress when their view of God became increasingly benevolent. Further, compared changes in scores for adults receiving usual inpatient treatment, adults also in a manualized spiritual counselling group on spiritual struggles for five weeks indicated the following significant changes: less spiritual struggle with the divine, emotional dysregulation, and self-stigmatization and more self- and other-forgiveness and belief of God's forgiveness for them (Gibbel et al., 2019). Additionally, nine adults with a borderline personality disorder, in inpatient care, gained insight into views of God during a spiritual counselling group (Goodman & Manierre, 2008). Adults more open to modify their views of God reported personified views of God. Also, among women participating in a manualized eight week spiritual counselling group, tailored for sexual abuse survivors, most endorsed significantly

lower psychological distress (Murray-Swank & Pargament, 2008). A few women sustained higher positive views of God, use of positive religious coping strategies throughout and after treatment, while other women significantly reported less negative views of God and using more and less positive and negative religious coping strategies over time, respectively. These changes, however, were sometimes brief (Murray-Swank & Pargament, 2008). Finally, pastors endorsed the following interventions as having been helping to improve adults' view of God, from most to least endorsed: praying with adults, then meditating, studying religious or biblical texts and cognitive behaviour and psychodynamic therapy (Allmond, 2009). Thus, there are promising but mixed findings among heterogeneous adult samples, with few studies involving manualized programs.

Summary

In summary, there are very limited pilot studies using manualized spiritual counselling groups, and most of these were with student samples (e.g., Dworsky et al., 2013). Participants in a few spiritual counselling groups reported improved views of and attachments to God (e.g., Murray-Swank & Pargament, 2008; Thomas et al., 2011), with most studies finding mixed results (e.g., Murray-Swank & Pargament, 2005; Olson et al., 2016; Rasar et al., 2013). Further, some participants endorsed improvements in their spiritual struggles, use of religious coping strategies, psychological distress, affect, emotional regulation and self-stigmatization (e.g., Dworsky et al., 2013; Murray-Swank & Pargament, 2008). Additionally, there were promising results with studies of adult inpatients part of spiritual integrated treatment, though findings are somewhat less helpful as the interventions were not clearly outlined (e.g., Kerlin, 2017). Future research will hopefully elucidate robust evidence-based counselling interventions to work with persons desiring to gain insight into and change their perceptions of God and attachment to God.

Longitudinal studies with diverse groups of people with various religious and spiritual beliefs and practices are needed to further advance the literature on spirituality integrated counselling. Considering the current research, there is some support for benefits of clients discussing their spiritual struggles and views of and attachments to God in counselling, especially in group counselling. There are also a few manualized counselling programs for counsellors to draw from and tailor to their clients' particular goals, interests, backgrounds, strengths and barriers (e.g., Murray-Swank & Pargament, 2008; Thomas et al., 2011).

Ethical Considerations

Counsellors have several general ethical obligations when working with their clients, which also apply when including their clients' religiosity and spirituality in counselling. Counsellors, for example, have to consider their clients' unique experiences and perspectives without imposing their own worldview on their clients (BC Association of Clinical Counsellors, 2023). Further, counsellors are obligated to respect clients' chosen associations with others and desired goals for counselling, as well as to provide clients with necessary information to make informed choices in treatment. Counsellors should also pursue specialized training and supervision and use evidence-based approaches when providing spiritual integrated counselling. In the absence of the latter, counsellors should offer to refer clients to other mental health practitioners qualified to work with clients' spiritual concerns. Additional ethical considerations for counsellors include the following: becoming aware of explicit or implicit personal negative views towards religion and spirituality and their effect on their work; navigating working with clients in the same religious or spiritual community; respecting the influence of religious teaching on clients' worldviews; considering consultation and collaborations with religious leaders; and acknowledging their limitations in providing spiritual integrated counselling

(Currier et al., 2023). Finally, there are several barriers for counsellors to provide spiritual integrated counselling including the lack of standardized training and consensus on necessary areas of competence in religion and spirituality. With research limitations and ethical considerations in mind, addressing clients' spiritual struggles and views of and attachments to God provide additional avenues in counselling to improve their mental health and psychological well-being.

Conclusions

In this capstone, I have considered research on variables involving ones' religiosity and attachment to God. I also discussed how persons endorsed religious beliefs and practices and attachment to God predicted and associated with their mental health and psychological well-being and may relate to counsellors' clinical practice. The efficacy of piloted counselling interventions which addressed persons' spiritual struggles, perceptions of God and attachment to God was discussed. I concluded with several ethical considerations.

References

Aghajani, M. J., Mosavi, S. S., Akbari, B., & Aboalghasimi, S. (2020). Relation of attachment to God and psychological hardiness with death anxiety of retired elderly men. *Journal of Religion and Health, 8*(1), 19-29. http://jrh.mazums.ac.ir/article-1-789-en.html

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation.* Lawrence Erlbaum.

Ainsworth, M. D. (1985). Attachments across the life span. *Bulletin of the New York Academy of Medicine*, *61*(9), 792-812. https://pmc.ncbi.nlm.nih.gov/articles/PMC1911889/

Ainsworth, M. D. S. (1989). Attachments beyond infancy. *American Psychologist, 44,* 709–716. https://doi.org/10.1037/0003-066X.44.4.709

Allipour, S. (2019). Causal relationship of religiosity and spirituality with psychological adjustment with mediating attachment to God in students of Ahvaz Jundishapur University of Medical Sciences. *Psychological Achievements, 26*(1), 79-94. https://doi.org/10.22055/psy.2019.28953.2305

Allmond, J. W. (2009). *God images in Christian psychology, spiritual direction, and pastoral counseling* (Publishing No. 3370134) [Doctoral dissertation, Regent University]. ProQuest Dissertations Publishing.

Allport, G. W., & Ross, J. M. (1967). Personal religious orientation and prejudice. *Journal of Personality and Social Psychology*, *5*(4), 432-443. https://doi.org/10.1037/h0021212

Anderson, S. (2024, April 25). *Indians immigrate to Canada in record numbers*. Forbes. forbes.com/sites/stuartanderson/2024/04/25/indians-immigrate-to-canada-in-record-numbers/

Bartholomew, K. (1990). Avoidance of intimacy: An attachment perspective. *Journal of Social and Personal Relationships*, *7*(2), 147-178. https://doi.org/10.1177/0265407590072001

Bartholomew, K., & Horowitz, L. M. (1991). Attachment styles among young adults: a test of a four-category model. *Journal of Personality and Social Psychology*, *61*(2), 226-244.

BC Association of Clinical Counsellors (2023, November 1). *Code of ethical conduct*. https://bcacc.ca/wp-content/uploads/2023/07/BCACC-COEC-Effective-Nov.-1-2023.pdf

Beck, A. T., Weissman, A., Lester, D., & Trexler, L. (1974). The measurement of pessimism: the hopelessness scale. *Journal of Consulting and Clinical Psychology*, *42*(6), 861–865. https://doi.org/10.1037/h0037562

Beck, R., & McDonald, A. (2004). Attachment to God: The Attachment to God Inventory, tests of working model correspondence, and an exploration of faith group differences. *Journal of Psychology and Theology*, *32*(2), 92-103.https://doi.org/10.1177/009164710403200202

Belavich, T. G., & Pargament, K. I. (2002). The role of attachment in predicting spiritual coping with a loved one in surgery. *Journal of Adult Development*, *9*(1), 13-29. https://link.springer.com/article/10.1023/A:1013873100466

Benson, P., & Spilka, B. (1973). God image as a function of self-esteem and locus of control. *Journal for the Scientific Study of Religion, 12*(3), 297-310. https://doi.org/10.2307/1384430

Bonhag, R., & Upenieks, L. (2021). Mattering to God and to the congregation: Gendered effects in mattering as a mechanism between religiosity and mental health. *Journal for the Scientific Study of Religion*, *60*(4), 890-913. https://doi.org/10.1111/jssr.12753

Bowlby, J. (1982). *Attachment and loss: Vol. 1. attachment* (2nd ed.). Basic Books.

Braam, A. W., Mooi, B., Jonker, J. S., Tilburg, W. V., & Deeg, D. J. H. (2008). God image and five-factor model personality characteristics in later life: A study among inhabitants of Sassenheim in The Netherlands. *Mental Health, Religion and Culture*, *11*(6), 547-559. https://doi.org/10.1080/13674670701641886

Braam, A. W., Schaap-Jonker, H., Mooi, B., Ritter, D. D., Beekman, A. T., & Deeg, D. J. (2008). God image and mood in old age: Results from a community-based pilot study in the Netherlands. *Mental Health, Religion and Culture*, *11*(2), 221-237. https://doi.org/10.1080/13674670701245274

Braam, A. W., Schaap-Jonker, H., Van Der Horst, M. H., Steunenberg, B., Beekman, A. T., Van Tilburg, W., & Deeg, D. J. (2014). Twelve-year history of late-life depression and subsequent feelings to God. *The American Journal of Geriatric Psychiatry*, *22*(11), 1272-1281. https://doi.org/10.1016/j.jagp.2013.04.016

Bradshaw, M., Ellison, C. G., & Flannelly, K. J. (2008). Prayer, God imagery, and symptoms of psychopathology. *Journal for the Scientific Study of Religion*, *47*(4), 644-659. https://doi.org/10.1111/j.1468-5906.2008.00432.x

Bradshaw, M., Ellison, C. G., & Marcum, J. P. (2010). Attachment to God, images of God, and psychological distress in a nationwide sample of Presbyterians. *The International Journal for the Psychology of Religion*, *20*(2), 130-147. https://doi.org/10.1080/10508611003608049

Bradshaw, M., & Kent, B. V. (2018). Prayer, attachment to God, and changes in psychological well-being in later life. *Journal of Aging and Health*, *30*(5), 667-691. https://doi.org/10.1177/0898264316688116

Brennan, K. A., Clark, C. L., & Shaver, P. R. (1998). Self-report measurement of adult

attachment: An integrative overview. In J. A. Simpson & W. S. Rholes (Eds.), *Attachment theory and close relationships* (pp. 46–76). The Guilford Press.

Buri, J. R., & Mueller, R. A. (1993). Psychoanalytic theory and loving God concepts: Parent referencing versus self-referencing. *The Journal of Psychology*, *127*(1), 17-27. https://doi.org/10.1080/00223980.1993.9915539

Calvert, S. J. (2010). *Attachment to God as a source of struggle and strength: Exploring the association between Christians' relationship with God and their emotional wellbeing* [Doctoral dissertation, Massey University]. Massey Research Online. http://hdl.handle.net/10179/1699

Cassibba, R., Granqvist, P., Costantini, A., & Gatto, S. (2008). Attachment and God representations among lay Catholics, priests, and religious: A matched comparison study based on the Adult Attachment Interview. *Developmental Psychology*, *44*(6), 1753-1763. https://doi.org/10.1037/a0013772.

Cassibba, R., Granqvist, P., & Costantini, A. (2013). Mothers' attachment security predicts their children's sense of God's closeness. *Attachment & Human Development*, *15*(1), 51-64. https://doi.org/10.1080/14616734.2013.743253

Clark, L. A., & Watson, D. (1991). Tripartite model of anxiety and depression: Psychometric evidence and taxonomic implications. *Journal of Abnormal Psychology*, *100*(3), 316-336. https://psycnet.apa.org/buy/1991-32000-001

Cohen, J. (1992). A power primer. *Psychological Bulletin, 112*(1), 155-159. https://doi.org/ 10.1037/0033-2909.112.1.155

Cornelissen, L. (2021). *Religiosity in Canada and its evolution from 1985 to 2019*. Statistics Canada. https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2021079-eng.htm

Counted, V., Possamai, A., & Meade, T. (2018). Relational spirituality and quality of life 2007 to 2017: An integrative research review. *Health and Quality of Life Outcomes*, *16*(1). https://doi.org/10.1186/s12955-018-0895-x

Counted, V., Possamai, A., McAuliffe, C., & Meade, T. (2020). Attachment to Australia, attachment to God, and quality of life outcomes among African Christian diasporas in New South Wales: A cross-sectional study. *Journal of Spirituality in Mental Health*, *22*(1), 65-95. https://doi.org/10.1080/19349637.2018.1499165

Culver, J., & Lundquist Denton, M. (2017). Religious attachment and the sense of life purpose among emerging adults. *Religions*, *8*(12). https://doi.org/10.3390/rel8120274

Currier, J. M., Foster, J. D., Abernethy, A. D., Witvliet, C. V., Luna, L. M. R., Putman, K. M., ... & Carter, J. (2017). God imagery and affective outcomes in a spiritually integrative inpatient program. *Psychiatry Research*, *254*, 317-322. https://doi.org/10.1016/j.psychres.2017.05.003

Currier, J. M., McDermott, R. C., Stevens, L. T., Isaak, S. L., Davis, E. B., Hollingsworth, W. G. L., ... & Stefurak, T. (2021). A practice-based evidence investigation of God representations in spiritually integrated psychotherapies. *Journal of Clinical Psychology*, *77*(4), 1018-1033. https://doi.org/10.1002/jclp.23075

Currier, J. M., Stevens, L. T., Hinkel, H. M., Davis, E. B., & Park, C. L. (2022). Understanding religious attachment among Christians seeking spiritually integrated psychotherapies: A mixed methods study. *Journal of Clinical Psychology*, *78*(5), 758-771. https://doi.org/10.1002/jclp.23258

Currier, J. M., Fox, J., Vieten, C., Pearce, M., & Oxhandler, H. K. (2023). Enhancing

competencies for the ethical integration of religion and spirituality in psychological services. *Psychological Services*, *20*(1), 40-50. https://doi.org/10.1037/ser0000678

Demirkan, F. S. (2023). The relationship between attachment to God, perception of God and emotional states, and psychological well-being: The sample of chronic diseases. https://doi.org/10.35415/sirnakifd.1255773

Derogatis, L. R. (1982). *Brief Symptom Inventory (BSI)* [Database record]. APA PsycTests. https://doi.org/10.1037/t00789-000

Dickie, J. R., Eshleman, A. K., Merasco, D. M., Shepard, A., Wilt, M. V., & Johnson, M. (1997). Parent-child relationships and children's images of God. *Journal for the Scientific Study of Religion, 36*(1), 25-43. https://doi.org/10.2307/1387880

Dickie, J. R., Ajega, L. V., Kobylak, J. R., & Nixon, K. M. (2006). Mother, father, and self: Sources of young adults' God concepts. *Journal for the Scientific Study of Religion*, *45*(1), 57-71. https://doi.org/10.1111/j.1468-5906.2006.00005.x

Diener, E. D., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment*, *49*(1), 71-75. https://doi.org/10.1207/s15327752jpa4901_13

Duncan, P. (2007). *Christians' attachment to God and mental health: A thesis presented in partial fulfilment of the requirements for the degree of Master of Arts in Psychology at Massey University* [Doctoral dissertation, Massey University]. Massey Research Online. http://hdl.handle.net/10179/10566

Dworsky, C. K. O., Pargament, K. I., Gibbel, M. R., Faigin, C. A., Haugen, M. R. G., Desai, K. M., ... & Warner, H. L. (2013). Winding road: Preliminary support for a spiritually

integrated intervention addressing college students' spiritual struggles. In *Research in the Social Scientific Study of Religion, Volume 24* (pp. 309-339). Brill.

Ellison, C. G., Bradshaw, M., Kuyel, N., & Marcum, J. P. (2012). Attachment to God, stressful life events, and changes in psychological distress. *Review of Religious Research*, *53*(4), 493-511. https://doi.org/10.1007/s13644-011-0023-4

Ellison, C. G., Bradshaw, M., Flannelly, K. J., & Galek, K. C. (2014). Prayer, attachment to God, and symptoms of anxiety-related disorders among US adults. *Sociology of Religion*, *75*(2), 208-233. https://doi.org/10.1093/socrel/srt079

Ellison, C. G., Deangelis, R. T., Hill, T. D., & Froese, P. (2019). Sleep quality and the stress-buffering role of religious involvement: a mediated moderation analysis. *Journal for the Scientific Study of Religion*, *58*(1), 251-268. https://doi.org/10.1111/jssr.12581

Eurelings-Bontekoe, E. H., Hekman-Van Steeg, J., & Verschuur, M. J. (2005). The association between personality, attachment, psychological distress, church denomination and the God concept among a non-clinical sample. *Mental Health, Religion & Culture*, *8*(2), 141-154. https://doi.org/10.1080/13674670412331304320

Evans, J., Miner, W., Baronavski, C., Webster, B., & Coleman, J. (2025). *Spirituality and religion: How does the U.S. compare with other countries?* Pew Research Center. https://doi.org/10.58094/3×69-et45.

Exline, J. J., Homolka, S. J., & Grubbs, J. B. (2013). Negative views of parents and struggles with God: An exploration of two mediators. *Journal of Psychology and Theology*, *41*(3), 200-212. https://doi.org/10.1177/009164711304100303

Exline, J. J., Pargament, K. I., Wilt, J. A., Grubbs, J. B., & Yali, A. M. (2023). The RSS-14: Development and preliminary validation of a 14-item form of the Religious and Spiritual Struggles Scale. *Psychology of Religion and Spirituality, 15*(4), 492-604. http://doi.org/10.1037/rel0000472

Farhoush, M., Erfani, A., & Habibollahi (2019). Relationship between attachment to God and happiness and life satisfaction: A comparison between spiritual students and non-spiritual students. *Cultural Psychology, 3*(1), 209-223. https://doi.org/10.30487/jcp.2019.94143

Francis, L. J., Gibson, H. M., & Robbins, M. (2001). God images and self-worth among adolescents in Scotland. *Mental Health, Religion & Culture*, *4*(2), 103-108. https://doi.org/10.1080/13674670126955

Freeze, T. A., & DiTommaso, E. (2014). An examination of attachment, religiousness, spirituality and well-being in a Baptist faith sample. *Mental Health, Religion & Culture*, *17*(7), 690-702. https://doi.org/10.1080/13674676.2014.899569

Freeze, T. A., & DiTommaso, E. (2015). Attachment to God and church family: Predictors of spiritual and psychological well-being. *Journal of Psychology and Christianity*, *34*(1), 60-72. https://psycnet.apa.org/record/2015-21618-006

Fung, C., Shah, S., Helmer-Smith, M., Levi, C., Keely, E., & Liddy, C. (2021). Clinical questions asked by long-term care providers through eConsult: A retrospective study. *Gerontology and Geriatric Medicine*. https://doi.org/10.1177/23337214211032055

Gall, T. L., & Bilodeau, C. (2020). The role of positive and negative religious/spiritual coping in women's adjustment to breast cancer: A longitudinal study. *Journal of Psychosocial Oncology*, *38*(1), 103-117. https://doi.org/10.1080/07347332.2019.1641581

George, C., Main, M., & Kaplan, N. (1985). *Adult Attachment Interview (AAI)* [Database

record]. APA PsycTests. https://doi.org/10.1037/t02879-000

Ghorbani, N., Watson, P. J., Omidbeiki, M., & Chen, Z. J. (2016). Muslim attachments to God and the "perfect man" (Ensān-e Kāmel): Relationships with religious orientation and psychological adjustment in Iran. *Psychology of Religion and Spirituality*, *8*(4), 318-329. http://dx.doi.org/10.1037/rel0000084

Ghorbani, M., Montazer, A., Shafiee Rayhani, A., Mardani, N., & Javadi, A. (2024). Mediating role of attachment to God in the relationship between religious coping strategies and death anxiety in older adults. *Razavi International Journal of Medicine*, *12*(1). http://doi.org/10.30483/rijm.2024.254486.1294

Gibbel, M. R., Regueiro, V., & Pargament, K. I. (2019). A spiritually integrated intervention for spiritual struggles among adults with mental illness: Results of an initial evaluation. *Spirituality in Clinical Practice*, *6*(4), 240-255. http://dx.doi.org/10.1037/scp0000207

Goodman, G., & Manierre, A. (2008). Representations of God uncovered in a spirituality group of borderline inpatients. *International Journal of Group Psychotherapy*, *58*(1), 1-15. https://doi.org/10.1521/ijgp.2008.58.1.1

Gorsuch, R. L. (1968). The conceptualization of God as seen in adjective ratings. *Journal for the Scientific Study of Religion, 7*(1), 56-64. https://doi.org/10.2307/1385110

Granqvist, P. (1998). Religiousness and perceived childhood attachment: On the question of compensation or correspondence. *Journal for the Scientific Study of Religion, 37*(2), 350-367. https://doi.org/10.2307/1387533

Granqvist, P., & Hagekull, B. (1999). Religiousness and perceived childhood attachment: Profiling socialized correspondence and emotional compensation. *Journal for the Scientific Study of Religion, 38*(2), 254-273. https://doi.org/10.2307/1387793

Granqvist, P., & Hagekull, B. (2000). Religiosity, adult attachment, and why" singles" are more religious. *The International Journal for the Psychology of Religion*, *10*(2), 111-123. https://doi.org/10.1207/S15327582IJPR1002_04

Granqvist, P. (2002). Attachment and religiosity in adolescence: Cross-sectional and longitudinal evaluations. *Personality and Social Psychology Bulletin*, *28*(2), 260-270. https://doi.org/10.1177/0146167202282011

Granqvist, P., & Kirkpatrick, L. A. (2004). Religious conversion and perceived childhood attachment: A meta-analysis. *The International Journal for the Psychology of Religion*, *14*(4), 223-250. https://doi.org/10.1207/s15327582ijpr1404_1

Granqvist, P., Mikulincer, M., & Shaver, P. R. (2010). Religion as attachment: Normative processes and individual differences. *Personality and Social Psychology Review*, *14*(1), 49-59. https://doi.org/10.1177/1088868309348618

Granqvist, P. (2014). Mental health and religion from an attachment viewpoint: Overview with implications for future research. *Mental Health, Religion & Culture*, *17*(8), 777-793. https://doi.org/10.1080/13674676.2014.908513

Green, E. (2022). *Attachment styles and their impact on children's mental health and resiliency during a pandemic* [Capstone, City University in Canada]. National University System Repository. http://hdl.handle.net/20.500.11803/1790

Greenwald, Y., Mikulincer, M., Granqvist, P., & Shaver, P. R. (2021). Apostasy and conversion:

Attachment orientations and individual differences in the process of religious change. *Psychology of Religion and Spirituality*, *13*(4), 425-436.https://doi.org/10.1037/rel0000239

Greenway, A. P., Milne, L. C., & Clarke, V. (2003). Personality variables, self-esteem and depression and an individual's perception of God. *Mental Health, Religion & Culture, 6*(1), 45-58. https://doi.org/10.1080/1867467021000029381

Hackett, Conrad, Stonawski, M., Tong, Y., Kramer, S., Shi, A. F., & Zanetti, N. (2025). Religious composition by country, 2010-2020. *Pew Research Center*. https://doi.org/10.58094/5shf-2d69

Hall, T. W., & Edwards, K. J. (2002). The Spiritual Assessment Inventory: A theistic model and measure for assessing spiritual development. *Journal for the Scientific Study of Religion*, *41*(2), 341-357. https://doi.org/10.1111/1468-5906.00121

Harris, K. A., Randolph, B. E., & Gordon, T. D. (2016). What do clients want? Assessing spiritual needs in counseling: A literature review. *Spirituality in Clinical Practice*, 3(4), 250–275. https://doi.org/10.1037/scp0000108

Hart, L. C., Poston, J. M., & Wang, D. C. (2024). God image as a moderator of God concept's relation to shame, depression, and existential well-being among seminarians. *Psychology of Religion and Spirituality*, *16*(2), 240-250. https://doi.org/10.1037/rel0000510

Hastings, M. (2012). *The relationship between attachment to adults, attachment to God, and satisfaction with life* (Publication No. 3534009) [Doctoral dissertation, University of Missouri]. ProQuest Dissertations Publishing.

Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal*

of Personality and Social Psychology, 52(13, 511-524. https://doi.org/10.1037//0022-3514.52.3.511.

Henderson, W. M., & Kent, B. V. (2022). Attachment to God and psychological distress: Evidence of a curvilinear relationship. *Journal for the Scientific Study of Religion*, *61*(1), 161-177. https://doi.org/10.1111/jssr.12767

Hertel, B. R., & Donahue, M. J. (1995). Parental influences on God images among children: Testing Durkheim's metaphoric parallelism. *Journal for the Scientific study of Religion*, 186-199. https://doi.org/10.2307/1386764

Homan, K. J. (2014). A mediation model linking attachment to God, self-compassion, and mental health. *Mental Health, Religion & Culture*, *17*(10), 977-989. https://doi.org/10.1080/13674676.2014.984163

Homan, C. P. (2019). Attachment to parents and to God: A panel-data approach. *Journal of Contemporary Religion*, *34*(3), 551-569. https://doi.org/10.1080/13537903.2019.1658941

Hunter, W. M. (2017). *Mental health and the relationship with God: An attachment and internal working model perspective* (Publication No. 10288108) [Doctoral dissertation, Baylor University]. ProQuest Dissertations Publishing.

Ioannidis, J. P. A. (2008). Why most discovered true associations are inflated. *Epidemiology, 19*(5), 640-648. http://doi/org/10.1097/EDE.0b013e31818131e7

Jacobsen, C. F., Falkenström, F., Castonguay, L., Nielsen, J., Lunn, S., Lauritzen, L., & Poulsen, S. (2024). The relationship between attachment needs, earned secure therapeutic attachment and outcome in adult psychotherapy. *Journal of Consulting and Clinical Psychology, 92*(7), 410-421. https://doi.org/10.1037/ccp0000900

Keefer, L. A., & Brown, F. L. (2018). Attachment to God uniquely predicts variation in well-being outcomes. *Archive for the Psychology of Religion*, *40*(2-3), 225-257. https://doi.org/10.1163/15736121-12341360

Kelley, M. M. (2003). *Bereavement and grief related to a significant death: A psychological and theological study of attachment styles and religious coping* (Publication No. 3068039) [Doctoral dissertation, Boston University]. ProQuest Dissertations Publishing.

Kelley, M. M., & Chan, K. T. (2012). Assessing the role of attachment to God, meaning, and religious coping as mediators in the grief experience. *Death Studies*, *36*(3), 199-227. https://doi.org/10.1080/07481187.2011.553317

Kent, B. V., Bradshaw, M., & Uecker, J. E. (2018). Forgiveness, attachment to God, and mental health outcomes in older US adults: A longitudinal study. *Research on Aging*, *40*(5), 456-479. https://doi.org/10.1177/0164027517706984

Kerlin, A. M. (2017). Therapeutic change in a Christian SUD program: Mental health, attachment, and attachment to God. *Alcoholism Treatment Quarterly, 35*(4), 395-411. https://doi.org/10.1080/07347324.2017.1355218

Kim, E. E., Chen, E. C., & Brachfeld, C. (2019). Patients' experience of spirituality and change in individual psychotherapy at a Christian counseling clinic: A grounded theory analysis. *Spirituality in Clinical Practice, 6*(2), 110-123. http://dx.doi.org/10.1037/scp0000176

Kimball, C. N., Boyatzis, C. J., Cook, K. V., Leonard, K. C., & Flanagan, K. S. (2013). Attachment to God: A qualitative exploration of emerging adults' spiritual relationship with God. *Journal of Psychology and Theology*, *41*(3), 175-188. https://doi.org/10.1177/009164711304100301

Kirkpatrick, L. A., & Shaver, P. R. (1990). Attachment theory and religion: Childhood

attachments, religious beliefs, and conversion. *Journal for the Scientific Study of Religion*, 315-334. https://doi.org/10.2307/1386461

Kirkpatrick, L. A., & Shaver, P. R. (1992). An attachment-theoretical approach to romantic love and religious belief. *Personality and Social Psychology Bulletin*, *18*(3), 266-275. https://doi.org/10.1177/0146167292183002

Kirkpatrick, L. A. (1997). A longitudinal study of changes in religious belief and behavior as a function of individual differences in adult attachment style. *Journal for the Scientific Study of Religion*, 207-217. https://doi.org/10.2307/1387553

Kirkpatrick, L. A. (1998). God as a substitute attachment figure: A longitudinal study of adult attachment style and religious change in college students. *Personality and Social Psychology Bulletin*, *24*(9), 961-973. https://doi.org/10.1177/0146167298249004

Kirkpatrick, L. A. (2005). *Attachment, evolution, and the psychology of religion*. Guilford Press.

Knabb, J. J., & Pelletier, J. (2014). The relationship between problematic internet use, God attachment, and psychological functioning among adults at a Christian university. *Mental Health, Religion & Culture*, *17*(3), 239-251. https://doi.org/10.1080/13674676.2013.787977

Knabb, J. J., Boyd, H. R., Duvall, K. S., & Lowell, J. R. (2023). The relationship between God attachment, transdiagnostic processes, and symptoms of psychopathology among Christian adults. *Journal of Psychology and Theology*, *51*(2), 296-315. https://doi.org/10.1177/00916471221124084

Kramer, S., & Tong, Y. (2024, August 19). *The religious composition of the world's migrants:*

Christians are the largest migrant group, but Jews are most likely to have migrated. Pew Research Center. https://www.pewresearch.org/religion/2024/08/19/the-religious-composition-of-the-worlds-migrants/

Krause, N. (2005). God-mediated control and psychological well-being in late life. *Research on Aging*, *27*(2), 136-164. https://doi.org/10.1177/0164027504270475

Laurin, K., Kay, A. C., & Moscovitch, D. A. (2008). On the belief in God: Towards an understanding of the emotional substrates of compensatory control. *Journal of Experimental Social Psychology*, *44*(6), 1559-1562. https://doi.org/10.1016/j.jesp.2008.07.007

Lawrence, R. T. (1997). Measuring the image of God: The God image inventory and the God image scales. *Journal of Psychology and Theology*, *25*(2), 214-226. https://doi.org/10.1177/009164719702500206

Lee, Y. Y., & Sim, T. N. (2022). Religious identity clarity: Roles and relations in a Christian sample. *Pastoral Psychology*. https://doi.org/10.1007/s11089-022-01030-2

Levin, J. (2002). Is depressed affect a function of one's relationship with God?: Findings from a study of primary care patients. *The International Journal of Psychiatry in Medicine*, *32*(4), 379-393. https://doi.org/10.2190/3183-WPYV-3KYY-K3V7

Li, S., Okereke, O. I., Chang, S. C., Kawachi, I., & VanderWeele, T. J. (2016). Religious service attendance and lower depression among women—a prospective cohort study. *Annals of Behavioral Medicine*, *50*(6), 876-884. https://doi.org/10.1007/s12160-016-9813-9

Limke, A., & Mayfield, P. B. (2011). Attachment to God: Differentiating the contributions of fathers and mothers using the experiences in parental relationships scale. *Journal of Psychology and Theology*, *39*(2), 122-129. https://doi.org/10.1177/009164711103900203

Main, M., & Solomon, J. (1986). Discovery of an insecure-disorganized/disoriented attachment pattern. In T. B. Brazelton & M. W. Yogman (Eds.), *Affective development in infancy* (pp. 95–124). Ablex Publishing.

Marchal, S. (2010). *Attachment to God image: A comparison of state of mind using the Adult Attachment Interview about parents and God* (Publication No. 3434797) [Doctoral dissertation, California Institute of Integral Studies]. ProQuest Dissertations Publishing.

McDonald, A., Beck, R., Allison, S., & Norswortby, L. (2005). Attachment to God and parents: Testing the correspondence vs. compensation hypotheses. *Journal of Psychology & Christianity*, *24*(1), 21-28. https://psycnet.apa.org/record/2005-04134-003

McElroy, E. M. (1999). *The effect of God image and religious coping on depression, well-being and alcohol use in college students* (Publication No. 9926893) [Doctoral dissertation, Fordham University]. ProQuest Dissertations Publishing.

Mennie, N. (2024). The impact of childhood adversity on adult attachment and its effects on adult romantic relationships [Capstone, City University in Canada]. National University System Repository. https://hdl.handle.net/20.500.11803/2465

Migdal, L., & MacDonald, D. A. (2013). Clarifying the relation between spirituality and well-being. *The Journal of Nervous and Mental Disease*, *201*(4), 274-280. http://doi.org/10.1097/NMD.0b013e318288e26a

Miles, J., & Shevlin, M. (2001). *Applying regression and correlation: A guide for students and researchers.* Sage Publications.

Milner, K., Crawford, P., Edgley, A., Hare-Duke, L., & Slade, M. (2019). The experiences of spirituality among adults with mental health difficulties: A qualitative systematic review. *Epidemiology and Psychiatric Sciences*, *29*. https://doi.org/10.1017/

S2045796019000234

Miner, M. (2009). The impact of child-parent attachment, attachment to God and religious orientation on psychological adjustment. *Journal of Psychology and Theology*, *37*(2), 114-124. https://doi.org/10.1177/009164710903700203

Miner, M., Ghobary-Bonab, B., & Dowson, M. (2017). Development of a measure of attachment to God for Muslims. *Review of Religious Research*, *59*(2), 183-206. https://doi.org/10.1007/s13644-016-0281-2

Monroe, N., & Jankowski, P. J. (2016). The effectiveness of a prayer intervention in promoting change in perceived attachment to God, positive affect, and psychological distress. *Spirituality in Clinical Practice*, *3*(4), 237-249. https://doi.org/10.1037/scp0000117

Mosqueiro, B. P., da Rocha, N. S., & de Almeida Fleck, M. P. (2015). Intrinsic religiosity, resilience, quality of life, and suicide risk in depressed inpatients. *Journal of Affective Disorders*, *179*(1), 128-133. https://doi.org/10.1016/j.jad.2015.03.022

Murray-Swank, N. A., & Pargament, K. I. (2005). God, where are you?: Evaluating a spiritually-integrated intervention for sexual abuse. *Mental Health, Religion & Culture*, *8*(3), 191-203. https://doi.org/10.1080/13694670500138866

Murray-Swank, N. A., & Pargament, K. I. (2008). Solace for the soul: Evaluating a spiritually-integrated counselling intervention for sexual abuse. *Counselling and Spirituality, 27*(9), 157-174.

Namini, S., & Murken, S. (2009). Self-chosen involvement in new religious movements (NRMs): Well-being and mental health from a longitudinal perspective. *Mental Health, Religion and Culture*, *12*(6), 561-585. https://doi.org/10.1080/13674670902897618

Nasiri, K. H., Habibi, A., Agha M. V., Savadpoor, M., & Jafari, M. (2020). The relationship between God attachment and attitude toward death in elderly people of Ardabil in 2019. *Journal of Health and Care, 22*(2), 168-175. https://sid.ir/paper/416565/en

Nemati, S., Abbaspur, E., & Mahnoodi, E. (2024). The relationship between reliance and attachment to God with psychological well-being and academic performance among university students. *Journal of Religious Research and Efficiency, 3*(4), 127-144. http://doi.org/10.22034/nrr.2024.61041.1294

Ningrum, Z. L., & Kusumaningrum, F. A. (2022). The relationship between attachment to God and students' psychological well-being. In M. Setiyo, A. Setiawan, V. S. Dewi, F. Yuliastuli, C. B. E. Praja, L. Muliawanti, & Z. B. Pambuko (Eds.) *Proceedings of the 3rd Borobudur international symposium on humanities and social science 2021* (pp. 403-408). Atlantis Press.

Njus, D. M., & Scharmer, A. (2020). Evidence that God attachment makes a unique contribution to psychological well-being. *The International Journal for the Psychology of Religion*, *30*(3), 178-201. https://doi.org/10.1080/10508619.2020.1723296

Olson, T., Tisdale, T. C., Davis, E. B., Park, E. A., Nam, J., Moriarty, G. L., ... & Hays, L. W. (2016). God image narrative therapy: A mixed-methods investigation of a controlled group-based spiritual intervention. *Spirituality in Clinical Practice*, *3*(2), 77-91. http://dx.doi.org/10.1037/scp0000096

Paine, D. R., & Sandage, S. J. (2017). Religious involvement and depression: The mediating effect of relational spirituality. *Journal of Religion and Health*, *56*(1), 269-283. https://doi.org/10.1007/s10943-016-0282-z

Palmer, C. J. (2020). *Practicing prayer and attachment to God: A study of emerging adult spiritual formation* (Publication No. 28003059) [Doctoral dissertation, Asbury Theological Seminary]. ProQuest Dissertations Publishing.

Paloutzian, R. F., & Ellison, C. W. (1982). *Spiritual Well-Being Scale (SWBS)* [Database record]. APA PsycTests. https://doi.org/10.1037/t00534-000

Parenteau, S. C., Hurd, K., Wu, H., & Feck, C. (2019). Attachment to God and psychological adjustment: God's responses and our coping strategies. *Journal of Religion and Health*, *58*(4), 1286-1306. https://doi.org/10.1007/s10943-019-00765-2

Pargament, K. I., Kennell, J., Hathaway, W., Grevengoed, N., Newman, J., & Jones, W. (1988). Religion and the problem-solving process: Three styles of coping. *Journal for the Scientific Study of Religion*, 90-104. https://doi.org/10.2307/1387404

Pargament, K. I., Koenig, H. G., & Perez, L. M. (2000). The many methods of religious coping: Development and initial validation of the RCOPE. *Journal of Clinical Psychology*, *56*(4), 519-543. https://doi.org/10.1002/(SICI)1097-4679(200004)56:4<519::AID-JCLP6>3.0.CO;2-1

Pargament, K. I. (2002a). The bitter and the sweet: An evaluation of the costs and benefits of religiousness. *An International Journal for the Advancement of Psychological Theory,13* (2), 168-181. https://doi.org/10.1207/S15327965PLI1303_02

Pargament, K. I. (2002b). Authors' responses: Is Religion nothing but…? Explaining religious versus explaining religion away. *Psychological Inquiry, 13*(3), 239-244. https://doi.org/10.1207/S15327965PLI1303_06

Pargament, K. I. (2007). *Spiritually integrated psychotherapy: Understanding and addressing the sacred*. Guilford Press.

Pargament, K. I., & Exline, J. J. (2021). Religious and spiritual struggles and mental health: Implications for clinical practice. In A. Moreira-Almeida, B. P. Mosqueiro, D. Bhugra (Eds.) *Spirituality and mental health across cultures* (pp. 395-412). Oxford University Press.

Pargament, K. I., & Exline, J. J. (2022). *Working with spiritual struggles in psychotherapy: From research to practice.* Guilford Press.

Peterson, R. A., & Brown, S. P. (2005). On the use of beta coefficients in meta-analysis. *Journal of Applied Psychological, 90*(1), 175-181. https://doi.org/10.1037/0021-9010.90.1.175

Phillips, R. E., Pargament, K. I., Lynn, Q. K., & Crossley, C. D. (2004). Self-directing religious coping: A deistic god, abandoning god, or no god at all?. *Journal for the Scientific Study of Religion*, *43*(3), 409-418. https://doi.org/10.1111/j.1468-5906.2004.00243.x

Piedmont, R. L., & Wilkins, T. A. (2020). *Understanding the psychological soul of spirituality: A guidebook for research and practice*. Routledge.

Pirutinsky, S. (2009). Conversion and attachment insecurity among Orthodox Jews. *The International journal for the Psychology of Religion*, *19*(3), 200-206. https://doi.org/10.1080/10508610902889163

Pirutinsky, S., Carp, S., & Rosmarin, D. H. (2017). A paradigm to assess implicit attitudes towards God: The positive/negative God associations task. *Journal of Religion and Health*, *56*(1), 305-319. https://doi.org/10.1007/s10943-016-0303-y

Pirutinsky, S., Rosmarin, D. H., & Kirkpatrick, L. A. (2019). Is attachment to God a unique predictor of mental health? Test in a Jewish sample. *The International Journal for the Psychology of Religion*, *29*(3), 161-171.https://doi.org/10.1080/10508619.2019.1565249

Pirutinsky, S., Cherniak, A. D., & Rosmarin, D. H. (2020). Implicit and explicit attitudes towards God and life satisfaction. *Psychology of Religion and Spirituality, 12*(4), 387-392. https://doi.org/10.1037/rel0000250

Pollner, M. (1989). Divine relations, social relations, and well-being. *Journal of Health and Social Behavior, 30*(1), 92-104. https://doi.org/10.2307/2136915

Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, *1*(3), 385-401. https://doi.org/10.1177/014662167700100306

Raj, N. S., & Sim, T. N. (2022). Stressful events, stress level, and psychological distress: A moderated mediation model with secure attachment to God as moderator. *Psychology of Religion and Spirituality*, *14*(4), 473-479. http://dx.doi.org/10.1037/rel0000388

Rasar, J. D., Garzon, F. L., Volk, F., O'Hare, C. A., & Moriarty, G. L. (2013). The efficacy of a manualized group treatment protocol for changing God image, attachment to God, religious coping, and love of God, others, and self. *Journal of Psychology and Theology*, *41*(4), 267-280. https://doi.org/10.1177/009164711304100401

Reinert, D. F., & Edwards, C. E. (2009). Attachment theory, childhood mistreatment, and religiosity. *Psychology of Religion and Spirituality*, *1*(1), 25-34. http://doi.org/10.1037/a0014894

Reinert, D. F., & Edwards, C. E. (2012). Sex differences in religiosity: The role of attachment to parents and social learning. *Pastoral Psychology*, *61*(2), 259-268. http://doi.org/10.1007/s11089-011-0376-1

Reinert, D. F., & Edwards, C. E. (2014). Attachment theory and concepts of God: Parent referencing versus self-referencing. *Sage Open*, *4*(4), 1-9. http://doi.org/10.1177

/2158244014560547

Rosmarin, D. H., Pargament, K. I., & Mahoney, A. (2009). The role of religiousness in anxiety, depression, and happiness in a Jewish community sample: A preliminary investigation. *Mental Health, Religion and Culture*, *12*(2), 97-113. https://doi.org/10.1080/13674670802321933

Rosmarin, D. H., Pirutinsky, S., Auerbach, R. P., Björgvinsson, T., Bigda-Peyton, J., Andersson, G., ... & Krumrei, E. J. (2011). Incorporating spiritual beliefs into a cognitive model of worry. *Journal of Clinical Psychology*, *67*(7), 691-700. https://doi.org/10.1002/jclp.20798

Rowatt, W., & Kirkpatrick, L. A. (2002). Two dimensions of attachment to God and their relation to affect, religiosity, and personality constructs. *Journal for the Scientific Study of Religion*, *41*(4), 637-651. https://doi.org/10.1111/1468-5906.00143

Ryff, C. D. (1989). *Psychological Well-Being Scale* [Database record]. APA PsycTests. https://doi.org/10.1037/t04262-000

Saki, S. S., Allipour, A., AghaYousefi, A., Mohammadi, M. R., & Bonab, B. G. (2020). Relationship of attachment styles to God and depression with death anxiety as a mediator among women with breast cancer. *Journal of Religion and Health*, *7*(2), 1-11. http://jrh.mazums.ac.ir/article-1-714-en.html

Sandage, S. J., Jankowski, P., Crabtree, S. A., & Schweer, M. (2015). Attachment to God, adult attachment, and spiritual pathology: Mediator and moderator effects. *Mental Health, Religion & Culture, 18*(10), 795-808. https://doi.org/10.1080/13674676.2015.1090965

Seyednoohi, F., & Ghodsi, P. (2023). Predicting psychological well-being of the elderly based on emotion regulation strategies, quality of attachment to God, and existential anxiety. *Journal of Studies in Islam & Psychology, 17*(33), 91-118. http://doi.org/ 10.30471

/psy.2023.8623.2008

Schaap-Jonker, H., Egberink, I. J., Braam, A. W., & Corveleyn, J. M. (2016). An item response theory analysis of the Questionnaire of God Representations. *The International Journal for the Psychology of Religion*, *26*(2), 152-166. https://doi.org/10.1080/10508619.2014.1003520

Schaap-Jonker, H., Van der Velde, N., Eurelings-Bontekoe, E. H., & Corveleyn, J. M. (2017). Types of God representations and mental health: A person-oriented approach. *The International Journal for the Psychology of Religion*, *27*(4), 199-214. https://doi.org/10.1080/10508619.2017.1382119

Schieman, S., Pudrovska, T., Pearlin, L. I., & Ellison, C. G. (2006). The sense of divine control and psychological distress: Variations across race and socioeconomic status. *Journal for the Scientific Study of Religion*, *45*(4), 529-549. https://doi.org/10.1111/j.1468-5906.2006.00326.x

Schnitker, S. A., Porter, T. J., Emmons, R. A., & Barrett, J. L. (2012). Attachment predicts adolescent conversions at Young Life religious summer camps. *International Journal for the Psychology of Religion*, *22*(3), 198-215. https://doi.org/10.1080/10508619.2012.670024

Shoshan, T. S., Chaki-Binon, H., & Abu-Raiya, H. (2024). The links between insecure attachment to God, divine struggles, and happiness and depressive symptoms among Muslims and Jews in Israel. *Journal of Religion and Health*, *63*(4), 2501-2522. https://doi.org/10.1007/s10943-024-02055-y

Sim, T. N., & Loh, B. S. (2003). Attachment to God: Measurement and dynamics. *Journal of Social and Personal Relationships*, *20*(3), 373-389. https://doi.org/10.1177/02654075030

20003006

Sim, T. N., & Yow, A. S. (2011). God attachment, mother attachment, and father attachment in early and middle adolescence. *Journal of Religion and Health*, *50*(2), 264-278. http://doi.org/10.1007/s10943-010-9342-y

Siregar, J., Razzak, A. A., Kurniawan, Y., Raston, N. A., & Amita, N. (2024). Worship and life satisfaction among Muslims who perform hijrah: Attachment to God as a mediator. *Psikis Jurnal Pskologi Islami.* http://doi.org/10.19109/psikis.v10i2.24554

Smith, T. B., McCullough, M. E., & Poll, J. (2003). Religiousness and depression: Evidence for a main effect and the moderating influence of stressful life events. *Psychological Bulletin*, *129*(4), 614-636. https://scholarsarchive.byu.edu/cgi/viewcontent.cgi?article=3055&context=facpub

Spilka, B., Addison, J., & Rosensohn, M. (1975). Parents, self, and God: A test of competing theories of individual-religion relationships. *Review of Religious Research*, 154-165. https://doi.org/10.2307/3510353

Spitzer, R. L., Kroenke, K., Williams, J. B., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: The GAD-7. *Archives of Internal Medicine*, *166*(10), 1092-1097. http://doi.org/10.1001/archinte.166.10.1092

Statistics Canada (2022, October 26). *The Canadian census: A rich portrait of the country's religious and ethnocultural diversity.* https://www150.statcan.gc.ca/n1/en/daily-quotidien/221026/dq221026b-eng.pdf?st=Db8HHrbV

Statistics Canada (2024, March 27). *Canada's population estimates: Strong population growth in 2023*. https://www150.statcan.gc.ca/n1/en/daily-quotidien/240327/dq240327c-eng.pdf?st=GxKMmsEI

Steenwyk, S. A., Atkins, D. C., Bedics, J. D., & Whitley Jr, B. E. (2010). Images of God as they relate to life satisfaction and hopelessness. *The International Journal for the Psychology of Religion*, *20*(2), 85-96. https://doi.org/10.1080/10508611003607942

Steger, M. F., Frazier, P., Oishi, S., & Kaler, M. (2006). The meaning in life questionnaire: Assessing the presence of and search for meaning in life. *Journal of Counseling Psychology, 53*(1), 80–93. https://doi.org/10.1037/0022-0167.53.1.80

Stewart-Sicking, J., Fox, J., & Deal, P. J. (2019). *Bringing religion and spirituality into therapy: A process-based model for pluralistic practice*. Routledge. https://doi.org/10.4324/9781351030540

Storm, I. (2017). Does economic insecurity predict religiosity? Evidence from the European Social Survey 2002–2014. *Sociology of Religion, 78*(2), 146-172. https://doi.org/10.1093/socrel/srw055

Stulp, H. P., Koelen, J., Schep-Akkerman, A., Glas, G. G., & Eurelings-Bontekoe, L. (2019). God representations and aspects of psychological functioning: A meta-analysis. *Cogent Psychology*, *6*(1). https://doi.org/10.1080/23311908.2019.1647926

Stulp, H. P., Koelen, J., Glas, G. G., de Heus, P., & Eurelings-Bontekoe, L. (2022). Changes in implicit God representations after psychotherapy for patients diagnosed with a personality disorder: Associations with changes in explicit God representations, distress and object-relational functioning. *Journal of spirituality in mental health*, *24*(2), 132-159. https://doi.org/10.1080/19349637.2020.1858733

Thauvoye, E., Granqvist, P., Golovchanova, N., & Dezutter, J. (2018). Attachment to God, depression and loss in late life: A longitudinal study. *Mental Health, Religion & Culture*, *21*(8), 825-837. https://doi.org/10.1080/13674676.2018.1552671

Thomas, M. J., Moriarty, G. L., Davis, E. B., & Anderson, E. L. (2011). The effects of a manualized group-psychotherapy intervention on client God images and attachment to God: A pilot study. *Journal of Psychology and Theology*, *39*(1), 44-58. https://doi.org/10.1177/009164711103900104

Thompson, R. A., Simpson, J. A., & Berlin, L., J. (2022). Taking perspective on attachment theory and research: Nine fundamental questions. *Attachment & Human Development, 24*(5), 543-560. https://doi.org/10.1080/14616734.2022.2030132

Tisdale, T. C., Key, T. L., Edwards, K. J., Brokaw, B. F., Kemperman, S. R., Cloud, H., ... & Okamoto, T. (1997). Impact of treatment on God image and personal adjustment, and correlations of God image to personal adjustment and object relations development. *Journal of Psychology and Theology*, *25*(2), 227-239. https://doi.org/10.1177/009164719702500207

Upenieks, L. (2022). Perceptions of dignity, attachment to God, and mental health in a national US sample. *Journal of Religion and Health, 61*(1), 3615-3636. https://doi.org/10.1007/s10943-022-01559-9

Upenieks, L., Bounds, E. M., Melton, K. K., Glanzer, P., & Schnitker, S. A. (2024). Attachment to God, contingent self-worth, and mental health outcomes in US collegiate athletes. *Journal of Religion and Health*, *63*(1), 445-465. https://doi.org/10.1007/s10943-023-01907-3

Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personality and Social Psychology*, *54*(6), 1063-1070. https://doi.org/10.1037/0022-3514.54.6.1063

Wei, M., Ku, T. Y., Chen, H. J., Wade, N., Liao, K. Y. H., & Guo, G. J. (2012). Chinese Christians in America: Attachment to God, stress, and well-being. *Counseling and Values*, *57*(2), 162-180. https://doi.org/10.1002/2161007X-05702003

WHOQOL Group. (1998). Development of the World Health Organization WHOQOL-BREF quality of life assessment. *Psychological Medicine*, *28*(3), 551–558. https://doi.org/10.1017/s0033291798006667

Wiegand, K. E., & Weiss, H. M. (2006). Affective reactions to the thought of "God": Moderating effects of image of God. *Journal of Happiness Studies: An Interdisciplinary Forum on Subjective Well-Being, 7*(1), 23–40. https://doi.org/10.1007/s10902-005-0930-6

Williams, A., Haggard, M. C., & Breuninger, M. M. (2020). Feasibility of attachment-focused self-hypnosis to change insecure God attachment. *International Journal of Clinical and Experimental Hypnosis*, *68*(2), 246-262. https://doi.org/10.1080/00207144.2020.1724746

Woodberry, R. D., Johnson, K. A., Case, B., Bradshaw, M., VanderWeele, T. J., & Johnson, B. R. (2025). Religious centrality across 22 countries. *Scientific Reports, 15*(1). https://www.nature.com/articles/s41598-025-99183-6

Zahl, B. P., & Gibson, N. J. (2012). God representations, attachment to God, and satisfaction with life: A comparison of doctrinal and experiential representations of God in Christian young adults. *International Journal for the Psychology of Religion*, *22*(3), 216-230. https://doi.org/10.1080/10508619.2012.670027

Zhu, X., & Upenieks, L. (2023). Age differences in mental health during the COVID-19 pandemic: Assessing the moderating role of attachment to God. *Journal of Aging and Health*, *35*(9), 607-622. https://doi.org/10.1177/08982643221112141

Appendix A

In this appendix and the following appendices, there are tables which outline relationships between religiosity, attachment to God, views of God and mental health outcomes for students, adults recruited from the community and unique samples of adults. Effect sizes were based on Cohen's (1992) guidelines for correlation coefficients, with small, medium and large effects referring to 0.10-0.29, 0.30-0.49 and 0.50+, respectively. Likewise, Cohen's (1992) *d* was considered small, medium and large effects at 0.20-0.49, 0.50-0.79 and 0.80+, respectively. Standardized regression coefficients were classified as small, medium and large effects at 0.10 to .29, 0.30-0.49, and 0.50+, respectively (Peterson & Brown, 2005). Also, eta squared and partial eta squared that were 0.01, 0.10 and 0.25 met the thresholds for small, medium and large effects (Miles & Shevlin, 2001). Finally, all correlations or predictors reached statistical significance (i.e., at least $p < .05$).

Table A1

More Religiosity Indicators Related to Mental Health and Psychological Well-Being

Students	Community Adults	Unique Adult Samples
Very Small Effect	**Very Small Effects**	**Very Small Effects**
- More spirituality predicted more psychological well-being in Iranian university students but mediated by ATG-AN (Allipour, 2019)	- More religious views and beliefs correlated with fewer depressive symptoms (Smith et al., 2003) - More frequent church attendance correlated with less psychological distress 22 months later (Ellison et al., 2012) - Closer felt to God the Father predicted fewer depressive symptoms after prayer practice (Monroe & Jankowski, 2016) - More frequent prayers predicted more psychological distress (Bradshaw et al., 2010); more anxiety (Bradshaw et al., 2008) - More intrinsic religious motivation predicted fewer depressive symptoms (Smith et al., 2003)	- More frequent religious attendance predicted less anxiety about death and more life satisfaction, self-esteem in older adults (Krause, 2005) - More religious activities predicted less anxiety in older adults (Schieman et al., 2006) - More frequent prayers and religious attendance predicted more life satisfaction and optimism three years later, respectively, in older adults (Bradshaw et al., 2018)
Small Effects		**Small Effects**
- More religious motivation for personal gains correlated with more psychological integration and self-understanding in Muslim Iranian university students (Ghorbani et al., 2016) - More church attendance predicted using more active strategies of coping with life stress (Parenteau et al., 2019)		- More frequent religious attendance predicted more optimism in older adults (Krause, 2005) - More reliance on church family predicted more emotional well-being in Canadians (Freeze & DiTommaso, 2015)
Small to Medium Effects		
- More expressed spirituality-existential well-being correlated with more autonomy and personal		

growth (Migdal & MacDonald, 2013)
- More intrinsic religious motivation correlated with more psychological integration and self-understanding in Muslim Iranian university students (Ghorbani et al., 2016)
- More intrinsic religious motivation correlated with more life satisfaction (Steenwyk et al., 2010)
- More extrinsic religious motivation correlated with more self-reliance to solve problem (Phillips et al., 2004)
- More religiosity predicted more psychological well-being in Iranian university students but mediated by ATG-AN (Allipour, 2019)
- More exploratory religious motivation predicted less hopelessness (Steenwyk et al., 2010)

Medium Effect

- More intrinsic religious motivation predicted less hopelessness (Steenwyk et al., 2010)

Medium to Large Effects

- More spirituality correlated with less self-reliance to solve problem (Phillips et al., 2004)
- More expressed spirituality-existential well-being correlated with more positive connections with others and life purpose, meaning, and satisfaction (Migdal & MacDonald, 2013)

Large Effects

- More religiosity, intrinsic religious motivation and frequent praying and church attendance correlated with less self-reliance to solve problem (Phillips et al., 2004)
- More expressed spirituality-existential well-being correlated with less existential loneliness and more life purpose, happiness, perceived well-being, actively seeking psychological well-being supportive environments and self-acceptance (Migdal & MacDonald, 2013)
- More frequent religious attendance predicted less generalized anxiety (Ellison et al., 2014); more psychological well-being (Pollner, 1989)
- More frequent religious attendance predicted less psychological distress and generalized anxiety (Henderson & Kent, 2022)

Small Effects

- More religiosity correlated with fewer depressive symptoms in 147 studies, especially among those with high life stress (Smith et al., 2003)
- More religiosity correlated with identifying as African versus Caucasian American (Levin, 2002)
- More frequent religious attendance correlated with more self-esteem (Levin, 2002)
- Sometimes praying predicted fewer depressive symptoms in women (Bonhag & Upenieks, 2021)
- More certainty of entering Heaven predicted more quality sleep for those with more life stress but completely mediated by depressive symptoms (Ellison et al., 2019)

Small to Medium Effects

- More frequent prayers and religiosity correlated with identifying as African versus Caucasian American (Levin, 2002)
- Sometimes praying predicted less anxiety in women (Bonhag & Upenieks, 2021)
- More intrinsic religious motivation correlated with fewer depressive symptoms (Smith et al., 2003)
- Attending religious service once a week or more predicted fewer depressive symptoms but completely mediated by mattering to others in women (Bonhag & Upenieks, 2021)
- More extrinsic religious motivation predicted more depressive symptoms (Smith et al., 2003)
- Clinically depressed Brazilian inpatients with more versus less intrinsic religious motivation had worse clinical status at intake (Mosqueiro et al., 2015)
- Attending religious service monthly versus never lowered risk of becoming clinically depressed in Canadians 16-years or older (Balbuena et al., 2013)

Small to Medium Effects

- More spiritual growth and feeling closer to church due to coping with their loved one in surgery correlated with less psychological distress (Belavich & Pargament, 2002)
- Feeling closer to church due to coping with their loved one in surgery correlated with more psychological well-being (Belavich & Pargament, 2002)
- More intrinsic religious motivation predicted for purpose and meaning in life in Australian adults (Miner, 2009)
- More frequent religious attendance predicted more optimism three years later in older adults (Kent et al., 2018)
- Clinically depressed Brazilian inpatients with more versus less intrinsic religious motivation reported more severe depression, less suicide attempts and more social support at intake (Mosqueiro et al., 2015)

Medium Effects

- More attachment anxiety towards church family predicted more negative affect in Canadians (Freeze & DiTommaso, 2015)
- More intrinsic religious motivation predicted more resilience in Brazilian inpatients with clinical depression (Mosqueiro et al., 2015)
- Clinically depressed Brazilian inpatients with more versus less intrinsic religious motivation reported more psychiatric symptoms at intake (Mosqueiro et al., 2015)
- Clinically depressed Brazilian inpatients with more versus less intrinsic religious motivation reported more decrease in psychiatric symptoms and severe depression at discharge (Mosqueiro et al., 2015)

Medium to Large Effects

- More spiritual growth due to coping with their loved one in surgery correlated with more psychological

	Medium Effects - More frequently and recently versus never attending religious services lowered risk of becoming clinically depressed and having clinical depression lowered likelihood of later attending religious services at least weekly in female nurses over 12-year period (Li et al., 2016) **Large Effects** - More frequent prayers and religiosity correlated with more loving relationship with God (Levin, 2002) - Before versus after prayer practice, more positive affect and less depression and anxiety (Monroe & Jankowski, 2016)	well-being (Belavich & Pargament, 2002) - Clinically depressed Brazilian inpatients with more versus less intrinsic religious motivation reported more increase in quality of life at discharge (Mosqueiro et al., 2015) **Large Effects** - More religiosity and spirituality predicted less emotional distress in Canadians (Freeze & DiTommaso, 2014) - Clinically depressed Brazilian inpatients with more versus less intrinsic religious motivation reported more self-competency and acceptance of themselves and their lives at discharge (Mosqueiro et al., 2015)

Note. This table compares the relationships between more religiosity indicators, mental health and psychological well-being, using American samples if not otherwise stated. ATG-AN = Attachment to God Anxiety.

Appendix B

Table B1

Fewer Depressive Symptoms Related to Attachment to God and View of God

Students	Community Adults	Unique Adult Samples
Very Small Effect	**Very Small Effects**	**Small Effect**
- Predicted by more ATG-S but partially mediated by maladaptive coping (Parenteau et al., 2019)	- Predicted by more ATG-S (Upenieks, 2022); more loving views of God (Bradshaw et al., 2008)	- Predicted less ATG -AV six months later in older adults (Thauvoye et al., 2018)
Small to Medium Effects	**Small Effects**	**Small to Medium Effects**
- Correlated with less belief in a God who exists but does not intervene and having been abandoned by God (Phillips et al., 2004); less ATG-AV in Muslim Iranian university students (Ghorbani et al., 2016)	- Predicted by less distant views of God (Bradshaw et al., 2008); and identifying as Evangelical versus Catholic (Zhu & Upenieks, 2023)	- Correlated with less recalled pre-loss ATG-AN after recent loss of loved one (Kelley, 2003); and less ATG-AN in New Zealanders (Duncan, 2007)
- Predicted by less spiritual instability and disappointment toward God (Paine & Sandage, 2017); more ATG insecurity but completely mediated by disappointment towards God (Paine & Sandage, 2017); less ATG-AN (Njus & Scharmer, 2020; more use of deferring religious problem solving when men holding loving view of God (McElroy et al., 1999); less ATG-AN and -AV but fully mediated by maladaptive coping (Parenteau et al., 2019); less ATG-S in Singaporean adolescents (Sim & Yow, 2011); less ATG-AN in Muslim Iranian university students but completely mediated by psychological integration and self-understanding and self-control (Ghorbani et al., 2016)	**Small to Medium Effects**	- Predicted by more ATG but partially mediated by death anxiety in Iranian women with breast cancer (Saki et al., 2020); less strain with divine in Jewish and Muslim Israelis (Shoshan et al., 2024); less ATG-AN in Jewish North Americans (Pirutinsky et al., 2019)
	- Correlated with more views of God as involved in their lives and the world (Hunter, 2017); less ATG-AV (Knabb et al., 2023)	- Predicted less ATG-AN six months later in older adults (Thauvoye et al., 2018)
	- In theists with more ATG-S versus agnostics, atheists and theists with less ATG-S (Njus & Scharmer, 2020)	- Predicted by less ATG-AN in Canadian women before breast cancer diagnosis (Gall & Bilodeau, 2020)
	- Predicted by more ATG-S but completely mediated by mattering to others in women (Bonhag & Upenieks, 2021); less judgemental views of God in women but completely mediated by mattering to others (Bonhag & Upenieks, 2021); less ATG-AN (Hunter, 2017); less ATG-AV but partially mediated by self-compassion (Homan, 2014); more loving relationship with God (Levin, 2002); more self-dignity but moderated by high ATG-S (Upenieks, 2022); and less negative religious evaluations of events such as blaming God (Smith et al., 2003)	**Medium Effects**
Medium Effects		- Correlated with more recalled pre-loss ATG-S after recent loss of loved one and three months later (Kelley, 2003); less recalled pre-loss ATG-AV three months after recent loss of loved one (Kelley, 2003); more ATG-S after recent loss of loved one but partially mediated by sense of meaning (Kelley & Chan, 2012); and less ATG-AN before and six months after Canadian women diagnosed with breast cancer (Gall & Bilodeau, 2020)
- In those with more secure and preoccupied versus dismissive and fearful-avoidant ATG in Muslim Iranian students (Ghorbani et al., 2016)	**Medium Effects**	- Predicted more caring views of God in Australian men (Greenway et al., 2003)
- Predicted by more implicit positive God views (Hart et al., 2024); and less ATG-AV but partially mediated by self-worth based on approval from others (Upenieks et al., 2024)	- Correlated with less ATG-AV (Knabb et al., 2023); and more ATG-S in Germans, who 13 months earlier were recent converts to new religious movements (Namini &	**Medium to Large Effects**
Large Effects		- Correlated with less ATG-AV in those living in New Zealand (Duncan, 2007); less anxiety towards God in older Protestant Dutch adults (Braam, Schaap-Jonker et al., 2008); less mistrusting views of God in Jewish adults (Rosmarin et al., 2009); and less recalled pre-loss ATG-AV after recent loss of loved one (Kelley, 2003)
- Predicted by more explicit positive God views in those with		**Large Effects**
		- Correlated with feeling less

implicit positive God views (Hart et al., 2024); and more loving God views in men (McElroy et al., 1999)	Murken, 2009) - Predicted by less ATG-AN (Njus & Scharmer, 2020); and less ATG-AN but partially mediated by self-compassion (Homan, 2014) **Medium to Large Effect** - Correlated with more ATG-S in Germans who recently converted to new religious movements (Namini & Murken, 2009) **Large Effect** - Correlated with less ATG-AN (Knabb et al., 2023)	discontented towards God in older Protestant Dutch adults (Braam, Schaap-Jonker et al., 2008); less protesting when God is perceived to be absent in Muslim Australians (Miner et al., 2017); and less ATG-AN three months after Canadian women diagnosed with breast cancer (Gall & Bilodeau, 2020)

Note. This table compares the relationships between fewer depressive symptoms and attachment to and view of God, using American samples if not otherwise stated. ATG-AN/AV/S = Attachment to God Anxiety/Avoidance/Security.

Appendix C

Table C1

Fewer Anxiety Symptoms Related to Attachment to God and View of God

Students	Community Adults	Unique Adult Samples
Small to Medium Effects	**Small Effects**	**Very Small Effect**
- Correlated with less belief in a God who exists but does not intervene and having been abandoned by God (Phillips et al., 2004) - Predicted by less ATG-AN but partially mediated by self-worth based on approval from others (Upenieks et al., 2024)	- Predicted by more ATG-S (Ellison et al., 2014; Upenieks, 2022); less ATG-AV but partially mediated by self-compassion (Homan, 2014); more self-compassion; and identifying as Evangelical versus Catholic and Mainline Protestant (Zhu & Upenieks, 2023) - Predicted more loving and less distant views of God (Bradshaw et al., 2008)	- Predicted by less implicit positive views of God in Jewish North Americans (Pirutinsky et al., 2017)
Medium Effects	**Small to Medium Effects**	**Small to Medium Effects**
- In those with more secure and dismissive versus fearful-avoidant and preoccupied ATG in Muslim Iranian university students (Ghorbani et al., 2016) - Predicted by more belief in God involved in what happens in the world in Canadian university students (Laurin et al., 2008); less ATG-AN in Muslim Iranian university students but partially mediated by psychological integration and self-understanding and self-control (Ghorbani et al., 2016)	- Correlated with viewing God as more involved in their lives and the world and less judgemental (Hunter, 2017) - In theists with more ATG-S versus atheists, agnostics and theists with less ATG-S (Njus & Scharmer, 2020) - Predicted by less ATG-AN (e.g., Hunter, 2017); more self-dignity but moderated by high ATG-S (Upenieks, 2022); less judgmental views of God in women but partially mediated by mattering to others and more ATG-S and less judgemental views of God in men (Bonhag & Upenieks, 2021); less ATG-AN (Ellison et al., 2014); explicit positive views of God (Hart et al., 2024); and less ATG-AN (Henderson & Kent, 2022)	- Correlated with less mistrusting views of God in Jewish adults (Rosmarin et al., 2009) - Predicted by less religious related struggles in Jewish North Americans (Pirutinsky et al., 2017) - Predicted by less ATG-AV and less mistrusting views of God in Jewish North Americans (Pirutinsky et al., 2017; 2019) - Predicted by more ATG-S but completely mediated by intrinsic religious motivation in Australians (Miner, 2009)
Large Effects	**Medium Effects**	**Medium Effect**
- Predicted less belief in God's involvement in events when their personal control was restricted in an imagined scenario (Laurin et al., 2008)	- Correlated with less ATG-AV (Knabb et al., 2023); and more ATG-S in Germans, who recently and 13 and 27 months later converted to new religious movements (Namini & Murken, 2009) - Predicted by less ATG-AN but partially mediated by self-compassion (Homan, 2014); more ATG-S in young versus older adults (Zhu & Upenieks, 2023); and more ATG-S and less ATG-S (i.e., more ATG-AV) in u-shaped models (Henderson & Kent, 2022)	- Predicted by less ATG-AN in Jewish North Americans (Pirutinsky et al., 2017; 2019)
	Large Effect	**Large Effects**
	- Correlated with less ATG-AN (Knabb et al., 2023)	- Correlated with less protesting when God is perceived to be absent in Muslim Australians (Miner, 2017) - Less anxiety about death correlated with more ATG in older Iranian adults (Aghajani et al., 2020) - Less anxiety about death predicted by more ATG in older Iranian adults (Ghorbani et al., 2024)

Note. This table compares the relationships between fewer anxiety symptoms and attachment to and view of God, using American samples if not otherwise stated. ATG-AN/AV/S = Attachment to God Anxiety/Avoidance/Security.

Appendix D

Table D1

Less Psychological Distress Related to Attachment to God and View of God

Students	Community Adults	Unique Adult Samples
Small to Medium Effects - Correlated with less ATG-AN and -AV (Rowatt & Kirkpatrick, 2002) - Predicted by more ATG-S interacting with more mean stress to reduce the negative impact of stress in Singaporean university students (Raj & Sim, 2022) **Medium Effects** - Predicted by more self-reliance during problem solving in women viewing God as controlling (McElroy et al., 1999); less self-reliance in women viewing God as more loving (McElroy et al., 1999); and more ATG-S in Singaporean university students (Raj & Sim, 2022) **Medium to Large Effects** - Predicted by less ATG-AN (Knabb & Pelletier, 2014); and less deferring to God when problem solving in men who are more stressed (McElroy et al., 1999)	**Small Effects** - Correlated with mores ATG-S (Ellison et al., 2012; Stulp, 2019) - Predicted by more ATG-S and less ATG-AN (Bradshaw et al., 2010); less ATG-AN when also had less stressful previous year 22 months earlier (Ellison et al., 2012); more ATG-S and less ATG-S (i.e., more ATG-AV) in u-shaped model (Henderson & Kent, 2022); identifying as Black Protestant versus nonreligious; more ATG-S and less ATG-AN (Henderson & Kent, 2022); less ATG-AV (Stulp et al., 2019); feeling more close to the Holy Spirit after a prayer practice (Monroe & Jankowski, 2016) **Small to Medium Effects** - Correlated with more views of God as involved in their lives and the world (Hunter, 2017); and more ATG-S about 22 months earlier (Ellison et al., 2012) - Predicted by less ATG-AN, negative views of God, more positive views of God and more ATG-S (Stulp et al., 2019); less ATG-AV (Hunter, 2017) **Medium Effects** - Correlated with less ATG-AV but partially mediated by avoiding experiencing negative feelings, finding uncertainty intolerable and having repeated negative thoughts (Knabb et al., 2023) - Predicted by less ATG-AN (Hunter, 2017) **Medium to Large Effects** - Predicted by less use of negative religious strategies to cope with life stress (Belavich & Pargament, 2002) **Large Effects** - Correlated with less ATG-AN but partially mediated by avoiding experiencing negative feelings, finding uncertainty intolerable and having repeated negative thoughts (Knabb et al., 2023)	**Small Effect** - Predicted less ATG-AN about four months later in women living in New Zealand reporting high life stress (Calvert, 2010) **Small to Medium Effects** - Predicted by more views of God's care as conditional in Turkish adults with chronic diseases (Demirkan, 2023); and more ATG-S but completely mediated by more self-understanding and more clear religious identity in Singaporeans (Lee & Sim, 2022) **Medium Effects** - Correlated with feeling more positively about God and viewing God as more supportive and less passive in Dutch adults (Eurelings-Bontekoe et al., 2005) - Predicted by less protesting when God is perceived to be absent and more pursuit of closeness with God when distressed; both completely mediated effect of positive view of God in Muslim Australians (Miner et al., 2017); more ATG-AV four months earlier in those living in New Zealand (Calvert, 2010); less ATG-AN and more views of God as loving in Turkish adults with chronic diseases (Demirkan, 2023) **Large Effects** - Predicted feeling less negatively about God in Dutch adults (Eurelings-Bontekoe et al., 2005) - Predicted by less ATG-AN four months earlier but partially mediated by viewing God as having abandoned and punished them in those living in New Zealand (Calvert, 2010); and more ATG-AV about four months earlier in those living in New Zealand reporting high life stress (Calvert, 2010)

Note. This table compares the relationships between less psychological distress and attachment to and view of God, using American samples if not otherwise stated. ATG-AN/AV/S = Attachment to God Anxiety/Avoidance/Security.

Appendix E

Table E1

Less Negative Affect Related to Attachment to God and View of God

Students	Community Adults	Unique Adult Samples
Small Effects	**Very Small Effects**	**Small to Medium Effects**
- Predicted by less ATG-AN and -AV and more ATG-S through lowering maladaptive coping (Parenteau et al., 2019)	- Less hostility predicted more loving and less distant view of God (Bradshaw et al., 2008)	- Correlated with less ATG-AN about three to five months earlier in those living in New Zealand (Duncan, 2007) - Predicted by less ATG-AN in Canadians (Freeze et al., 2015)
Small to Medium Effects	**Small to Medium Effects**	- Less worry correlated with less mistrusting views of God, partially mediated by finding uncertainty intolerable in Christian and Jewish adults (Rosmarin et al., 2011)
- Less hopelessness correlated with more views of God as father who loves them (Steenwyk et al., 2010)	- Less neuroticism correlated with more ATG-S, less ATG-AV, more positive views of God, less negative views of God and more powerful and judgemental views of God (Stulp et al., 2019)	- Less guilt correlated with less judgemental view of God in older Dutch adults (Braam, Schaap-Jonker et al., 2008)
- Less hostility correlated with less belief in a God who exists but does not intervene and having been abandoned by God (Phillips et al., 2004)	- Less worry predicted by less ATG-AN (Hunter, 2017)	- Less traumatic grief after recent loss correlated with less and more recalled pre-loss ATG-AN and -S, respectively (Kelley, 2003)
- In those implicitly primed to think about God who had less controlling view of God (Wiegand & Weiss, 2006)	**Medium Effects**	- Less hopelessness correlated with more and less views of God as supportive and judgemental, respectively, in older Dutch adults (Braam, Schaap-Jonker et al., 2008)
- Predicted by less ATG-AN (Rowatt & Kirkpatrick, 2002)	- Less worry predicted by less ATG-AV (Hunter, 2017)	- Less neuroticism correlated with more positive feelings about God, less views of God as judgemental and less coping via appraising events as God having punished them in older Dutch adults (Braam, Schaap-Jonker et al., 2008)
Medium to Large Effects	**Medium to Large Effect**	**Medium Effects**
- Less hopelessness predicted by more and less views of God as controlling in men and women, respectively (Steenwyk et al., 2010)	- Less neuroticism correlated with less ATG-AN (Stulp et al., 2019)	- In Dutch inpatients with more positive and supportive views of and less anxious and angry feelings about God versus with the inverse pattern; all perceived God as authoritative (Schaap-Jonker et al., 2017) - Less worry correlated with less mistrust of God in Jewish adults (Rosmarin et al., 2009)
Large Effect		- Less hopelessness correlated with more positive feelings about God, less discontentment toward God and less coping via appraising events as God having punished them in older Dutch adults (Braam, Schaap-Jonker et al., 2008)
- Less shame predicted by more explicit positive view of God in those with more implicit positive views of God (Hart et al., 2024)		- Less neuroticism correlated with less discontentment toward God (Braam, Mooi et al., 2008; Braam, Schaap-Jonker et al., 2008) and less feelings of fear and anxiety towards God in older Dutch adults (Braam, Schaap-Jonker et al., 2008) - Less traumatic grief after recent loss correlated with less recalled pre-loss ATG-AV (Kelley, 2003) - Less traumatic grief three months after recent loss correlated with more recalled pre-loss ATG-S (Kelley, 2003)

	- Less complicated grief predicted by more ATG-S after recent loss of loved one but partially mediated by sense of meaning (Kelley & Chan, 2012) **Medium to Large Effects** - Less guilt correlated with less positive feelings about God, discontentment toward God and less coping via appraising events as God having punished them in older Dutch adults (Braam, Schaap-Jonker et al., 2008) - Less neuroticism and hopelessness predicted by fewer feelings of fear and anxiety toward God in older Dutch adults (Braam, Mooi et al., 2008; Braam, Schaap-Jonker et al., 2008) **Large Effects** - Less guilt correlated with fewer feelings of fear and anxiety towards God in older Dutch adults, especially among self-identified Protestants (Braam, Schaap-Jonker et al., 2008) - Correlated with less ATG-AV about three to five months earlier in New Zealanders (Duncan, 2007); fewer negative views of God in Australians (Greenway et al., 2003) - Less traumatic grief three months after recent loss correlated with less recalled pre-loss ATG-AV (Kelley, 2003)

Note. This table compares the relationships between less negative affect and attachment to and view of God, using American samples if not otherwise stated. ATG-AN/AV/S = Attachment to God Anxiety/Avoidance/Security.

Appendix F

Table F1

More Positive Affect Related to Attachment to God and View of God

Students	Community Adults	Unique Adult Samples
Small to Medium Effects - Correlated with more ATG-S but completely mediated by use of emotional based and maladaptive coping (Parenteau et al., 2019); and less ATG-AV, though completely mediated by use of maladaptive coping (Parenteau et al., 2019) - Predicted by more ATG-S in Chinese international students and immigrants (Wei et al., 2012) - More mindfulness correlated with less ATG-AN in Muslim Iranian university students but completely mediated by psychological integration and self-understanding and self-control (Ghorbani et al., 2016) **Medium Effect** - Predicted by less ATG-AV in Chinese international students and immigrants (Wei et al., 2012) **Large Effects** - More self-compassion correlated with less ATG-AN in Muslim Iranian university students but partially mediated by psychological integration and self-understanding and self-control (Ghorbani et al., 2016)	**Small Effects** - Predicted by less ATG-AV (Njus & Scharmer, 2020); and more close relationship with the divine (Pollner, 1989) **Small to Medium Effects** - In theists with more ATG-S versus atheists, agnostics and theists with less ATG-S (Njus & Scharmer, 2020) - Predicted by less ATG-AN (Njus & Scharmer, 2020)	**Small Effect** - More optimism predicted by more ATG-S when pray more often three years earlier in older adults (Bradshaw & Kent, 2018) **Small to Medium Effects** - Correlated with less ATG-AN about three to five months earlier in those living in New Zealand (Duncan, 2007) - More happiness correlated with less mistrusting views of God in Jewish adults (Rosmarin et al., 2009) - More optimism predicted by more ATG-S three years earlier in older adults (Bradshaw & Kent, 2018), especially with high ATG-S and feeling more forgiven by God (Kent et al., 2018); religious affiliation versus no religious affiliation in older adults (Kent et al. 2018); and more belief in God intervening in their lives in older African versus Caucasian Americans (Krause, 2005) **Medium Effects** - More acceptance of life events predicted by less ATG-AN prior to breast cancer diagnosis and three months later in Canadian women (Gall & Bilodeau, 2020) - More optimism predicted by more belief of God intervening in their lives in older adults (Krause, 2005)

Note. This table compares the relationships between more positive affect and attachment to and view of God, using American samples if not otherwise stated. ATG-AN/AV/S = Attachment to God Anxiety/Avoidance/Security.

Appendix G

Table G1

More Life Satisfaction Related to Attachment to God and View of God

Students	Community Adults	Unique Adult Samples
Small to Medium Effects - In those implicitly primed to think about God who had less versus more controlling view of God (Wiegand & Weiss, 2006) - Correlated with less belief of having been abandoned by God and more collaboration with and deferring to God to problem solve (Phillips et al., 2004) - Predicted by less ATG-AN (Hastings, 2012); less ATG-AV, even with more life stress in Chinese international students and immigrants (Wei et al., 2012); more and less views of God as loving and controlling, respectively (Steenwyk et al., 2010); and more positive views of God based on personal experiences in young American and British adults (Zahl & Gibson, 2012)	**Small Effects** - Predicted by less ATG-AV (Njus & Scharmer, 2020); less ATG-AN but mediated by self-compassion (Homan, 2014); and more close relationship with the divine, especially when view God in terms of relationship versus authority (Pollner, 1989) **Small to Medium Effects** - In theists with more ATG-S versus atheists, agnostics and theists with less ATG-S (Njus & Scharmer, 2020) - Predicted by less ATG-AN (Njus & Scharmer, 2020)	**Small Effects** - Predicted by more ATG-S, when pray more often three years earlier in older adults (Bradshaw & Kent, 2018); more religious practices but completely mediated by ATG in Muslim adults who returned to religion in Indonesia (Siregar et al., 2024) **Small to Medium Effects** - Predicted by more implicit positive views of God in Jewish North Americans (Pirutinsky et al., 2020); more use of positive religious strategies to cope with life stress in those with more implicit positive views of God in Jewish North Americans (Pirutinsky et al., 2020); more ATG-S among older adults feeling more forgiven by God and that God's forgiveness is based on their behavioural change (Kent et al. 2018); less ATG-S in older adults feeling less forgiven by God and that God's forgiveness is based on their behavioural change (Kent et al. 2018); and more belief of God intervening in their lives, especially in older African versus Caucasian Americans (Krause, 2005) **Medium Effect** - Predicted by more explicit positive views of God in Jewish North Americans (Pirutinsky et al., 2020) **Medium to Large Effect** Predicted by less ATG-AN in Canadians (Freeze et al., 2015)

Note. This table compares the relationships between more life satisfaction and attachment to and view of God, using American samples if not otherwise stated. ATG-AN/AV/S = Attachment to God Anxiety/Avoidance/Security.

Appendix H

Table H1

More Purpose and Meaning Related to Attachment to God and View of God

Students	Community Adults	Unique Adult Samples
Small to Medium Effects - Correlated with less belief of having been abandoned by God and more collaborating with and deferring to God to problem solve (Phillips et al., 2004) - More purpose in life predicted by less views of God as distant eight months later in emerging adults (Culver & Denton, 2017) - More meaning predicted by less ATG-AN and -AV (Keefer & Brown, 2018) **Large Effects** - Predicted by more explicit positive views of God, especially in those with more implicit positive views of God (Hart et al., 2024)	**Small to Medium Effects** - More purpose, meaning and engagement in life predicted by less ATG-AN and -AV (Njus & Scharmer, 2020) - More meaning predicted by less ATG-AV and more searching for meaning predicted by less ATG -AN (Keefer & Brown, 2018) **Large Effect** - Correlated with less ATG-AN and -AV (Beck & McDonald, 2004)	**Small Effects** - More purpose in life predicted by more ATG-S and less ATG-AN in Turkish adults with chronic diseases (Demirkan, 2023) **Small to Medium Effects** - More purpose correlated with less ATG-AN after a recent loss and three months later (Kelley, 2003) - Predicted with more ATG-S but completely mediated by Australians' intrinsic religiosity (Miner, 2009) **Medium Effects** - Correlated with less ATG-AV after a recent loss and three months later (Kelley, 2003) - More meaning correlated with less ATG-AN after a recent loss and three months later (Kelley, 2003) **Medium to Large Effects** - Correlated with more ATG-S after a recent loss and three months later (Kelley, 2003) **Large Effect** - More meaning predicted by more ATG-S in those mourning loss of loved one (Kelley & Chan, 2012)

Note. This table compares the relationships between more purpose and meaning and attachment to and view of God, using American samples if not otherwise stated. ATG-AN/AV/S = Attachment to God Anxiety/Avoidance/Security.

Appendix I

Table I1

More Self-Esteem Related to Attachment to God and View of God

Students	Community Adults	Unique Adult Samples
Small Effects - Correlated with more collaboration with God to problem solve (Phillips et al., 2004) - Predicted by more secure maternal attachment in adolescents with high ATG-S (Sim & Yow, 2011) - Predicted more positive and less critical views of God based on personal experiences in young American and British adults (Zahl & Gibson, 2012) **Small to Medium Effects** - Correlated with less belief that God had abandoned them (Phillips et al., 2004); less deferring to God when problem solving in men with more life stress (Greenway et al., 2003); less view of God as wrathful in male high schoolers (Spilka et al., 1975) - More loving and less controlling views of themselves correlated with more loving views of God in male high schoolers (Spilka et al., 1975) - Predicted by less ATG-AN (Njus & Scharmer, 2020); and more collaboration with God to problem solve and more views of God as loving in women and men, respectively (McElroy et al., 1999) - More view of self as powerful predicted more view of God as powerful in women (Dickie et al., 2006) - More like oneself predicted more sense God was present in their lives in women (Greenway et al., 2003) **Medium Effects** - More loving views of themselves correlated with more loving and less controlling views of God in female high schoolers (Spilka et al., 1975) - More like oneself and distrusting of others predicted more view of God as caring in women (Greenway et al., 2003) - More like oneself predicted more sense God was present in their lives in men (Greenway et al., 2003) **Medium to Large Effects** - Correlated with more views of God as kind, especially in those who endorsed God as important versus unimportant in their lives (Buri & Mueller, 1993) - Predicted feeling closer to God in men (Dickie et al., 2006) - More view of self as nurturing predicted more view of God as nurturing in women (Dickie et al., 2006) **Large Effects** - More like oneself and feel competent predicted less negative views of God in women and men, respectively (Greenway et al., 2003)	**Small Effect** - Predicted by less ATG-AV (Njus & Scharmer, 2020) **Medium Effect** - Predicted by less ATG-AN (Njus & Scharmer, 2020)	**Small Effects** - Predicted by more ATG-S in older adults feeling more forgiven by God and that God's forgiveness is conditioned on their behaviour three years earlier (Bradshaw et al., 2018); more ATG-S via more self-understanding and more clear religious identity in Singaporeans (Lee & Sim, 2022) **Small to Medium Effects** - Predicted by more belief of God intervening in their lives, especially in older African versus Caucasian Americans (Krause, 2005)

Note. This table compares the relationships between more purpose and meaning and attachment to and view of God, using American samples if not otherwise stated. ATG-AN/AV/S = Attachment to God Anxiety/Avoidance/Security.

Appendix J

Table J1

More Well-Being Indicators Related to Attachment to God and View of God

Students	Community Adults	Unique Adult Samples
Small Effects	**Small Effect**	**Small Effects**
- More autonomy correlated with more protesting when God is perceived to be absent in Indonesian Muslim university students (Ningrum & Kusumaningrum, 2022)	- More connections with others predicted by less ATG-AV (Keefer & Brown, 2018)	- More self-acceptance predicted by more views of God's care as conditional in Turkish adults with chronic diseases (Demirkan, 2023)
- More connections with others predicted by less ATG-AV (Keefer & Brown, 2018)	**Small to Medium Effect**	- More actively seeking psychological well-being supportive environments predicted by less ATG-AN in Turkish adults with chronic diseases (Demirkan, 2023)
Small to Medium Effects	- More clear self-understanding correlated with more ATG-S in Singaporeans (Lee & Sim, 2022)	**Small to Medium Effects**
- More self-acceptance, positive connections with others, autonomy and actively seeking psychological well-being supportive environments correlated with more view of God as close and positive model in Indonesian Muslim university students (Ningrum & Kusumaningrum, 2022)	- More competence predicted by less ATG-AV (Keefer & Brown, 2018)	- More psychologically and socially related quality of life in African immigrants living in Australia (Counted et al., 2020)
- More self-acceptance and personal growth correlated with more protesting when God is perceived to be absent in Indonesian Muslim university students (Ningrum & Kusumaningrum, 2022)	**Medium Effect**	- More self-acceptance predicted by less ATG-AN in Turkish adults with chronic diseases (Demirkan, 2023)
- More autonomy predicted by less ATG-AN (Keefer & Brown, 2018)	- Better self-concept and relations with others correlated with more ATG-S (Stulp, 2019)	- More personal growth predicted by less ATG-AN and -AV in Turkish adults with chronic diseases (Demirkan, 2023)
- More competence predicted by less ATG-AV (Keefer & Brown, 2018)		- More positive connections with others predicted by more loving view of God in Turkish adults with chronic diseases (Demirkan, 2023)
Medium Effects		**Medium Effects**
- More connections with others predicted by less ATG-AN (Keefer & Brown, 2018)		- More self-acceptance and actively seeking environments psychological well-being supportive environments predicted by more views of God as loving in Turkish adults with chronic diseases (Demirkan, 2023)
- More personal growth correlated with more view of God as closer and more positive model in Indonesian Muslim university students (Ningrum & Kusumaningrum, 2022)		- More positive connections with others and autonomy predicted by less ATG-AN in Turkish adults with chronic diseases (Demirkan, 2023)
- More competence predicted by less ATG-AN (Keefer & Brown, 2018)		**Large Effect**
- Less distrusting of others predicted less negative views of God in men (Greenway et al., 2003)		- More personal growth predicted by more views of God as loving in Turkish adults with chronic diseases (Demirkan, 2023)
- More psychological integration and self-understanding correlated with less ATG-AN for Muslim Iranian university students (Ghorbani et al., 2016)		

Note. This table compares the relationships between more psychological well-being indicators and attachment to and view of God, using American samples if not otherwise stated. ATG-AN/AV/S = Attachment to God Anxiety/Avoidance/Security.

Appendix K

Table K1

More Global Well-Being Related to Attachment to God and View of God

Students	Community Adults	Unique Adult Samples
Very Small Effect - Correlated with less view of God as judgemental in Scottish adolescents (Francis et al., 2001) **Small to Medium Effects** - Correlated with more views of God who loves and forgives them and less views of God who is cruel in Scottish adolescents (Francis et al., 2001)	**Small Effect** - Correlated with less ATG-AV (Stulp et al., 2019) **Small to Medium Effects** - Correlated with more ATG-S, less ATG-AN and less negative views of God (Stulp et al., 2019) **Medium Effect** - Correlated with more positive views of God (Stulp et al., 2019)	**Small to Medium Effects** - Correlated with less ATG-AN and -AV about three to five months earlier in those living in New Zealand (Duncan, 2007) - Correlated with less ATG-AN in those living in New Zealand about four months earlier but completely mediated by viewing God as having abandoned and punished them (Calvert, 2010) - Predicted more ATG-AN four months later in women living in New Zealand (Calvert, 2010) - Predicted by less ATG-AV about four months earlier in those living in New Zealand (Calvert, 2010) **Medium Effects** - Predicted by less ATG-AN about four months earlier in those living in New Zealand earlier (Calvert, 2010) - Predicted by less ATG-AV about four months earlier in those living in New Zealand reporting high life stress (Calvert, 2010) **Medium to Large Effects** - Predicted by less ATG-AN in Canadians (Freeze et al., 2015) - Predicted by less ATG-AV about four months earlier in men living in New Zealand (Calvert, 2010) **Large Effects** - In Australians with more ATG-S and secure parental attachment versus more ATG-S and less secure parental attachment and both less secure attachments (Miner, 2009)

Note. This table compares the relationships between more global psychological well-being and attachment to and view of God, using American samples if not otherwise stated. ATG-AN/AV/S = Attachment to God Anxiety/Avoidance/Security.