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A Mediation Model Linking Attachment to God, Hope, and Mental Health

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Abstract

Insecure attachment style to primary caregivers has consistently been linked with greater vulnerability to adverse mental health outcomes (Mikulincer & Shaver, 2007). Insecure attachment style to God is also associated with deleterious mental health outcomes (Bishop, 2008; Knabb & Pelletier, 2014; Rowatt & Kirkpatrick, 2002; Freeze & DiTommaso, 2014; Wei et al., 2012), but little is known about the mechanism that underlies this relationship. This study examines hope as a psychological strength that mediates the associations between attachment to God and depression, anxiety, and life satisfaction. The study was conducted through an anonymous online survey, surveying individuals above the age of 18 ($N=612$). The results of this study supported our hypothesis that hope mediates the effects of attachment anxiety and avoidance to God on anxiety, depression, and life satisfaction. Further, these results were found to be significant irrespective of participants' attachment style to their mother or their level of religiosity. Hope is therefore an important target for intervention for secular and religious individuals who endorse a belief in God to counteract attachment-driven feelings of insecurity with God.

A Mediation Model Linking Attachment to God, Hope, and Mental Health

Attachment theory posits that in times of need, humans are motivated to engage in proximity-seeking behavior to attachment figures who are wiser and stronger than they are (Bowlby, 1982). These figures can provide a haven of safety for an individual in times of distress, and a secure base from which they can explore the world.

According to attachment theory, repeated interactions between children and their early primary caregivers generate internal working models of themselves and others (Bowlby, 1969, 1982). These models create the basis for adult attachment patterns which guide the interpretation and anticipation of others' behavior during times of distress and influence emotional regulation and behavior (Mikulincer & Shaver, 2007). When an early attachment figure is perceived as responsive and caring, the internal working model produced of themselves and others is generally positive and secure; they view themselves as worthy and deserving of love and others as reliable and trustworthy. Alternatively, when an early attachment figure is perceived as unresponsive and inconsistent, an individual develops a negative working model of themselves and others; they view themselves as unworthy and have difficulty trusting and relying on others.

Over time, internal working models develop into attachment orientations, which are most commonly understood and measured in relation to two dimensions: anxiety and avoidance (Brennan et al., 1998). Attachment anxiety is manifested as a negative view of self and fear of rejection or abandonment by others. Attachment avoidance reflects a negative set of beliefs held about others as a result of early experiences, including doubting others' availability and willingness to provide care or help when needed; this leads to distrust, fear of intimacy, and a fierce reliance on oneself (Cassidy & Kobak, 1988; Hazan & Shaver, 1987; Shaver & Hazan,

1993). Secure attachment, on the other hand, is characterized by low levels of attachment anxiety and avoidance. Securely attached individuals typically hold a positive view of themselves, have adequate coping abilities, and are comfortable with emotional intimacy and dependence (Bartholomew & Horowitz, 1991).

Research supports that attachment security has significant growth-promoting functions and is associated with increased life satisfaction (Hinnen et al., 2009; Lopez, 2009; Temiz & Comert, 2018). In cross-sectional studies of college students and adults, anxious and avoidant attachment styles were negatively associated with life satisfaction, whereas secure attachment styles were positively associated with life satisfaction (Hinnen et al., 2009; Temiz & Comert, 2018). Similarly, Lopez (2009) found that secure attachment is positively associated with adaptive functioning and personality characteristics (Lopez, 2009). This may be because secure attachment facilitates effective coping and serves as a source of resilience in the face of undesirable physiological and physical states (Mikulincer & Shaver, 2018).

Attachment insecurity is associated with an increased likelihood of adverse mental health outcomes (Mikulincer & Shaver, 2007). Bowlby (1973, 1980) asserted that attachment insecurity is a vulnerability factor for depression and anxiety because those with insecure attachment styles are predisposed to hopeless and negative working models of themselves and others. They therefore view themselves as unable to cope and may employ counterproductive coping strategies in times of distress (Abramson et al., 1989; Beck, 2002). Those with attachment anxiety are prone to use distress up-regulation strategies to gain the care and support of others, as well as develop negative self-views and catastrophic beliefs (Bartholomew & Horowitz, 1991; Mikulincer et al., 2003). Those with avoidant attachment styles tend to suppress emotions and downregulate their need for others (Mikulincer et al., 2003). These counterproductive strategies

do not effectively address their negative or anxious moods and may ultimately increase their distress or confirm core beliefs about themselves or others (Mikulincer & Shaver, 2018; Shaver & Mikulincer, 2007; Zheng et al., 2020). In fact, a wide body of research supports the notion that attachment insecurity is related to higher levels of depression and anxiety; this has been illustrated through correlational, longitudinal, and prospective studies (e.g., Dagan et al., 2018; Ein-Dor & Doron, 2018; Hankin et al., 2005; Kadir & Bifulco, 2013; Malik et al., 2015; Marganska et al., 2013; Monti & Rudolph, 2014; Mikulincer & Shaver, 2012, 2018; Spruit et al., 2020; Wei, Mallinckrodt, et al., 2005; Wei, Russell, et al., 2005; Zheng et al., 2020).

While early interactions between children and their caregivers exert significant influence over one's attachment style, subsequent relational experiences can also influence one's attachment style (Fraley, Vicary, et al., 2011). Thus, one's attachment style can be revised through corrective relational experiences such as psychotherapy, or through experiences related to religion and spirituality (Granqvist, 2020; Levy et al., 2018)

Attachment to God

Existing research has empirically demonstrated that God can function as an attachment figure (Hall, 2007; Granqvist & Kirkpatrick, 2013; Mikulincer & Shaver, 2013). God, who is often depicted in major theistic faith traditions as benevolent, omniscient, and omnipotent, can represent the ultimate attachment figure (Kaufman, 1981; Kirkpatrick, 2005, Paloutzian & Park, 2013). Believers appeal to God through explicit requests made through prayer and rituals and utilize God as a safe haven in times of crisis and as a secure base from which to explore the world. While attachment style to God is traditionally used to understand the relationship that religious people have with God, people who do not identify as religious also endorse a personal

relationship with God, and thus, the concept of attachment style to God extends to all believers, whether identifying as religious or not (Homan, 2014).

The nature of the relationship between attachment to others and attachment to God is debated and has received inconsistent empirical support. The correspondence model asserts that peoples' attachment style to God corresponds to their interpersonal attachment style, whereas the compensation model asserts people's attachment style to God compensates for insecure attachment to others (Beck & McDonald, 2004; Brokaw & Edwards, 1994; Granqvist, 1998, 2002; Granqvist & Hagekull, 1999; Hall et al., 1998; Hall & Edwards, 2002; Kirkpatrick, 1997, 1998; Kirkpatrick & Shaver, 1990; Rowatt & Kirkpatrick, 2021). Research has demonstrated that both of these models may be in effect; attachment to God was shown to correspond to attachment to others on an implicit level by dictating one's automatic emotional appraisals, but attachment to God compensated for insecure attachments to others on an explicit level by individuals leaning on explicit religious beliefs and behaviors to regulate distress (Fujikawa, 2010; Granqvist & Kirkpatrick, 2013; Hall et al., 2009).

The salutary effects of a secure interpersonal attachment style likewise apply to a secure attachment style to God. Those who are securely attached to God have lower levels of anxiety and depression and higher life satisfaction (Bishop, 2008; Freeze & DiTommaso, 2014; Knabb & Pelletier, 2014; Rowatt & Kirkpatrick, 2002; Wei et al., 2012). It is purported that this association exists because secure attachment to God fosters adaptive religious coping including appraising suffering as a means of growth and connection to God (Bock et al., 2018; Davis et al., 2019). However, like interpersonal relationships, believers may develop insecure attachment styles to God. Those who are insecurely attached to God are more likely to view God as

dismissive, unloving, and disapproving and have been found to incorporate these qualities into their own self-image (Belavich & Pargament, 2002; Kirkpatrick, 1998).

Given how impactful the relationship with God is on mental health, it is unsurprising that studies and meta-analyses report that spiritually integrated psychotherapies are equally or more effective in decreasing spiritual and non-spiritual distress in individuals as compared to non-spiritually integrated psychotherapies (Anderson et al. 2015; Captari et al., 2018; Gonçalves et al., 2015; Sim et al., 2021). Spiritually integrated therapeutic practices typically include, but are not limited to, affirming a trusting God and an individual's divine worth, listening to spiritual issues, the therapist engaging in silent prayer, and discussing spiritual dimensions of problems and solutions (Currier et al., 2021).

Hope

Hope, according to a well-known theory Snyder developed (1994, 1998, 2000, 2002), is the combination of agency and pathways thinking that enables one to achieve their goals. Agency, a general feeling of aptitude, and pathways, the ability to find alternative solutions, provide people with the sense that their goal will be reached and the belief that there are effective routes toward achieving their goals (Snyder, 2002; Snyder et al., 1991). Hope provides adaptive personal and interpersonal tools, including the ability to use positive self-talk (e.g., 'I can do this') to maintain the mental energy needed to pursue and achieve one's goal, even in the face of obstacles. Hope also generates a positive feedback loop that allows people to become increasingly confident and creates greater opportunity for positive emotional reinforcement through the achievement of one's goals (Snyder, 2002).

Herth's (1992) understanding of hope involves a more diffuse sense of hopefulness that includes the experiential affective aspects of hope, rather than solely the goal-directed and

action-oriented cognitive components of hope that Snyder defined. Herth's definition of hope includes a generalized hope, in which a sense of intangible hopefulness exists, as well as a particularized hope, as it relates to specific goals or outcomes. While hope encompasses an individual's sense of their ability to achieve their goals, hope also creates the foundation for the belief that relationships, human or divine, can be sustaining and depended upon, especially when one is struggling or has failed (Dufault & Martocchio, 1985). In fact, in times of distress, people often turn to God as an attachment figure and source of strength, demonstrating a generalized hope (Houser & Welch, 2013). Particularized hope may become activated as it relates to God helping them through a particular trial (Houser & Welch, 2013). This makes hope a salient construct with regard to attachment security.

Hope can serve as a prevention or mitigation factor for mental health concerns. For example, hope can lead to more optimistic and future-oriented perspectives, as well as greater positive affect and lower negative affect (Synder, 2002; Snyder et al., 1991) which facilitates better mental health over time (Rand & Cheavens, 2009). Further research has found that higher levels of hope were negatively associated with anxiety and depression and significantly predicted less psychological distress (Besser & Zeigler-Hill, 2014; Lucette et al., 2016; Shorey et al., 2003). Hope was also found to be associated with more adaptive coping strategies and more positive outcomes after life stressors (e.g., Kennedy et al., 2009; Roesch et al., 2010; Snyder et al., 1991).

Research has found that therapeutic interventions such as psychoeducational programs in student and community samples have increased levels of hope (Cheavens et al., 2006; Feldman & Dreher, 2012). These programs are designed to foster a hopeful disposition by strengthening goal-directed thoughts, such as setting goals, defining strategies to achieve those goals, and

knowing personal capacities for achieving those goals (Pedrotti et al., 2008). These programs range from brief 90- minute single-session interventions to 5-week programs. In longitudinal and between-groups experimental design, these programs show both short-term and long-term effects on individuals' hope, life purpose, and life satisfaction (Feldman & Dreher, 2012; Marques et al., 2011).

Hope and Religiosity

One factor that has been associated with higher levels of hope is religiosity (Ai et al., 2004; Ciarrocchi et al., 2008; Harley & Hunn, 2015, Nell & Rothmann, 2018). Religiosity is defined as the degree to which individuals endorse a system of beliefs which entail specific practices or rituals that are associated with the sacred which typically promotes social action (Allport, 1961; Allport & Ross, 1967; Nell & Rothmann, 2018). Nell and Rothmann (2018) found that religiosity was positively associated with hope in an adult population. In studies performed by Ciarrocchi et al. (2008) and Ai et al. (2004), hope was significantly predicted by religiosity. Harley and Hunn (2015) found that belief in God as a protector, church attendance, and participation in praise and worship services served as sources of hope among African-American adolescents. These findings suggest that among religious individuals, faith in God increases levels of hope by potentially bolstering an individual's belief that God, an all-powerful deity, can aid them in the attainment of their goals.

Hope, as related to religiosity, is also associated with mental health outcomes (Aghababaei et al., 2016; Chang et al., 2013; Nell & Rothmann, 2018). Agency hope and pathways hope significantly mediated the relationship between religiosity and depressive symptoms (Chang et al., 2013). Nell and Rothmann (2018) found that agency hope mediated the relationship between religiosity and life satisfaction, positive affect, and negative affect (Nell &

Rothmann, 2018). Hope also mediated the relationship between religious attitudes and subjective well-being in a sample of Iranian Muslim university students (Aghababaei et al., 2016). These associations may exist because religion may foster a belief in an all-powerful God who can assist individuals in the attainment of their goals, thereby increasing their positive emotions such as optimism and competence and reducing their negative emotions, such as despair and helplessness, which contributes to an increase in overall life satisfaction (Nell & Rothmann, 2018).

Hope and Attachment

Snyder's hope theory asserts that agency and pathways thinking are formed through early attachment relationships (McDermott & Snyder, 2000). Attachment-promoting environments allow children to connect their actions with caregiver responses which promotes agency and pathways thinking. Secure attachment therefore provides a stronger base for hopeful thinking which, in turn, provides a positive resource against mental health problems (Blake & Norton, 2014; Snyder, 2002). Conversely, attachment anxiety and avoidance are negatively associated with hope (Blake & Norton, 2014; Jankowski & Sandage, 2011).

Hope also serves as a mediating construct with regard to attachment security and mental health outcomes (McDermott et al., 2015; Shorey et al., 2003). In a cross-sectional self-report study with college students, hope mediated the relationship between attachment security and anxiety and depression (McDermott et al., 2015). Shorey et al. (2003) also found that hope partially mediated the relationship between attachment security and mental health in an ethnically diverse sample of undergraduate students, ages 18 to 30 years. This relationship may exist since those with attachment anxiety may use hyperactivating strategies such as magnifying obstacles and embodying less hope and thus experience increased distress (McDermott et al.,

2015; Wei, et al., 2007). Those with attachment avoidance, however, may use deactivating strategies which cause them to minimize and reject obstacles and disregard hopeful panning (McDermott et al., 2015; Mikulincer & Shaver, 2005). Further, those with attachment avoidance engage in less support-seeking and problem-solving coping strategies, which may lower agency and pathways thinking (Berry & Kingswell, 2012; McDermott et al., 2015; Schottenbauer et al., 2006).

Those with high levels of attachment security have higher levels of hope, less psychological distress, and greater life satisfaction (McDermott et al., 2015; Shorey et al., 2003). However, this relationship has not been examined in relation to attachment style to God, including those who do not identify as religious.

Study Purpose

The purpose of the present study is to investigate the role of hope in the relationship between attachment style to God and anxiety, depression, and life satisfaction in individuals across the religious spectrum. There is reason to believe secure attachment to God facilitates hope, as people integrate qualities of their attachment figure into their self-concept. Moreover, insecure attachment to God potentially inhibits hope (Bowlby, 1980). Research thus far has not examined the role of hope in relation to attachment style to God and mental health outcomes, and hope may serve as a psychological strength that mediates this relationship.

It is hypothesized that, firstly, attachment anxiety and avoidance to God will be positively associated with anxious and depressive symptoms and inversely associated with life satisfaction. Secondly, it is hypothesized that hope will mediate the relationship between attachment anxiety to God, anxious and depressive symptoms, and life satisfaction. Thirdly, it is hypothesized that hope will mediate the relationship between attachment avoidance to God, anxious and depressive

symptoms, and life satisfaction. The role of religiosity and adult attachment style as exogenous variables will be explored.

Findings from this study can aid in tailoring evidence-based hope-promoting therapeutic interventions to address the spiritual dimension and relationship with God. This can provide individuals with a greater sense of hope to counteract attachment-driven feelings of insecurity with God, for secular and religious individuals who endorse a belief in God (Davidson et al., 2012; Feldman & Dreher, 2012).

Method

Participants

A total of 612 individuals completed the study. Participants were recruited via convenience sampling, Listserv posts, social media posts, and emails to professors that utilized a flier to describe the study and highlight the chance to win one of two \$30 gift certificates. The fliers provided a link to a secure, anonymous online survey on the CampusLabs platform, to ensure anonymity and confidentiality. Participants who were not proficient in English, or participants who identified as atheists were not included in the study as they did not endorse belief in God and thus would have been unable to complete the Attachment to God Inventory (Beck & McDonald, 2004). Participants who did not have a living mother or mother-like figure ($N= 100$; 16.34%) did not complete the Experiences in Close Relationships-Relationship Structures Questionnaire (Fraley et al., 2000) but were able to complete the rest of the survey.

The participants' mean age was 28.8 years and participants ranged in age from 18 to 76 years ($SD = 7.94$). Participants' demographics regarding gender, race, and religious affiliation are illustrated in figures 1 – 3. Participants also reported their level of religiosity, frequency of prayer, and attendance at religious services. These data are depicted in figures 3 – 6.

Figure 1
Participants' Identified Gender

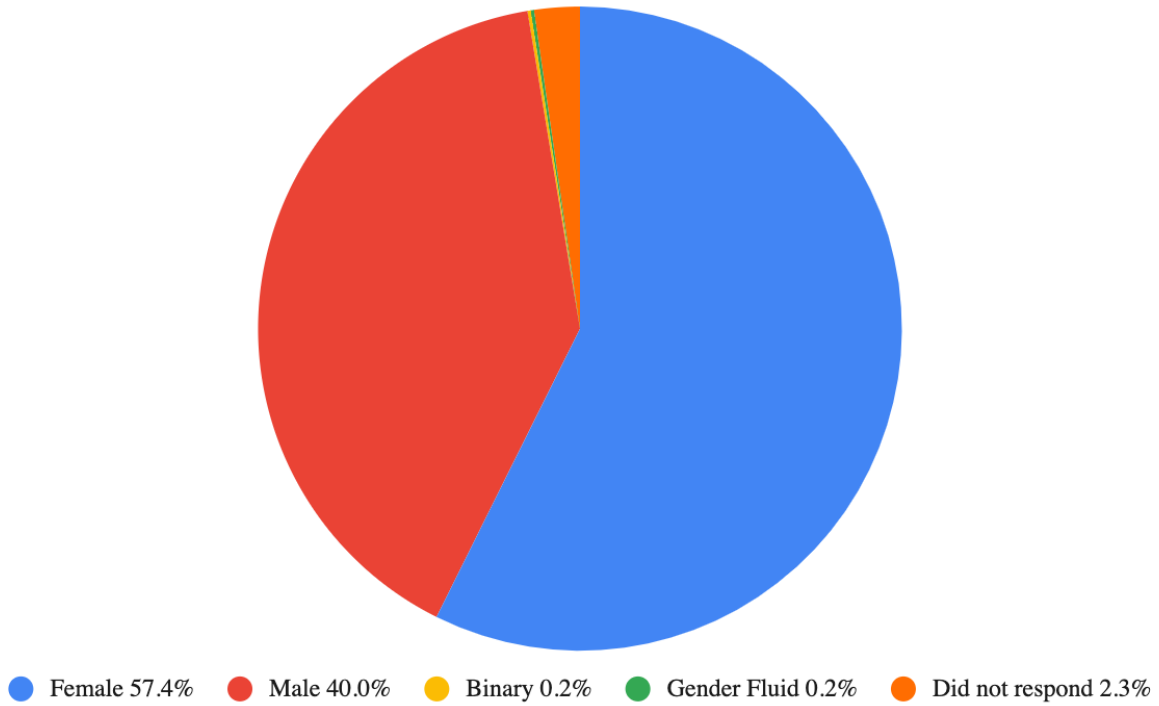


Figure 2
Race of Participants

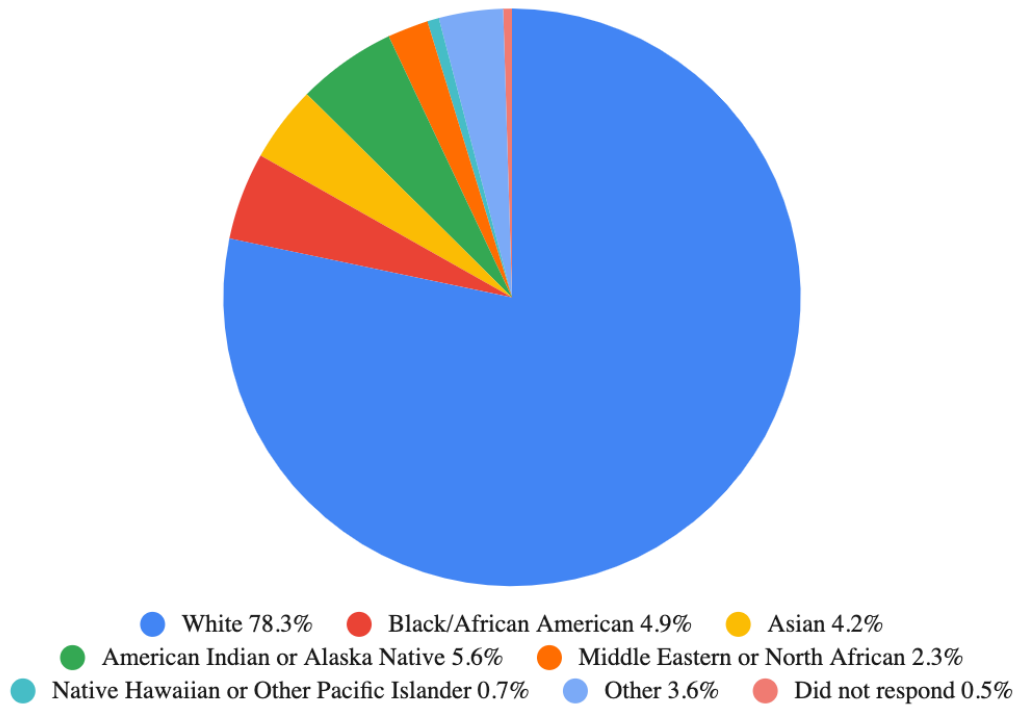


Figure 3
Participants' Religious Affiliations

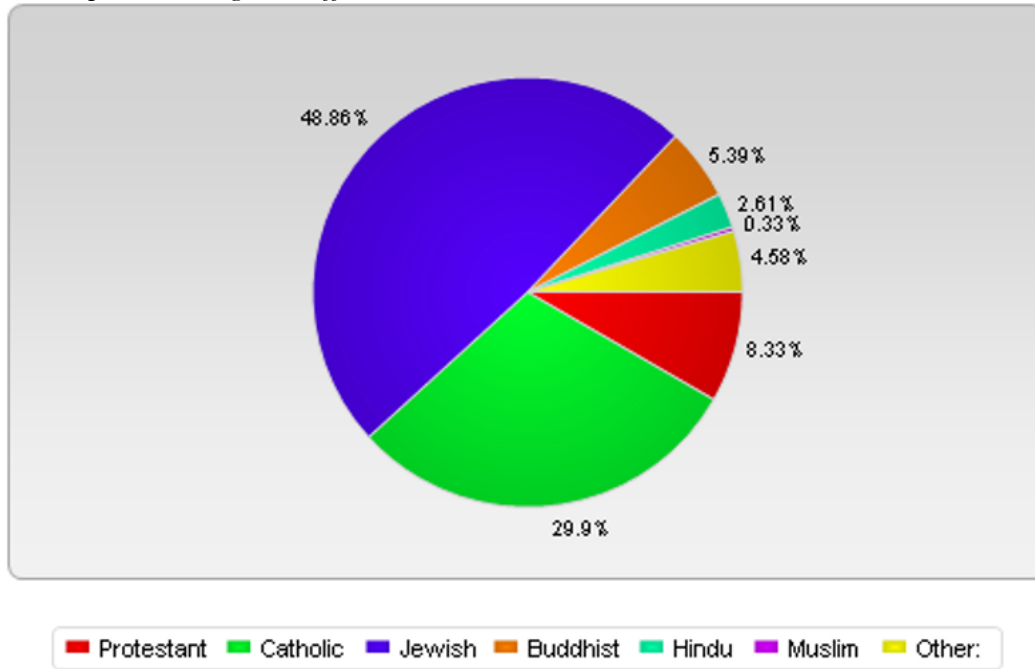
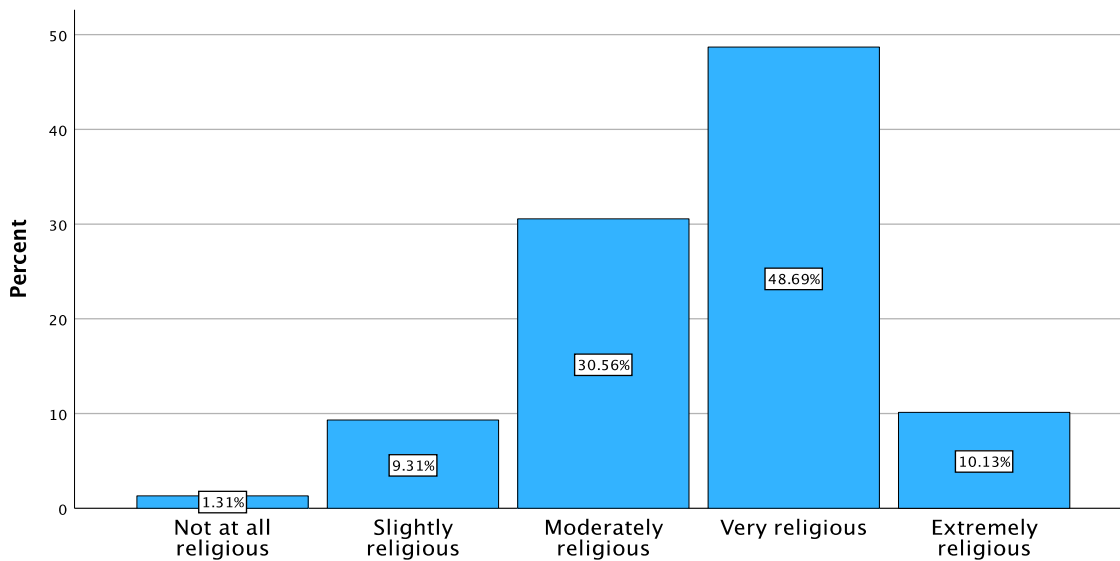
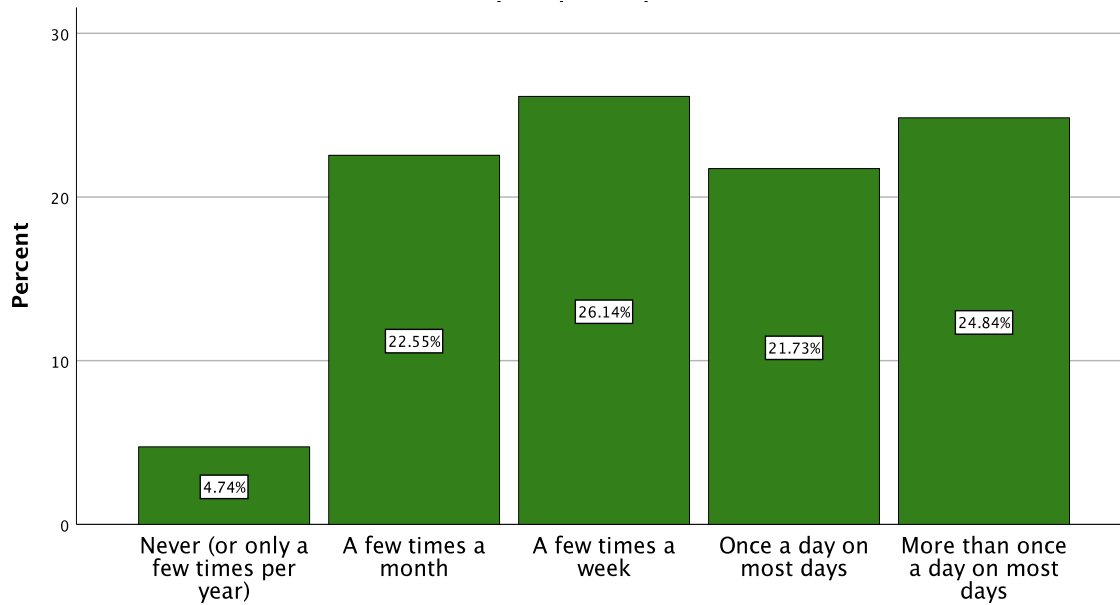


Figure 4
Self-Reported Religiosity



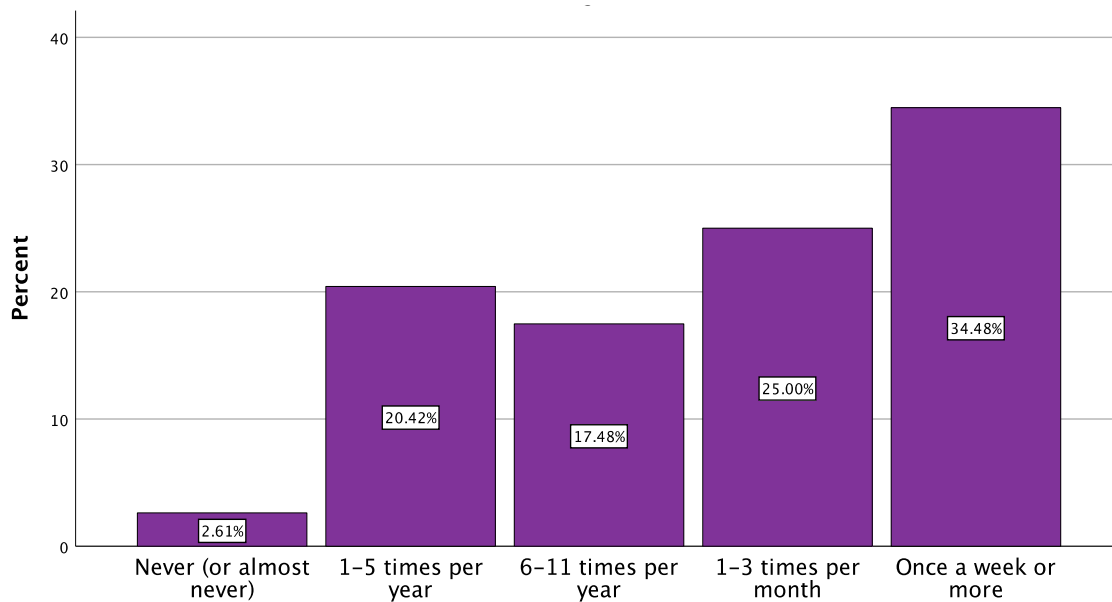
Note. Participants' self-reported level of religiosity

Figure 5
Frequency of Prayer



Note. Participants' self-reported frequency of prayer

Figure 6
Attendance at Religious Services



Note. Participants' self-reported attendance at religious services

Design

The study utilized a non-experimental, quantitative, correlational design. The study investigated the relationship between attachment style to God and anxiety, depression, and life satisfaction. The study utilized a mediational model to examine the mediating role of hope between attachment style to God and mental health outcomes.

Procedure

All procedures were approved by the Institutional Review Board. The survey began with informed consent. Subsequently, participants were presented with the demographic and religiosity questionnaires, the Attachment to God Inventory (Beck & McDonald, 2004), the Herth Hope Index (Herth, 1992), the Satisfaction with Life Scale (Diener et al., 1985), the Depression Anxiety and Stress Scale-Short Form (Lovibund & Lovibund, 1995), and then the Experiences in Close Relationships-Relationship Structures Questionnaire (ECR-RS; Fraley, Heffernan, et al., 2011).

Six mediational models were evaluated utilizing PROCESS 4.2, Model 4 (Hayes, 2017). PROCESS is statistical software that is specialized for testing certain statistical models, including mediation analysis. It can test indirect effects (i.e., mediation) using a regression-based bootstrapping approach. Bootstrapping is a non-parametric approach that does not rely on traditional statistical assumptions but can give accurate estimates by resampling the data. The program selects a large number of new samples (5,000 for the current analyses) from the original sample and makes parameter estimates for each new sample, making a new probability distribution for each parameter (Preacher & Hayes 2004).

Measures

Demographic Questionnaire. Participants were asked to provide demographic information including their gender, age, religious affiliation, and whether they believe in a God (Homan, 2014).

Religiosity Questionnaire (Nell & Rothmann, 2018). Participants were asked to rate the frequency with which they engage in prayer (1 = never or almost never, 5 = more than once a day), their frequency of attendance at religious services (1 = never, 5 = more than once a week), and self-rated religiosity (1 = not at all, 5 = extremely). This method for assessing religiosity was made to avoid a specific operational definition of religiosity, and rather, opt for a subjective description of one's perception of their level of religiosity. This means of measuring religiosity is widely accepted in social research and has been found to have good test–retest reliability and good convergent validity with multi-item measures (Dollinger & Malmquist, 2009).

Attachment to God Inventory (AGI; Beck & McDonald, 2004). This instrument was used to assess attachment style to God. The AGI is a 26-question measure that uses a 7-point Likert-type scale (1 = disagree strongly, 7 = agree strongly) to measure an individual's anxiety about abandonment and avoidance of intimacy with God. Fourteen items measure attachment-related anxiety (e.g., "I often worry about whether God is pleased with me"; "I get upset when I feel God helps others but forgets about me"), and 12 items measure attachment-related avoidance in relation to God (e.g., "I just don't feel a deep need to be close to God"; "I believe people should not depend on God for things they should do for themselves"). Higher scores on the Anxiety subscale indicate greater anxious preoccupation about one's relationship with God, and higher scores on the Avoidance subscale indicate greater avoidance of intimacy with God. More specifically, scores above four on each subscale are considered high, scores below four are

considered low, and four is considered average. The AGI demonstrated construct validity in a multi-sample study, revealing factor analyses consistent with the two-factor structure of the Experiences in Close Relationship (ECR; Brennan et al., 1998), modest to large correlations between the AGI and the ECR, and modest to large correlations between the AGI and the Relationship Questionnaire (Bartholomew & Horowitz, 1991) for Avoidance and Anxiety dimensions (Beck & McDonald, 2004). The AGI also yielded acceptable internal consistency ($\alpha = .84$ for anxiety scale and $\alpha = .86$ for avoidance scale; Homan, 2014). An additional option of not applicable was provided for those who feel they do not have a relationship with God.

Herth Hope Index (HHI; Herth, 1992). This instrument was used to assess hope. Hope was measured using the This 12-item measure uses a 4-point Likert scale (1= strongly disagree, 4= strongly agree), with higher scores on this measure indicating higher levels of hope. This scale measures hope among three dimensions, each demonstrating construct validity: temporality and future, positive readiness and expectancy, and interconnectedness (Herth, 1992). The Temporality and Future scale measures the belief that a desired outcome can be achieved, the Positive Readiness and Expectancy scale measures how confident one is regarding initiating plans to achieve the desired outcome, and the Interconnectedness scale measures one's recognition of the interdependence between the self and others (Herth, 1991). A subscale score is produced for each measured dimension, as well as a summary score (range 12–48), which was used to assess overall levels of hope. Content validity, concurrent validity, and divergent validity have been demonstrated for this measure, as well as internal consistency (Cronbach alpha at .97) and a test-retest correlation of .91 (Herth, 1992).

Satisfaction with Life Scale (Diener et al., 1985). This instrument was used to assess satisfaction with life. This 5-item measure uses a 7-point Likert-type scale (1= strongly disagree,

7= strongly agree) to assess general life satisfaction. Scores between 31 and 35 indicate extreme satisfaction with life, scores between 26 and 30 indicate satisfaction with life, scores between 21 and 25 indicate slight satisfaction with life, a score of 20 is considered neutral, scores between 15 and 19 indicate slight dissatisfaction with life, scores between 10 and 14 indicate dissatisfaction with life, and scores between five and nine indicate extreme dissatisfaction with life. This measure demonstrates strong internal consistency and ($\alpha = .90$; Diener et al., 1985; Homan, 2014), moderate to high convergent validity with other scales that assess well-being, discriminant validity ($r = -.27$; Vitaliano et al., 1991), and convergent validity ($r = -.82$; Pavot et al., 1991).

Depression Anxiety and Stress Scale-Short Form (DASS-SF; Lovibund & Lovibund, 1995). This instrument was used to assess symptoms of depression and anxiety. This 21-question measure uses a 4-point Likert-type response scale (0= did not apply to me at all, 3= applied to me very much or most of the time) and asks participants to rate each symptom based on the severity during the previous week. Seven items measure the primary symptoms of depression (e.g., “I felt that I had nothing to look forward to”, “I felt down-hearted and blue”) and seven items measure the primary symptoms of anxiety (e.g., “I was aware of dryness of my mouth,” “I was worried about situations in which I might panic and make a fool of myself”). Higher scores indicate increased risk. Score classifications include normal (0 - 9 for depression, 0 - 7 for anxiety, 0- 14 for stress), mild (10 - 13 for depression, 8 – 9 for anxiety, 15 - 18 for stress), moderate (14 - 20 for depression, 10 – 14 for anxiety, 19 - 25 for stress), severe (21 - 27 for depression, 15 – 19 for anxiety, 26 - 33 for stress), and extremely severe (28 or higher for depression, 20 or higher for anxiety, 34 or higher for stress). The DASS-SF Depression scale had a strong, positive correlation with the Beck Depression Inventory ($r = 0.82$) and the Anxiety

subscale had a strong, positive correlation with the Beck Anxiety Inventory ($r = 0.86$; Cunningham et al., 2013). Cronbach's alpha was 0.84 for the Anxiety subscale and 0.90 for the Depression subscale (Homan, 2014).

Experiences in Close Relationships-Relationship Structures Questionnaire (ECR-RS; Fraley, Heffernan, et al., 2011). This instrument was used to assess adult attachment styles to one's mother or mother-like figure. The ECR-RS is a self-report measure of attachment derived from the Experiences in Close Relationships-Revised Inventory (ECR-R; Fraley et al., 2000) to assess attachment orientation across various relationships. This nine-item measure uses a 7-point Likert scale (1=strongly disagree to 7=strongly agree) to assess attachment using two variables: attachment-related anxiety and avoidance. Attachment-related anxiety is how worried someone is that someone may reject them (e.g., "I'm afraid that this person may abandon me"), while attachment-related avoidance relates to the strategies that people use to regulate their attachment behavior in specific relational contexts, including how uncomfortable they are with closeness and dependency (e.g., "I don't feel comfortable opening up to this person"). Scores from six items are added to obtain an overall avoidance score, and scores from three items are added to obtain an overall anxiety score, with lower scores on each dimension indicative of greater attachment security. The ECR-RS demonstrates strong reliability ($\alpha = 0.85$, Fraley et al., 2011) and validity ($\alpha = 0.91$ in comparison to the ECR, Brennan et al., 1998; $\alpha = 0.90$ in comparison to the ECR-R, Fraley et al., 2000).

Results

Preliminary Analysis

The variables in this study were examined to establish the normal distribution of each variable to make sure that the data meet the assumptions necessary for correlational analyses to

be performed; all variables met these criteria. Critical ratios (Z-value) of the skewness were within ± 1.96 , also evidence of a normal distribution.

On the AGI, the mean scores on attachment anxiety to God and attachment avoidance to God fell in the average range. On the DASS-SF, the mean score for anxiety and depression also fell in the normal range. The mean score on life satisfaction on the Life Satisfaction scale was in the slight satisfaction with life range, and the mean score for hope on the HHI was in the moderately high range. The mean score for attachment anxiety to one's mother on the ECR-RS was 7.91 ($SD = 5.88$), and the mean score for attachment avoidance to one's mother on the ECR-RS was 18.82 ($SD = 8.46$). Additional descriptive statistics are presented in Table 1.

Table 1*Descriptive Statistics for Major Study Variables*

		Attachment Anxiety to God	Attachment Avoidance to God	Anxiety	Depression	Life Satisfaction	Hope	Attachment Anxiety to Mother	Attachment Avoidance to Mother
N	Valid	612	612	612	612	612	612	512	512
	Missing	0	0	0	0	0	0	100	100
Mean		51.53	51.35	7.10	7.35	24.77	37.59	7.91	18.82
Std. Error of Mean		.68	.53	.26	.26	.28	.21	.26	.37
Median		52.00	53.50	5.00	5.00	26.00	38.00	5.00	19.00
Mode		52.00	60.00	.00	.00	30.00	36.00	3.00	6.00
Std. Deviation		16.93	12.99	6.33	6.41	6.82	5.22	5.88	8.46
Variance		286.49	168.64	40.13	41.10	46.56	27.22	34.56	71.49
Skewness		.39	-.33	.54	.54	-.45	-.44	.82	.47
Std. Error of Skewness		.10	.10	.10	.10	.10	.10	.10	.11
Range		14 - 92	17 - 90	0 - 21	0 - 21	5 - 35	16-48	3 - 21	6 - 42

One-tailed Pearson correlations were calculated to determine whether self-reported religiosity was positively associated with frequency of prayer and attendance at religious services. There were significant positive correlations between self-reported religiosity, frequency of prayer, and attendance at religious services. There were large positive correlations between self-reported religiosity and frequency of prayer, and self-reported religiosity and attendance at religious services; these variables shared 32.60% and 17.47% of their variance, respectively. The correlations and their significance are presented in Table 2.

Table 2

Correlations among Religious Variables

Variables	1	2	3
1. Self-Reported Religiosity	-		
2. Frequency of Prayer	.57**	-	
3. Attendance at Religious Services	.42**	.56**	-

Note. **. Correlation is significant at the 0.01 level (1-tailed).

*. Correlation is significant at the 0.05 level (1-tailed).

There was a significant positive correlation between attachment anxiety and attachment avoidance, indicating that these two variables share about 1.69% of their variance. See Table 3 for the correlation and its significance.

Table 3*Correlations between Attachment to God and Attachment to Mother*

Variables	1	2	3	4
1. Attachment Anxiety to God	-			
2. Attachment Avoidance to God	.13**	-		
3. Attachment Avoidance to Mother	.04	.16**	-	
4. Attachment Anxiety to Mother	.50**	.19**	.38**	-

Note. **. Correlation is significant at the 0.01 level (1-tailed).

*. Correlation is significant at the 0.05 level (1-tailed).

To understand the relationship between attachment style to one's mother and attachment to God, two-tailed Pearson correlations were performed between these two variables. There was a significant positive correlation between attachment anxiety to God and attachment anxiety to one's mother, indicating that these two variables share about 24.80% of their variance. There was not a significant correlation between attachment anxiety to God and attachment avoidance to one's mother. Attachment avoidance to God showed significant positive associations with attachment anxiety to one's mother and attachment avoidance to one's mother, sharing 3.42% and 2.53% of their variance, respectively. The correlations and their significance are presented in Table 3.

Primary Analyses

To test our first hypothesis, that attachment anxiety and avoidance to God would be positively associated with anxious and depressive symptoms and inversely associated with life satisfaction, one-tailed Pearson correlations were calculated between variables. The results confirmed our hypothesis; attachment anxiety to God showed significant positive associations with anxiety and depression, respectively, sharing 30.91% and 28.4% of their variance,

respectively. Further, attachment anxiety to God showed a significant negative association with life satisfaction, indicating these two variables share .45% of their variance. The correlations and their significance are presented in Table 4.

One-tailed Pearson correlations were computed to determine the relationship between attachment avoidance to God and anxiety, depression, and life satisfaction. The results also confirmed our hypothesis. Attachment avoidance to God showed significant positive associations with anxiety and depression, respectively, sharing 3.17% and 3.39% of their variance, respectively. Moreover, attachment avoidance to God showed a significant negative association with life satisfaction, indicating these two variables share .71% of their variance. The correlations and their significance are presented in Table 4.

Notably, life satisfaction was significantly associated with depression but not anxiety. Life satisfaction and depression shared .81% of their variance, and life satisfaction and anxiety shared .23% of their variance. The correlations and their significance are presented in Table 4.

Table 4

Correlations between Major Study Variables

Variables	1	2	3	4	5	6
1. Attachment Anxiety to God	-					
2. Attachment Avoidance to God	.13**	-				
3. Hope	-.29**	-.30**	-			
4. Life Satisfaction	-.07*	-.08*	.60**	-		
5. Anxiety	.56**	.18**	-.42**	-.05	-	
6. Depression	.54**	.18**	-.45**	-.09*	.90**	-

Note. **. Correlation is significant at the 0.01 level (1-tailed).

*. Correlation is significant at the 0.05 level (1-tailed).

One-tailed Pearson correlations confirmed our hypothesis that attachment anxiety and avoidance to God show significant negative associations with hope. Additionally, it confirmed our hypothesis that hope was significantly and inversely related to anxiety and depression, respectively, and positively related to life satisfaction. Hope and anxious symptoms shared 17.22% of their variance, hope and depressive symptoms shared 20.34% of their variance, and hope and life satisfaction shared 36.24 % of their variance. The correlations and their significance are presented in Table 4.

To test our second hypothesis, whether hope mediates the effects of attachment anxiety to God on anxious symptoms, depressive symptoms, and life satisfaction, while controlling for religiosity, three separate mediational analyses were conducted ($N = 612$). The specific coefficients and significance levels are reported in Table 5.

The first two mediational analyses explored whether hope mediates the effects of anxious attachment to God on both anxiety and depression, controlling for religiosity. Both the direct and indirect effects of anxious attachment to God on both anxiety and depression were significantly positive. This suggests partial mediation, meaning hope mediates the effects but there is still a direct relation between anxious attachment to God and both anxiety and depression, after controlling for the indirect mediational effects.

The third mediational analysis to evaluate our second hypothesis explored if hope mediates the effects of anxious attachment to God on life satisfaction, while controlling for religiosity. The indirect effects of anxious attachment to God on life satisfaction were significantly negative but the direct effects were significantly positive, after controlling for the indirect effect. The reason the indirect effect was negative is because although the path from anxious attachment to hope is negative (A), like the previous models using anxiety and

depression as the outcomes, the path from hope to life satisfaction (B) is positive because life satisfaction is a positive outcome, unlike depression and anxiety. The indirect path is largely a product of paths A and B so a negative number times a positive number will always be negative. If life satisfaction had been reverse coded as life dissatisfaction the results would largely mirror those using anxiety and depression as the outcome. This is true for all analyses using life satisfaction as the outcome. This suggests partial mediation, meaning hope mediates the effects but there is still a direct relation between anxious attachment to God and life satisfaction. The pattern of results indicates that our second hypothesis was largely supported.

To test our third hypothesis, whether hope mediates the effects of attachment avoidance to God on anxious symptoms, depressive symptoms, and life satisfaction, while controlling for religiosity, an additional three separate mediational analyses were conducted. The specific coefficients and significance levels are also reported in Table 5.

The first two mediational analyses performed to test our third hypothesis explored if hope mediates the effects of attachment avoidance to God on both anxiety and depression, while controlling for religiosity. The indirect effects of attachment avoidance to God on anxiety and depression were significantly positive but the direct effects were not significant. This suggests that having an avoidant attachment style to God was positively related to depression and anxiety, but the relationship was fully mediated by hope.

The third mediational analysis performed to test our third hypothesis explored if hope mediates the effects of attachment avoidance to God on life satisfaction, while controlling for religiosity. The indirect effects of attachment avoidance to God on life satisfaction were significantly negative but the direct effects were significantly positive, after controlling for the indirect effect. This suggests partial mediation, meaning hope mediates the effects but there is

still a direct relation between avoidant attachment style to God and life satisfaction. The pattern of results indicates that our third hypothesis was largely supported.

Table 5

Standardized Effects of Hope as a Mediator Between Attachment to God and Adjustment (Anxiety, Depression, and Life Satisfaction), with religion as a covariate.

Type of Attachment to God	A	B	Total Effects	Direct Effect (C')	Indirect Effect (BCa)
Anxiety					
Anxious	-7.98**	-7.11**	16.99**	14.62**	5.25*
Avoidant	-5.96**	-9.98**	3.18**	.99	5.55*
Depression					
Anxious	-7.98**	-8.63**	16.10**	13.56**	5.98*
Avoidant	-5.96**	-11.23**	3.47**	1.07	5.85*
Life Satisfaction					
Anxious	-7.98**	18.41**	-1.76	3.58**	-7.39*
Avoidant	-5.96**	18.48**	-.74	3.45**	-5.66*

Note. $N = 612$

A = Relation of Predictor to Criterion, B = Relation of Mediator to Criterion.

In the first four columns * = $p < .05$, ** = $p < .01$, $p < .001$.

For the indirect effects in column five, one asterisk indicates that the 95% CI does not contain zero, so the results are significant.

Additional Analyses

The model was tested twice, once with only religiosity as a covariate ($N = 612$) as described in the Primary Analyses, and once including self-reported religiosity and anxious and avoidant attachment to one's mother as covariates ($N = 512$) as described below. The pattern of mediational results was similar for tests with and without attachment style to one's mother as

covariates. The six analyses performed while controlling for both religiosity and attachment style to one's mother ($N = 512$), are delineated below. These analyses are more conservative tests of each hypothesis as they are partialling out the effects of religiosity and attachment to one's mother. The specific coefficients and significance levels for this set of data are reported in Table 6.

The first two mediational analyses conducted while controlling for religiosity and attachment style to one's mother explored if hope mediates the effects of anxious attachment to God on both anxiety and depression. Both the direct and indirect effects of anxious attachment to God on both anxiety and depression were significantly positive. This suggests partial mediation, meaning hope mediates the effects but there is still a direct relation between anxious attachment to God and both anxiety and depression, after controlling for the indirect mediational effects.

The third mediational analysis conducted while controlling for religiosity and attachment style to one's mother explored if hope mediates the effects of anxious attachment to God on life satisfaction. The indirect effects of anxious attachment to God on life satisfaction were significantly negative but the direct effects were not significant. This suggests that having an anxious attachment to God was negatively related to life satisfaction, but the relation was fully mediated by hope. The pattern of results indicates that our second hypothesis was largely supported.

To test our third hypothesis, whether hope mediates the effects of attachment avoidance to God on anxious symptoms, depressive symptoms, and life satisfaction, while controlling for religiosity and attachment style to one's mother, an additional three separate mediational analyses were conducted. The specific coefficients and significance levels are reported in Table 6.

The first two mediational analyses performed to test our third hypothesis while controlling for religiosity and attachment style to one's mother explored if hope mediates the effects of attachment avoidance to God on both anxiety and depression. The indirect effects of attachment avoidance to God on anxiety and depression were both significantly positive but the direct effects were not significant. This suggests that having an attachment avoidance to God was negatively related to anxiety and depression but the relation was fully mediated by hope.

The third mediational analysis performed to test our third hypothesis while controlling for religiosity and attachment style to one's mother explored if hope mediates the effects of attachment avoidance to God on life satisfaction. The indirect effects of attachment avoidance to God on life satisfaction were significantly negative but the direct effects were significantly positive, after controlling for the indirect effect. This suggests partial mediation, meaning hope mediates the effects but there is still a direct relation between attachment avoidance to God and life satisfaction. The pattern of results indicates that our third hypothesis was largely supported.

Table 6

Standardized Effects of Hope as a Mediator Between Attachment to God and Adjustment (Anxiety, Depression, and Life Satisfaction), with attachment style to one's mother and religion as covariates.

Type of Attachment to God	A	B	Total Effects	Direct Effect (C')	Indirect Effect (BCa)
Anxiety					
Anxious	-5.12**	-3.98**	6.38**	5.43**	3.03*
Avoidant	-3.42**	-5.31**	-.49	-1.30	2.80*
Depression					
Anxious	-5.12**	-6.09**	6.29**	5.00**	3.72*
Avoidant	-3.42**	-7.30**	-.02	-1.12	2.96*
Life Satisfaction					
Anxious	-5.12**	14.88**	-3.26**	-.51	-5.16*
Avoidant	-3.42**	15.89**	.85	3.41**	-3.36*

Note. $N = 512$

A = Relation of Predictor to Criterion, B = Relation of Mediator to Criterion.

In the first four columns * = $p < .05$, ** = $p < .01$, $p < .001$.

For the indirect effects in column five, one asterisk indicates that the 95% CI does not contain zero, so the results are significant.

Discussion

The purpose of this study was to investigate the role of hope in the relationship between attachment style to God and mental health outcomes, among individuals across the religious spectrum. This investigation sought to explore whether attachment anxiety and avoidance to God are associated with anxiety, depression, and life satisfaction. Additionally, this study explored whether hope played a mediating role in the relationship between attachment style to God and

mental health outcomes. Results of this study largely supported the primary hypotheses that increased levels of attachment anxiety and attachment avoidance to God types are associated with psychological maladjustment. The findings are in line with prior research, which consistently shows that an insecure attachment style to God correlates with adverse mental health outcomes, while increased levels of hope are linked to improved psychological well-being (Besser & Zeigler-Hill, 2014; Bishop, 2008; Freeze & DiTommaso, 2014; Kennedy et al., 2009; Knabb & Pelletier, 2014; Lucette et al., 2016; Roesch et al., 2010; Rowatt & Kirkpatrick, 2002; Shorey et al., 2003; Snyder et al., 1991; Wei et al., 2012). Further, this study revealed a novel finding that this relationship is mediated by hope, such that people with increased levels of attachment anxiety or attachment avoidance to God are less likely to be hopeful, and that this lack of hopefulness mediates the effects of attachment style to God on anxiety, depression, and life satisfaction.

This study revealed several ancillary findings. The findings indicated that individuals who reported higher levels of religiosity were more likely to engage in prayer more frequently and attend religious services more regularly. These results align with previous research that has consistently demonstrated a positive association between religiosity and religious behaviors (Hill & Pargament, 2008; Koenig et al., 2001). Further, there was a significant positive correlation between attachment anxiety and attachment avoidance. This implies that individuals who experience higher levels of anxiety in their attachment to God are also more likely to exhibit higher levels of avoidance in their attachment to God. However, it is important to note that the strength of this correlation was relatively weak. In this context, the weak correlation suggests that while participants may display characteristics of a disorganized attachment style, which can include elements of both anxious and avoidant attachment styles, this relationship is not strong.

This indicates that the association between disorganized attachment and the coexistence of anxious and avoidant styles is not particularly robust or predictive in this study.

The investigation into the association between attachment style to one's mother and attachment style to God yielded results consistent with prior literature (Kirkpatrick, 1998). The significant positive correlation between attachment anxiety to God and attachment anxiety to one's mother suggests that individuals who experience higher levels of anxiety in their attachment to their mother are also likely to experience higher levels of anxiety in their attachment to God. This finding aligns with the concept of "attachment transfer," which posits that individuals may transfer their attachment patterns from early caregiver relationships to other attachment figures in their lives (Feeney, 1999). In this case, the attachment to God may mirror the attachment style individuals developed with their mother during early developmental stages. Similarly, attachment avoidance to God demonstrated significant positive associations with both attachment anxiety and attachment avoidance to one's mother. This implies that individuals who exhibit avoidance in their attachment to God are also more likely to display both anxious and avoidant tendencies in their attachment to their mother. The presence of this association suggests that there might be some common underlying mechanisms that influence attachment patterns in relationships with both God and one's mother.

Consistent with our first hypothesis, the results of this study found that individuals experiencing higher levels of attachment anxiety or attachment avoidance in their relationship with God are more likely to report heightened symptoms of anxiety and depression and greater life satisfaction. These findings align with previous research emphasizing the impact of attachment anxiety and avoidance on emotional well-being (Bishop, 2008; Freeze & DiTommaso, 2014; Knabb & Pelletier, 2014; Rowatt & Kirkpatrick, 2002; Wei et al., 2012).

Furthermore, these results revealed that individuals who experience higher levels of attachment anxiety or avoidance in their relationship with God may also report lower levels of hope. This result aligns with the notion that secure attachment relationships can promote a sense of hopefulness (Blake & Norton, 2014; Jankowski & Sandage, 2011; Snyder, 2002).

Consistent with our second hypothesis, individuals with higher levels of hope are more likely to experience lower symptoms of anxiety and depression and report greater life satisfaction. These findings support previous research that emphasizes the importance of hope in influencing mental health outcomes (Besser & Zeigler-Hill, 2014; Lucette et al., 2016; Shorey et al., 2003).

Expanding upon the existing literature, this study confirmed our second hypothesis and found that individuals with higher levels of anxious attachment to God experience increased symptoms of anxiety and depression partly due to lower levels of hope. This partial mediation indicates that while hope played a significant role in explaining the impact of attachment anxiety to God on anxiety and depression, there was still a direct relationship between these variables even after considering the mediational effects of hope. This aligns with the idea that secure attachment relationships, even with God, can foster a sense of hopefulness and contribute to psychological adjustment.

This study also revealed that hope partially mediates the effects of anxious attachment to God on life satisfaction when controlling for just religiosity. These findings suggest that individuals with higher levels of anxious attachment to God may experience increased symptoms of anxiety and depression partly due to lower levels of hope. This aligns with the idea that secure attachment relationships, even with God, can foster a sense of hopefulness and contribute to psychological adjustment.

To address our third hypothesis, this study found that hope fully mediated the effects of attachment avoidance to God on both anxiety and depression while controlling for religiosity and attachment style to one's mother. This suggests that individuals with avoidant attachment styles to God may experience higher levels of anxiety and depression primarily due to their lower levels of hope. Thus, attachment avoidance to God appears to influence anxiety and depression indirectly, through its impact on hope.

Finally, this study found that hope partially mediated the effects of attachment avoidance to God on life satisfaction while controlling for religiosity and attachment style to one's mother, as anticipated. This indicates that individuals with avoidant attachment styles to God may experience lower life satisfaction partly due to lower levels of hope. Thus, hope partially mediates the relationship between attachment avoidance to God and life satisfaction, indicating that attachment to God can influence overall life satisfaction through its impact on hope.

The mediational analyses evaluating if hope mediates the effects of anxious and avoidant attachment to God on life satisfaction, while controlling for religiosity, and the mediational analysis evaluating if hope mediates the effects of attachment avoidance to God on life satisfaction while controlling for religiosity and attachment style to one's mother, had unexpected findings. Although the negative indirect effects were consistent with analyses using anxious attachment to God and were expected, the positive direct effect between avoidant attachment style and life satisfaction was not expected. Upon further inspection, it became evident that these effects may have been artifacts of controlling for the indirect effects. Unlike the other models, there was no bivariate relation between the predictor and criterion, but these relations became positive only after controlling for the indirect effect. Although a correlation between the predictor and the criterion has traditionally been seen as a requirement to test

mediation (Baron & Kenny, 1986), later research has indicated that is not necessary to test for mediation (Shrout & Bolger, 2002). Hayes and Rockwood (2017) also indicate that when the direct effects are in the opposite direction of the indirect effects suppression or inconsistent mediation might be occurring, but this can still provide evidence of mediation.

Further, the finding that hope fully, rather than partially, mediated the effects of attachment avoidance to God on anxiety and depression was unexpected given that the bivariate correlations between attachment avoidance to God and anxiety and depression were significant. However, the bivariate correlations between these variables were weak. It is possible that the weak correlations between these variables may have been influenced by the significant indirect effects observed, rather than being solely attributed to the direct effects of attachment avoidance to God on anxiety and depression.

When controlling for maternal attachment in the analyses, some findings changed; specifically, some of the effects within the models decreased in magnitude, and others lost their statistical significance. For instance, this study found that the direct effects of anxious attachment to God on life satisfaction when controlling for religiosity and attachment style to one's mother were insignificant, whereas the indirect effects were still significant. The additional controls of attachment to mom may have minimized the effects of attachment to God on life satisfaction because attachment to God and mom were correlated, resulting in attachment to God accounting for less unique variance. In addition, the sample size was smaller, resulting in somewhat less power in the models adding attachment to mom as a covariate. However, the indirect effects remained significant in all models and the nature of these effects were consistent.

Notably, the study found significant associations between life satisfaction and depression, but not anxiety. This suggests that life satisfaction and depression share some common variance,

implying that individuals with higher levels of life satisfaction may experience reduced symptoms of depression. However, the lack of a significant correlation between life satisfaction and anxiety suggests that these two variables may not be strongly related in our sample. A plausible explanation could stem from the distinction between depression, classified as an affective disorder, and anxiety, characterized by emotional reactions in response to situations that provoke worry and stress (Berenzon et al., 2013; Revuelta et al., 2010). Life satisfaction, as opposed to “positive affect,” refers to a more enduring assessment of one's overall life, rather than the state of experiencing emotions (De Neve & Oswald, 2012). Thus, depression may be more strongly related to life satisfaction, since a negative perception of one's overall life could contribute to lower life satisfaction. However, if one is periodically anxious, they might still acknowledge a generally high life satisfaction.

This study holds significance as it demonstrates that irrespective of an individual's level of religiosity and attachment style to their mother, their attachment style to God emerges as a predictor of psychological adjustment. This predictive capacity remains noteworthy even after considering the impact of attachment to the individual's mother or level of religiosity.

Moreover, by comprehending the role of hope in the interplay between attachment style to God and mental health outcomes, evidence-based interventions aimed at fostering hope could be adapted to incorporate a spiritual dimension. These findings indicate that hope-promoting therapeutic interventions can be bolstered by addressing the spiritual dimension and relationship with God to provide individuals with a greater sense of hope to counteract attachment-driven feelings of insecurity with God, irrespective of their level of religiosity or religious affiliation (Davidson et al., 2012; Feldman & Dreher, 2012). This aligns with existing literature and meta-analytical studies that indicate that psychotherapies that incorporate spiritual elements are as effective as, if not more effective than, non-spiritually integrated psychotherapies in reducing both spiritual and non-spiritual

distress among individuals (Anderson et al. 2015; Captari et al., 2018; Gonçalves et al., 2015; Sim et al., 2021).

In conclusion, the findings of this study contribute to our understanding of the complex interplay between attachment to God, hope, and mental health outcomes. The significant associations observed between attachment style to God and mental health indicators, as well as the role of hope in mediating these relationships, highlight the potential importance of spirituality and attachment to God in influencing emotional well-being. These findings offer valuable insights for future research and therapeutic interventions aimed at promoting mental health and well-being in individuals across the religious spectrum.

This study has several limitations that warrant consideration. Firstly, it is important to note that these findings are based on the current sample and may not be representative of the entire population. This limitation arises from the online nature of the study, which tends to attract individuals with internet access and those who have a particular interest in the subject matter, introducing a potential bias. Additionally, the composition of the sample primarily consisted of individuals in their late twenties who self-identified as White, with approximately half identifying as Jewish and approximately half identifying as very religious. Secondly, the cross-sectional nature of the research design limits this study's ability to infer causality between the variables. While this study did not aim to establish causality, future studies should explore whether a secure attachment style to God leads to increased levels of hope and life satisfaction, as well as reduced levels of anxiety and depression. Such investigations would provide valuable insights into the relationship among these variables. Future longitudinal studies using a more diverse sample could provide a more comprehensive understanding of the temporal dynamics between attachment to God, hope, and mental health outcomes among different populations. Finally, the study relied on self-report measures, which may be subject to response biases, social

desirability effects, and shared method variance. Future research could incorporate multiple assessment methods to enhance the validity of the findings.

This study also had several strengths. This study achieved a large and diverse sample size, encompassing individuals from various religious affiliations and differing levels of religiosity. Further, this research employed valid and reliable measurement tools and factored in the controlling influence of religiosity and attachment to one's mother during the analyses. These study strengths enhance the validity of these findings and contribute to our understanding of the relationship between attachment style to God and mental health outcomes, by discerning the role of hope as a mediator between these variables. This provides valuable insight that can help alter hope-promoting interventions to incorporate a spiritual dimension, thereby potentially fostering more stable attachment relationships with God and enhancing the efficacy of the interventions in improving mental health outcomes.

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