

THE RELATIONSHIP BETWEEN PARENTAL ATTACHMENT, RELIGIOUS COPING,
AND SELF-ESTEEM IN KOREAN-AMERICAN ADOLESCENTS

by

Paul Roh

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Philosophy

Liberty University

2016

THE RELATIONSHIP BETWEEN PARENTAL ATTACHMENT, RELIGIOUS COPING,
AND SELF-ESTEEM IN KOREAN-AMERICAN ADOLESCENTS

by Paul Roh

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Philosophy

Liberty University, Lynchburg, VA

2016

APPROVED BY:

Victor Hinson, Ed.D., Committee Chair Date

Lisa Sosin, Ph.D., Committee Member Date

Alias Moitinho, Ph.D., Committee Member Date

ABSTRACT

This study examined the relationship between insecure parental attachment, religious coping, and self-esteem with Korean-American adolescents, investigating the mediation effect of self-esteem on the relationship between insecure attachment and negative religious coping. Two hundred sixty-one Korean-American adolescents aged 12 to 18 from Korean immigrant churches in seven states completed the survey questionnaire to assess their attachment relationship with their mother and father, religious coping strategies, and self-esteem. Correlation analysis revealed significant correlations among the variables, and multiple regression analyses were used to detect the unique variance of father attachment in negative religious coping and the mediation effect of self-esteem on the relationship between insecure parental attachment and negative religious coping. A hierarchical regression analysis revealed that insecure father attachment did not account for a unique variance in negative religious coping after controlling for insecure mother attachment and self-esteem. Multiple regression analyses detected the mediation effect of self-esteem, but found no gender difference in the relationship between parental attachment and negative religious coping.

Keywords: attachment, parental attachment, religious coping, self-esteem, Korean-American adolescents

© Paul Roh, 2016

Dedication

I dedicate this dissertation to God who always strengthens me and stays with me.

This dissertation is also dedicated to my lovely wife and daughter, my mother and parents in-law, my brother and sisters, and all my supportive family members.

Acknowledgements

First and foremost, I would like to thank God, because it could not be possible for me to complete this long journey without His grace and everlasting love. Through this long academic journey, I have experienced that God always takes care of me as my heavenly father.

I would like to give special thanks to my committee chair, Dr. Victor Hinson. It was a blessing for me to have a wonderful mentor like him. I appreciate his constant support, guidance, wisdom, and encouragement. Dr. Hinson as my teacher, counselor, and friend guided and encouraged me to accomplish this dissertation journey. I am also thankful for my readers, Dr. Lisa Sosin and Dr. Elias Moitinho. I acknowledge that Dr. Sosin's guidance and insight contributed to the development and quality of this research, and Dr. Moitinho provided me with valuable feedback and guidance. I am grateful that I received support academically and emotionally from my wonderful committee. I would like to acknowledge and thank Dr. Daiho Um as my statistician who helped me understand statistical knowledge and complete the analysis part of this project.

I am also honored to have all my supporters who prayed and encouraged me to finish this academic journey. I would like to express gratitude to all the churches and their members who prayed and supported me: Sam Kwang Church in Seoul (Rev. Nam Yong Sung), Sung Do Church in Seoul (Rev. Bok Jo Koo), Light and Salt Church in Charlottesville (Rev. Young Chan Kim), Cheltenham Presbyterian Church in Philadelphia (Rev. Jung Kwon Choi). I also would like to thank Tess Stockslager, director of the Graduate Writing Center, and all the staff who supported and encouraged me wholeheartedly. I am grateful that I have wonderful colleagues and friends who have constantly prayed and encouraged me: Dr. Dae Woon Cho, Dr. Jinse Kim,

Dr. Jae Duk Kim, Sung Hoon Kim (Ph.D. Candidate), Sally Goh (Ph.D. Candidate), Jang Soon Lim, and Rev. Myung Kwon Mun.

Finally, I would like to thank my family who always love and support me financially and spiritually throughout this journey. I am deeply grateful to my father, Rev. Dong Jin Roh who is now in heaven, my mother, Joong Shim Kim, my father in-law, Byung Kwon Ahn, my mother in-law, Seung Hyun Lee, and my sisters and brother for their unconditional love and support. I was able to go through every difficult step with their prayer and encouragement. In particular, I cannot find words to express my gratitude to my beloved wife, Mikyung Ahn who has trusted and encouraged me all the time. I am sure that I could not accomplish this long journey without her sacrifice, commitment, and support. I am also thankful for my only daughter, Herim who has been our joy and happiness in tough times.

I would like to thank and bless all who supported me, prayed for me, and participated in the study. Thank You Lord again for your abundant love and grace.

TABLE OF CONTENTS

Abstract.....	ii
Dedication.....	iv
Acknowledgement.....	v
List of Tables.....	xii
List of Figures.....	xiii
 CHAPTER ONE: INTRODUCTION.....	 1
Background of the Problem	2
Religious Coping	2
Attachment and Religious Coping	4
Purpose of the Study	7
Theoretical Framework	8
Attachment Theory in Coping and Adjustment	8
Religion and Coping	9
Role of Self-Esteem	10
Research Questions	12
Significance of the Study	13
Limitations and Assumptions of the Study	15
Terms and Definitions.....	17
Summary	20
 CHAPTER TWO: LITERATURE REVIEW	 22
Overview	22

Attachment Theory	23
Attachment Patterns	30
Internal Working Models	42
Attachment in Adolescence	48
Maternal and Paternal Attachment.....	52
Attachment and the Image of God.....	55
Attachment Styles and Coping.....	59
Religious Coping	64
Positive and Negative Religious Coping Strategies.....	69
Attachment and Religious Coping Strategies	71
Self-esteem.....	74
Self-esteem in Adolescence	74
Attachment and Self-esteem	75
Self-esteem and Coping	78
Korean-American Adolescents	80
Korean-American Families in the United States	80
Characteristics of Korean-American Adolescents	82
Korean-American Parents	84
Religiosity of Korean-American Adolescents	87
CHAPTER THREE: METHODOLOGY	92
Research Design.....	92
Selection of Participants	93
Ethical Considerations	95

Research Questions and Hypotheses	96
Research Question One and Associated Hypotheses	96
Research Question Two and Associated Hypothesis	96
Research Question Three and Associated Hypothesis	97
Research Question Four and Associated Hypothesis.....	97
Data Analysis Procedures	97
Measures	98
Demographic and Family Background Questionnaire.....	98
Mother and Father Attachment: Experience in Close Relationships-Revised (ECR-R)...	99
Religious Coping Strategies: The Brief Religious Coping Questionnaire (The Brief RCOPE)	100
Self-Esteem: The Rosenberg Self-Esteem Scale (RSES)	103
Summary	104
 CHAPTER FOUR: RESULTS	 106
Preliminary Analyses	106
Descriptive Statistics of Demographic Data	106
Descriptive Statistics of Measurements	110
Results.....	111
Research Question One and Associated Hypotheses.....	111
Research Question Two and Associated Hypothesis.....	114
Research Question Three and Associated Hypothesis.....	116
Research Question Four and Associated Hypothesis	121
Summary	124

CHAPTER FIVE: SUMMARY, CONCLUSION, AND RECOMMENDATIONS.....	126
Summary of Findings.....	127
Research Question 1 and Hypotheses 1-4.....	127
Research Question 2 and Hypothesis 5.....	128
Research Question 3 and Hypothesis 6.....	129
Research Question 4 and Hypothesis 7.....	129
Conclusion	130
The Relationship between Parental Attachment and Religious Coping in Korean- American Adolescents	130
Maternal and Paternal Attachment in Adolescence	131
The Relationship between Parental Attachment and Self-esteem	132
The Mediation Effect of Self-esteem.....	132
Gender Differences in Self-esteem and Parental Attachment in Adolescence	133
Implications.....	134
Limitations	136
Recommendations.....	138
Summary	139
REFERENCES	141
APPENDIXES	192
Appendix A: Survey Invitation Letter for Parents	192
Appendix B: Research Permission Letter for church	194
Appendix C: Parental Consent Form	195

Appendix D: Student Consent Form.....	200
Appendix E: Instruction for the Facilitators	201
Appendix F: Demographic Questionnaire	203

List of Tables

Table 1: Attachment Style Terms in Childhood and Adulthood.....	42
Table 2: Various Patterns of Religious Coping Strategies.....	67
Table 3: Positive and Negative Religious Coping Strategies in the Brief RCOPE.....	103
Table 4: Demographic Characteristics of the Sample.....	108
Table 5: Descriptive Statistics of the Variable.....	111
Table 6: Correlations Between Parental Attachment, Religious Coping, and Self-esteem.....	113
Table 7: Hierarchical Regression Predicting the Unique Variances on Negative Religious Coping.....	114
Table 8: Beta Weights of the Variables in Step 3.....	116
Table 9: Regression Models for Insecure Attachment to Mother.....	118
Table 10: Regression Models for Insecure Attachment to Father.....	120
Table 11: Multiple Regression for Moderating Effect of Gender on the Relationship between Insecure Attachment to Mother and Negative Religious Coping.....	123
Table 12: Multiple Regression for Moderating Effect of Gender on the Relationship between Insecure Attachment to Father and Negative Religious Coping.....	124

List of Figures

Figure 1: The hypothesized path model of the study.....	13
Figure 2: A path model of negative religious coping (anxious attachment to other)	118
Figure 2.1: A path model of negative religious coping (avoidant attachment to mother)	119
Figure 3: A path model of negative religious coping (anxious attachment to father)	121
Figure 3.1: A path model of negative religious coping (avoidant attachment to father)	121

CHAPTER ONE: INTRODUCTION

The attachment relationship between parent and child is associated with an individual's physical (Feeney, 2000; McWilliams & Bailey, 2010), psychological (Arbona & Power, 2003; Kobak & Sceery, 1988, Raque-Bogdan, Ericson, Jackson, Martin, & Bryan, 2011; Riggs, 2010) social (Kafetsios & Sideridis, 2006; Florian, Mikulincer, & Bucholtz, 1995), and spiritual well-being (Belavich & Pargament, 2002; Kirkpatrick & Shaver, 1990, Kirkpatrick, 1999) throughout the life span. Attachment theory emphasizes the importance of the early emotional bond between parent and child, and proposes how people develop their relationships with others and views of themselves through their attachment history (Bowlby, 1969, 1982; Ainsworth, 1979). The literature shows that secure attachment in childhood is a significant factor for effective coping with stressful life events and a positive view of self (Byng-Hall, 2008; Karen, 1998; Smith et al., 2012; Wallin, 2007).

In terms of psychological and spiritual well-being, the parental attachment relationship in childhood is linked to coping (Greenberger & McLaughlin, 1988; Kobak & Sceery, 1988; Steele & Steele, 2008) and religiosity (Granqvist, 1998; Kirkpatrick & Shaver, 1990; Kirkpatrick, 1999). Research indicates that secure attachment is significantly associated with particular religious coping strategies (Belavich & Pargament, 2002; Granqvist, 2005). However, previous studies exploring the relationship between attachment and religious coping strategies in adolescents are limited (Belavich & Pargament, 2002; Corsini, 2009; Granqvist, 2005; Schottenbauer et al., 2006). No previous studies focusing on attachment and religious coping strategies in Korean-American adolescents have been done. The present study examines whether there is a mediating effect of self-esteem on the relationship between parental attachment and

particular religious coping strategies among the population of Korean-American adolescents in the United States.

This chapter presents an introduction to this study. First, the background of the problem is provided, with a focus on the importance of religious coping and the link between attachment and religious coping. Second, the purpose of the study is outlined. Third, theoretical foundations for key elements, such as attachment, religious coping, and self-esteem are presented in the form of theoretical framework. Fourth, and finally, the research questions guiding the study, the significance of this project, limitations and assumptions regarding the design, and the definitions of the terms used in this study are given.

Background of the Problem

Religious Coping

According to a Baylor religion survey in 2005 (Baylor University, 2005), over 80% of Americans report that they are religious and 75% believe in the existence of God and pray at least once a week (Martinez, Smith, & Barlow, 2007). Religion plays an important role in coping with psychological distress, such as depression (Koenig et al., 1995), bereavement (Park & Cohen, 1993), trauma (Sigmund, 2003) and physical illness (Hood, Hill, & Spilka, 2009; Monroe & Schwab, 2009; Pargament, Koenig, & Perez, 2000). Pargament (1990) argued that religion is a part of the coping process and a product of the coping process. Pargament et al. (1990) examined the roles of religious coping with a sample of 586 Christians and found that people often use religion as their coping strategy by relying on God as a supportive partner, reframing their pain and tragedies as God's will, and participating in religious activities. Studies indicate that religious clients who are willing to discuss spiritual issues and who are willing to

participate in religious activities are more likely to report positive therapeutic outcomes (Krok, 2008; Worthington & Aten, 2009).

Religion and religious activities are important parts of recovery. Studies show that there is a significant association between religious coping and various types of stressors, such as cancer (Nairn & Merluzzi, 2003; Zwingmann, Wirtz, Müller, Körber, & Murken, 2006), chronic pain (Bush et al., 1999; Dunn, & Horgas, 2004), the Human Immunodeficiency Virus (HIV) /Acquired Immune Deficiency Syndrome (AIDS) (Pargament, McCarthy, & Shah, 2004; Siegel & Schrimshaw, 2002; Trevino et al., 2010), depression (Bosworth et al., 2003; Koenig, Cohen, Blazer, & Pieper, 1992), bereavement (Anderson, Marwit, Vandenberg, & Chibnall, 2005), and Post Traumatic Stress Disorder (PTSD) (Fallot & Heckman, 2005; Harris et al., 2008). In a review of literature on spirituality, Sigmund (2003) found that women with a high level of spirituality displayed fewer unpleasant thoughts and anger, and spiritual interventions and activities helped many female survivors of sexual abuse overcome negative thoughts about self and God through their religious faith and activities. Findings suggest that positive religious coping is significantly associated with better functioning, adjustment (Harris et al., 2008), and coping with the stressful situations (Ano & Vasconcelles, 2005).

Most of the previous research exploring religious coping focuses on the adult population. However, there are some previous studies on adolescents and the relationship between religious coping and psychological illnesses. Themes found in this literature include suicidal behavior (Molock, Puri, Matlin, & Barksdale, 2006), depressive symptoms (Carleton, Esparza, Carpenter, Laney, & Mezulis, 2012; Thaxter, & Grant, 2008), positive and negative affect (Van Dyke, Glenwick, Cecero, & Kim, 2009), autism (Tarakeshwar & Pargament, 2001), and behavioral problems (Eisenberg et al., 2011). The findings reveal that religious coping is also significantly

related to adolescents' psychological functioning and adjustment. Research on the impact of religious coping and adolescents is an emerging area of study (Eisenberg et al., 2011; Pargament et al., 1990). To date, no studies have examined the effect of specific religious coping strategies in adolescents.

According to Schottenbauer et al. (2006), more research with various age and ethnic groups in the area of religious coping is needed. This study addresses this need with the goal of comparing and contrasting previous conclusions and expanding them.

Attachment and Religious Coping

Religious coping styles are linked to attachment to parents and God (Belavich & Pargament, 2002; Davis, Hook, & Worthington Jr, 2008; Granqvist, 2005). Religious people focus on their relationship with God, and God often is an attachment figure for believers (Kirkpatrick, 1999). Kirkpatrick (1999) notes that secure attachment to God prevents or reduces fear, anxiety, and loneliness. He asserts that secure attachment to God may create positive outcomes in psychological well-being, and there is a significant relationship between religious belief and attachment processes. Additionally, relationships with important caregivers or loved ones, such as spouse and parents, affect one's image of God as an attachment figure; for example, many victims of sexual and physical abuse have a distorted image of God viewing Him as angry, unfair, and frightening (Kirkpatrick, 1999; Walker, Reese, Hughes, & Troskie, 2010).

Seeking religious support or a secure relationship with God is associated with a person's attachment style (Kirkpatrick, 1997). Kirkpatrick (1997) investigated the relationship between adult attachment and religious belief and behavior through a longitudinal study of 146 women over a 51 month period. The study measured the participants' adult attachment styles through an adult attachment relationship assessment developed by Hazan and Saver (1987) and seven

religious variables: Changed Churches, Changed Denominations, Had Religious Experiences/Conversion, Born Again, Spoke in Tongues, Found New Relationship with God, and Lost Faith in God). The results showed that insecurely attached women (both avoidant and ambivalent) were more likely to report Finding a New Relationship with God than secure women and that ambivalent women were more likely to report religious experiences or conversion than avoidant and secure women.

Kirkpatrick (1998) did a similar study with a different measure of adult attachment developed by Bartholomew and Horowitz (1991) and a sample of 297 college students, including various religious measures, for two academic years. The results supported previous research findings that participants with a negative view of self and positive view of others (preoccupied and fearful/avoidant attachment) display higher scores on religiosity, the image of a loving God, and a personal relationship with God than those with a positive view of self (secure and dismissing/avoidant attachment). Based on these findings, Kirkpatrick (1999) concluded that people with a negative view of self and a positive view of others are more likely to seek God as a secure attachment figure, and to have dramatic religious changes and that attachment processes contribute to a person's religious belief and behavior.

Studies support that a person's religious beliefs and conversion are significantly related to attachment relationships in childhood (Granqvist & Hagekull, 1999; Granqvist & Kirkpatrick, 2004). For example, Granqvist and Hagekull (1999) investigated the effect of insecure attachment in childhood on sudden religious conversion or intense religious changes with 156 college students in Sweden by measuring parent's religiosity, participant's religiosity, and attachment to parents. The four religious variables included maternal religious activity, paternal religious activity, religious change, and sudden religious conversion. The study found that

insecure attachment to parents is positively related to sudden religious conversion and changes.

Examining the relationship between religious conversion and attachment history in childhood through a meta-analysis of eleven studies, Granqvist and Kirkpatrick (2004) concluded that secure attachment is associated with gradual religious changes while insecure attachment is associated with sudden religious conversion.

Along these lines, Granqvist (2002) conducted the first cross-sectional and longitudinal study on the association between perceived parental attachment and adolescents' religiosity, by asking if "religion is important/unimportant to me" (Granqvist, 2002, p.264). At time one, 196 adolescents (mean (M) age = 16 years) were measured and 143 out of the original sample participated 15 months later at time two. Participants were recruited from a Christian institution and secondary school classes in Stockholm, Sweden. Measurements assessed attachment to both father and to mother, peer attachment, and religiosity. Findings were that insecure attachment to mothers was positively associated with increased religiosity and that insecure attachment to father and to peers was not associated with religious changes.

Reinert and Edwards (2009) also examined the relationship between attachment to parents and religiosity (attachment to God and concepts of God) by controlling for verbal, physical, and sexual mistreatment in childhood. One hundred fifty college students were assessed for attachment styles, concepts of God (loving, controlling, and distant God), attachment to God, and maltreatment in childhood. More than 85% of participants reported that they were affiliated with a religion, including Protestant (43.3%), Catholic (27.3%), and Jewish (15.3). Study findings were that children with a history of secure attachment to parents are likely to display a secure attachment relationship to God. These studies were meaningful in

investigating the relationship between attachment and religiosity; however, they focused mainly on general religiosity, not religious coping strategies.

Corsini (2009) focused on adult attachment and religious coping strategies, instead of general religiosity only, with a population of college students and examined the relationship between religious coping strategies, attachment beliefs, and emotional regulation. The study measured participants' romantic relationships, attachment to God, religious coping strategies, and emotional regulation. This correlation study found a significant relationship between adult attachment relationships and particular religious coping strategies, reporting that insecure attachment, such as attachment anxiety and attachment avoidance, was negatively related to collaborative religious coping strategies and that attachment avoidance was positively related to self-directing religious coping strategies. One limitation of the study was the sample population and the adult attachment measurement. The study focused on an adult population and romantic attachment relationship. Thus, Corsini (2009) suggests that more research with other age groups and religious background is needed. The present study addresses this need by focusing on the link between parental attachment and religious coping strategies in Korean-American adolescents.

Purpose of the Study

The purpose of this study is to examine the relationship between parental attachment, religious coping strategies, and self-esteem in Korean-American adolescents in the United States, investigating the mediating role of self-esteem in the relationship. Previous research on the relationship between parental attachment and religiosity indicates that parental attachment plays an important role in one's religiosity and concepts of God based on attachment theory (Belavich & Pargament, 2002; Kirkpatrick, 1999; Granqvist, 2002, 2005). The present study focuses on

religious coping strategies of adolescents according to their parental attachment styles, particularly insecure attachment styles, such as anxious and avoidant attachment to parents. Additionally, it examines adolescents' gender difference between maternal and paternal attachment regarding religious coping. Finally, it investigates whether there is a mediating effect of self-esteem between attachment and religious coping strategies in the Korean-American adolescents. As indicated above, such exploration has been encouraged in previous empirical literature.

Theoretical Framework

Attachment Theory in Coping and Adjustment

Attachment theory highlights the importance of secure attachment in infancy and childhood in coping and adjusting to a new environment by illustrating infants' basic desires for safety and protection (Ainsworth, 1985; Bowlby, 1969). According to Bowlby (1969), the attachment behavior system is activated during stressful situations, such as separation from a caregiver or new environment, and infants develop their own coping strategies, such as seeking support from caregivers or ignoring others.

Securely attached individuals are more likely to display the ability to explore a new environment and build a positive relationship with others (Bowlby, 1969; Hazan & Shaver, 1987). Bowlby (1969) argued that securely attached individuals tend to have a positive perspective of self and others, and the positive perception contributes to positive coping strategies (Howard & Medway, 2004; Ognibene & Collins, 1998). Attachment relationship in childhood leads individuals to form a prototype for later relationships with significant others. Bowlby (1973) argued that the internal working models of self and others, which interpret self and others as valued or unworthy, affect an individual's coping strategy. Individuals develop

their own internal working models through their attachment relationships with parents, peers, and romantic partners (Bretherton, 2005; Wallin, 2007). Studies indicate that securely attached individuals with a positive internal working model are more likely to display better psychological functioning in terms of affect regulation (Kobak & Sceery, 1988) and overall adjustment (Verschueren & Marcoen, 1996). In addition, securely attached individuals have fewer symptoms of depression (Marganska, Gallagher, & Miranda, 2013).

An individual's attachment style is an important predictor of coping and adjustment strategies for many types of stress including acculturative stress (Belizaire & Fuertes, 2011), trauma-related stress (Gore-Felton, 2013), and psychological stress related to parenting (Hobdy et al., 2007). Many studies have investigated attachment styles as predictors of mental health and coping strategies in adolescents who experience stressful situations, such as institutionalization (Mota & Matos, 2013), depressive symptoms (Gaylord-Harden, Taylor, Campbell, Kesselring, & Grant, 2009) and conflict with mother (Liu & Huang, 2012). The findings of these studies highlight the contribution of secure attachment in relationships and coping and illustrate how individuals respond to stressful situations by developing their own coping strategies.

Religion and Coping

Religion serves as a resource for coping with various types of pain and suffering by providing people with hope, comfort, acceptance, and strength (Siegel, Anderman, & Schrimshaw, 2001). Moreover, religion plays an important role in dealing with stressors and helps individuals in their pursuit of meaning of life. One of the benefits of religion is that it gives people significant relationships and social support from religious groups. The literature shows that people with religious support are more likely to report lower levels of depressive

symptoms, less emotional distress, and better psychological adjustment (Hood, Hill, & Spilka, 2009; Park, 2005).

Researchers did not consider religion an important factor for physical and mental health until the 1980s, although theologians and religious leaders regarded it as an important resource for healing (Koenig, Larson, & Larson, 2001). In recent decades, research explored the positive connection between religion and physical and mental health (Hood, Hill, & Spilka, 2009). For example, Koenig et al. (2001) investigated the relationship between religion and physical illness in coping and physical health by examining the findings of previous studies on religion and coping. The study demonstrated that religious involvement contributed to rapid reduction in symptoms of depression and anxiety and improvement in immune functioning among physically chronic patients.

According to Park (2005), religion functions as a critical coping strategy by helping people to reappraise the meaning of a stressful situation. As a meaning-making coping strategy, religion contributes to stress-related growth, including closeness to God, growth of faith, and active engagement in religious activities (Park, 2005). For instance, individuals tend to question why a natural disaster or tragedy occurs when they experience severe adversity or personal crisis. People struggle with understanding their tragedies and finding the meaning of incidents by relying on religion. The process of finding meaning is a critical role of religion, and it can help people build constructive coping behavior (Hood, Hill, & Spilka, 2009).

Role of Self-Esteem

Generally, self-esteem refers to an individual's overall evaluation and attitude toward the self (Rosenberg, Schooler, Schoenbach, & Rosenberg, 1995). Self-esteem plays an important role as an internal factor in coping with depression and psychological distress in adolescence

(Dumont & Provost, 1999) and serves as a protective resource to help an individual deal with emotional distress, such as rejection and failure (Zeigler-Hill, 2013). Studies on self-esteem reveal the roles of self-esteem in psychological dysfunctions and mental illness, including binge eating (Isnard et al., 2003), schizophrenia (Barrowclough et al., 2003), depression (Dumont & Provost, 1999), and antisocial behavior (Donnellan, Trzesniewski, Robins, Moffitt, & Caspi, 2005). These studies support previous finding that individuals with high self-esteem display fewer psychopathological symptoms and more active coping strategies with stressful situations.

Individuals with high self-esteem are more likely to positively cope with negative life events or experiences than those with low self-esteem (Gecas, 1982). According to Zeigler-Hill (2011), self-esteem is associated with the development and expression of psychopathology and there is a relationship between self-esteem and psychopathology through a stress-buffering model of high self-esteem and the vulnerability model of low self-esteem. The stress-buffering model emphasizes the protective function of self-esteem as a coping resource. On the other hand, the vulnerability model of low self-esteem demonstrates that individuals with low self-esteem are more likely to be vulnerable to the consequences of negative events and stress (Zeigler-Hill, 2011). Likewise, individuals with high self-esteem are likely to adopt problem-solving strategies rather than avoidance strategies because they perceive themselves as competent and capable of dealing with their stressful situations or problems (Dumont & Provost, 1999; Martyn-Nemeth, Penckofer, Gulanick, Velsor-Friedrich, & Bryant, 2009). As the literature indicates, self-esteem is an important predictor of active coping and is associated with coping strategies.

This study is grounded on the theoretical foundations described above. Attachment theory argues that attachment relationships contribute to developing a person's coping strategies

and mental representations of self and others (Bowlby, 1969). Studies show that secure attachment is associated with positive coping and a positive view of self and others (Howard & Medway, 2004; Ognibene & Collins, 1998) by providing evidence for the link between attachment, religious coping, and self-esteem (Kobak & Sceery, 1988; Marganska et al., 2013; Verschueren & Marcoen, 1996). Religion functions as a coping resource, and research also indicate that attachment relationships are correlated to religious coping (Granqvist, 2002; 2003). While the role of self-esteem in psychological distress is revealed (Dumont & Provost, 1999), this study explores the mediating role of self-esteem between parental attachment and religious coping with a non-clinical sample of Korean-American adolescents.

Research Questions

The present study attempts to answer the following questions: First, is there a significant relationship between insecure parental attachment, negative religious coping strategies, and self-esteem? Second, is there a significant difference between mother attachment and father attachment in terms of developing negative religious coping strategies in Korean-American adolescents? Third, does self-esteem play a mediating role in the relationship between insecure parental attachment and negative religious coping? Fourth, is there an adolescent gender difference between maternal attachment and paternal attachment regarding religious coping strategies? As illustrated in Figure 1, this study basically examines the relationship between parental attachment, religious coping, and self-esteem in Korean-American adolescents and tests the hypothesis that self-esteem will play a mediating role in the relationship between parental attachment and religious coping; additionally, the study investigates the moderating effect of adolescent gender in the relationship.

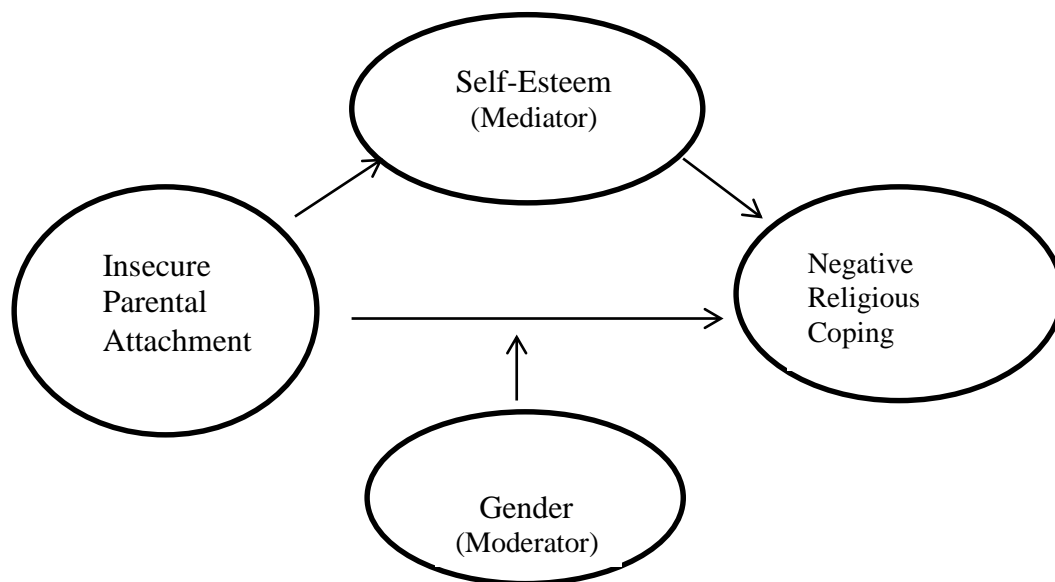


Figure 1. The hypothesized path model of the study

Significance of the Study

This study investigates the relationship between parental attachment and religious coping strategies in Korean-American adolescents. Research indicates that an individual's attachment history is associated with the person's religiosity or image of God (Kirkpatrick, 1992, 1999; Kirkpatrick & Shaver, 1990; Granqvist, 2002, 2003; Reinert, Edwards, & Hendrix, 2009). However, there is little research on the connection between attachment and religious coping strategies; albeit several studies focused on adult attachment relationships and used adult participants (Belavich & Pargament, 2002; Granqvist, 2005; Schottenbauer et al., 2006). This study is unique in providing the first empirical exploration of the connection between parental attachment and religious coping strategies in Korean-American adolescents.

This study is significant by examining attachment styles and religious coping strategies of Korean-American adolescents living in the United States. There has been no attempt to investigate the relationship between attachment and religious coping strategies of Korean-American adolescents. Previous studies have focused only on the general religious coping of African-American adolescents (Molock et al., 2006), European adolescents (Talik, 2013) and Hispanic-American adolescents (Van Dyke et al., 2009). In addition, it can provide a cross-cultural perspective on the connection between attachment and religious coping in Korean-American adolescents. Asian-American adolescents experience psychological distress from acculturation problems, a generational gap between the first immigrant generation parents and the second generation children, and/or traditional Asian parenting (Park & Bernstein, 2008; Yeh, et al., 2005). Among Asian ethnic groups, the majority of Korean immigrant families are affiliated with local Korean immigrant churches, and their children also are involved in many religious activities (Lee & Mock, 2005; You, 2005). Therefore, the findings of this study can help mental health professionals, pastoral counselors, and youth ministers understand the dynamics of attachment and religious coping to support effective work with Korean-American adolescents.

This study is also noteworthy in that it explores the mediating role of self-esteem in the relationship between attachment and religious coping strategies in adolescence. Research indicates that low self-esteem in adolescence is associated with physical and psychological health problems (Trzesniewski et al., 2006) and that self-esteem plays a mediating role in the relationship between attachment and various variables, such as career decision (Emmanuelle, 2009) and depressive symptoms (Kamkar, Doyle, & Markiewicz, 2012). Many studies report that a person's self-esteem is linked to his or her attachment history (Doyle & Markiewicz, 2005),

that parental attachment in adolescence may be a significant contributing factor in developing self-esteem (Paterson, Pryor, & Field, 1995) and positive coping strategies (Chapman & Mullis, 1999; Utsey, Ponterotto, Reynolds, & Cancelli, 2000). Although previous studies examine the relationship between religiosity and self-esteem (Krause, 1995; Jones & Francis, 1996; Smith, Weigert, & Thomas, 1979), no research to date has explored the relationship between self-esteem, attachment, and religious coping in Korean-American adolescents. Therefore, this study is the first attempt to investigate the mediating role of self-esteem in the relationship between parental attachment and religious coping strategies with a non-clinical sample of Korean-American adolescents.

Limitations and Assumptions of the Study

Regarding the limitations, first, the findings of the study are limited to Korean-American adolescents living in United States; thus, the findings may not be generalized to other ethnic groups, which have different cultural or religious backgrounds, such as African-American and Hispanic-American adolescents because Korean-American families have unique cultural and religious backgrounds compared to other ethnic groups.

Second, a limitation of the study is reliance on self-report measurements. Although this study will use a standardized measurement that reports good reliability and validity to assess participants' attachment styles, the accuracy of assessing an adolescent's attachment style through a self-report measurement can be limited. Assessing a person's overall attachment style requires observing various dimensions, such as cognitive, behavioral, and relational areas between parent and child. However, since this study relies only on the participants' perceived attachment relationship, the overall assessment of attachment can be limited. In addition,

inaccurate self-reporting or responses from the participants may occur due to a lack of attention, motivation, and cognitive ability.

Third, this cross-sectional study collects data at only one point in time from Korean-American adolescents between ages 12 and 18. Although the population is homogeneous, the findings will be limited to a particular age group of Korean-American adolescents. A longitudinal study is preferable to detect the stability or changes of attachment in adolescents.

Regarding the responses of the participants, the assumption of the study is that the Korean-American adolescent participants respond to the questions with honesty and integrity. The researcher informed the participants that the participation of the study was voluntary and anonymous and would not affect the relationship between participants and the participating churches. In addition, the survey questionnaire did not ask the participants to provide identifying information about themselves. Therefore, the researcher assumes that participants are not be affected by social desirability in their responses.

With respect to attachment styles, the primary assumption is that the Korean-American adolescents may report similar patterns of attachment stipulated under the attachment theory (Bowlby, 1962; Bartholomew & Horowitz, 1991), although the theory was developed from a Western population. Yum and Li (2007) found that different ethnic groups displayed similar attachment style patterns according to Bartholomew's (1990) four attachment categories (Secure, Preoccupied, Fearful Avoidant, and Dismissive): US mainlanders (Secure 126 and Non-Secure 184), Koreans (Secure 80 and Non-Secure 132), and Hawaiians (Secure 74 and Non-Secure 108). Therefore, the participants in this study may report one of the attachment styles (Anxious and Avoidant) as indicated by the attachment instrument, the Experience in Close Relationships-Revised questionnaire (ECR-R; Fraley, Waller, & Brennan, 2000).

Regarding the instruments, the assumption is that the instruments used in this study are applicable to the sample of Korean-American adolescents. The instruments have good psychometrical validity and reliability for the general population. In particular, the instrument for measuring attachment style provided similar validity and reliability for the sample of Korean-American adolescents.

Terms and Definitions

Adolescents: Children who are experiencing a transitional stage of physical and psychological human development between childhood and adulthood at ages of 10 to 22. The term *adolescents* will consist of adolescents between the ages of 12 and 18 in this study.

Attachment: An affectional bond between parent and child formed during early childhood. Through the attachment relationship, children seek and maintain proximity to their primary caregivers for safety and protection. Individuals develop the attachment relationships with parents, peers, romantic partners, and God throughout the life span.

Authoritarian Parenting: A parenting style with the combination of high levels of parental demandingness and low levels of responsiveness. Authoritarian parents are less responsive to their children's needs; instead, they focus on strict control and training, expressing low warmth.

Authoritative Parenting: A parenting style with the combination of high levels of parental responsiveness and high levels of demandingness. The traits of authoritative parenting include acceptance, warmth, control, and democracy. Authoritative parents encourage their children to develop autonomy through behavioral supervision and supportive control.

Confucianism: A Chinese ethical and philosophical system for family and nation developed by the Chinese philosopher, Confucius. Confucianism provided the ethical and

political foundation for the Han dynasty in China and has influenced Korean culture and its ethical system since the beginning of the Lee dynasty in Korea in the 15th century.

First Generation Korean-American: Korean American immigrants were born and educated in South Korea and immigrated to the United States in adulthood for a variety of reasons, including family reunion, better employment opportunities, and education for their children. The majority of first generation Korean-American parents may not be proficient in English.

God Attachment: An individual's attachment relationship to God. The function of God attachment is to provide a secure base and protection, as attachment to parents does.

Insecure Attachment: Insecure attachment includes avoidant, ambivalent (Anxious; Preoccupied), and disorganized (Fearful) attachment styles that affect negatively a person's coping mechanisms and relationships with others. Children with avoidant attachment display a positive view of self and a negative view of others, hence they tend to develop avoidant coping strategies, such as focusing on self-reliance and blocking emotional responses. Individuals with ambivalent (preoccupied) attachment history develop a negative view of self and a positive view of others, adopting a hyperactive coping strategy to achieve their emotional needs. Disorganized attachment leads to an individual's negative view of self and others, and disorganized children are likely to display odd behaviors (seeking proximity to caregiver but resisting it with a feeling of fear). This study will assess a participant's insecure attachment to parents using the ECR-R (Fraley et al., 2000).

Internal Working Models (IWMs): Generalized mental representations that provide the basis for expectations toward self and others. An individual's IWM is formed through the relationship with attachment figures. For example, securely attached children are likely to

develop a positive IWM of self and others, and children with rejecting or neglecting attachment relationship experiences are likely to develop negative perspectives on the efficacy of self and the reliability of others.

Korean-American Adolescents: Teenagers of Korean-American families who are educated in the United States, including second and 1.5 generation Korean-Americans. This study includes both second and 1.5 generation Korean-American children who attend church in metropolitan areas in the United States.

Negative Religious Coping Strategies: Negative religious coping strategies are associated with poorer mental health outcomes, such as symptoms of depression, anxiety, and negative affect. Negative religious coping strategies include spiritual discontent, punitive religious reappraisals, interpersonal religious discontent, demonic reappraisal, deferring, and not receiving congregational support.

Positive Religious Coping Strategies: Positive religious coping strategies lead to better psychological outcomes, such as fewer depressive symptoms, psychological adjustment, high self-esteem, and positive affect. Positive religious coping strategies include seeking spiritual support, religious forgiveness, collaborative religious coping, spiritual connection, religious purification, and benevolent religious reappraisal.

Religiosity: An individual's belief in the sacred or God, emotional attachment to God, commitment to a religion, and religious involvement, including praying, Scripture reading, and attendance at services.

Religious Coping Strategy: Religious people incorporate their religion into their coping strategies and engage in different types of religious activities to cope with psychological distress or stressful situations. Religious coping strategies include spiritually and religiously based

cognitive, behavioral, and interpersonal coping strategies. In order to assess a participant's religious coping strategies, the study uses the Brief Religious Coping Questionnaire (RCOPE) (Pargament, Smith, Koenig, & Perez, 1998).

Safe Haven: In terms of attachment, a safe haven refers to a safe environment and secure base for individuals to explore the world. Attachment figures serve as a safe haven in times of threat or danger.

Second Generation Korean-American: Children of first-generation Korean immigrants were born and educated in the United States. Compared to their parents or 1.5 generation Korean-Americans, they prefer English to Korean for communication and struggle with traditional Korean culture and values from their parents.

Secure Attachment: Secure attachment refers to an attachment style in which children feel safe and protected to explore their world. Individuals with a history of secure attachment display a positive perspective of self and others.

Self-Esteem: A person's self-judgment of self-worth and global feelings of competence and achievement (Rosenberg, 1965). This study uses the Rosenberg's Self-esteem Scale to measure the participants' self-esteem.

1.5 Generation Korean-American: Immigrant Korean-Americans were born in Korea and educated in the United States from childhood. They are bilingual and are relatively more adjusted to American life and culture than their first generation parents.

Summary

Chapter One presented an overview of the study by introducing the purpose and the research questions. Key concepts, such as attachment, religious coping, and self-esteem, were introduced in relation to the background problem and the theoretical framework. A general

review showed that there was little research on the relationship between parental attachment and religious coping in adolescents, although there were some studies that focused on adult romantic relationships in terms of religious coping. The purpose of this study is to expand the findings of previous research in the field of study on attachment, religious coping, and self-esteem with a population of Korean-American adolescents. This chapter also discussed the assumptions and limitations of the study and provided the definitions of the terms used in this study. Chapter Two presents the literature review pertaining to the key elements in the study including attachment theory, religious coping strategies, self-esteem, and Korean-American adolescents; it also explicates the theoretical foundations and empirical findings.

CHAPTER TWO: LITERATURE REVIEW

Overview

A review of the literature related to the studies on the relationship between attachment theory, religious coping strategies, and self-esteem is provided in this chapter. Both the theoretical foundations and findings from previous empirical studies pertaining to the each topic in this chapter, while exploring the key concepts in each area of the study, are presented. The importance of the study is highlighted by examining the dynamics of the relationships between attachment theory, religious coping, and self-esteem.

The literature review explores the significant roles and influences of attachment relationships in childhood. Attachment theory conceptualizes the affectional bond between infants and their caregivers and helps people understand children's behaviors in early childhood (Berant, Mikulincer, & Shaver, 2008; Howard & Medway, 2004; Noffke & Hall, 2007; Sroufe, 2005). Bowlby (1969), who researched attachment relationships in infancy for the first time, focused on an infant's basic needs for safety and proximity to a caregiver and emphasized the importance of the early emotional relationship between an infant and its caregiver. Bowlby and Ainsworth (1991) asserted that a child's secure attachment to a caregiver in early childhood plays an important role in developing coping strategies and perspectives of self and others. Therefore, this chapter shows that attachment relationship in childhood and adolescence is associated with physical and psychological health, such as emotional regulation, coping mechanisms, and psychological adjustment (Feeney, 2000; Feeney & Ryan, 1994).

Evidence that secure attachment relationships contribute to positive coping strategies, such as seeking and accepting interpersonal support (Howard & Medway, 2004) will be explored. Research indicates that attachment styles are related to coping strategies in the midst

of stressful life events, such as war (Mikulincer, Florian, & Weller, 1993); bereavement (Stroebe, Schut, & Stroebe, 2005); chronic disease (Schmidt, Nachtigall, Wuethrich-Martone, & Strauss, 2002); school and peer stresses (Howard & Medway, 2004); and childhood sexual abuse (Shapiro & Levendosky, 1999). These previous studies underscore the importance of secure attachment relationships in childhood and adolescence in developing positive coping strategies and psychological adjustment.

Religion as a coping resource in times of physical and psychological distress is also investigated. Research indicates that religious coping plays a critical role in dealing with traumatic life events (Harris et al., 2008). In terms of the relationship between attachment and religious coping, studies reveal that an individual's attachment history is linked to the person's attachment to God (Granqvist, 1998; Kirkpatrick, 1997, 1998; Kirkpatrick & Shaver, 1990). A number of studies found a significant relationship between attachment and religious coping among adults (Belavich & Pargament, 2002; Davis, Hook, & Worthington Jr., 2008; Granqvist, 2005).

In addition to the literature review of attachment theory and religious coping, the role of self-esteem regarding attachment relationships and coping is examined. Studies show that self-esteem is linked to attachment relationships (Ainsworth, 1989) and is positively associated with coping strategies (Chapman & Mullis, 1999; Baumeister, Campbell, Krueger, & Vohs, 2003). Finally, information on Korean-American adolescents as the population of the study, such as parenting styles and religiosity is provided.

Attachment Theory

Attachment is described as the relational and emotional bond between parents and infants who seek and maintain proximity to their caregivers for safety and protection (Main, Hesse, &

Kaplan, 2006). Attachment theory was developed by Bowlby (1969), who formulated the concept of attachment, and Ainsworth (1964, 1979), who focused on attachment figure as a secure base for infants to explore the world. Bowlby (1982) defined attachment behavior as “any of the various forms of behavior that a child commonly engages in to attain and/or maintain a desired proximity” (p. 371).

As a child psychiatrist, Bowlby had an interest in the interaction between parents and children and investigated the effect of mother-child separation. Bowlby (1944) studied 44 juvenile thieves at the Child Guidance Center in London and found that the juveniles were more likely to experience a lack or deprivation of maternal care than the control group. These findings motivated Bowlby to continue exploring an emotional bond between mother and infant through a project of the World Health Organization (WHO) that was designed to examine the problems of children without family care and support. In the early 1950s, when work on exploring an emotional bond between mother and infant first began, Ainsworth joined Bowlby as a co-researcher and reader began to explore the effect of the lack of maternal care and interaction between mother figure and child.

In 1954, in Uganda, Ainsworth continued to investigate interactions and attachment behaviors with a sample of 28 mothers and their infants by interviewing mothers and observing the infants’ behaviors for nine months. The study found that the Uganda infants displayed particular attachment behaviors, such as clinging, crying, and ignoring, to maintain proximity to their mothers and that the mothers served as a secure base. According to the infants’ attachment behaviors, the babies were categorized into three groups: securely attached, insecurely attached, and non-attached babies (Ainsworth & Bowlby, 1991). Ainsworth, Blehar, Waters, and Wall (1978) identified particular attachment behaviors of infants who were exposed to a separation of

mother in the Strange Situation, a laboratory procedure, to observe attachment relationships between infants and their caregivers.

Attachment theory focuses on the tie between caregiver and infant, and researchers argue that an infant's attachment behaviors in early childhood impact an individual's psychological health and perspectives on self and others throughout life (Bowlby, 1969, 1982). The attachment relationship in childhood plays an important role in developing a person's identity, coping skills, adult relationships, and perspectives of self and others (Ainsworth & Bowlby, 1991).

Attachment theory demonstrates that attachment in childhood influences how individuals relate to significant others throughout their lives based on the history of attachment (Ainsworth, 1979; Bowlby, 1969, 1982; Ecke, Chope, & Emmelkamp, 2006).

Children respond to their environment with specific functioning unique to their particular attachment style. Children with secure attachment experience a sense of safety; they are likely to regulate their emotions and cope well with their emotional distress (Feeney, 2000; Noffke & Hall, 2007; Sroufe, 2005). In contrast, children with a history of insecure attachment are likely to lose control over their actions in stressful life events (Brumariu, Kerns, & Seibert, 2012; Caspers, Cadoret, Langbehn, Yucuis, & Troutman, 2005). Ecke et al. (2006) emphasized the important role of attachment in childhood by stating, "When the child's or adult's attachment needs are not met, there is activation of attachment behavior. An activation of the attachment system is accompanied by anxiety to which the person responds in different ways" (p. 84).

The Attachment Behavioral System

Attachment theory highlights a particular behavioral system that includes basic behaviors for survival related to significant caregivers (Bowlby, 1969, 1982). The attachment behavioral system is activated when infants feel threatened or stressed. It motivates infants to protect

themselves from unpredictable danger and to maintain proximity to their caregivers. The attachment behavioral system includes not only outward attachment behaviors, such as crying, smiling, and scrambling, but also inner organization affected by developmental change and environmental influences (Ainsworth, 1989).

Generally, attachment is developed during the first year of an infant's life, and the attachment relationship comprises four main phases pertaining to particular social behaviors and characteristics of attachment development (Ainsworth, 1964). According to Ainsworth (1964), the first phase is "a phase of indiscriminating responsiveness to people" (p. 55) followed by "a phase of differential responsiveness to the mother" (p. 55). The third phase is "a phase of sharply defined attachment to the mother" (p. 55), and finally "a phase of attachment to one or more familiar figures other than the mother" (p. 56). After conducting a longitudinal study with 28 Uganda babies and their mothers to investigate the interactions between mother and infant, Ainsworth (1964) found that during the first phase, infants begin to recognize their mothers and differentiate them from other people. Ainsworth (1964) showed that infants experience the second phase between 8 and 12 weeks of age and develop special attachment to their mothers by creating differential smiling, vocalization, and greeting responses. Infants between 6 and 7 months of age go through the third phase, as their relationship with their mothers becomes more intimate and consistent. During this phase, they begin to be aware of their mothers as a secure base and can safely explore the world. Infants in the fourth phase begin to recognize other attachment figures, such as a father, while maintaining attachment to their mothers (Ainsworth, 1964).

According to Bowlby (1969), the attachment system evolves for infants to protect themselves from predators and danger. Bowlby (1988) asserts that the attachment behavioral

system is not only limited to early childhood but is also observed throughout the lifespan to achieve protection, comfort, and support. For example, adolescents are likely to achieve their emotional needs and support through the relationship with peers (Laible, Carlo, & Raffaelli, 2000; Nickerson & Nagle, 2005; Ma & Huebner, 2008). Laible et al. (2000) examined the relationship between parent and peer attachment and adolescent adjustment with 89 adolescents (M age = 16.1 years) by measuring participants' parent and peer attachments, sympathy, academic efficacy, aggression, anxiety, and depression. Adolescent participants were European-Americans (53%), Latino-Americans (38%), and other ethnic Americans (9%) from a middle school and a high school in a Midwestern city in the United States. Participants with high levels of secure attachment to both parents and peer attachment displayed better psychological functioning in sympathy, aggression, and depression, while those who reported low levels of secure attachment displayed the highest level of aggression and the lowest level of sympathy.

Nickerson and Nagle (2005) highlighted the importance of attachment to peers in adolescence through a study in a sample of 303 fourth, sixth, and eighth graders. Early adolescents were likely to fulfill their unmet emotional needs through their peer relationships compared with younger children. Ma and Huebner (2008) examined the relationship between the quality of attachment to parents and peers and the life satisfaction of adolescents in a sample of 587 students (M age = 12.56 years) from several middle schools in a southeastern school district in the United States. The participants were African-Americans (45%), Caucasians (43%), Asian-Americans (2%), and other ethnic groups. Through a multiple regression analysis, Ma and Huebner (2008) found that both parent attachment and peers attachment were positively associated with adolescents' life satisfaction. The findings suggest that attachment relationships with parents and peers play an important role in adolescent coping and psychological well-being.

The attachment behavioral system can be observed in infants and adults as well. As an example, infants exhibit proximity seeking behaviors, such as crying, reaching out, or following, to maintain proximity to their mothers or attachment figures. This strategy enables infants to express their negative emotions, such as anger, anxiety, or sadness to obtain support and comfort, and display physical behaviors or psychological contact for emotional or instrumental support (Mikulincer & Shaver, 2007). Hence, although adults do not seek physical contact or display actual proximity seeking behaviors as seen in infants who feel threatened or unsafe (Bowlby, 1969), this primary strategy can be observed when adults seek a relationship with attachment figures who can provide safety and security (Mikulincer & Shaver, 2004, 2007). Collins and Read (1990) examined the relationship between attachment dimensions and adult romantic relationships in a sample of 71 dating couples and found that one's attachment style impacts the person's relationship evaluation. The female participants who reported anxiety attachment displayed a more negative view of their romantic relationship and reported lower levels of general satisfaction and closeness to their partners. On the other hand, the male participants who reported secure attachment to partners were more likely to view their relationships positively and trust their partners. The findings indicate that one's attachment to partner is a significant predictor of a quality adult romantic relationship, and this supports that the attachment systems in adulthood are similar to attachment in infancy regarding the goal of attachment system: security (Collins & Read, 1990).

Attachment relationships with attachment figures may influence adolescents' social-emotional development (Allen & Hauser, 1996; Allen et al., 2002). Allen and Hauser (1996) conducted a longitudinal study with 73 adolescents with psychological disorders, such as oppositional defiant disorder, conduct disorder, and major depression, and their parents for 11

years to examine the effect on autonomy and relatedness of the secure attachment of at-risk adolescents. Adolescents with a secure attachment to parents displayed a high level of autonomy and relatedness in adulthood. Allen et al. (2002) also investigated the important role of secure attachment in establishing autonomy through a two-year longitudinal study with 125 adolescents from 9th and 10th grades and their mothers. The researchers hypothesized that insecure attachment would predict low levels of social skills and autonomy in adolescents, and found that insecure attachment was a contributing factor in decreasing positive social skills and autonomy over the 2 year period from the age of 16 to 18 years.

Adults attempt to feel safe and connected through romantic relationships with romantic partners (Ainsworth, 1985; Fraley & Davis, 1997; Fraley & Shaver, 2000; Hazan & Shaver, 1987), whereas infants and children are likely to make an intimate emotional bond with a particular attachment figure, a mother. Hazan and Shaver (1987) explored adult attachment in romantic relationships to develop a romantic relationship framework for understanding adult romantic relationship as an attachment process. Two samples, 620 adults (205 male, 415 female, and M age = 36 years) from a local newspaper advertisement and 108 college students (M age = 18 years) from a college class, participated in the study. Adults in romantic relationships displayed similar attachment patterns to the attachment styles in infants. The findings show that adult romantic love in adult attachment system can be likened to the emotional bond between mother and infant in childhood attachment system (Hazan & Shaver, 1987).

Fraley and Davis (1997) investigated the role of the attachment system in adulthood with a sample of 237 college students. Correlation analyses revealed that participants who reported secure working models of attachment with parents were more likely to have the same working models of attachment with peers. The results are consistent with previous findings that

attachment system in childhood predicts adult attachment relationships (Feeney & Noller, 1990). Fraley and Shaver (2000) concluded that attachment system in infancy continues to influence a person's feelings and relationships with attachment figures in adulthood.

Attachment Patterns

Children display different attachment patterns and behaviors based on the attachment relationship with their caregivers (Ainsworth, 1979; Ainsworth et al., 1978; Stovall-McClough & Dozier, 2004; Ragozin, 1980). Ainsworth et al. (1978) examined children's attachment behaviors and attachment styles by devising the Strange Situation and found that the infants displayed different attachment behaviors. The researchers identified the infants' different attachment behaviors and categorized them into three groups (A, B, and C).

Group A babies displayed ambivalent behaviors by seeking contact with their mothers after separation but ignoring their mothers in the reunion situation. Group B babies showed secure attachment behaviors by seeking proximity to their mothers, while Group C displayed some signs of anxiety in the separation situation and appeared ambivalent in the reunion situation by seeking close contact with their mothers or by resisting contact. Ainsworth (1979) classified Group B infants as securely attached and reported that they were more cooperative and less angry. Both Group A and Group C infants appeared anxious; however, Group A infants displayed less body contact with their mothers and appeared angrier than Group C infants.

Likewise, Ragozin (1980) observed the attachment behaviors of 20 infants in a daycare center and replicated the findings of previous studies on the Strange Situation (Ainsworth et al., 1978). From naturalistic observations and laboratory observations, Ragozin (1980) reported that infants exhibited proximity seeking behaviors, such as touching, passing objects, and following to maintain proximity to their mothers. Stovall-McClough and Dozier (2004) also found that

foster infants with autonomous foster parents displayed secure attachment behaviors and proximity seeking behaviors. By observing 38 foster infants' attachment behaviors through attachment measures of Parent Attachment Diary, a daily checklist of infants' attachment behaviors (Stovall & Dozier, 2000), and the Strange Situation (Ainsworth et al., 1978), Stovall-McClough and Dozier (2004) found that foster infants displayed similar patterns of attachment behaviors in both measures and concluded that the quality of attachment relationship with caregivers was related to attachment behaviors in infants.

Attachment behaviors or classifications in infants are positively related to children's later attachment patterns or adult attachment styles (Coates, Anderson, & Hartup, 1972; Fraley, 2002; Waters, Merrick, Treboux, Crowell, & Albersheim, 2000). Coates et al. (1972) explored the stability of attachment through a longitudinal study with 28 infants and found that infants displayed stability of attachment behaviors, such as touching and seeking proximity to mother, during the four-month period of the study. Waters et al. (2000) also conducted a longitudinal study on the stability of attachment with 50 participants observed in the Strange Situation at age 12 months and who were interviewed 20 years later. According to Waters et al. (2000), 64% of the participants remained in the same classification through the Adult Attachment Interview (AAI, George, Kaplan, & Main, 1985), a one hour, semi-structured interview to assess an adult's representations of attachment, and 36% were assigned to a different attachment classification. Although the results revealed that negative life events, such as loss of a parent, parent's divorce, or physical illnesses, might influence a person's future attachment status, the findings indicated that current attachment representation reflects early attachment relationship.

In sum, a child's attachment status may belong to one of the following attachment patterns (Ainsworth et al., 1978; Bowlby, 1962): secure attachment, avoidant attachment,

ambivalent attachment, and disorganized attachment. Each attachment style characterizes the particular emotional bond between caregiver and child and describes the dynamics of the attachment relationships. Each attachment style is described in detail in the following sections.

Secure attachment. Children who display secure attachment feel secure enough to explore the world and are able to express their emotions and empathy to their parents (Bowlby, 1962). Secure parent-child attachment relationship is a major pattern of attachment. Securely attached children display the ability to seek comfort and proximity to their mother while exploring the world around them (Wallin, 2007). Researchers observed that the majority of children have secure attachment with their parents; subsequently, they display fewer behavioral problems and appropriate social adjustment, in contrast to children with insecure attachment (Byng-Hall, 2008; Klann-Delius & Hofmeister, 1997; Main & Weston, 1981; Matas, Arend, & Sroufe, 1978; Pastor, 1981; Suess, Grossmann, & Sroufe, 1992).

Securely attached children are more likely to cooperate and participate in activities than anxiously attached children (Ainsworth, 1979). They report high scores in many areas, such as ego resiliency (Galatzer-Levy & Bonanno, 2013; Smeekens, Riksen-Walraven, & Van Bakel, 2007; Waters, Wippman, & Sroufe, 1979); self-esteem (Arbona & Power, 2003; Paterson et al., 1995); independence (Blustein, Walbridge, Friedlander, & Palladino, 1991; Leondari & Kiosseoglou, 2000); and interaction with peers (Ducharme, Doyle, & Markiewicz, 2002; Turner, 1991; Waters et al., 1979). While securely attached children are more likely to interact with peers to accomplish tasks, insecurely attached children are likely to become aggressive, resistant, and avoidant to significant figures or become easily frustrated and preoccupied with their own needs and failures (Ainsworth et al., 1978; Karen, 1998).

Secure attachment contributes to psychological health, adjustment, and coping (Cooper, Shaver, & Collins, 1998; Frey, Beesley, & Miller, 2006; Wilkinson, 2004). Secure attachment is strongly related to low levels of depressive symptoms and better coping (Armsden, McCauley, Greenberg, Burke, & Mitchell, 1990; Cooper et al., 1998; Gaylord-Harden et al., 2009; Murphy & Bates, 1997; Roberts, Gotlib, & Kassel, 1996). Cooper et al. (1998) examined the connection between behavioral problems and insecure attachment in the period of adolescence by studying 2,011 adolescents aged 13 to 19 years (M age = 16.7 years) in Buffalo, New York. The comprehensive study used a two-hour face-to-face interview to measure adolescents' attachment styles and sexual behavior and attitude while administering self-report measurements to measure psychological distress, self-concepts, and problem behaviors of the adolescents. To assess levels of adolescents' adjustment, the measurements of problem behaviors were academic achievement, delinquency, sexual behavior, and substance use questionnaires. Using Multivariate Analyses of Covariance (MANCOVAs), Cooper et al. (1998) found that adolescents in the secure attachment classification reported higher levels of psychological functioning and adjustment than those in the anxious and the avoidant attachment groups.

Gaylord-Harden et al. (2009) investigated the relationship between coping strategies, maternal attachment, and depressive symptoms in adolescents. The researchers recruited 393 adolescents (M age = 12.03 years) from low income families, and the participants completed a set of measurements: the Inventory of Parent and Peer Attachment, the Children's Coping Strategies Checklist, and the Children's Depression Inventory. A path analysis revealed that a high level of maternal attachment contributed to active coping, such as seeking and receiving support, resulting in fewer depressive symptoms. All these studies confirm that secure attachment serves as a key factor in psychological functioning and health.

Children of parents with secure attachment are likely to experience more warmth and support (Cohn, Cowan, Cowan, & Pearson, 1992; Crowell & Feldman, 1988; Ward & Carlson, 1995). A study with 64 mother-child dyads examined the relationship between the mothers' internal models of attachment relationships and the children's behaviors (Crowell & Feldman, 1988); the children were aged from 24 to 54 months. In the study, the mothers' attachment was assessed using the AAI, and children's behavior was observed during a play session. The results indicated that the children of mothers classified as secure, scored high on 'Affection' and 'Help and Support'; this indicates that children with securely attached parents are more affectionate and interactive than children with insecurely attached parents..

Cohn et al. (1992) provided similar findings in a study with 27 parents and their preschool-aged children. Parents in the secure attachment group displayed more warmth in interactions with their children. Ward and Carlson (1995) also investigated the association between adolescent-parent attachment classifications and maternal sensitivity in a sample of 94 adolescent mothers. The mothers assessed their attachment styles through the AAI, and the infants' behaviors were observed at 3, 9, and 15 months. Again, parents in the secure attachment classification reported higher levels of parental sensitivity to their children. From these findings, Byng-Hall (2008) emphasized the important role of secure attachment between parents and children in the family, producing children who communicate with others and have empathy for others through secure attachment relationships.

Avoidant attachment. Children with avoidant attachment display a tendency to avoid or ignore the interaction with their caregivers. In the Strange Situation (Ainsworth et al., 1978), children who display avoidant attachment appear distressed during the separation, as with the securely attached children; however, children who display avoidant attachment ignored their

mothers when they returned to the room. The typical characteristic of the avoidant infant is a lack of flexibility and of physical and emotional contact with parents. In terms of relationship quality, individuals who display avoidant attachment are likely to avoid “excessive intimacy and commitment” (Simpson, 1990, p. 978) in their relationships.

Individuals who display avoidant attachment are inclined to use avoidance strategies in intimate relationships (Freeney & Noller, 1990) and in coping with psychological distress (Alexander, Feeney, Hohaus, & Noller, 2001; Feeney & Ryan, 1994; Mikulincer et al., 1993; Schmidt et al., 2002; Wei, Heppner, & Mallinckrodt, 2003). Freeney and Noller (1990) found that avoidant attachment is associated with avoidance and distance from others in romantic relationships. The researchers examined the characteristics of each style of attachment in romantic relationships by studying 374 college students who completed a set of questionnaires consisting of measures of attachment style, attachment history, beliefs about relationships, self-esteem, limerence, loving, love addiction, and love styles. Correlation analysis and Multivariate Analysis of Variance (MANOVA) revealed that people who display avoidant attachment reported low scores on Rubin’s Love Scale (Rubin, 1970) and Romantic Love Ideal of Love Attitude Scale (Hendrick & Hendrick, 1986). This finding suggests that the major characteristic of avoidant attachment is the avoidance of intimacy (Freeney & Noller, 1990).

Feeney and Ryan (1994) also conducted their study to examine the association between physical and emotional health and attachment styles. The study measured participants’ attachment styles, negative and positive emotionality, and health behavior and yielded the interesting result that individuals with avoidant attachment are less likely to visit health professionals. The findings support that avoidant attachment is associated with resisting support seeking and support giving (Freeney & Noller, 1990). Similarly, Alexander et al. (2001) found

that insecure attachment was negatively associated with support seeking. The study examined the correlation between attachment and coping resources during pregnancy and after the birth with ninety-two couples who were having a baby. A set of measurements was completed, including attachment style, self-esteem, perceived social support, appraised parenting strain, and coping strategies. The results indicated that the wives' discomfort with closeness was negatively associated with support seeking (Alexander et al., 2001). The findings show that people with avoidant attachment are less likely to report their distress than other attachment groups (Wei et al., 2003).

Individuals with a history of avoidant attachment are likely to become avoidant parents and will be less interested in taking care of their children with warmth and support (Rholes, Simpson, & Blakely, 1995; Rholes, Simpson, Blakely, Lanigan, & Allen, 1997; Rholes, Simpson, & Friedman, 2006). The avoidant attachment relationship between parents and children seems emotionally distant and cold. Avoidant parents and children rarely talk to each other and express their feelings; instead, they focus on achievements and external objects (Byng-Hall, 2008). The inconsistent and limited interactions restrict the relationship between parents and child (Wallin, 2007).

Studies show that parents who display avoidance attachment are likely to neglect or ignore the child's emotional needs (Crockenberg, 1981; Del Carmen, Pederson, Huffman, & Bryan, 1993). Rholes et al. (2006) provided empirical evidence that highly avoidant adults displayed lower levels of parental meaning/satisfaction in caring for children. The researchers assessed the relationship between avoidant attachment and the parenting experience after the birth of a couple's first child with 106 couples. The couples, who were provided two childbirth preparation sessions (prenatal and postnatal sessions), participated in the study assessing their

attachment styles, marital satisfaction, depressive symptoms, desire to become a parent, and parenting stress. Individuals with avoidant attachment classification reported higher levels of depressive symptoms and lower levels of marital satisfaction. The results also showed that parents who displayed avoidance attachment reported low scores on the Desire to Become a Parent scale (Rholes et al. 2006).

Ambivalent attachment. Children with ambivalent attachment displayed ambivalent behaviors in the time of reunion in the Strange Situation (Ainsworth et al. 1978). Children with a history of ambivalent attachment are preoccupied with a caregiver's availability and responsiveness, while seeking contact, but resist angrily when it is achieved (Ainsworth et al., 1978). Ambivalently attached children make efforts to be close to their parents by clinging and resisting alternately to reduce anxiety or fear of abandonment in situation of stress or danger.

Ambivalent attachment is associated with a pattern of care or parenting in which the parent does not respond to the child's needs when the child is in distress, and the child's attachment behaviors become over-activated because of the parent's limited and inconsistent responsiveness (Byng-Hall, 2008; Cassidy & Berlin, 1994; Wallin, 2007). While avoidant attachment children ignore their mothers and have interest only in the toys in the Strange Situation, children who display ambivalent attachment focus only on their mothers (Wallin, 2007). Therefore, ambivalently attached children appear to have difficulty in cooperating with their mothers and in adjusting to their new environment (Matas et al., 1978).

Ambivalently attached individuals are likely to adopt a hyperactivating strategy as a coping strategy (Brown & Wright, 2003; Byng-Hall, 2008; Cole-Detke & Kobak, 1996; Feeney & Ryan, 1994). Ambivalent attachment is associated with reporting symptoms of psychological distress because ambivalent attached individuals adopt "hypervigilant attention to distress"

(Feeney & Ryan, 1994. p. 343) as a coping strategy. Cole-Detke and Kobak (1996) showed that participants with hyperactivating strategies who reported eating disorder symptoms were more likely to report depressive symptoms. They investigated the relationship between attachment style and symptom reporting and analyzed the data from 61 female college students who reported depressive symptoms and eating disorder symptoms. The participants were classified into three groups after completing the AAI: Secure, Dismissing, and Preoccupied. A correlation analysis reported that the Preoccupied (Ambivalent) attachment classification is significantly associated with increased depressive symptoms related to eating disorders (Cole-Detke & Kobak, 1996).

Salzman (1997) provided a similar finding regarding the relationship between ambivalent attachment individuals and eating disorders. The author interviewed 11 ambivalent attached female college students who reported symptoms of eating disorders and who had completed the AAI. The results indicated that ambivalent attachment was associated with unstable affection, such as intense anxiety and anger.

Regarding the hyperactivating strategies of ambivalent attachment, Brown and Wright's (2003) study supported the previous findings, examining the relationship between adolescents' attachment styles and the development of psychopathology. The participants consisted of 30 adolescents from ages 14 to 20 years, and they were divided into the clinical group ($n = 15$) and the non-clinical group ($n = 15$). The clinical group adolescents were from a psychotherapy center and the non-clinical group adolescents were from local high schools and colleges. The participants completed a set of measures to assess adolescent attachment styles and psychopathology. The adolescents in the clinical group reported more significant ambivalent attachment patterns compared to the non-clinical group. Hence, it can be concluded that adolescents with ambivalent attachment report more clinical symptoms of anxiety, depression,

and interpersonal difficulties than those with a secure attachment and avoidant attachment (Brown & Wright, 2003).

Disorganized attachment. Disorganized attachment refers to “the breakdown of an otherwise consistent and organized strategy of emotion regulation” (Van IJzendoorn, Schuengel, & Bakermans-Kranenburg, 1999, p. 226). The behaviors of disorganized children appear inconsistent and awkward. Main and Weston (1981) found that some infants in the Strange Situation exhibited very complicated, conflicted, and bizarre behaviors and that the infants’ disorganized behaviors did not belong to the traditional attachment classifications. Unclassified infants display various types of odd, disorganized, disoriented, or conflicted behaviors at the time of reunion with parents (Main & Solomon, 1990). For example, disorganized infants display unusual behaviors, such as crying while approaching their mothers’ laps, falling silent, and remaining without moving for a while (Hesse & Main, 2000). The disoriented behaviors are associated with the infants’ fear and disorganized feelings when they reunite or interact with their mothers (Van IJzendoorn et al., 1999; Wallin, 2007). Van IJzendoorn et al. (1999) noted that disorganized children display the bizarre behaviors because they believe that their caregivers are “the source of fright as well as the only potential haven of safety” (p. 226).

Disorganized attachment (fearful attachment) is a risk factor in problematic behaviors and psychological disorders (Bernier & Meins, 2008). Disorganized attachment is associated with many mental health problems, such as PTSD (Macdonald et al., 2008; O’Connor & Elklit, 2008); Dissociative Identity Disorder (Liotti, 2004); domestic violence (Zeanah et al., 1999); Borderline Personality Disorder (Holmes, 2004); children’s disruptive behavior problems (Madigan, Moran, & Pederson, 2006; Madigan, Moran, Schuengel, Pederson, & Otten, 2007); and Attention Deficit Hyperactivity Disorder (ADHD) (Green, Stanley, & Peters, 2007; Pinto,

Turton, Hughes, White, & Gillberg, 2006; Slade, 2007). Findings on the relationship between disorganized attachment and mental health suggest that unresolved trauma leads to disorganized attachment relationship between caregiver and child.

Carlson, Cicchetti, Barnett, and Braunwald (1989) found that over 80% of maltreated infants were classified as disorganized and that many disorganized infants were from high-risk families associated with poverty, psychiatric illness, and psychological problems. A sample of 22 mothers who were receiving protective services for issues of child abuse/neglect was selected to investigate the effect of maltreatment on attachment development. Infants' attachment behaviors and patterns were observed in the Strange Situation. Reporting that 18 out of 22 maltreated infants were classified as disorganized, the results indicated that the maltreatment environment, such as child abuse or neglect, contributed to developing disorganized attachment of an infant (Carlson et al., 1989).

Disorganized attachment is associated with helpless-fearful parenting, which is “characterized by nonhostile and ostensibly responsive behavior with high levels of parental withdrawal, fearfulness, and inhibition” (Riggs, 2010, p. 12). Through a case study of a 13-year girl with ADHD, Slade (2007) claimed that the disorganized mother with a history of unresolved trauma leads to the disorganized child displaying ADHD symptoms and particular behavioral patterns to cope with her fear, shame, and feelings of helplessness.

A meta-analysis with nearly 80 empirical studies on disorganized attachment in infancy provided significant empirical findings that the causes of disorganized attachment are maltreatment; unresolved and early loss or trauma; marital discord; parental depression; parental insensitivity; and parental dissociation and frightening behavior (Van IJzendoorn et al., 1999). Analyzing the data from 14 samples of 840 participants, the authors also examined the stability

of disorganized attachment for the period between one month and 60 months and reported that the strong long-term stability of disorganized attachment was observed. Finally, the findings suggest that disorganized attachment is a critical risk factor in the development of psychopathology (Van IJzendoorn et al., 1999).

Cassidy and Mohr (2001) provided a similar finding that disorganized attachment is associated with parental loss or trauma by reviewing literature on disorganized attachment. Being raised with helpless-fearful parenting, children were likely to display disorganized behaviors or aggressive behaviors (Goldberg, Benoit, Blokland, & Madigan, 2003; Madigan et al., 2007; Schuengel, Bakermans-Kranenburg, & Van IJzendoorn, 1999).

Another longitudinal study with 64 adolescent mother-infant dyads examined the relationship between disorganized attachment and an infant's externalizing problems (Madigan et al., 2006). The adolescent mothers completed the AAI at 6 months, and their infants were observed in the Strange Situation at 12 months. Disrupted maternal behavior was assessed at 12 months, and an infant's problematic behaviors were measured at 24 months. A structural equation model analysis revealed indirect effect of disorganized attachment on the correlation between disruptive maternal behavior and psychopathology in infancy. The finding supported the previous research that disorganized attachment contributes to the development of psychopathology in childhood (Carlson et al., 1989; Van IJzendoorn et al., 1999)

In summary, an individual's attachment style is developed in the interaction between caregiver and child. Each attachment style represents particular characteristics of the relationship between caregiver and child. The literature shows that attachment in childhood is strongly associated with attachment relationships in adulthood. Bartholomew and Horowitz

(1991) proposed a model of adult attachment and named the four adult attachment styles. Table 1 presents different terms between attachment in childhood and attachment in adulthood.

Table 1

Attachment Style Terms in Childhood and Adulthood (Ainsworth et al., 1978; Bartholomew & Horowitz, 1991; Main & Weston, 1981)

Attachment Style in Childhood	Attachment Style in Adulthood
Secure	Secure
Avoidant (Anxious-Avoidant)	Dismissing
Ambivalent(Anxious-Resistant)	Preoccupied
Disorganized (Disoriented)	Fearful

Internal Working Models

Internal Working Models (IWMs) is a term that describes one's mental representations about self and others (Bretherton, 1990). The concept of IWMs in attachment theory helps explain human relationships and an individual's coping mechanisms. According to Bowlby (1988), IWMs are developed by attachment relationships in childhood because children come to see and understand themselves and the world through the relationship with their attachment figures. If children have a secure attachment relationship, they develop a positive working model of self, others, and the world. In contrast, children with insecure attachment may develop a negative working model of self-worth and believe that others are unavailable and distrustful (Bretherton, 2005; Collins, 1996).

Children who grow up receiving emotional support and keeping proper proximity to their parents develop secure attachment and positive working models of relationships (Bowlby, 1969). Securely attached children display a positive sense of self in that they feel good, loved, accepted, and competent as their caregivers respond to their distress, decrease their anxiety level, and help them express their positive emotions (Cooper et al., 1998; Kobak, Cole, Ferenz-Gillies, Fleming, & Gamble, 1993). Through the secure attachment relationships with their caregivers, the children learn to regulate their emotions and perceive that others are available, helpful, and reliable (Cassidy, 1994; Kobak et al., 1993; Simpson, 1990).

Securely attached individuals develop the ability to deal with their own attachment-related feelings and needs; likewise, they are able to express their negative and positive emotions related to their self and others appropriately (Kobak, & Hazan, 1991; Wallin, 2007). Therefore, they are more likely to report secure attachment with peers (Cassidy, Kirsh, Scolton, & Parke, 1996; Simpson, Collins, Tran, & Haydon, 2007). Cassidy et al. (1996) found that children with a secure attachment style reported more positive views of self and peers than children with insecure attachment style, with respect to attachment representations. The researchers examined the relationship between attachment and representations of self and peers with three different samples (3-year-olds, kindergarten and first graders, and fifth graders). Young children's attachment styles were observed in the Strange Situation, and the representations of their peers were measured through the children's responses to the questions related to a story (Cassidy et al., 1996). Elementary children were asked to complete a self-report attachment measurement and a self-report peer representation measurement. The results showed that the representations of parents as rejecting were positively associated with the hostile attributions of peers, and that

secure mother-infant attachment was an important predictor of secure attachment relationship with others.

Through a longitudinal study, Simpson et al. (2007) also provided evidence that early secure relationships impact secure peer and adult attachment relationships. The longitudinal study included 78 young adults whose attachment styles in infancy were assessed at 12 months, their peer relationships at age 16 years, and adult romantic relationships at the ages of 22 and 23 years. Participants who reported secure attachment in infancy displayed higher levels of peer competence in childhood, friendship security in adolescence, and a high level of expressing emotions in adult romantic relationships. The findings reflected that the formation of IWMs in early childhood impacts emotions and experiences of relationships with others throughout life span (Simpson et al., 2007).

Children with an avoidant attachment style have a positive model of self and a negative model of others (Bowlby, 1969; Griffin & Bartholomew, 1994). They experience rejection from their caregivers and then display anger from the rejection. These experiences prevent them from expressing their own feelings related to their attachment relationship (Ainsworth et al., 1978; Bowlby, 1969). When children feel distressed and anxious, the caregivers of the avoidant children are likely to fail to meet their children's emotional needs or to alleviate their distresses. Hence, when the children do not receive proper responses from their attachment figures and experience rejection from their parents, they feel insecure. The emotional rejection, or the lack of support from parents, leads children to develop a negative model of others.

According to Fagot and Kavanagh (1990), children classified as avoidantly attached from the Strange Situation (Ainsworth et al., 1978) displayed more antisocial behaviors, including aggression, noncompliance, and lack of cooperation, than children classified as securely

attached. The longitudinal study with 108 children observed the children's attachment styles in the Strange Situation at 18 months and their behaviors through reports from parents and teachers at between 24 months and 30 months. According to Fagot and Kavanagh (1990), 30% of the children were classified as avoidant and the girls in the avoidant attachment classification displayed more difficulties with peers, than securely attached girls.

Card and Hodges (2003) found that avoidant children reported more hostility in relationships with peers. The researchers recruited 194 children (M age = 12.2 years) who completed self-report measures for attachment classification and peer relationships, and they examined the relationship between insecure attachment and peer relationship. The results showed that an avoidant attachment with father was positively associated with the number of enemies in a peer relationship. The findings support the notion that individuals who display avoidance attachment are likely to have difficulty in expressing positive emotions like smiling (Cassidy, 1994) and in developing the ability to express deep feelings and experience sexual expression, healthy dependency, and trust (Wallin, 2007).

Ambivalently attached children who experienced inconsistent, controlling, or role-reversing parenting develop a negative model of self and a positive model of others. Their IWMs are associated with high anxiety and low avoidance in relationships (Griffin & Bartholomew, 1994). Research shows that like avoidant attachment, ambivalent attachment contributes to less confidence and ability to regulate negative emotions (Cloitre, Stovall-McClough, Zorbas, & Charuvastra, 2008; Collins, 1996; Creasey, Kershaw, & Boston, 1999). Collins (1996) examined the relationship between the IWMs of attachment and the emotional responses in a sample of 135 college students (M age = 18.7 years). A correlation analysis showed that college students who were anxious in their romantic relationship reported negative

emotions, such as feelings of confusion, nervousness, and helplessness. Additionally, individuals with ambivalent attachment style in the same sample group were more likely to experience conflicts in romantic relationships.

Likewise, Creasey et al. (1999) examined the connection between adolescent working models of attachment and conflict management strategies through a study with 140 female college students. The participants completed the Relationship Style Questionnaire to assess attachment styles, the Negative Mood Regulation Scale to assess the ability to regulate negative mood, and the Managing Affect and Differences Scale. Through a correlation analysis, the results indicated that a high level of ambivalent attachment was significantly associated with less confidence, in negative mood regulation and more conflict escalation (Creasey et al., 1999).

Cloitre et al.'s (2008) study of 109 women with histories of child sexual or physical abuse and psychological distress supported the association between ambivalent attachment and emotional regulation. Like the previous findings, the study provided similar results that ambivalent attachment was significantly associated with lower levels of emotional regulation capacity and lower levels of social expectations of support.

The IWM of individuals with disorganized attachment consists of a negative model of self and a negative model of others. Individuals with a disorganized attachment style tend to be highly dependent on others; however, they are likely to avoid an intimate relationship because they do not want to experience rejection or loss in their relationships (Griffin & Bartholomew, 1994; Hesse & Main, 2000; Van IJzendoorn et al., 1999). Griffin and Bartholomew (1994) proposed the IWMs of adult attachment and examined the link between attachment styles, self-concept, sociability, and interpersonal problems through a study with 77 college students. Participants' attachment styles were assessed by a self-report attachment measurement: the

Relationship Questionnaire. Individuals in the disorganized (fearful) attachment group reported lower scores on self-disclosure, intimacy, level of romantic involvement, reliance on others, and use of others as a secure base than those in secure and ambivalent attachment groups. As predicted, the participants classified as disorganized (fearful) reported the highest scores on the internal problems scale (Griffin & Bartholomew, 1994).

Through a study with 1,118 seniors aged 65 to 86 years, Consedine and Magai (2003) examined the relationship between attachment and emotions in older adults. Participants were asked to complete a set of self-report measurements for attachment styles and emotional experiences in daily life. A hierarchical regression analysis found that senior adults classified as fearful were more likely to display joy, disgust, shame, and anxiety. The combination of both high levels of joy and disgust in fearful attachment implies that individuals with fearful attachment style tend to seek an intimate relationship with others and to be afraid of rejection at the same time in their relationships. Finally, individuals with a history of disorganized attachment tend to have low self-esteem and inability to seek close relationships; they are likely to have difficulty in developing intimate relationships with others because of fear of rejection or loss (Consedine & Magai, 2003; Riggs, 2010).

In sum, each attachment pattern has its own model of self and others that represents the efficacy of the self and availability of others. Securely attached individuals' IWM is a positive self and others model, while individuals with fearful attachment display a negative self and others model (Griffin & Bartholomew, 1994). The literature shows that a child's IWMs of self and others may be a significant predicting factor of psychological health and emotional relationships in adulthood.

Attachment in Adolescence

Early developers of attachment theory focused on attachment in infancy, stressing that early childhood is the most important period in developing attachment to parents and attachment behaviors (Ainsworth et al., 1978; Bowlby, 1969). The purpose of attachment to a caregiver in infancy or early childhood is to achieve safety and to maintain proximity to survive and to explore the world (Bowlby, 1969). However, children in puberty begin to develop an affectional bond with their peers and romantic partners, rather than only seeking actual physical safety and proximity through the relationship with parents and peers. As a particular parent-child attachment relationship and behavior characterizes attachment in infancy, attachment in adolescence can be described as other behavioral systems, including affiliative, sexual, and caregiving bonds (Kobak & Herres, 2012).

Adolescence is considered a transition period from attachment to parents to developing autonomy as adolescents explore their own world (Allen & Hauser, 1996; Sroufe, 2002). Adolescents begin to be less dependent on their parents and attachment figures, as they experience developmental changes including the development of autonomy. In terms of the parent-child relationship, adolescence is a different period from childhood in various aspects of the relationship, such as the frequency and content of interactions between the child and the parents (Collins & Russell, 1991).

Generally, adolescents are likely to spend more time with peers than parents compared with children; hence, although it is a challenge, it is possible to develop mother-child and father-child dyad relationships through household chores or leisure activities while maintaining the same patterns in early childhood (Collins & Russell, 1991). Allen and Hauser (1996) described adolescence not as a transitional period in terms of attachment but as “a period of profound

transformations in specific emotional, cognitive, and behavioral systems, as the adolescent evolves from being a receiver of care from parents to being a potential caregiver” (p. 319).

Regarding the development of attachment relationships in adulthood, adolescence is an important period that interprets the quality of attachment to parents and develops integrated strategies for new attachment relationships.

With respect to attachment, adolescents begin to differentiate themselves from others (Bowlby, 1973) and to understand that they want to be independent of their parents and to build significant relationships with peers. While adolescents become less dependent on parents, they are likely to improve social, cognitive, and emotional autonomy (Allen & Land, 1999; Levy-Warren, 1992). The literature shows that one of the most important tasks of adolescents is to develop autonomy while keeping their relationship with their parents (Allen & Hauser, 1996; Noom, Deković, & Meeus, 1999; Smetana, 2010). Many studies have examined the relationship between attachment and autonomy in adolescence, and an important developmental task of this period is to maintain balance between establishing a sense of self and feeling connected to significant others (Allen & Hauser, 1996; Boykin McElhaney & Allen, 2001; Noom et al., 1999; Peterson, Bush, & Supple, 1999).

Autonomy in adolescence is well developed if a secure attachment to parents in childhood is established, and a secure attachment is facilitated by achieving autonomy (Allen & Land, 1999; Noom et al., 1999). Adolescents are likely to develop a new goal-corrected relationship with parents by seeking autonomy and maintaining a positive partnership with parents as they interact and build attachment relationships with peers (Allen, Aber, & Leadbeater, 1990; Allen & Land, 1999; Allen et al., 2002). Through a longitudinal study with 73 adolescents who participated in the study at 14 years and at 25 years, Allen and Hauser (1996)

found that autonomy and relatedness with parents was significantly related to attachment styles. Adolescents with secure attachment style reported higher scores on autonomous relatedness toward their fathers than those with insecure attachment styles (Allen & Hauser, 1996).

Noom et al. (1999) highlighted the importance of both autonomy and attachment regarding psychological adjustment through a study with 400 Dutch adolescents from the ages of 12 to 18 years. A regression analysis showed that the combination of high emotional and functional autonomy and high quality of attachment to parents or peers contributed to high levels of social competence, academic competence, and high self-esteem. Peterson et al. (1996) hypothesized that the relationship with parents could be a predictor of the development of adolescent behavioral autonomy. Analyzing the data from 657 adolescents and their parents, the authors investigated the effect of the relationship with parents on adolescent autonomy and found that adolescent autonomy was positively associated with high levels of relatedness with their parents. The findings support that secure attachment in adolescence is significantly associated with the development of autonomy.

Attachment to parents and peers is an important factor for adolescent psychological social adjustment (Kerns & Stevens, 1996; Raudino, Fergusson, & Horwood, 2013). Kerns and Stevens (1996) investigated the relationship between parental attachment in late adolescence and loneliness with 112 college students and their friends. Assessing the participants' attachments to parents and peers, loneliness, and personality, the authors found that adolescents who reported a secure attachment to both their mother and father displayed less loneliness and more social interactions with others than those who did not.

Another longitudinal study with 924 New Zealanders examined the relationship between parental attachment at age 15 years and adult psychological adjustment at age 30 years through

both a correlational and a structural equation model analysis (Raudino et al., 2013). The analyses revealed that high levels of parental care and secure parental attachment were associated with better psychological adjustment outcomes and less psychological symptoms in adulthood. Consequently, findings on attachment relationships indicate that parental and peer attachment serve as crucial factors for psychological health (Wilkinson, 2004; Wilkinson & Walford, 2001; Ying, Lee, & Tsai, 2007).

Adolescents display stability and change at the same time in close relationships, like parent-child relationships (Hamilton, 2000; Waters, Hamilton, & Weinfield, 2000). Individuals tend to maintain their own attachment system without changing over time, even though there is a possibility for modification due to developmental, environmental, and social changes (Ammaniti, Van Ijzendoorn, Speranza, & Tambelli, 2000; Bowlby, 1980; Fraley, 2002; Waters et al., 2000). Hamilton (2000) conducted the study by administering the Strange Situation with 30 infants and their mothers and followed up with the AAI to measure the stability of attachment when the infants became teenagers. Apart from extraneous influences, such as parent's divorce, the majority of the adolescent participants (77%) still maintained the same attachment pattern over time; this suggests that infant attachment classification is significantly related to adolescent attachment classification. Ammaniti et al. (2000) conducted a longitudinal study to explore the stability and change of attachment security from childhood through adolescence in a sample of 31 Italian children ages 10 to 14 years. The children displayed stable attachment security: 71% of the participants maintained the same attachment pattern for the four years, and 78% of the children with avoidant attachment maintained the same category. Allen, McElhaney, Kuperminc, and Jodl (2004) also examined stability and the change of attachment security during adolescence by administering the AAI with 101 adolescents at age 16 and 18 years and

observing mother-adolescent interactions and found that the adolescents maintained a significant stable attachment security over time.

In terms of human development, attachment relationships in adolescence are considered critical factors for developing autonomy and psychological health. Studies indicate that adolescents tend to maintain their own attachment pattern during the adolescent period, although they might experience some significant incidents that can change their attachment relationships. The fact that attachment relationships play an important role in psychological adjustment and autonomy in adolescence prompts researchers to explore the roles of maternal and paternal attachment relationships and peer attachment as well.

Maternal and Paternal Attachment

Generally speaking, the mother is the significant attachment figure in parent-child relationship. Hence, the maternal attachment is considered an important source of security for children and adolescents (Ainsworth et al., 1978; Bowlby, 1962; Matas, et al., 1978). Likewise, studies on attachment reveal that social support from friends and relatives is associated with the attachment to the mother, especially for younger adolescents (Mullis, Hill, & Readdick, 1999) and demonstrate that secure attachment to the mother is the critical factor for adolescents' socioemotional functioning (Kamkar et al., 2012; Murray, Halligan, Adams, Patterson, & Goodyer, 2006).

Kamkar et al. (2012) examined the relationship between attachment styles with the mother and with the father and depressive symptoms among early adolescents in a sample of 140 adolescents (M age = 12.65 years) from a high school in Quebec, Canada. A hierarchical multiple regression analysis showed that anxious attachment to the mother was a significant predictor of depressive symptoms and that adolescents who reported anxious attachment to both

their mother and father reported the highest level of depressive symptoms. The results indicate that attachment to the mother is more important than attachment to the father in reducing adolescents' depressotypic cognitions and depressive symptoms (Kamkar et al., 2012). However, researchers have investigated the roles of paternal attachment because they discovered that infants did not show a preference to the mother or the father as a primary caregiver, and most children consider their fathers as their caregiver when their mothers are not available (Fox, Kimmerly, & Schafer, 1991; Karen, 1998; Lamb, 1978; Lamb, Hwang, Frodi, & Frodi, 1982; Paterson et al., 1994). Research has found the effects of father attachment with respect to psychological well-being, such as self-concept (Doyle, Markiewicz, Brendgen, Lieberman, & Voss, 2000); emotional expressiveness (Ducharme et al., 2002); career decision (Emmanuelle, 2009); self-esteem (Gomez & McLaren, 2007); coping (Greenberger & McLaughlin, 1988); social responsiveness (Main & Weston, 1981); adjustment (Suess et al., 1992); and socioemotional competence (Verschueren & Marcoen, 1999). The studies indicate that although the attachment to mother is a significant factor of children's psychological well-being, the quality of the secure attachment to father is also significantly related to the positive outcomes in psychological distress and functioning.

Lamb (1978) investigated the qualitative aspects of the mother-infant attachment and the father-infant attachment and reported that 16 of 25 infants were securely attached to both their mother and father, and that one-third of the infants displayed a secure attachment pattern to one parent and an insecure attachment pattern to the other. Lamb (1978) found that an infant's attachment pattern to its mother and father was developed by the interaction between the infant and the caregiver, regardless of the parent's gender. The findings imply that the both the father-infant relationship and the mother-infant relationship influence an infant's social style. Current

studies also support that the quality of both the father-child and the mother-child relationship are important predictors of emotional and behavioral problems in adolescents (Bronte-Tinkew, Moore, & Carrano, 2006; Coley, 2003; Kamkar et al., 2012).

By assessing attachment styles of 61 mothers and fathers through the AAI and observing infants' interactions with a clown during the play session, Main and Weston (1981) examined the quality of father-infant attachment compared with the mother-infant attachment and the effect on social interaction with new persons. Infants with an insecure attachment to the mother and a secure attachment to father displayed a greater readiness to build a friendly relationship with the clown than infants who displayed an insecure attachment to both its mother and father.

Greenberger and McLaughlin (1988) investigated the unique role of childhood attachment to father through a study in a sample of 157 male college students and found that individuals with a history of secure attachment to father were more likely to interact with others for comfort or emotional support. The authors demonstrated that an early attachment to the father for male college students was a unique contribution to a particular coping strategy, such as both emotional and instrumental support seeking in stressful situations, while an attachment to his mother did not contribute to coping.

According to Emmanuelle's (2009) study, a secure attachment to both mother and father was positively associated with higher self-esteem and effective career decision making. The study found that self-esteem mediates the relationship between parental attachment and career indecision in the dynamics of adolescent and parent relationship; for example, the girls' attachment to their respective mother and boy's attachment to their respective father contributed significantly to the mediating effect of self-esteem. Likewise, Al-Yagon (2011) examined the effects of secure attachment to both parents compared with secure attachment to one parent

regarding adolescent socioemotional adjustment measures, such as affect, loneliness, and internalizing behavior problems with a sample of 203 high school students from two high schools in Israel. The participants were classified into four subgroups according to their attachment classifications: (A) secure attachment to father and insecure attachment to mother; (B) secure attachment to both parents; (C) insecure attachment to both parents; and (D) secure attachment to mother and insecure attachment to father (Al-Yagon, 2011). Adolescents in Group B displayed higher levels of positive affect and lower levels of behavioral problems than those in the other groups. The findings imply that a secure attachment to the father influences adolescent psychological well-being. Consequently, studies on parental attachment in adolescence suggest that a secure attachment to both mother and father contributes to a person's development of secure attachment with others and produces positive coping strategies.

Attachment and the Image of God

Attachment relationships to significant figures, such as parents and teachers in childhood, contribute to a person's religiosity and concept of God (Reinert et al., 2009). A child's relationship with their parents (Dickie et al., 1997; Eshleman, Dickie, Merasco, Shepard, & Johnson, 1999; McDonald, Beck, Allison, & Norsworthy, 2005) and teachers (De Roos, Miedema, & Iedema, 2001) can influence their concept of and sense of closeness to God. Studies on attachment and religiosity report that children's positive descriptions of God, such as loving and caring, are related to their parents' parenting styles and their relationship with significant figures like teachers. Attachment to parents influences not only children's concepts of God but also young adults' images of God. For example, individuals whose parenting style is authoritarian and punitive are more likely to perceive God as punitive, distant, and less nurturing (Dickie, Ajega, Kobylak, & Nixon, 2006; McDonald et al., 2005).

Depending on a person's attachment style, individuals are likely to internalize different images of God. McDonald et al. (2005) compared parental attachment with God attachment through a study with 101 college students and found that the quality of parental attachment was associated with the style of God attachment. Participants who experienced a feeling of abandonment from their parents were likely to report higher levels of anxiety in the measurement of God attachment (McDonald et al., 2005). In this regard, Noffke and Hall (2007) assert that individuals who display avoidant attachment feel distant from God and that preoccupied individuals are likely to perceive that God may not be available.

Studies on attachment theory and religion indicate that believers' relationships with God are associated with their childhood attachment styles (Kirkpatrick, 1999; Granqvist, 2002, 2003; Reinert et al., 2009). Kirkpatrick (1992) and Kirkpatrick and Shaver (1990) argued that an individual's attachment history is associated with their relationship with God and in instances of insecure attachment relationships, God serves as a substitute attachment figure. Kirkpatrick and Shaver (1990) examined the relationship between attachment and religion by analyzing data from 180 female and 33 male adults who provided self-report responses regarding their religiosity, their parents' religiosity, and childhood attachment to parents through a newspaper survey. According to the data, 50.7% of participants were classified as secure, 8.1% as avoidant, and 41.2% as anxious/ambivalent. Multiple regression analyses were used to test the hypothesis that a person's religiosity would be influenced by the interaction between childhood attachment and parental religiousness. The finding was that participants in the avoidant attachment classification were the most religious group and were more likely to experience adolescent conversion than other attachment classifications. Therefore, one can conclude that some individuals may perceive God as a substitute attachment figure.

Kirkpatrick (1992) proposed two hypotheses (correspondence and compensation) regarding the relationship between parental attachment and God attachment. According to the correspondence hypothesis, a person's attachment to God is similar to the style of attachment to parents. On the contrary, the compensation hypothesis suggests that a person's attachment to God emerges from the need for a secure attachment to one or both parents. Hence, when the attachment need is not met, these individuals are likely to turn to religion or God and experience a sudden conversion (Kirkpatrick, 1992).

Granqvist (1998) investigated Kirkpatrick's (1992) hypothesis and examined the relationship between childhood attachment to parents and religiosity through a study with 203 Swedish college students. The measures included childhood attachment to each parent, parental religiousness, and participant's religiousness, including religious change and conversion. Multiple regression equations were used to investigate the effect of attachment and parental religiousness on religiousness variables, such as Level of Religiousness and Religious Change. Granqvist (1998) revealed that the interaction of maternal attachment and maternal religiousness was a significant predictor of Level of Religiousness and Youth Religious Change. Moreover, the compensation hypothesis and the correspondence hypothesis were partially supported because of the mediating effect of the combination of a person's childhood attachment style and parents' religiosity.

Kirkpatrick (1997) tested the compensation hypothesis through a longitudinal study with 146 female and 31 male adults for the four-year period. The participants responded to the first part of the survey, completing a religious commitment measure and an attachment style measure; they completed the second survey, a brief religiousness measure, 51 months later. The compensation hypothesis was supported by the finding that women classified as insecurely

attached (avoidant and anxious attachment) scored higher on the variable Finding a New Relationship with God than those securely attached, and women with an anxious attachment style had more religious experiences or changes during the four-year period.

Kirkpatrick (1998) expanded the findings of his 1997 study on the compensation hypothesis by using a different measure of adult attachment, Bartholomew's four-category self-classification measure (Bartholomew & Horowitz, 1991), and studying 195 female and 102 male college students for two subsequent semesters. As predicted, Kirkpatrick (1998) found that participants classified as insecurely attached (preoccupied and fearful) were more likely to report increased religiosity, such as turning to God and religious change. The results were consistent with Kirkpatrick's (1997) finding that insecurely attached individuals who display a negative view of self are likely to seek a relationship with unconditionally loving God as a substitute attachment figure.

To test the correspondence hypothesis, Granqvist and Hagekull (2000a) conducted a cross-sectional study with 156 Swedish college students by focusing on single adults' attachment styles and religiousness. Single participants without a romantic partner reported higher levels of Religious Activity, Relationship with God, and Emotionally Based Religiosity than participants with a romantic partner; however, there was no significant relationship between attachment classifications and religiousness in adult attachment according to the study. Hence, the findings did not fully support the connection between secure attachment and religiousness. Consequently, both hypotheses are likely needed to explain the dynamics between parental attachment and God attachment (Kirkpatrick, 1992) because of the notion that people perceive God as a safe haven or a cause of fear according to their attachment styles (Kirkpatrick, 1998).

Attachment Styles and Coping

Attachment relationships impact how an individual copes with distress and relationships with others (Hobdy et al., 2007; Howard & Medway, 2004; Sagi-Schwartz & Aviezer, 2005). Sagi-Schwartz and Aviezer (2005) claim that adaptive coping is associated with a person's strong sense of coherence formed by secure attachment in childhood. The authors reported that secure attachment in childhood is related to an individual's coping in the midst of stressful life events. Miner (2009) also maintained that insecure attachment is associated with anxiety, depression, and other symptoms of mental illness, while individuals with a secure attachment style tend to be more resilient, self-reliant, socially oriented, and empathic to others' distress. They are also likely to have deeper relationships than those with insecure attachment histories.

Studies have found a significant association between attachment styles and coping strategies (Alexander et al., 2001; Greenberger & McLaughlin, 1998; Howard & Medway, 2004; Kobak & Sceery, 1988; Mikulincer et al., 1993; Moller, McCarthy, & Fouladi, 2002). Securely attached individuals are more likely to use positive religious coping strategies, such as seeking support and regulating negative emotions. Kobak and Sceery (1988) explored the theoretical links between attachment styles and coping strategies. In their research, they provided empirical evidence for the correlation by analyzing the data from 53 college students regarding parental attachment styles, affect regulation, and perception of self and others in distressful situations. Participants' attachment styles and representations of self and others were assessed. They found that a secure attachment pattern was associated with ego-resilience and positive coping strategies, such as the ability to regulate negative feelings and to accept support from family and better adjustment. Additionally, the participants of avoidant and dismissing groups reported low scores on ego-resilience and social support from family.

Greenberger and McLaughlin (1988) also found that secure attachment in childhood was significantly related to positive coping styles, such as support seeking and active problem-solving. In their study, 157 college students completed self-report measures of early parental attachment, current attachment to others, and coping strategies. A correlation analysis revealed that early attachment to father for male participants was significantly associated with the use of a positive coping strategy and seeking emotional support while a secure adult attachment to others for female participants significantly contributed to seeking emotional support (Greenberger & McLaughlin, 1988).

Individuals who are classified as securely attached appear capable of describing their childhood memories in a coherent way (Van IJzendoorn, 1995). They are also likely to control unpleasant feelings and irrational worries related to their past or future (Kobak & Sceery 1988; Mikulincer & Florian, 2001; Steele & Steele, 2008). Securely attached individuals with positive models of self and others cope well with stressors and have the ability to interpret their stressors as less threatening and manageable. They display more constructive coping strategies and are willing to receive support from their friends, family members, and mental health professionals when dealing with maladaptive responses (Mikulincer et al., 1993).

A study with 140 college students in Israel two weeks after the end of the Gulf War in 1991 investigated the connection between attachment style and coping strategies, including problem focused, emotion focused, support seeking, and distancing (Mikulincer et al., 1993). The Israeli students with secure attachment style reported lower levels of anxiety, depression, hostility, and somatization and sought more support seeking strategies than those with insecure attachment styles.

Howard and Medway (2004) also focused on the relationship between adolescents' attachment and coping with stress and hypothesized that adolescents' secure attachments would be positively associated with positive coping strategies, such as family communication and positive avoidance. Analyzing the data from 75 adolescents and their parents who were asked to assess their attachment, coping styles, and life stress, the researchers found that adolescents who reported secure attachment to parents were more likely to use positive coping strategies than insecurely attached adolescents. Consequently, securely attached individuals are likely to report fewer psychological symptoms than insecure individuals, and are more likely to adopt balanced coping strategies, such as a healthy degree of self-disclosure and help-seeking when they are placed in stressful situations (Riggs, 2010; Shapiro & Levendosky, 1999).

Avoidant (Dismissing) individuals are likely to have difficulty in recalling their childhood memories or to normalize their childhood experiences without providing specific episodes to support their attachment relationship with their parents (Van IJzendoorn, 1995). They tend to show that past attachment experience do not affect them and assert that they are not vulnerable to the histories of their negative attachment relationships (Steele & Steele, 2008). However, their negative emotions lead them to develop avoidant strategies, including distancing coping and resisting anxiety and depression in the midst of psychological distress (Mikulincer et al., 1993).

According to Rosenstein and Horowitz (1996), adolescents with avoidant attachment are likely to struggle with antisocial, narcissistic, and paranoid personality disorder. This study with a clinical sample of 60 adolescents and 27 mothers from a psychiatric hospital investigated the association between attachment style and psychopathology in adolescents. Using the AAI, participants' attachment styles, and according to a four-category system, 38% were classified as

dismissing; 42% as preoccupied; 18% as unresolved; and 2% as autonomous (Rosenstein & Horowitz, 1996). A correlation analysis yielded a significant finding that the adolescents in the dismissing attachment classification reported more symptoms of antisocial, narcissistic, and paranoid personalities. The findings are consistent with previous work that avoidantly attached individuals are likely to adopt avoidant strategies (Freeney & Noller, 1990; Feeney & Ryan, 1994; Mikulincer et al., 1993).

Ambivalent (Preoccupied) individuals are described as appearing “to be flooded by emotion and unfavorable memories of childhood attachment experiences and apparent feelings of being unloved, misunderstood, and hurt” (Steele & Steele, 2008, p.11). When they encounter stressful situations, their anxiety levels increase because their attachment figures do not respond to them appropriately. To deal with their anxiety, they tend to overreact to an incident or exaggerate their emotions (Riggs, 2010). Lack of consistent emotional support and responses from attachment figures cause their increased anxiety level and hyperactive behaviors (Mikulincer & Shaver, 2005; Riggs, 2010). Ambivalent children adopt a hyperactive strategy to achieve proximity to their parents because they are suspicious of others and believe that others are not available. Thus, ambivalent children are more likely to exaggerate their negative emotions than securely attached children (Cassidy, 1994).

In examining the relationship between adolescents’ attachment classification and social behaviors, Allen et al. (2002) found that ambivalent attachment in adolescents was positively related to higher levels of delinquent behaviors. This longitudinal study with 117 9th and 10th grade students from several public schools examined how attachment style impacts the development of social skills and delinquent behavior during mid-adolescence. Adolescent attachment styles and problem behaviors were assessed at the start of the study and again after

two years. Using a hierarchical multiple regression analysis supported the hypothesis that secure attachment is significantly associated with problem-solving skills, and the findings supported that adolescents with preoccupied attachment are more likely to get involved in delinquent behaviors to express their distressful emotions and achieve parental attention and care (Allen et al., 2002).

Disorganized attachment in childhood is described as Unresolved (Fearful) attachment in adulthood (Bartholomew & Horowitz, 1991). Adults with a history of disorganized attachment most often report a childhood history of physical or sexual trauma and severe emotional abuse (Riggs, 2010). Unresolved individuals tend to have low self-esteem and seek close relationships. However, they are likely to have difficulty in developing an intimate relationship with others because of fear of rejection or loss (Bartholomew & Horowitz, 1991). Unresolved adults tend to have experienced a traumatic loss or physical or sexual abuse (Macdonald et al., 2008; Zeanah et al., 1999), and they are at risk of depression (Borelli, Goshin, Joestl, Clark, & Byrne, 2010; Ciechanowski, Sullivan, Jensen, Romano, & Summers, 2003); substance abuse (Borelli et al., 2010); dissociative disorders (Liotti, 2004); PTSD (Macdonald et al., 2008); and borderline personality disorder (Holmes, 2004). Analyzing the data from 72 low-income mothers and their infants at 15 months, Zeanah et al. (1999) found that family violence and maltreatment is associated with disorganized attachment.

Macdonald et al. (2008) found that children with a history of disorganized attachment reported more symptoms of PTSD than those with other attachment styles. Seventy-eight children participated in the study at 12 months to assess their childhood attachment styles and again at approximately 8.5 years old to assess attachment status and psychological symptoms. A regression analysis was used to test the hypothesis that disorganized attachment at 12 months is

significantly associated with PTSD symptoms at 8.5 years old. The results indicated that children with a history of disorganized attachment were more likely to re-experience PTSD symptoms (Macdonald et al., 2008). The findings suggest that individuals with a history of disorganized attachment seem to fail to develop positive coping strategies when they are unable to regulate intense feelings of anxiety or fear (Liotti, 2004).

Individuals' coping strategies may vary according to their own attachment experiences and styles. Securely attached individuals are more likely to employ available coping resources, while insecurely attached individuals are likely to struggle to develop effective coping strategies because of their IWMs and negative reappraisal (Alexander et al., 2001). Therefore, it is worthwhile to explore the role of religion as a coping source and the relationship between attachment and religious coping in the next section.

Religious Coping

Religion is a part of the coping process and a product of the coping process (Pargament, 1990). Studies show that religion plays an important role in coping with stressful life events, such as cancer (Nairn & Merluzzi, 2003; Tebbi, Mallon, Richards, & Bigler, 1987; Zwingmann et al., 2006); chronic pain (Benore, Pargament, & Pendleton, 2008; Bush et al., 1999; Dunn, & Horgas, 2004); HIV/AIDS (Pargament, et al., 2004a; Siegel & Schrimshaw, 2002; Trevino et al., 2010); depression (Bosworth et al., 2003; Koenig et al., 1992; Koenig et al., 1995); bereavement (Anderson et al., 2005; Park & Cohen, 1993); and PTSD (Fallot & Heckman, 2005; Harris et al., 2008). The findings support the idea that people use religion as their coping strategy by relying on God as a supportive partner, reframing their pain and tragedies as God's will, and participating in religious activities (Pargament et al., 1990).

Religious Coping Strategies

Although research has investigated the relationship between religion and psychological well-being, a number of studies have focused on general religious activities, such as prayer (Andrade & Radhakrishnan, 2009; Delaney, Forcehimes, Campbell, & Smith, 2009; Richards, & Bergin, 2005; Harvey & Silverman, 2007; Moberg, 2005), spiritual education (Martinez et al. 2007; Walker et al., 2010), and reading religious literature (Garzon, 2005; Walker & Quagliana, 2007)

Through a literature review and interviews with people, Pargament et al. (1988) identified three styles of religious coping: Self-Directing, Deferring, and Collaborative. Self-Directing is a way of religious coping in which an individual responds to a stressful situation or event by focusing on their own responsibility for solving a problem. Deferring is a pattern in which people do not take an action for solving a problem by themselves and try to wait for solutions from God. The Collaborative style is a positive problem-solving style, which is a cooperative work between the person and God. After analyzing the self-report data from 197 Protestant church members, Pargament et al. (1988) found that Deferring and Collaborative coping styles were related to a sense that God is in control. Individuals who had the Deferring style displayed strong reliance or submission to God's will and power. Individuals with the Collaborative style were not passive in coping with stress; rather, they considered God their partner as they worked on the problem. On the other hand, Self-Directing is related to active problem-solving and high levels of competence in the problem-solving process (Pargament et al., 1988).

Pargament et al. (1990) focused on more specific scales of religious coping: Spiritually Based, Good Deeds, Discontent, Religious Support, Plead, and Religious Avoidance. The Spiritually Based scale emphasizes the intimate relationship between the individual and God in

the midst of coping process. The Good Deeds scale focuses on a better and more religiously integrated life, rather than on the negative event. The Discontent scale examines the individual's anger or feeling of being distant from God and other church members. The Interpersonal Religious Support scale explores the individual's supportive relationships with the clergy and others in the church. The Plead scale measures the individual's pleading for a miracle, bargaining with God, and questioning reasons why the stressful event happened. The Religious Avoidance coping scale shows that individuals try to avert their attention from the problem by focusing on religious activities, such as reading the Bible or praying to avoid their current problems (Pargament et al., 1990). Based on the religious coping strategies, Pargament et al. (1990) examined the effects of religious coping strategies in more detail with 586 adults from 10 different Christian denominations including Roman Catholic and Lutheran. These adults reported religion as an important coping resource in their stressful life events. The participants were asked to assess their negative events, responses to those negative events, religious coping activities, nonreligious coping activities, and purposes of religion in coping. The results indicated that religious coping activities were positively associated with general health outcomes. In particular, spiritually based coping activities were the most prominent predictor of positive outcomes, whereas negative religious appraisals (God's punishment and Threat to spiritual well-being) predicted poorer outcomes (Pargament et al., 1990). Pargament et al. (1998) identified various patterns of religious coping, and the terms are defined in Table 2.

Table 2

Various Patterns of Religious Coping Strategies (Pargament et al., 1998, p. 711)

Benevolent Religious Reappraisal	Redefining the stressor through religion as benevolent and potentially beneficial
Punishing God Reappraisal	Redefining the stressor as a punishment from God for the individual's sins
Demonic Reappraisal	Redefining the stressor as the act of the Devil
Reappraisal of God's Powers	Redefining God's powers to influence the stressful situation
Collaborative Religious Coping	Seeking control through a partnership with God in problem solving
Deferring Religious Coping	Passively waiting for God to control the situation
Self-Directing Religious Coping	Seeking control through individual initiative rather than help from God
Religious Focus	Seeking relief from the stressor through a focus on religion
Seeking Spiritual Support	Searching for comfort and reassurance through God's love and care
Religious Purification	Searching for spiritual cleaning through religious actions
Spiritual Connection	Seeking a sense of connectedness with transcendent forces
Spiritual Discontent	Expressions of confusion and dissatisfaction with God
Religious Support from Clergy or Members	Searching for comfort and reassurance through the love and care of congregation members and clergy
Religious Helping	Attempting to provide spiritual support and comfort to others
Interpersonal Religious Discontent	Expressions of confusion and dissatisfaction with clergy or members
Religious Forgiving	Looking to religion for help in letting go of anger, hurt, and fear associated with an offense

Individuals are likely to adopt some of the religious coping strategies to seek their own purposes, such as meaning of life, emotional support, intimate relationship with others, spiritual growth, and self-control. Researchers have recognized and investigated the positive effects of religious coping strategies in terms of physical and psychological health (Bosworth et al., 2003; Koenig et al., 1992; Koenig et al., 1995; Pargament et al., 1998); however, little research has

been conducted on adolescent religious coping (Bjorck, et al. 2010; Molock et al., 2006; Van Dyke et al., 2009).

To examine the relationship between religious coping and emotional functioning in adolescents, Bjorck, Braese, Tadie, and Gililand (2010) developed the Adolescent Religious Coping Scale consisting of seven subscales: Positive God-Focused Coping, Seeking Religious Support, Constructive Distraction, Questioning, Avoidance, Denial, and Deferring. With factor analyses, the researchers found that positive religious coping strategies, such as positive God Focused Coping, Seeking Religious Support, and Constructive Distraction, were significantly associated with emotional functioning and positive health outcomes (Bjorck, et al. 2010).

Molock et al. (2006) investigated the effect of religious coping on African-American adolescents who reported suicidal ideation and attempts. With a sample of 212 African-Americans between the ages 13 and 19 years from three high schools in a suburb of Washington, D.C., the researchers assessed adolescents' suicidal behaviors, reasons for living, hopelessness, depression, public religious participation, and religious coping. The results demonstrated that religious coping styles were significantly related to suicidal behaviors among the participants. The adolescents with Self-Directed religious coping strategy reported increased hopelessness, depression, and suicidal attempts, while those with Collaborative Religious coping strategy were more likely to report more reasons for living (Molock et al., 2006).

Van Dyke et al. (2009) also explored the relationship between religious coping and psychological distress with a sample of 76 middle school students from seventh to eighth grade in New York City area; the majority of participants were Hispanic-American students (84.2%). The study revealed that positive religious coping was significantly associated with positive affect and life satisfaction, while negative religious coping was significantly associated with

psychological symptoms, such as depression, anxiety, and somatization. The findings indicate that adolescents are likely to use the same type of religious coping strategies as adults. Van Dyke et al. (2009) suggests that future research on adolescent religious coping investigate other variables, such as cognitive, affective, behavioral, cultural, gender, and age groups as mediator or moderator, in the relationship between religious coping and psychological distress. Hence, more empirical studies with various ethnic groups, religious backgrounds, and acculturation levels within the adolescent population are needed.

Positive and Negative Religious Coping Strategies

As discussed in the previous section, religious coping is associated with positive health and spiritual outcomes in the midst of stressful life events. Although many studies explored the efficacy of various forms of religious coping, including general religious activities, such as prayer and religious attendance, researchers have begun to examine the effect of particular religious coping strategies in greater detail (Pargament et al., 1998; Pargament et al., 2000; Pargament et al., 2004b).

Pargament et al. (1998) identified the patterns of positive and negative religious coping according to psychological health outcomes and stress-related growth and developed the Brief RCOPE, a 14-item brief measure of religious coping, to measure positive and negative coping strategies. The positive patterns of religious coping include seeking spiritual support, religious forgiveness; collaborative religious coping, spiritual connection, religious purification, benevolent religious reappraisal, and religious focus. The negative patterns consist of spiritual discontent, punishing God reappraisals, interpersonal religious discontent, demonic reappraisal, and reappraisal of God's powers. The study with three different samples—296 church members, 540 college students, and 551 general medical patients—provided psychometric properties of the

Brief RCOPE. Reporting that the Brief RCOPE had good internal consistency, Pargament et al. (1998) concluded that positive religious coping strategies were associated with better health outcomes, fewer symptoms of psychological distress, and spiritual growth. Following this study, Pargament and his colleagues (2000) analyzed the data from 540 college students and 551 senior patients who completed a measure of religious coping, the RCOPE, and provided the same finding that positive religious coping strategies were significantly related to stress-related growth and better religious outcomes while negative religious coping strategies were associated with poorer psychological adjustment and functioning.

Studies on the effect on psychological health of religious coping reported that positive and negative religious coping patterns lead to different outcomes (Ano & Vasconcelles, 2005; Harris et al., 2008; Pargament et al., 2004 a). Through a longitudinal study with 268 senior patients, Pargament et al. (2004a) found that positive religious coping strategies were linked to better spiritual outcomes and stress-related growth, while negative religious coping strategies, such as punishing God reappraisal and interpersonal religious discontent, were associated with poor spiritual outcomes and high levels of depressive mood. In examining the literature on religious coping, Pargament et al. (2004 b) also provided evidence that positive religious coping strategies, such as spiritual support and benevolent religious reappraisal could help patients with HIV to increase their psychological well-being and to decrease their emotional distress, while patients with HIV, who struggled with a feeling of anger toward God or abandonment from God, were likely to report more depressive symptoms and poor psychological outcomes.

Ano and Vasconcelles (2005) conducted a meta-analysis of 49 studies related to religious coping and investigated the relationship between religious coping strategies and psychological adjustment to stress. The meta-analysis supported the hypotheses that positive religious coping

strategies, such as benevolent religious reappraisals, collaborative religious coping, and seeking spiritual support, are significantly associated with stress-related growth, spiritual growth, positive affect, and higher self-esteem. Individuals who used negative religious coping strategies, such as punishing God appraisal and demonic reappraisal displayed poorer psychological adjustment to stress.

Based on the literature on religious coping and mental health, Harris et al. (2008) focused on the effect of religious coping strategies, such as seeking spiritual support, deferring, and religious fear, with a sample of 95 males and 228 females who reported various types of traumatic experiences. The researchers assessed the participants' religious coping methods through the Brief RCOPE and psychological symptoms. The results did not support the hypothesis that the positive religious coping strategy of seeking spiritual support, predicts lower levels of posttraumatic symptoms but did reveal that negative religious coping strategy, was a significant predictor of posttraumatic symptoms. In the study, participants with positive religious coping strategies were more likely to experience positive change and growth than those with negative religious coping strategies.

Consequently, the empirical studies on religious coping show that each religious coping strategy functions differently in the midst of stressful situations. Although the studies focused more on the various aspects of religious coping rather than a general view of religious coping, future research with longitudinal studies or a more diverse sample is suggested (Harris et al., 2008).

Attachment and Religious Coping Strategies

When people are confronted with stressful situations, they are likely to develop their own religious belief and behavior based on their attachment styles (Kirkpatrick & Shaver, 1990;

Kirkpatrick, 1997). In Christianity, God is described as protective, caring, and loving, so many believers consider God a safe haven in stressful situations. Literature illustrates that attachment in childhood is associated with religiosity and God attachment (Granqvist, 1998; Kirkpatrick & Shaver, 1990; Kirkpatrick, 1999). Religious people tend to involve God in coping or participate in religious activities in stressful life events and situations (Granqvist & Hagekull, 2000; Kirkpatrick, 1997, 1998). According to Kirkpatrick (1999), a secure relationship with God prevents or reduces fear, anxiety, and loneliness. He asserts that attachment to God may create positive outcomes in psychological well-being, and that there is a significant relationship between religious belief and attachment process.

Several studies investigated the relationship between attachment and religious coping strategies (Belavich & Pargament, 2002; Corsini, 2009; Granqvist, 2002, 2005). Belavich and Pargament (2002) found that an individual's attachment to God was associated with different types of religious coping activities and styles. One hundred fifty five adults waiting for a loved one to make it through surgery completed a set of measures of attachment to God, religious coping styles, spiritual growth, and general health outcomes. As predicted, people may develop their own spiritual coping strategies according to their attachment to God, secure attachment to God was significantly and positively related to Spiritual coping, and avoidant attachment to God was significantly related to Religious Discontent coping. The findings suggest that secure attachment to God is a predictor of collaborative coping and positive religious coping outcomes, such as receiving support from religious leaders and church members (Belavich & Pargament, 2002).

Granqvist (2005) examined the connection between perceived attachment history and religious coping styles by analyzing data from 197 Swedish participants attending Protestant

churches in Stockholm. In the study, the characteristics of the religious coping supported the compensation hypothesis of God attachment. Another interesting finding was that a significant relation between attachment history and religious coping was observed only at high levels of parental religious activity, while no significant relation was obtained at low levels of parental religious activity. Although the study found no significant relation between attachment history and religious coping, the results presented that individuals with a more insecure attachment history were more likely to involve God in coping. Therefore, Granqvist (2005) concluded that an individual's religious coping activity depends not only on attachment history but also on various factors, such as the level of parents' religiosity and types of stressors.

Schottenbauer et al. (2006) expanded the findings of studies on attachment and religious coping by comparing religious coping and general coping through an Internet survey with a sample of 1,289 adults. The participants completed a set of questionnaires to measure attachment styles, appraisal of a stressful event, general coping, religious coping, and affective resolution regarding the event. A factor analysis and a structural equation model analysis found a significant association between attachment and general coping by reporting that securely attached individuals were more likely to adopt social support and problem solving coping. Moreover, the results indicated that secure attachment contributed to positive religious coping, whereas avoidant attachment led to negative religious coping and ambivalent attachment led to negative appraisal of the event (Schottenbauer et al. 2006). Corsini (2009) also extended current research on attachment and religious coping strategies and found the connection between attachment and religious coping strategies by analyzing the data from a sample of 211 Christian college students who assessed their attachment beliefs, emotion regulation, and religious coping strategies. Although his study highlighted the importance of secure attachment with God and

significant others, it was focused on romantic attachment relationships and religious coping strategies in adult population.

In conclusion, research indicates that secure attachment is significantly linked to positive coping strategies, such as social support and problem engagement coping, while insecure attachment is significantly linked to negative coping, like avoidance coping. Research on religious coping has begun to explore the link between attachment and religious coping strategies. Therefore, more research is needed on the relationship between parental attachment and religious coping strategies in adolescents.

Self-esteem

Self-esteem in Adolescence

Self-esteem develops throughout the life span; however, significant changes in self-esteem take place during adolescence because this period is the most important transitional time from early childhood to adulthood (Engel, 1959; Kaplan, 1975; Rosenberg, 1979). Many factors affect adolescent self-esteem. Body image, gender, race, academic performance, and socioeconomic status in adolescence may affect changes in self-esteem (Rhodes, Roffman, Reddy, & Fredriksen, 2004; Robins & Trzesniewski, 2005).

Rhodes et al. (2004) analyzed the data from 1,804 students from 23 middle schools and examined the relationship between self-esteem and contextual factors, such as race, social class, and school socioeconomic status (SES). Compared to African- and Latino American adolescents, low-income European-American adolescents displayed the lowest level of self-esteem and the sharpest decline in self-esteem during middle school. The findings indicate that SES, income incongruity, and racial incongruity are related to low self-esteem of adolescents. Analyzing the findings from three different studies on self-esteem, Robins and Trzesniewski

(2005) also reported that adolescents' low self-esteem was associated with body image and other problems related to puberty.

Regarding the stability of self-esteem, O'Malley and Bachman (1983) explored stability in adolescence by analyzing data from the Monitoring the Future Project conducted by the University of Michigan's Institute of Social Research. Data from four different schools from 1976 through 1979, showed that the self-esteem of the participants reported significant increase from ages 15 to 23 years and considerable stability of self-esteem was also observed. Through a meta-analysis of 50 published articles, Trzesniewski, Donnellan, and Robins (2003) also found evidence that self-esteem stability continues to increase from adolescence to early adulthood. According to their findings, as young adolescents experience and adjust to significant changes in the transition period, such as improved cognitive ability, and maturational changes, and explore their own identities in new romantic relationships with the opposite sex, they achieve their own identities and the stability of self-esteem increase.

The literature indicates that approximately one-third of adolescents consider themselves worthy of love and acceptance and that they report stability and modest increase in self-esteem during middle and high school years (Guindon, 2009). While research indicates that various factors, such as body image, academic performance, and socioeconomic status are related to adolescent self-esteem (Rhodes et al., 2004; Robins & Trzesniewski, 2005), attachment researchers proposes a significant link between attachment relationships and self-esteem (Ainsworth, 1989; Arbona, & Power, 2003; Paterson et al., 1995).

Attachment and Self-esteem

The relationship between parent and child is an important predictor of self-esteem. Studies on the relationship between self-esteem in adolescence and parenting styles report that a

particular parenting style, such as maternal authoritativeness, leads to increasing self-esteem of children (Bun, Louiselle, Misukanis, & Mueller, 1988; Furnham & Cheng, 2000). According to IWMs of attachment theory, the quality of attachment to a primary caregiver impacts a person's self-esteem (Ainsworth, 1989). Studies on the relationship between attachment and self-esteem found a significant association between the quality of attachment relationships and self-esteem (Arbona, & Power, 2003; Brennan, & Morns, 1997; Bylsma, Cozzarelli, & Sumer, 1997). Research also indicates that attachment styles in childhood and adolescence are significantly associated with a positive sense of self-esteem and psychological well-being (McCormick, & Kennedy, 1994; Dhal, Bhatia, Sharma, & Gupta, 2007; Paterson et al., 1995).

Paterson et al. (1995) explored the influence of attachment to parents and peers on adolescent self-esteem with a sample of 493 New Zealand teens aged 13 to 19 years. The participants were asked to assess the quality of attachment relationship with parents through the Inventory of Parent and Peer Attachment and to rate their self-esteem through three different measures: the Rosenberg Self Esteem Scale, the Offer Self Image Questionnaire, and the Social Relationships Subscale. Correlational analyses revealed that the quality of attachment to both parents and peers was significantly associated with overall adolescent self-esteem (Paterson et al., 1995).

Laible et al. (2004) also examined the relation between parental attachment, peer attachment, and self-esteem in a sample of 246 college students and found that parental attachment was significantly related to self-esteem, while peer attachment was also significantly linked to self-esteem but mediated by empathy and prosocial behavior. Interestingly, the self-esteem of male participants was linked more directly to parental attachment than the self-esteem of female participants. Doyle and Markiewicz (2005) supported the previous findings by

conducting a three-year longitudinal study with 175 adolescents who were 13 years old at the start of the study. Young adolescents with a history of insecure attachment to parents displayed a low level of self-esteem and more internalizing problems, such as symptoms of anxiety and depression.

Some studies support that the mother attachment is the primary factor for self-esteem rather than the father attachment (Hoffman, Ushpiz, & Levy-Shiff, 1988), and that girls with a history of anxious attachment to their mother were negatively associated with self-esteem (Kamkar et al., 2012). Other studies report that father attachment plays an important role for self-esteem, especially for boys (Armsden, 1986) and that both mother attachment and father attachment contribute to self-esteem (Arbona & Power, 2003).

Studies indicate that the quality of adolescent attachment to parents is more directly related to self-esteem than the quality of attachment to peers (Laible et al., 2004; O’Koon, 1997; Paterson et al., 1995). Attachment to peers also serves an important role in self-esteem (Armsden, 1986; Deković & Meeus, 1997); depressive symptoms (Armsden et al., 1990); adjustment (Laible et al., 2000); and psychological well-being (Raja, McGee, & Stanton, 1992).

Laible et al. (2004) examined the relationship between parent and peer attachment and self-esteem with a sample of 246 college students (M age = 18.6 years), who were asked to complete self-report assessments of parent and peer attachment, empathy, social behavior, and self-esteem. Structural equation model revealed that although both secure parent and peer attachment predicted high self-esteem in adolescents, parental attachment was related more directly to self-esteem than peer attachment. Similarly, to investigate the roles of parental attachment and peer attachment with regard to self-esteem, Wilkinson (2004) conducted three studies with various adolescent populations (2,006 Norwegian high school students, 329

Australian high school students, and 347 Australian high school students). By analyzing the data from the three different studies, he found that both secure parental attachment and peer attachment contributed to increased self-esteem.

Researchers have investigated the relationship between attachment and self-esteem; however, no research has been conducted on the mediating role of self-esteem in the relationship between attachment and religious coping. Thus, future research should explore different roles of self-esteem in terms of psychological health (Wilkinson, 2004).

Self-esteem and Coping

Self-esteem is associated with physical and psychological health problems in childhood and adolescence (Trzesniewski et al., 2006), such as childhood obesity (French, Story, & Perry, 1995; Strauss, 2000); coping (Dumont & Provost, 1999); ethnic identity (Phinney & Chavira, 1992); and suicidal ideation (Overholser, Adams, Lehnert, & Brinkman, 1995; McGee & Williams, 2000). Findings indicate that low self-esteem in adolescence is associated with physical and psychological problems.

Self-esteem plays an etiological role in the development and coping process of psychological illnesses, such as alcohol related problems (Tomaka, Morales-Monks, & Shamaley, 2012); eating disorders (Button, Loan, Davies, & Sonuga-Barke, 1997); substance use (Carvajal, Clair, Nash, & Evans, 1998); schizophrenia (Barrowclough et al., 2003); and depressive symptoms (Kernis, Grannemann, & Mathis, 1991). A number of studies report that self-esteem is associated with coping and solving problems, and individuals with high levels of self-esteem are more likely to cope well with their problems than those with low levels of self-esteem (Baumeister et al., 2003; Chapman & Mullis, 1999; Johnson, Lund, & Dimond, 1986; Martyn-Nemeth et al., 2009).

Johnson et al. (1986) investigated self-esteem as an important coping resource and protective factor to increase coping ability. Through a longitudinal study with a sample of 192 older adults, the authors examined the relationship between self-esteem and coping during bereavement and found that the participants with high levels of self-esteem were more resilient in coping with the stress from their spouse's death during the first year. Since the 1980s, much research has explored the effect of self-esteem on psychological health. Baumeister et al. (2003) reviewed a large number of studies and literature on the relationship between self-esteem and various variables, such as academic performance, interpersonal success, happiness, and lifestyles, and concluded that high self-esteem contributes to happiness, better relationship skills, and decreasing the chance of eating disorders.

Moreover, self-esteem in adolescence is significantly associated with resilience (Dumont & Provost, 1999); adjustment (DuBois, Bull, Sherman, & Roberts, 1998); and active coping strategies (Champman & Mullis, 1999; Jambor, & Elliott, 2005; Mantzicopoulos, 1990; Martyn-Nemeth et al., 2009; Utsey et al., 2000). Champman and Mullis (1999) examined the relationship between self-esteem and coping strategies with a sample of 361 middle and high school students from 7th grade to 12th grade. During a class period, the participants were asked to assess their self-esteem and coping strategies. A MANOVA analysis determined that adolescents with a high level of self-esteem were more likely to use positive coping, such as problem-solving, whereas adolescents with a low level of self-esteem reported more passive coping strategies, such as ventilating feelings, avoiding problems, and relaxation (Champman & Mullis, 1999).

Utsey et al. (2000) reported similar results in a study with 213 African-American college students who had experienced racism-related stress. African-American students with low self-

esteem were more likely to get involved in avoidant coping strategies. Jambor and Elliott (2005) found that deaf adolescents who had positive appraisal of deafness and who were willing to accept support from others reported higher self-esteem. Martyn-Nemeth et al. (2009) also examined the effect of self-esteem through a study with a sample of 102 high school students whose majority were African Americans (65.7%). Expecting that self-esteem would impact the coping process, the researchers tested the hypothesis that adolescents with low self-esteem would be more likely to use avoidant coping strategies, such as ignoring the problem or resisting thoughts and activities related to the problem. Even though the findings had a limitation due to the small sample size, the results partially supported that low self-esteem was associated with high levels of stress and avoidant coping strategies (Martyn-Nemeth et al., 2009). Consequently, the findings suggest that positive coping strategies, such as seeking social and emotional support, are positively associated with self-esteem of adolescents.

Korean-American Adolescents

Korean-American Families in the United States

According to the 2010 United States Census, 17.3 million people among 308.7 million Americans identified themselves as Asians. This constitutes approximately 5.6% of the population of the United States (United States Census Bureau, 2010). The population of Asian-Americans in the United States increased 400% between 2000 and 2010. There are approximately 1.7 million Korean-Americans in the United States and Korean-Americans are one of the fastest growing Asian American groups (United States Census Bureau, 2010). Like other Asian-Americans, most Korean-American families live in metropolitan or urban areas, such as Los Angeles, New Jersey, Dallas, and Washington D.C.

Traditional Korean culture and moral values have been influenced by Confucianism, which emphasizes filial piety, respect for ancestors and authority, and social hierarchy, even though Confucianism does not exist any longer as a national ideology. Although Korean immigrant families have been exposed to Western culture and values, such as individualism, gender equality, and freedom, they still maintain some Confucian values and traditional Korean life styles, such as respect for authority, gender roles, and the responsibilities of parents and children (Park & Bernstein, 2008).

Korean immigrant families often experience cultural gap or conflict between parents and children, who are encouraged to adjust to American standards at school. This cultural gap and different values between the two generations tend to disrupt the family structure of Korean immigrant families (Kim, Bean, & Harper, 2004). Traditionally, Korean husbands are expected to support their families financially, and Korean wives are supposed to take care of their husbands and children at home by preparing meals and doing house chores (Park & Bernstein, 2008). However, Korean immigrant wives are likely to spend more time working part time or full time than wives in Korea, thus having less time with their children (Min, 2001).

Many Korean immigrant families tend to show an authoritarian structure in terms of parenting and emphasize interdependent relationships (Kim, Kim, & Rue, 1997). Korean-American families emphasize the age-based hierarchical relationships and teach children respectful Korean language and manners, in which they have to communicate to their parents and to older individuals. Children are expected to be quiet and humble in front of older people and avoid emotional outbursts (Kim, 1996; Kramer, Kwong, Lee, & Chung, 2002). For instance, they are not allowed to argue with their parents, because obedience to parents is considered the most important virtue in Confucianism (Pyke, 2000). Consequently, Korean-American

adolescents often conflict with the family structure and the parenting style of their parents who are first-generation immigrants (Kramer et al., 2002; Kim, Cain, & McCubbin, 2006).

Kim et al. (2006) examined the relationship between parenting styles and Korean-American adolescents' psychological adjustment through a study with a sample of 106 Korean-American families. Adolescents' perception of parenting variables, such as Parental Acceptance-Rejection and Parental Behavioral Control were significantly associated with adolescents' psychological adjustment, whereas parents' reporting of parenting variables was not significantly related to adolescent psychological adjustment. The study was meaningful in exploring the influence of Korean-American family culture and Korean-American adolescents' psychological health; however, Kim et al. (2006) suggested that future research using a larger sample or various outcome variables is needed.

Characteristics of Korean-American Adolescents

Korean-American adolescents are likely to identify themselves as Korean rather than as Korean-American. According to Farver, Kim, and Lee (1995), 42 out of 48 Korean-American students in the study identified themselves as Korean rather than as Korean-American or 1.5 generations who arrived in the United States during childhood or adolescence. The study demonstrated that the majority of Korean-American students mingle primarily with other Korean-Americans instead of with other ethnic American students. Many Korean-American children are bilingual because they have to communicate with their parents in Korean and to use English at school. As most Asian-American adolescents tend to understand and keep their traditional and cultural values out of obligation (Ying, Coombs, & Lee, 1999), Korean-American adolescents also struggle with cultural gaps between traditional, Korean familial rules and roles and American values, such as individuality and independence (Yet et al., 2005).

Asian-Americans are at risk of mental health problems due to age, acculturation, and cultural adjustment difficulties (Park & Bernstein, 2008; Suh & Satcher, 2005). Even though Asian-American students are often portrayed as high achievers, they suffer from a high level of depression and behavioral problems at school. Kang and Romo (2011) found that Asian-American students report a high level of depression, even though they look smart and emotionally healthy. Studies on the mental health of Asian-American adolescents indicate that Asian-American students suffer from serious depressive symptoms (Otsuki, 2003) and display risky behaviors, such as drinking, sexual activity, and substance use (Kang & Romo, 2011). Yeh (2003) investigated the mental health symptoms of 319 Asian-American students: 141 Chinese-American, 124 Korean-American, and 54 Japanese-American adolescents. The Korean-American adolescents reported higher levels of mental health symptoms than their Chinese and Japanese counterparts.

Several studies on Korean-American adolescents provided similar findings pertaining to the causes of depressive symptoms and behavioral problems (Lew, 2004; Suh & Satcher, 2005; Yeh et al., 2005). By interviewing 30 Korean-American high school students with a history of dropout in urban United States schools, such as New York City schools, Lew (2004) found that the rate of Korean-American high school dropouts was related to low socioeconomic background and limited access to appropriate support from school and family. Another qualitative study with 13 Korean-American adolescents also found that Korean-American adolescents feel stressed from their parents because they are expected to have good grades at school, enter prestigious colleges, and find well-paying jobs (Yeh et al., 2005).

Similarly, Suh and Satcher (2005) investigated Korean-American adolescents' risk factors by interviewing 10 Korean-American adolescents in New York City. The qualitative

study found three major factors that led the students to being at risk: “(a) a sense of alienation, (b) feelings of helplessness and hopelessness, and (c) searching for support” (Suh & Satcher, 2005) p. 428). The findings imply that Korean-American adolescents face many challenges to overcome cultural differences (acculturation stress) and psychological distress from school and family.

However, the studies are limited in generalizing their findings due to the qualitative research method, locations, and a small size of samples. Therefore, future research needs to investigate the mental health problems of Korean-American adolescents, using a quantitative research method and larger samples from various locations in order to gain a better understanding of Korean-American adolescents.

Korean-American Parents

Many first-generation Korean immigrants were born and raised in Korea and then immigrated to the United States to seek a better life and better educational environment for their children (Kim, 1996). These family systems prefer family orientation, family loyalty, and an authoritarian structure to individual orientation, independence, and democratic structure (Vinden, 2001). Farver and Lee-Shin (2000) reported that Korean-American preschoolers perceived their teachers as authority figures more than their Anglo-American counterparts did. The researchers observed social behaviors and interpersonal relationships of 48 Anglo-American and 48 Korean-American preschoolers in their preschool settings and found that Korean-American children's behaviors were related to traditional Korean values and teaching style. By analyzing interviews with 34 Korean and 39 Vietnamese-Americans aged 18 to 26 years, Pyke (2000) also found that Korean-American children struggle with their parents' parenting styles and the traditional family

values. Most Korean participants in the study reported that they experienced emotional distance from their parents and disliked hierarchical relationships and obedience in family.

The stereotypical distinctive parenting style of Korean-American parents is the authoritarian style (Dornbusch, Ritter, Leiderman, Roberts, & Fraleigh, 1987; Vinden, 2001). Vinden (2001) investigated the maternal parenting attitudes of 45 Korean-American families by comparing with 52 Anglo-American families and found that Korean-American mothers reported more controlling parenting attitudes than Anglo-American mothers, while Anglo-American mothers exhibited more autonomy-granting parenting attitudes. The results partially supported the claim that the parenting of Korean-American mothers is associated with authoritarian parenting style. Vinden (2001) postulates that the authoritarian parenting attitude in Korean families might be affected by cultural factors and values that are embedded in the Confucius philosophy that emphasizes discipline of a child in terms of respect, loyalty, and harmony. However, according to Kim et al. (2006), recent immigrants to America tend to spend less time talking with their children and have difficulty expressing their feelings to their family members and others; however, their parenting style has gradually changed, using timeout rather than physical punishment and expressing more affection with their children.

Two major elements of Korean parenting are control and warmth (Vinden, 2001). Generally, Korean fathers appear to be authoritarian in terms of parenting, and Korean mothers are more nurturing and caring for their children (Kim & Rohner, 2002). Kim and Rohner (2002) examined the relationship between academic achievement and parenting warmth and control with a sample of 245 Korean-American adolescents from grades 6 to 12. Parental acceptance, warmth, and involvement in Korean-American families were significantly associated with academic achievement. The study indicated that the authoritative parenting style in Korean-

American adolescents was an important predictor of optimal academic achievement and concluded that the majority of the Korean-American adolescent participants viewed their parents as loving and moderate in control (Kim & Rohner, 2002). A further study by Kim (2005) with a sample of 106 Korean-American adolescents and their parents, found that children's perception of parental warmth and behavioral control was consistent with the previous study by Kim and Rohner (2002).

Park (2009) also examined Korean-American adolescents' perceptions of parents in a study of the relationships between parental attachment and mental health measures, such as self-esteem, depression, and social support in Korean-American adolescents. The participants were 260 Korean-American adolescents between the ages of 12 and 18 years ($M = 15.2$ years) living in the southeastern regions of the United States, and they rated the quality of parental attachment using the Parent Bonding Instrument (PBI) (Parker, Tupling, & Brown, 1979). The Korean-American adolescents reported higher scores on the PBI control scale than Anglo-European adolescents in Israel and Australia were more likely to view their parents' parenting as controlling more than Israeli and Australian adolescents. The findings suggest that American culture may influence the perception of Korean-American adolescents about parental behaviors and attitudes (Park, 2009).

Kim (2013) examined the relationship between parental attachment, spirituality, and intergenerational conflict through a cross-sectional study with a sample of 406 Korean-American young adults from 17 Korean churches located in Los Angeles, San Francisco, and San Diego. Participants' parental attachment was measured by the revised version of Inventory of Parent and Peer Attachment (Armsden & Greenberg, 1987), and correlation analyses were used to investigate the link between parental attachment, spirituality, and intergenerational conflict.

Korean adults who scored high on parental attachment reported a low level of intergenerational conflict and a high level of spirituality. In addition, a hierarchical regression analysis revealed a significant mediating effect of parental attachment on the relationship between intergenerational conflict and spirituality in Korean-American adults. The study highlighted the effect of parental attachment on intergenerational conflict and spirituality in Korean-American young adults (Kim, 2013); however, one limitation in the study was the use of a convenience sample of Korean-American young adults. Therefore, the findings cannot be generalized to other age groups like children and adolescents.

Findings of studies on parental attachment in Korean-American families are limited, because few studies have been conducted (Kim & Rohner, 2002; Kim 2005; Kim 2013; Park, 2009). Therefore, the present study with a sample of Korean-American adolescents will expand the findings of research on parental attachment relationships in Korean-American families.

Religiosity of Korean-American Adolescents

Religion is an important part of life in Asian-American families. Asian-Americans, such as Korean-Americans and Filipino-Americans, tend to rely on religion as one of their coping strategies to deal with their stressful life events (Ai, Bjorck, Appel, & Huang, 2013; Bjorck, Cuthbertson, Thurman, & Lee, 2001). The majority of Korean-American families are affiliated with churches and religious activities. Approximately 70% of Korean families in the United States report that they attend church regularly (Lee & Mock, 2005; You, 2005). The high percentage of Christianity in Korean-Americans is unusual because, according to a 2005 Korean Census, the Christian population in Korea is only 18% (as cited in Ministry of Culture, Sports, and Tourism, 2012). The high percentage of Christian Korean-American families indicates that Korean-Americans generally use church as a significant way of acculturation in the United

States. Although many Koreans were not Christians when they arrived in America, they often start attending church to receive support and help from the Korean communities.

Korean immigrant churches in the United States serve as not only as a religious place, but also as a community center for Korean immigrant families to feel connected to other Koreans. Within the community church, they educate their children to learn Korean and keep their Korean identity and traditional values (Kim & Ryu, 2005; Min, 1991). Korean-American adolescents participate in religious activities, such as weekly worship services, Sunday bible study, Vacation Bible Camp, and prayer meetings. Korean immigrant churches play an important role in establishing Korean-American communities because Korean communities were founded on Korean churches. Kim and Ryu (2005) described the Korean church as “both an acculturation agent and a resource for preserving culture and ethnic identity” (p. 354).

Religion and religious activities are very important aspects of Korean-American adolescents in terms of coping and psychological health. In a qualitative study with 13 Korean-American youths, Yeh et al. (2005) found that the participants had a difficult time seeking help for their problems at school and home. The participants reported that they often coped with their problems by participating in religious activities or interacting with friends from their church.

Kang and Romo (2011) also found that a higher level of religiosity was associated with higher levels of personal spirituality and less depressive symptoms in Korean-American adolescents. Using a sample of 248 Korean-American adolescents from a Korean immigrant church located in Los Angeles, the researchers examined the relationship between religious involvement, depression, risky behavior, and academic performance. A path analysis revealed that church engagement was a significant predictor of personal spirituality and that increased spirituality was associated with less depressive symptoms among Korean-American adolescents.

Kim's (2013) recent study focused on the relationship between Christian spirituality, intergenerational conflict, and parental attachment in Korean-American young adults. Analyzing the self-reports of 406 Korean-Americans, the results indicated that Korean-American adults' spiritual dimensions, such as God-Relationship, Awareness of God, and Realistic Acceptance and Impression Management, were positively associated with high levels of parent attachment relationship, while the negative dimensions of the God-relationship, such as Disappointment and Instability, were associated with low levels of parent attachment. The study contributed to finding a significant relationship between spirituality and parental attachment; however, the findings are limited because of the convenience sample of Korean-American adults and the focus only on general spirituality. Therefore, future research on religious coping with different age groups and various religious variables is suggested.

The literature review shows that there is little research on religiosity and religious coping among Korean-American adolescents, although Korean-American families are actively engaged in their religious communities and religious activities. Therefore, this present study on the relationship between attachment, religious coping, and self-esteem in Korean-American adolescents will expand the field of religious coping and will help professional and pastoral counselors and ministers to understand the religiosity and religious coping strategies of Korean-American adolescents.

Summary

This chapter provided the literature review on the field of attachment theory, religious coping, self-esteem, and Korean-American adolescents. The findings of previous studies were discussed. The literature review of attachment theory shows that the attachment relationship with a caregiver in childhood impacts the development of representation of self and others and

coping strategies in adolescence and adulthood. This chapter examined the stability of attachment and the effect of maternal and paternal attachment in adolescence, showing that generally, adolescents maintained their own attachment styles although negative life events might influence the stability of attachment. In addition, research indicates that a person's attachment to peer and to God reflects parental attachment (Dickie et al., 1997; Eshleman et al., 1999; McDonald et al., 2005).

The presented empirical findings demonstrated the effect of secure attachment with respect to general coping and religious coping (Alexander et al., 2001; Greenberger & McLaughlin, 1998; Howard & Medway, 2004; Kobak & Sceery, 1988; Mikulincer et al., 1993; Moller et al., 2002). Many studies on attachment and coping reveal that individuals, depending on their own attachment styles, are likely to display particular coping strategies, such as avoidant or hyperactive strategies. Moreover, religious people perceive God as a substitute attachment figure and are likely to adopt particular religious coping strategies according to their own attachment styles. The findings of the reviewed literature highlight the importance of the quality of attachment relationship; however, no studies investigated the relationship between parental attachment and religious coping strategies in adolescents.

Additionally, this chapter addressed the relationship between attachment and self-esteem and the roles of attachment in coping. Research shows that attachment to parents and to peers influences the development of self-esteem (Arbona, & Power, 2003; Armsden, 1986; Brennan, & Morns, 1997; Bylsma et al., 1997; Deković & Meeus, 1997) and that self-esteem plays an important role in coping with stressful life events in adolescence (Armsden et al., 1990; Laible et al., 2000; Raja et al., 1992).; however, no studies have been conducted on the relationship

between parental attachment, religious coping, and self-esteem, exploring the mediating effect of self-esteem.

The literature review also provided background information on Korean-American adolescents as the population of this study. Most Korean-American adolescents are religious because Korean communities in the United States are strongly affiliated with Korean churches. The characteristics, religiosity, and parenting styles of Korean-American adolescent were also discussed. Most studies on attachment and religious coping have focused on adults and Western populations, but no studies on the relationship between attachment and religious coping using a Korean-American population have been conducted. The next chapter describes the research methodology of research design, selecting samples, procedures, ethical consideration, data analysis, measurements, and hypotheses.

CHAPTER THREE: METHODOLOGY

The purpose of this study was to investigate the relationship between parental attachment, religious coping, and self-esteem in Korean-American adolescents by providing answers to the research questions. Research indicated that numerous factors contribute to one's religious coping strategies; however, this study focused on parental attachment as a contributing factor of religious coping and examined how it is related to an adolescent's religious coping strategies (positive and negative religious coping strategies). This study provides empirical evidence regarding the relationship between parental attachment, religious coping, and self-esteem by testing the hypotheses.

The researcher conducted the study according to the appropriate research procedures to accomplish the purpose of the study. The research procedures, the research design, demographics of participants, data collection and analysis, measuring instruments, ethical considerations, and the hypotheses related to the research questions are presented in this chapter.

Research Design

This study utilized a cross-sectional correlation design to examine significant correlations between mother and father attachments, religious coping strategies, and self-esteem in Korean-American adolescents in the United States. The purpose of a correlational study was to test whether there is a significant linear association between two quantitative variables by measuring the correlation coefficient, Pearson r (Warner, 2008). When significant correlations between two variables are observed, correlation design makes it possible to predict the value of the criterion variable from the value of the predictor variable (Jackson, 2006). The researcher employed a survey method to obtain data from the Korean-American adolescent participants at one specific point in time for the cross-sectional correlation study. The participants completed the

anonymous survey to assess their attachment styles, religious coping strategies, and self-esteem through the self-report instruments. The survey questionnaire consisted of demographic questions, Experience in Close Relationships-Revised (ECR-R, Fraley et al., 2000), the Brief Religious Coping Questionnaire (The Brief RCOPE, Pargament et al., 1998), and the Rosenberg Self-Esteem Scale (RSES, Rosenberg, 1965). Consequently, this study analyzed the raw data from the participants through statistical analysis including Pearson correlation and hierarchical multiple regression. Pearson correlation analyses was used to examine the relationships between the following variables: the relationship between parental attachment and religious coping strategy, the relationship between parental attachment and self-esteem, and the relationship between self-esteem and religious coping strategy. Regression analyses detected a mediating role of self-esteem and adolescent's gender deference in the relationship between parental attachment and religious coping in a sample of Korean-American adolescents.

Selection of Participants

The targeted population of this study was Korean-American adolescents aged 12–18 who were residing in the United States. The participants consisted of both 1.5 generation Korean-American adolescents (arrived in the United States during childhood and adolescence) and second generation Korean-American adolescents (born and educated in the United States). Therefore, they were bilingual or fluent in English. Generally, individuals between the ages of 10 – 12 enter the adolescence period that continues until the ages of 20 – 22 (Levy-Warren, 1992). The study targeted Korean-American adolescents aged 12–18 who were experiencing the developmental and social challenges the most during this age range (Deković, Noom, & Meeus, 1997; Kostanski & Gullone, 1998; Paterson et al., 1995); moreover, this population was more representational of adolescents residing in the United States.

This study used a convenience sampling method wherein subjects were readily available and accessible. The researcher recruited participants from 15 Korean immigrant churches located in in Virginia (8), Maryland (1), Texas (2), Georgia (1), Pennsylvania, (1) Illinois (1), and California (1). The senior pastors of the churches were friends of the researcher or acquainted with the researcher and they were willing to support the research.

Research Procedures

This study conducted a cross-sectional survey to obtain the quantitative data from Korean-American adolescents living in through the Korean churches in the areas. The researcher submitted the documents for the study and the survey to the Liberty University Institutional Review Board (IRB). Upon receiving the approval from the IRB, the researcher contacted the senior and youth pastors of chosen Korean churches by phone or email to explain the purpose of the study and obtained permission to recruit participants from their youth groups.

Co-facilitators, the youth pastors or Sunday school teachers appointed by the researcher, played an important role in administering the survey. The senior pastors of the churches recommended the facilitators, and the researcher contacted them and asked them to be co-facilitators for the study. A high rate of participation depended on the role of a pastor facilitator. When facilitators acknowledged the importance of the survey and strongly encouraged their youth members to participate, youth members were more likely to participate in the survey.

The researcher trained them by explaining the facilitator's roles and responsibility for the study as well as delivered explicit instructions on how the survey was conducted. The instruction in written form in English and Korean was provided to the facilitators prior to the survey. Before the survey, the facilitators were trained via phone conference with the written instruction.

The facilitator distributed the parental consent forms to the students on a Sunday and asked them to return the signed forms on the same day to participate in the study on the following Sunday at least two weeks in advance. On the day of the survey, participants were given a student consent form; the researcher instructed them to read, sign, and detach the second informed consent form. The survey was conducted only at the church facilities for the participants to concentrate on the survey and to improve external validity by providing a similar test setting to all participants. The participants were asked to complete the questionnaire packet, which included demographic and background questions, the Experience in Close Relationships-Revised questionnaire (ECR-R; Fraley et al., 2000), the Brief RCOPE survey (Pargament, et al., 1998), and the Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965). It took about 20 minutes to complete the survey. When the researcher was not able to conduct the survey at the churches, the facilitators administered the survey instead of the researcher. The facilitators conducted the survey according to the written instruction in the same way in which the researcher did. After the survey, they collected the completed survey and consent forms and mailed them to the researcher using a prepaid envelop provided by the researcher.

Ethical Considerations

The participants of the study were Korean-American adolescents aged 12 to 18 years, and they were informed of their rights and confidentiality of their responses on the survey. Participation in the survey was voluntary, and the data was anonymous and kept confidential. Since the participants were minors, parental approval was obtained prior to the survey. The survey questionnaire included the consent form for the participants and their parents; a consent form in Korean was provided for the parents. In the informed consent, the purpose of the study and the procedure was clearly stated. The survey questionnaire did not require the participants to

provide any personal or identifying information. The completed hard copies of the survey questionnaire were kept in a locked file. The researcher keeps the electronic data in a computer with a required password.

Research Questions and Hypotheses

This study sought to answer the research questions by examining the following hypotheses.

Research Question One and Associated Hypotheses

Is there a significant relationship between insecure parental attachment, negative religious coping strategies, and self-esteem?

Hypothesis 1: Insecure mother attachment (anxiety and avoidance) will be positively associated with negative religious coping.

Hypothesis 2: Insecure father attachment (anxiety and avoidance) will be positively associated with negative religious coping.

Hypothesis 3: Insecure mother attachment (anxiety and avoidance) will be positively associated with a low level of self-esteem.

Hypothesis 4: Insecure father attachment (anxiety and avoidance) will be positively associated with a low level of self-esteem.

Research Question Two and Associated Hypothesis

Is there a significant difference between mother attachment and father attachment in terms of negative religious coping strategies in Korean-American adolescents?

Hypothesis 5: Insecure father attachment (anxiety and avoidance) will account for unique variance in negative religious coping after accounting for variance associated with insecure mother attachment and low self-esteem.

Research Question Three and Associated Hypothesis

Does self-esteem play a mediating role in the relationship between parental attachment and religious coping?

Hypothesis 6: Self-esteem will play a mediating role in the relationship between parental attachment and religious coping.

Research Question Four and Associated Hypothesis

Is there an adolescent gender difference between maternal attachment and paternal attachment regarding religious coping strategies?

Hypothesis 7: There will be a significant adolescent gender difference between maternal and paternal attachment regarding religious coping.

Data Analysis Procedures

For data analysis, Statistical Package for the Social Sciences (SPSS, ver. 22) was used to calculate and analyze the data. First of all, the researcher provided descriptive statistical analyses to describe the characteristics of the samples and the variables. The preliminary analyses explored characteristics of the samples regarding gender, parents' marital status, and religiosity and examine whether adolescents' gender difference exists in parental attachment, religious coping strategies, and self-esteem, using an independent two-sample t-test.

Independent samples t-test values were obtained by selecting the Independent-Samples T-Test command in SPSS. The first step of data analysis yielded information about means, standard deviation, and reliability coefficient of the variables. .

The next step was that the researcher examined Pearson correlation r (Correlation values, from -1.00 to +1.00) using SPSS to investigate whether there are significant relationships between insecure attachment, negative religious coping, and self-esteem regarding hypotheses 1,

2, 3, and 4. After obtaining Pearson r between the variables, the researcher ran Hierarchical Multiple Regression (HMR) analyses in which “predictor variables are entered in a series of steps” (Warner, 2008, p. 550). The researcher examined the magnitude of all predictor variables (insecure parental attachment styles and self-esteem) to predict the criterion variable (negative religious coping strategy) along with examination of the increasing pattern of the magnitude changes (R^2) by adding predictor variables in hierarchical order. The entry order of predictor variables was done as follows: Step 1, two dimensions of insecure maternal attachment (anxiety and avoidance); Step 2, two dimensions of insecure maternal attachment and self-esteem; Step 3, two dimensions of insecure maternal attachment, self-esteem, and two dimensions of insecure paternal attachment (anxiety and avoidance).

Through the multiple regression analyses, the research examined whether there is a significant difference between mother attachment and father attachment regarding negative religious coping strategies (hypothesis 5) and investigated the mediation effect of self-esteem (hypothesis 6). The moderation effect of adolescent gender was examined by performing a linear regression between parental attachment and religious coping, controlling for gender (hypothesis 7).

Measures

Demographic and Family Background Questionnaire

The demographic and family background questionnaire asked the participants to answer the following questions: gender, age, race, residential area, parents’ marital status, parents’ religion, and the period of residence in the United States. The participants also reported the importance of religion in their lives, the frequency of prayer outside of religious services, and the frequency of attending religious services.

Mother and Father Attachment: Experience in Close Relationships-Revised (ECR-R)

This study used the ECR-R questionnaire (Fraley et al., 2000) to assess the adolescent participants' attachment relationships with their mother and father. The ECR-R is a revised version of Experiences in Close Relationships (ECR) questionnaire (Brennan, Clark, & Shaver, 1998). It contains many similar and identical items to the items of the ECR because the ECR-R items were selected from the same set of more than 300 attachment items from ECR.

The ECR-R consists of 36 items to assess an individual's attachment relationship with romantic partners (Fraley et al., 2000). It has two subscales (anxiety and avoidance) in terms of attachment relationship, and each subscale contains 18 items to measure the extent of the subscales. For this study, the researcher modified the items of the ECR-R by replacing *romantic partner or partner* in the items with mother or father to assess mother attachment and father attachment, respectively. The participants rated each statement pertaining to their relationship with their mother and father on a seven-point Likert scale ranging from 1 (Strongly Disagree) to 7 (Strongly Agree).

Regarding the classification of attachment styles, the two dimensions (anxiety and avoidance) of the ECR-R correspond with Bartholomew's framework (Bartholomew & Shaver, 1998). For example, if an individual's anxiety and avoidance scores are lower than the median score, the person can be categorized into the Secure group. If an individual's anxiety score is lower than the median score and the person's avoidance score is higher than the median score, the person can be classified as Dismissing. If an individual's scores for anxiety and avoidance are higher than the median score, the person is classified as Fearful. If an individual scores high on anxiety and low on avoidance, the person is classified as Preoccupied (Bartholomew & Shaver, 1998). Although this study did not classify the participants into the four attachment

styles, the participants with low scores of anxiety and avoidance scales could be considered Secure.

The ECR-R has high reliability and suitable convergent and discriminant validity (Sibley, Fischer, & Liu, 2005). Fraley et al. (2000) reported the alpha reliabilities for the anxiety and avoidance subscale were .88 and .92, respectively. Examining the internal reliability and factor structure of the ECR-R, Sibley and Liu (2004) also reported that the ECR-R had high internal reliability in the anxiety and avoidance subscales ($\alpha = 0.9477$ and $\alpha = 0.9344$, respectively). They also reported a high degree of temporal stability in the two subscales over the six-week period. The findings indicate that the ECR-R had good reliability and short-term stability estimates to avoid measurement error.

Sibley et al. (2005) also found that the ECR-R is a highly reliable and precise measure designed to reduce error in longitudinal studies and to improve the stability estimates of the self-report attachment measure. Therefore, the ECR-R is widely used to assess an individual's attachment in many mental health areas, such as stress (Ditzen et al., 2008); sleep disorders (Sloan, Maunder, Hunter, & Moldofsky, 2007); interpersonal distress (Haggerty, Hilsenroth, & Vala-Stewart, 2009); and domestic violence (Goldenson, Geffner, Foster, & Clipson, 2007).

Religious Coping Strategies: The Brief Religious Coping Questionnaire (The Brief RCOPE)

This study used the Brief RCOPE (Pargament et al., 1998) to measure the use of positive or negative religious coping of the adolescent participants. The Brief RCOPE was developed to provide researchers and mental health professionals with an efficient and condensed measure of religious coping because the Full RCOPE was not widely used due to its extensive length. While the full RCOPE consists of 21 subscales and 105 items, the Brief RCOPE has only 2 subscales

(positive and negative religious coping scales) and 14 items with a four-point Likert scale from 0 (not at all) to 3 (a great deal) (Pargament et al., 1999).

The Brief RCOPE was developed based on the theory of religious coping. Religious coping refers to “efforts to understand and deal with life stressors in ways related to the sacred” (Pargament, Feuille, & Burdzy, 2011, p. 52). The patterns of positive religious coping include “benevolent religious reappraisals, collaborative religious coping, seeking spiritual support, spiritual connection, religious purification, seeking help from clergy or members, religious helping, and religious forgiveness” (Pargament et al., 1998, p. 712). The patterns of negative religious coping include “expression of a less secure relationship with God, a tenuous and ominous view of the world, and a religious struggle in the search for significance” (Pargament et al., 1998, p. 712). The positive religious coping strategies reflect a person’s secure relationship with God, a sense of spiritual connectedness with others, and a benevolent worldview, while the negative religious coping strategies are related to spiritual tensions and struggles within oneself, with others, and with God (Pargament et al. 2011).

The Brief RCOPE has good reliability and validity ratings. A study with a meta-analysis, which included 30 studies using the Brief RCOPE, reported that the Cronbach’s alpha for the Positive Religious Coping scale ranged from 0.92 to 0.67, and the Cronbach’s alpha for the Negative Religious Coping scales ranged from 0.90 to 0.60 (Pargament et al., 2011). The same study also revealed that the Brief RCOPE had good concurrent, predictive, and incremental validity. The Brief RCOPE has been widely used in many studies with various types of samples, including patients with cardiac surgery (Ai, Seymour, Tice, Kronfol, & Bolling, 2009); African-American women who have experienced domestic violence (Bradley, Schwartz, & Kaslow,

2005); caregivers for cancer patients (Pearce, Singer, & Prigerson, 2006); and seniors in residential care (Schanowitz & Nicassio, 2006).

Recently, many studies on religious coping have used the Brief RCOPE to measure a person's positive and negative religious coping styles (Balboni et al., 2007; Bjorck & Thurman, 2007; Jacobsen, Zhang, Block, Maciejewski, & Prigerson, 2010; Molock, et al., 2006; Thune-Boyle, Stygall, Keshtgar, & Newman, 2006; Van Dyke, et al., 2009). The Brief RCOPE consists of 14 questions to measure a person's positive and negative religious coping strategies. Table 3 shows that each question in the Brief RCOPE is related to the particular positive and religious coping strategy and that each religious coping strategy serves various functions. It also implies that measuring a person's religious coping pattern requires a multidimensional approach that includes spirituality, relationships with others, emotions, and cognition.

Table 3

Positive and Negative Religious Coping Strategies in the Brief RCOPE (Pargament, et al., 2011)

Positive Religious Coping strategies/The Brief RCOPE	
Spiritual Connection	Looked for a stronger connection with God (#1)
Seeking Spiritual Support	Sought God's love and care (#2)
Seeking Spiritual Support	Sought help from God in letting go of my anger (#3)
Collaborative Religious Coping	Tried to put my plans into action together with God (#4)
Benevolent Religious Reappraisal	Tried to see how God might be trying to strengthen me in this situation (#5)
Religious Forgiveness	Asked forgiveness for my sins (#6)
Religious Focus	Focused on religion to stop worrying about my problems (#7)
Negative Religious Coping Strategies / The Brief RCOPE	
Spiritual Discontent	Wondered whether God had abandoned me (#8)
Punishing God Reappraisals	Felt punished by God for my lack of devotion (#9)
Punishing God Reappraisals	Wondered what I did for God to punish me (#10)
Spiritual Discontent	Questioned God's love for me (#11)
Interpersonal Religious Discontent	Wondered whether my church had abandoned me (#12)
Demonic Reappraisal	Decided the devil made this happen (#13)
Reappraisal of God's Power	Questioned the power of God (#14)

Self-Esteem: The Rosenberg Self-Esteem Scale (RSES)

This study used the Rosenberg Self-Esteem Scale (RSES) (Rosenberg, 1965), which is a 10-item self-report questionnaire to measure an individual's general feelings of worth and satisfaction with himself or herself. The RSES consists of two subscales (self-competence and self-liking), and each subscale has five items. The self-competence subscale measures an individual's self-efficacy (feeling I am confident, capable, and efficacious), and the self-liking scale measures an individual's self-worth (feeling I am good and socially relevant) (Schmitt & Allik, 2005). Each item is rated on a four-point Likert scale ranging from 1 (completely false) to 4 (completely true). High scores of the RSES indicate higher self-esteem.

The RSES plays an important role in measuring one's self-esteem in the areas of psychotherapy, physical health studies, and across different participant groups in terms of culture, language, and age (Sinclair et al., 2010). According to Schmit and Allik (2005), the RSES has been translated into 28 languages and used across 53 nations. Even though the RSES was developed with the limited location and age group of the samples (only one state and college students), it has been widely used because of its simplicity, reliability, and face validity (Sinclair et al., 2010). In the field of attachment relationships, the RSES has been widely used for studies on the relationship between attachment and self-esteem in adolescent participants (Emmanuelle, 2009; Laible, et al., 2004; Paterson et al., 1995; Sim & Yow, 2011).

Gray-Little (1997) examined the reliability and the validity of the RSES through factor analysis and item response theory and concluded that the RSES is a highly reliable and internally consistent measure of global self-esteem, reporting that the Cronbach's alpha for the 10 items was .88. Sinclair et al. (2010) concluded that the RSES is a reliable and valid measure of self-esteem by stating, "the RSES generally satisfied scaling assumptions overall and across subgroups, including tests of item convergent and discriminant validity, internal consistency reliability, and floor and ceiling effects" (p. 76).

Summary

This study explored the relationship between parent attachment, religious coping, and self-esteem in a population of Korean-American adolescents by using the cross-sectional correlation research design. The research methodology, including recruitment, data collection, data analysis, and the measurements, has been described. The survey questionnaire consisted of demographic information questions, the ECR-R to measure mother and father attachment, the Brief RCOPE to measure religious coping strategies, and the RSES to measure self-esteem. This

study tested the hypotheses through statistical analyses, including Pearson correlation and regression analyses using SPSS.

CHAPTER FOUR: RESULTS

The purpose of the study was to examine the relationship between parental attachment, religious coping strategies, and self-esteem in Korean-American adolescents, investigating the mediation effect of self-esteem on the relationship between parental attachment and religious coping strategies. This cross-sectional correlation study collected data from a sample of 261 Korean-American adolescents from seven states in the United States and analyzed it to test the hypotheses related to the research questions. The results of the study and analysis are presented and discussed in this chapter. First, preliminary analyses of the study include demographic characteristics of the samples and the measurements. Second, linear and multiple regression analysis provide statistical results to test the seven hypotheses for this study.

Preliminary Analyses

Descriptive Statistics of Demographic Data

Two hundred sixty one Korean-American adolescents participated in the study and completed the demographic questionnaire, which included questions about their gender, parents' marital status, parents' religion, and participant's birth place, residency, and religiosity. The sample consisted of 126 males (48.3%) and 135 females (51.7%). The age of the participants ranged from 12 to 18 and the mean age was 14.78 ($SD = 1.93$): 12 ($n = 40$, 15.3%), 13 ($n = 36$, 13.8%), 14 ($n = 48$, 18.4%), 15 ($n = 50$, 19.2%), 16 ($n = 23$, 8.8%), 17 ($n = 33$, 12.6%), and 18 ($n = 31$, 11.9%). Most participants reported that they were living with both parents ($n = 229$, 87.7%), living with their fathers only ($n = 5$, 1.9%), living with their mothers only ($n = 25$, 9.6%), and no response ($n = 2$, 0.8%). Regarding parents' marital status, 237 participants reported married (90.8%), divorced ($n = 14$, 5.4%), separated ($n = 7$, 2.7%), and remarried ($n = 3$, 1.1%). The majority of participants ($n = 226$, 86.6%) reported that both their parents are

Christians, while 28 participants (10.7%) reported that only their mother was Christian. Five respondents (1.9%) indicated that neither were Christian, and two responses were missing (0.8%).

With regard to birth place and residency, 100 participants (38.3%) were born in Korea, 157 (60.2%) were born in the United States, and four (1.5%) were born in other places. Among 261 participants, the majority of participants were recruited from Virginia ($n = 181$, 69.3%) and Maryland ($n = 30$, 11.5%). The number and percentage of participants from other states was as follows: Texas ($n = 16$, 6.1%), Illinois ($n = 11$, 4.2%), California ($n = 9$, 3.4%), and Georgia ($n = 9$, 3.4%). Almost half of the participants ($n = 121$, 46.4%) reported that they had lived in the United States since they were born and approximately 30% of the participants ($n = 73$, 28.0%) reported that they had lived more than 10 years in the United States: 5-10 years ($n = 35$, 13.4%), 4-5 years ($n = 18$, 6.9%), 1-3 years ($n = 10$, 3.8%), and less than 1 year ($n = 4$, 1.5%).

Regarding religiosity, the participants were asked to respond to the question (*How important would you say religion is in your life?*) on scale of 0 to 6 (not at all, 0 – extremely important, 6). The majority of participants ($n = 224$, 85.9%) considered religion important in their life. The responses were as follows: extremely important, 6 ($n = 94$, 36.0%), 5 ($n = 86$, 33.0%), 4 ($n = 44$, 16.9%), 3 ($n = 23$, 8.8%), 2 ($n = 6$, 2.3%), 1 ($n = 4$, 1.5%), and not at all, 0 ($n = 1$, 0.4%). They reported praying every day ($n = 87$, 33.3 %), 1-3 times a week ($n = 82$, 31.4%), 4-5 times ($n = 44$, 16.9%), several times a month ($n = 35$, 13.4%), and never ($n = 11$, 4.2%). All the participants (100%) attended Sunday worship regularly, and approximately half the participants also reported that they attended Friday night prayer meeting ($n = 120$, 46%) and weekend activities ($n = 112$, 42.9%) regularly. Among 261 respondents, 19 reported that they

attended early morning prayer services (7.3%), 23 attended Wednesday service ($n = 23$, 8.8%), and 23 attended other activities ($n = 23$, 8.8%).

Table 4

Demographic Characteristics of the Sample (N = 261)

	Demographic Characteristics	Mean	SD	Range	Frequency	%	n
Sex	Male				126	48.3	126
	Female				135	51.7	135
	Total						261
Age		14.78	1.93	12-18			
	12 years old				40	15.3	
	13 years old				36	13.8	
	14 years old				48	18.4	
	15 years old				50	19.2	
	16 years old				23	8.8	
	17 years old				33	12.6	
	18 years old				31	11.9	
Living with Parents	Both				229	87.7	
	Father Only				5	1.9	
	Mother Only				25	9.6	
	Missing Data				2	.8	
Parents' Marital Status	Married				237	90.8	
	Divorced				14	5.4	
	Separated				7	2.7	
	Remarried				3	1.1	
Christian Parents?	Both of them				226	86.6	
	Mother only				28	10.7	
	Father only				0	0	
	Neither				5	1.9	
	Missing data				2	.8	
Place of birth	Korea				100	38.3	
	U.S.				157	60.2	
	Other				4	1.5	
Place of recruitment	Virginia				181	69.3	
	Maryland				30	11.5	
	California				9	3.4	
	Texas				16	6.1	
	Pennsylvania				5	1.9	
	Georgia				9	3.4	

	Illinois	11	4.2	
Length of living in the U.S.	Born in the U.S.	121	46.4	
	Less than 1 year	4	1.5	
	1-3 years	10	3.8	
	4-5 years	18	6.9	
	5-10 years	35	13.4	
	More than 10 years	73	28.0	
Period of attending church	Less than 6 months	2	.8	
	6 months-1 year	1	.4	
	1-2 years	4	1.5	
	2-3 years	8	3.1	
	More than 3 years	246	94.3	
Importance of Religion		4.81	1.19	0-6
	0 (not at all)	1	.4	
	1	4	1.5	
	2	6	2.3	
	3	23	8.8	
	4	44	16.9	
	5	86	33.0	
	6 (extremely important)	94	36.0	
	Missing data	3	1.1	
Frequency of prayer	Every day	87	33.3	
	1-3 times a week	82	31.4	
	4-5 times a week	44	16.9	
	Several times a month	35	13.4	
	Never	11	4.2	
	Missing data	2	.8	
Religious Activity	Sunday worship	261	100	261
	Early morning prayer service	19	7.3	261
	Wednesday service	23	8.8	261
	Friday night prayer meeting	120	46.0	261
	Weekend activities	112	42.9	261
	Others	23	8.8	261

Descriptive Statistics of Measurements

Means, standard deviations, and the Cronbach's alphas of the measures were calculated.

The ECR-R. This study used the ECR-R to measure the participants' parental attachment classifications, which consist of two sub-scales (anxiety and avoidance scales). The participants were asked to respond to each of the ECR-R forms for mother attachment and father attachment respectively. The mean score of the anxiety subscale ECR-R for mother attachment was 1.843 ($SD = 0.842$), and the Cronbach's alpha was .855. The mean score of the avoidance subscale ECR-R for mother attachment was 2.807 ($SD = 1.247$), and the Cronbach's alpha was .923. The mean score of the anxiety subscale for father attachment was 1.975 ($SD = 1.046$), and the Cronbach's alpha was .900. The median score of the avoidance subscale for father attachment was 3.404 ($SD = 1.459$), and the Cronbach's alpha was .946. According to Fraley et al. (2000), the original Cronbach's alphas for the anxiety and avoidance subscale were .88 and .92, respectively.

The Brief RCOPE. The Brief RCOPE consisted of two sub-scales: Positive Religious Coping (PRC) and Negative Religious Coping (NRC) scales. The mean score of PRC was 2.989 ($SD = 0.662$), and the mean score of NRC was 1.969 ($SD = 0.659$). The Cronbach's alphas of PRC and NRC were .870 and .893, respectively.

The RSES. The mean score of the RSES was 2.798 ($SD = 0.636$), and the Cronbach's alpha was .893, compared to the .88 of the study of Gray-Little (1997). The high Cronbach's alphas of the studies indicate that the RSES is a highly reliable assessment to measure self-esteem.

In order to examine statistical differences between boys and girls regarding the measurements, independent 2 samples t-tests were conducted. No statistical differences were

detected between the male adolescents and the female adolescents on the measurements except avoidant attachment to father of ECR-R ($t = -2.084, p < .05$) and RSES ($t = 3.762, p < .001$).

The results indicate that the male participants are likely to display lower levels of avoidant attachment to father and higher levels of self-esteem than the female participants (See table 5).

Table 5

Descriptive Statistics of the Variables

Variables	Male			Female			Total			t	Alpha
	N	Mean	SD	N	Mean	SD	N	Mean	SD		
Anxiety to Mother	126	1.759	0.683	134	1.921	0.963	260	1.843	0.842	-1.558	.855
Avoidance to Mother	126	2.911	1.152	134	2.708	1.327	260	2.807	1.247	1.316	.923
Anxiety to Father	124	1.899	0.868	133	2.046	1.187	257	1.975	1.046	-1.127	.900
Avoidance to Father	124	3.209	1.256	133	3.586	1.609	257	3.404	1.459	-2.084*	.946
PRC	124	3.005	0.626	134	2.975	0.697	258	2.989	0.662	.361	.870
NRC	124	1.936	0.641	134	1.999	0.675	258	1.969	0.659	-.768	.799
RSES	124	2.949	0.601	133	2.657	0.638	257	2.798	0.636	3.762* **	.893

Note. * $p < .05$ and *** $p < .001$. Alpha is the Cronbach's alpha. PRC: Positive

Religious Coping. NRC: Negative Religious Coping

Results

Research Question One and Associated Hypotheses

Is there a significant relationship between insecure parental attachment, negative religious coping strategies, and self-esteem? The first research question was examined using

Pearson's correlation in a correlation matrix, displaying two subscales of the ECR-R for mother attachment and father attachment, two subscales of the RCOPE (PRC and NRC) for religious coping strategies, and the RSES for self-esteem. Pearson's correlation coefficients were calculated using SPSS (ver. 22) to determine the degree and direction of the linear relationship between insecure parental attachments (anxiety and avoidant attachment), negative religious coping strategies, and self-esteem in the Korean-American adolescent participants. The correlations with coefficient values between the variables are presented in Table 6.

Regarding the first research question, hypothesis 1 was that insecure mother attachment (anxiety and avoidance) will be positively associated with negative religious coping. The simple linear regression was employed to determine the correlation between insecure mother attachment and negative religious coping. In examining the correlation coefficients between the variables, anxious attachment ($r = .344, p < .01$) and avoidant attachment ($r = .160, p < .05$) to mother were significantly and positively related to negative religious coping, indicating that Korean-American adolescents with high levels of insecure mother attachment are likely to display negative religious coping. Meanwhile, avoidant attachment to mother ($r = -.273, p < .01$) was significantly negatively correlated to positive religious coping.

Hypothesis 2 stated that insecure father attachment (anxiety and avoidance) will be positively associated with negative religious coping. According to the results of the correlation coefficient table, anxious attachment ($r = .335, p < .01$) and avoidant attachment ($r = .229, p < .01$) to father were significantly and positively correlated to negative religious coping, suggesting that Korean-American adolescents with high levels of insecure father attachment tend to report negative religious coping strategies. Meanwhile, avoidant attachment to father ($r = -.222, p < .01$) was significantly negatively correlated to positive religious coping, demonstrating

that Korean-American adolescents with insecure attachment to their fathers are more likely to adopt negative religious coping strategies and less likely to adopt positive religious coping strategies.

Hypothesis 3 stated that insecure mother attachment (anxiety and avoidance) will be positively associated with a low level of self-esteem. According to the correlation coefficient table (see Table 6), anxious and avoidant attachment to mother were significantly and negatively associated with self-esteem ($r = -.449, p < .01$ and $r = -.391, p < .01$, respectively), demonstrating that the participants with high scores of anxiety and avoidance for mother attachment were likely to report lower self-esteem.

Hypothesis 4 predicted that insecure father attachment (anxiety and avoidance) will be positively associated with a low level of self-esteem. The simple regression analysis yielded that anxious and avoidant attachment to father were significantly and negatively associated with self-esteem ($r = -.429, p < .01$ and $r = -.472, p < .01$, respectively). The result refers to the fact that Korean-American adolescents with higher levels of insecure attachment are likely to display lower self-esteem, while those with secure attachment to father (lower levels of anxious and avoidant attachment to father) are likely to display high self-esteem.

Table 6

Correlations Between Parental Attachment, Religious Coping, and Self-esteem

Variables		B	C	D	E	F	G
A	Anxiety to Mother	.498**	.618**	.348**	-.023	.344**	-.449**
B	Avoidance to Mother		.351**	.573**	-.273**	.160*	-.391**
C	Anxiety to Father			.602**	.007	.335**	-.429**

D	Avoidance to Father	-.222**	.229**	-.472**
E	PRC		.055	.216**
F	NRC			-.319**
G	Self-esteem			

Note. * $p < .05$ and ** $p < .01$. PRC: Positive Religious Coping. NRC: Negative Religious Coping

Research Question Two and Associated Hypothesis

Is there a significant difference between mother attachment and father attachment in terms of negative religious coping strategies in Korean-American adolescents? A hierarchical regression analysis was conducted to test hypothesis 5: Insecure father attachment (anxiety and avoidance) will account for unique variance in negative religious coping after accounting for variance associated with insecure mother attachment and low self-esteem. Insecure mother attachment variables (anxious and avoidant attachment to mother) were first entered and followed by self-esteem and insecure father attachment variables (anxious and avoidant attachment to father). Table 7 below shows an overview of the findings.

Table 7

Hierarchical Regression Predicting the Unique Variances on Negative Religious Coping

Step	Predictors	R ²	ΔR ²	F	F Change
1	Anxiety to Mother Avoidance to Mother	.116		16.432***	
2	Anxiety to Mother Avoidance to Mother	.154	.038	15.127***	-1.305

	Self-esteem				
3	Anxiety to Mother	.172	.018	10.267***	-4.860
	Avoidance to Mother				
	Self-esteem				
	Anxiety to Father				
	Avoidance to Father				

Notes. * $p < .05$, ** $p < .01$ and *** $p < .001$.

In the first series of the hierarchical regression analysis, negative religious coping was regressed onto the two dimensions of insecure attachment to mother (anxiety and avoidance), which revealed a significant degree of unique variance ($R^2 = .116$, $p < .001$, $F = 16.432$). The two variables of insecure mother attachment accounted for almost 12% of unique variance in the regression model. Second, negative religious coping was regressed onto the two dimensions of insecure mother attachment and self-esteem. This also revealed that both insecure attachment and self-esteem accounted for unique variance in the model ($R^2 = .154$, $p < .001$, $F = 15.127$). Therefore, the effect of combined insecure mother attachment and self-esteem accounted for 15% of variance, while self-esteem accounted for unique 4% variance ($R^2 \text{ change} = 0.038$). The third regression regressed Negative Religious Coping (NRC) onto two dimensions of insecure mother attachment (anxiety and avoidance), self-esteem, and two dimensions of insecure father attachment (anxiety and avoidance). The results indicated that insecure father attachment did not account for significant unique variance in negative religious coping ($R^2 \text{ change} = .018$), although the total variance in the final step was 17% ($R^2 = .172$, $p < .001$, $F =$

10.267). This means that insecure father attachment accounted for only 2% unique variance in negative religious coping after controlling for insecure mother attachment and self-esteem.

Table 8

Beta Weights of the Variables in Step 3

Step 3	Predictors	B	t
	Anxiety to Mother	.154	2.296*
	Avoidance to Mother	-.046	-1.085
	Self-esteem	-.191	-2.629**
	Anxiety to Father	.094	1.667
	Avoidance to Father	.018	.459

Notes. * $p < .05$, ** $p < .01$ and *** $p < .001$.

Beta weights of the predictor variables in table 8 show that anxiety to mother ($\beta = .154$, $t = 2.296$, $p < .01$) and self-esteem ($\beta = -.191$, $t = -2.629$, $p < .001$) were significant predictors while avoidance to mother ($\beta = -.046$, $t = -1.085$), anxiety to father ($\beta = .094$, $t = 1.667$), and avoidance to father ($\beta = .018$, $t = .459$) were not significant predictors of negative religious coping. As a result, hypothesis 5 was rejected. In other words, insecure father attachment (anxious attachment and avoidant attachment to father) did not appear to significantly affect the relationship between maternal attachment and negative religious coping.

Research Question Three and Associated Hypothesis

Does self-esteem play a mediating role in the relationship between parental attachment and religious coping? This research question was examined with hypothesis 6: Self-esteem will play a mediating role in the relationship between parental attachment and religious coping. To

test the hypothesis, multiple regressions were conducted to investigate the mediation effect of self-esteem between insecure parental attachment (anxiety and avoidance) and negative religious coping. Significant correlations between the variables were reported in Table 6. Table 9 and Table 10 also reveal the path coefficients of negative religious coping in insecure mother and father attachment.

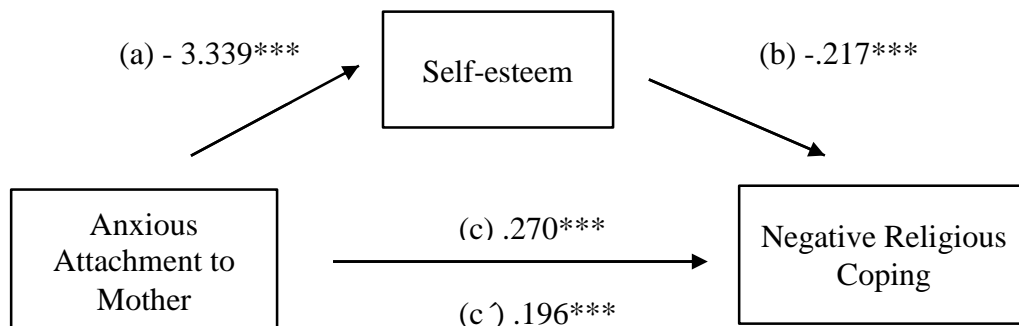
Correlation analysis in Table 6 showed that there was a significant correlation between anxious attachment to mother and negative religious coping ($r = .344, p < .01$), and Table 9 also shows that the direct path from anxious attachment to mother to negative religious coping is also significant ($\beta = .270, p < .001$). Figure 2 shows that the indirect path from anxious attachment to mother to self-esteem was also significant ($\beta = -.339, p < .001$), and self-esteem was a significant predictor of negative religious coping ($\beta = -.217, p < .001$). In order to determine the mediation effect of self-esteem within the path model of negative religious coping, the effect size of the predictor variable on the outcome variable should be zero or reduced to zero (Warner, 2008). Table 9 and Figure 2 show that self-esteem partially mediated the relationship between anxious attachment to mother and negative religious coping by reporting the reduced effect size from $\beta (c) = .270, p < .001$ to $\beta (c') = .196, p < .001$. Table 9 and Figure 2.1 also demonstrate the mediation effect of self-esteem in the relationship between avoidant attachment to mother and negative religious coping with the reduced effect size from $\beta (c) = .085, p < .001$ to $\beta (c') = .021, p < .001$.

Table 9

Regression Models for Insecure Attachment to Mother

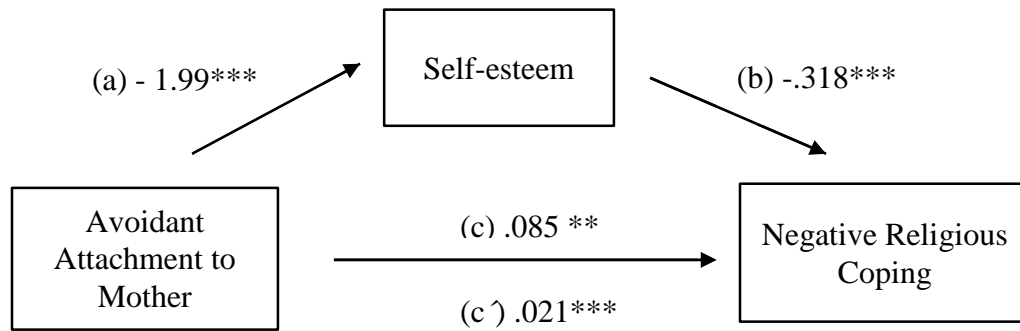
Model	Dependent variable	Predictors	B	Std. Error	t	R ²	Adjusted R ²
1	NRC	Anxiety	.270	.046	5.857***	.119	.115
2	Self-esteem (Mediator)	Anxiety	-.339	.042	- 8.003***	.201	.198
3	NRC	Anxiety	.196	.051	3.854***	.153	.146
		Self-esteem (Mediator)	-.217	.067	-3.217***		
4	NRC	ECR-R Avoidance	.085	.033	2.594**	.042	.038
5	Self-esteem (Mediator)	ECR-R Avoidance	-.199	.029	-6.778***	.153	.150
6	NRC	ECR-R Avoidance	.021	.034	.614	.105	.097
		Self-esteem (Mediator)	-.318	.067	-4.727***		

Notes. ** $p < .01$ and *** $p < .001$, NRC : Negative religious coping



Note, *** $p < .001$

Figure 2. A path model of negative religious coping (anxious attachment to mother)



Note, ** $p < .01$ and *** $p < .001$

Figure 2.1. A path model of negative religious coping (avoidant attachment to mother)

For the path model of negative religious coping in insecure father attachment, the mediation effect of self-esteem in the model was also identified using the same multiple regression in Table 10. Correlation analysis revealed that there were significant relationships among the variables: correlation between insecure attachment to father and negative religious coping (anxiety, $r = .335$, $p < .01$ and avoidance, $r = .229$, $p < .01$) and correlation between self-esteem and negative religious coping ($r = -.319$, $p < .01$). Based on the correlation analysis, multiple regression was performed to investigate the mediation effect of self-esteem in the relationship between insecure attachment to father and negative religious coping with the sample of Korean-American adolescents.

As expected, self-esteem partially mediated the relationship between insecure attachment to father and negative religious coping. Reduced effect size was identified when self-esteem as a mediator was controlled in the model. Table 10 and Figure 3 show that the effect size between anxious attachment to father to negative religious coping reduced from $\beta (c) = .211$, $p < .001$ to

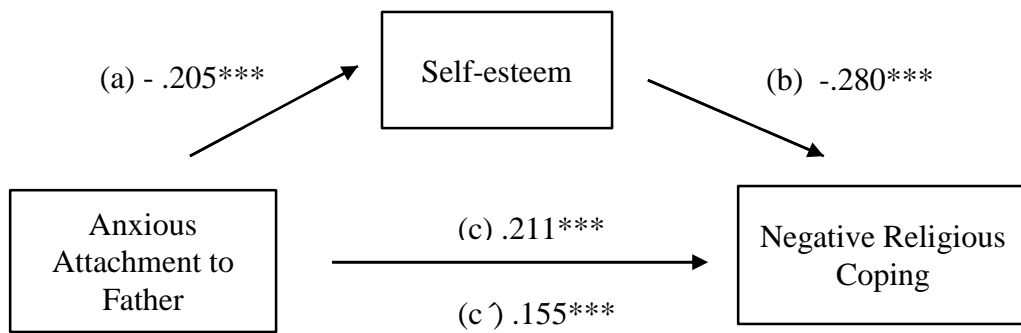
$\beta (c') = .155, p < .001$. In addition, the effect size of avoidant attachment to father on negative religious coping also reduced from $\beta (c) = .103, p < .001$ to $\beta (c') = .046, p < .001$ (See Table 10 and Figure 3.1). Consequently, the results indicate that self-esteem plays a mediating role in the relationship between insecure parental attachment and negative religious coping.

Table 10

Regression Models for Insecure Attachment to Father

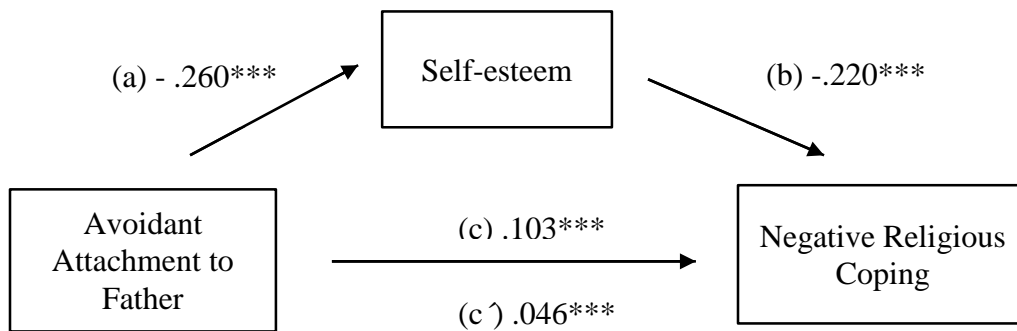
Model	Dependent variable	Predictors	B	Std. Error	t	R ²	Adjusted R ²
1	NRC	Anxiety	.211	.037	5.662***	.112	.109
2	Self-esteem (Mediator)	Anxiety	-.260	.034	-7.554***	.184	.181
3	NRC	Anxiety	.155	.041	3.814***	.114	.110
		Self-esteem (Mediator)	-.220	.067	-3.288***		
4	NRC	Avoidance	.103	.028	3.746***	.052	.049
5	Self-esteem (Mediator)	Avoidance	-.205	.024	-8.506***	.222	.219
6	NRC	Avoidance	.046	.030	1.504	.109	.102
		Self-esteem (Mediator)	-.280	.070	-3.999***		

Notes. *** $p < .001$. NRC: Negative Religious Coping



Note, *** $p < .001$

Figure 3. A path model of negative religious coping (anxious attachment to father)



Note, *** $p < .001$

Figure 3.1. A path model of negative religious coping (avoidant attachment to father)

Research Question Four and Associated Hypothesis

Is there an adolescent gender difference between maternal attachment and paternal attachment regarding religious coping strategies? This question was investigated with hypothesis 7: There will be a significant adolescent gender difference between maternal and

paternal attachment regarding religious coping. Multiple regression analysis was conducted to determine the moderation effect of gender in the relationship between insecure parental attachment and negative religious coping. Given that gender moderates the relationship between the predictor variable and the outcome variable, the regression slopes that predict negative religious coping from insecure parental attachment should be different according to adolescents' gender (Warner, 2008).

In order to examine the moderation effect, the slope that predicts the outcome variable from the predictor variable was examined using a multiple regression. Table 11 shows that there was no significant difference between the slope ($\beta = .304$ from $\beta = .270$, $t = 3.630$ from $t = 5.857$, $p < .001$) for gender in the relationship between anxious attachment to mother and religious coping: anxious attachment to mother ($\beta = .089$ from $b = .085$, $t = 1.748$, $p > 0.5$ from $t = 2.594$, $p < .001$). No significant interaction term slope was found ($\beta = -.050$ and -0.002).

A similar result from the multiple regression for moderation effect of gender was found in the relationship between insecure father attachment and negative religious coping. Table 12 shows that there were no significant differences between the predictor variable (insecure attachment to father) and the outcome variable (negative religious coping) after controlling for gender (the moderator). As the preliminary analysis revealed that there was no significant difference between male and female participants in the relationship between parental attachment and religious coping (See table 5), the interaction slopes for gender on the relationship between insecure attachment to father and negative religious coping were $\beta = -.034$ for anxious attachment to father and $\beta = -.051$ for avoidant attachment to father, indicating that there was no significant interaction of gender and insecure attachment to father.

Table 11

*Multiple Regression for Moderating Effect of Gender on the Relationship between**Insecure Attachment to Mother and Negative Religious Coping*

Dependent variable	Predictors	B	Std. Error	t	R ²	Adjusted R ²
NRC	Anxiety to Mother	.270	.046	5.857***	.119	.115
NRC	Anxiety to Mother	.304	.084	3.630***	.120	.109
	Gender (Moderator)	.108	.197	.547		
	Interaction Term	-.050	.101	-.497		
NRC	Avoidance to Mother	.085	.033	2.594**	.030	.018
NRC	Avoidance to Mother	.089	.051	1.748		
	Gender (Moderator)	.090	.205	.441		
	Interaction Term	-.002	.067	-.036		

Notes. ** $p < .01$ and *** $p < .001$. GENDER is Male = 0 and Female = 1. NRC: Negative Religious Coping

Table 12

Multiple Regression for Moderating Effect of Gender on the Relationship between

Insecure Attachment to Father and Negative Religious Coping

Dependent variable	Predictors	B	Std. Error	t	R ²	Adjusted R ²
NRC	Anxiety to Father	.211	.037	5.662***	.112	.109
NRC	Anxiety to Father	.232	.065	3.581***	.113	.103
	Gender (Moderator)	.095	.174	.546		
	Interaction term	-.034	.079	-.427		
NRC	Avoidance to Father	.103	.028	3.746***	.052	.049
NRC	Avoidance to Father	.135	.046	2.910**	.055	.044
	Gender (Moderator)	.191	.210	.910		
	Interaction term	-.051	.058	-.874		

Notes. ** $p < .01$ and *** $p < .001$. GENDER is Male = 0 and Female = 1. NRC: Negative Religious Coping

Summary

This chapter provided statistical data and analyses to test the research questions and hypotheses with a sample of 261 Korean-American adolescents in the United States. Preliminary analyses yielded demographic information about the sample and statistical data for the assessments. There was no significant group difference between boys and girls regarding the measurements, and the assessments had good reliability for the Korean-American adolescent

samples. Correlation analysis revealed that there was statistical significance between parental attachment, religious coping, and self-esteem in Korean-American adolescents. Hierarchical multiple regression was employed to examine if insecure paternal attachment accounted for unique variance in negative religious coping after controlling for insecure maternal attachment and self-esteem, indicating that insecure paternal attachment was not a unique predictor in negative religious coping associated with insecure maternal attachment and self-esteem. The mediation effect of self-esteem was identified using multiple regressions. However, gender did not moderate the relationship between insecure parental attachment and negative religious coping.

CHAPTER FIVE: SUMMARY, CONCLUSION, AND RECOMMENDATIONS

The purpose of this study was to investigate the relationship between parental attachment, religious coping, and self-esteem in Korean-American adolescents, investigating the mediating effect of self-esteem in the relationship between parental attachment and religious coping. A literature review of empirical studies on attachment theory and attachment relationship indicated that attachment relationship is linked to many aspects of human development, such as representations of self and others, coping, affect regulation, religiosity, and psychological health; however, these findings were limited to adult populations and adult romantic attachment relationships. In this regard, this study has expanded the findings of previous research on the relationship between attachment relationship and religion, focusing on parental attachment and targeting adolescents. This cross-sectional study obtained data from 261 Korean-American adolescents who assessed their parental attachment for mother and father attachment, religious coping strategies, and self-esteem. The previous chapter analyzed statistical data and provided statistical results in relation to each research question and associated hypotheses. In this chapter, a summary of the study findings is presented. The relationships between parental attachment, religious coping, and self-esteem in Korean-American adolescents are discussed based on the findings and previous empirical studies. Implications for parents, churches, and counselors are presented, and limitations of the study and recommendations for future studies are discussed in this chapter.

Summary of Findings

Research Question 1 and Hypotheses 1-4

Hypotheses 1, 2, 3, and 4 were tested to investigate research question one: Is there a significant relationship between insecure parental attachment, negative religious coping strategies, and self-esteem?

Hypothesis 1 predicted that insecure mother attachment (anxiety and avoidance) would be positively associated with negative religious coping, and it was supported by the result of the correlation analysis between the variables. The correlation analysis revealed that insecure maternal attachment was significantly and positively associated with negative religious coping (anxious attachment to mother, $r = .344$, $p < .01$, and avoidant attachment to mother $r = .160$, $p < .05$). This result demonstrates that Korean-American adolescents who experienced higher levels of insecure maternal attachment relationship are more likely to adopt negative religious coping strategies.

Hypothesis 2 predicted that insecure father attachment (anxiety and avoidance) would also be positively associated with negative religious coping. The results of the Pearson correlation coefficients supported the hypothesis that insecure paternal attachment was significantly and positively correlated to negative religious coping (anxious attachment to father $r = .335$, $p < .01$ and avoidant attachment to father, $r = .229$, $p < .01$). The results indicate that Korean-American adolescents who reported higher levels of insecure attachment relationship to their father are more likely to display negative religious coping strategies. Therefore, along with hypothesis 1, hypothesis 2 was also supported.

Hypothesis 3 was also supported: Insecure mother attachment (anxiety and avoidance) was positively associated with a low level of self-esteem. As predicted, the correlation analysis

revealed that the two dimensions of insecure attachment (anxiety and avoidance) are significantly and positively associated with a low level of self-esteem ($r = -.449, p < .01$ and $r = -.391, p < .01$, respectively). Korean-American adolescents who scored high in insecure attachment to their mother are more likely to report a low level of self-esteem.

Hypothesis 4 was also supported: Insecure father attachment (anxiety and avoidance) was positively associated with a low level of self-esteem. According to the results of the simple regression, the two dimensions of insecure attachment to father were significantly positively correlated to low self-esteem in Korean-American adolescents ($r = -.429, p < .01$ and $r = -.472, p < .01$, respectively). The findings showed that Korean-American adolescents who experienced insecure attachment relationship with their father are more likely to report low self-esteem.

As a result, all four hypotheses with regard to question one were supported; there are statistically significant correlations between parental attachment, religious coping, and self-esteem in the sample of Korean-American adolescents.

Research Question 2 and Hypothesis 5

Hypothesis 5 was established to investigate question 2: Is there a significant difference between mother attachment and father attachment in terms of negative religious coping strategies in Korean-American adolescents? It was hypothesized that insecure father attachment will account for unique variance in negative religious coping after accounting for variance associated with insecure mother attachment and low self-esteem. A hierarchical multiple regression analysis was employed to test the hypothesis. The multiple regression analysis revealed that insecure mother attachment and self-esteem accounted for unique variance in negative religious coping; however, insecure father attachment did not add a significant amount of variance in negative religious coping after accounting for the effects of insecure mother attachment and self-

esteem. Consequently, hypothesis 5 was rejected. These results indicate that insecure father attachment is not a significant unique factor to negative religious coping in Korean-American adolescents.

Research Question 3 and Hypothesis 6

Hypothesis 6 was established to examine research question 3: Does self-esteem play a mediating role in the relationship between parental attachment and religious coping? It was hypothesized that self-esteem will play a mediating role in the relationship between parental attachment and religious coping. Multiple regressions were conducted to investigate the path model of negative religious coping and to detect the mediation effect of self-esteem in the model.

The results revealed that the direct path coefficients from parental attachment to negative religious coping were reduced: insecure maternal attachment (anxiety, from $\beta (c) = .270, p < .001$ to $\beta (c') = .196, p < .001$, and avoidance, from $\beta (c) = .085, p < .001$ to $\beta (c') = .021, p < .001$.) and insecure paternal attachment (anxiety, from $\beta (c) = .211, p < .001$ to $\beta (c') = .155, p < .001$, and avoidance, from $\beta (c) = .103, p < .001$ to $\beta (c') = .046, p < .001$). In consequence, hypothesis 6 was supported.

Research Question 4 and Hypothesis 7

This study examined if there is an adolescent gender difference between maternal attachment and paternal attachment regarding religious coping strategies. In hypothesis 7, it was predicted that there will be a significant adolescent gender difference between maternal and paternal attachment regarding religious coping. Multiple regressions were performed to detect moderation effect of gender in the relationship between insecure parental attachment and negative religious coping. No statistically significant moderation effect of gender was found.

The results demonstrate that there is no significant interaction between parental attachment relationships and gender in Korean-American adolescents. Thus, hypothesis 7 was rejected.

Conclusion

The Relationship between Parental Attachment and Religious Coping in Korean-American Adolescents

The present study provided empirical evidence that insecure attachment relationships with parents in childhood and adolescence play an important role in developing negative religious coping strategies. The findings of this study are consistent with previous research (Howard & Medway, 2004; Kobak & Sceery, 1988; Greenberger & McLaughlin, 1988; Mikulincer et al., 1993). Furthermore, research has explored the relationship between attachment relationships and religiosity and revealed that attachment relationships in childhood are associated with attachment relationships with God and religiosity (Granqvist, 1998; Kirkpatrick & Shaver, 1990; Kirkpatrick, 1999).

Regarding the relationship between attachment and religious coping, findings of this study support previous findings that secure attachment is correlated to positive religious coping (Schottenbauer et al., 2006; Corsini, 2009). Kirkpatrick (1999) asserted that a history of secure attachment relationship with God promotes a person's psychological well-being and develops positive coping strategies. Granqvist (2005) found that there was a significant relation between attachment history and religious coping when a high level of parental religiosity existed. Through an internet survey with a sample of 1,289 adults, Schottenbauer et al. (2006) reported that secure attachment was an important contributing factor to positive religious coping while individuals with avoidant attachment and ambivalent attachment tended to adopt negative religious coping and negative appraisal of a stressful event. Finally, this study has expanded the

findings of Corsini's (2009) study by focusing on an adolescent population and parental attachment instead of adult romantic attachment.

Maternal and Paternal Attachment in Adolescence

This study investigated the effect of parental attachment in adolescence in general and predicted the difference between maternal attachment and paternal attachment in terms of religious coping in more detail. The results show that both mother and father attachment are significantly associated with religious coping. Korean-American adolescents with insecure parental attachment are likely to report negative religious coping. The findings show that parental attachment in adolescence significantly contributes to developing positive or negative religious coping.

In order to examine the difference between mother attachment and father attachment, this study examined the unique effect of father attachment in terms of religious coping. The findings of this study are in line with previous findings that mother attachment is a significant predictor that influences a person's depressive symptoms (Kamkar et al., 2012), self-concept (Doyle, Markiewicz, Brendgen, Lieberman, & Voss, 2000), emotional expressiveness (Ducharme et al., 2002), career decisions (Emmanuelle, 2009), and self-esteem (Gomez & McLaren, 2007). Although this study did not find the effect of father attachment as a statistically unique factor for negative religious coping compared to mother attachment, the results can imply that attachment relationship with father in adolescence is also important and is related to developing positive religious coping. Therefore, it is worth noting that children and adolescents need secure attachment to their mother and father, because adolescents who have secure attachment with both parents are more likely to display higher levels of psychological health than those who have secure attachment to mother and insecure attachment to father (Al-Yagon, 2011). Given that

there are many complex factors underlying the parent-child relationship, the findings of this study are not conclusive in terms of the influence of father attachment on religious coping.

The Relationship between Parental Attachment and Self-esteem

The internal working models conceptualization from attachment theory illustrates that the attachment relationship with a primary caregiver is associated with representations of self and others (Bowlby, 1988). According to Bowlby (1969), securely attached children are likely to develop a positive view of self and others. This study did not classify the participants into the attachment styles (Secure, Avoidant, Ambivalent, and Disorganized) (Ainsworth et al., 1978; Bartholomew & Horowitz, 1991; Main & Weston, 1981). However, according to the two dimensions of attachment (anxiety and avoidance) (Bartholomew & Horowitz, 1991), participants who reported low levels of anxiety and avoidance can be considered securely attached children. As discussed in the previous chapter, high levels of anxiety and avoidance are significantly correlated to a low level of self-esteem. In other words, Korean-American adolescents who experienced secure attachment with their parents reported a high level of self-esteem. These findings are consistent with previous research that secure parental attachment is associated with increased self-esteem (Arbona & Power, 2003; Doyle & Markiewicz, 2005; Laible et al., 2004; McCormick & Kennedy, 1994; O’Koon, 1997; Paterson et al., 1995).

The Mediation Effect of Self-esteem

A literature review on self-esteem highlighted that self-esteem is an important factor for the human development and is significantly associated with psychological health and functioning (Dumont & Provost, 1999; French, Story, & Perry, 1995; Overholser, Adams, Lehnert, & Brinkman, 1995; McGee & Williams, 2000; Strauss, 2000). The findings of this study reveal that self-esteem is correlated to both parental attachment and religious coping. In addition, self-

esteem is a critical factor for negative religious coping among other variables. These results support the previous findings that individuals with high self-esteem are more likely to develop positive coping strategies (Baumeister et al., 2003; Chapman & Mullis, 1999; Jambor, & Elliott, 2005; Johnson, Lund, & Dimond, 1986; Mantzicopoulos, 1990; Martyn-Nemeth et al., 2009; Utsey et al., 2000).

This study was the first attempt to examine the mediation effect of self-esteem in the relationship between parental attachment and religious coping in Korean-American adolescents. In previous studies, the mediation effect of self-esteem was detected in the relationship between parental attachment and depressive symptoms (Kamkar, Doyle, & Markiewicz, 2012) and the relationship between parental attachment and career decision (Emmanuelle, 2009). Based on the previous findings, this study hypothesized that self-esteem would play a mediating role in the relationship between insecure parental attachment and negative religious coping. As expected, self-esteem mediated the relationship between parental attachment (both mother attachment and father attachment) and negative religious coping. Consequently, the findings are congruent with the previous studies in terms of a mediating role of self-esteem.

Gender Differences in Self-esteem and Parental Attachment in Adolescence

This study also examined gender differences between mother attachment and father attachment in negative religious coping. In order to determine the differences, this study investigated the moderation effect of gender in the relationship between parental attachment (both mother attachment and father attachment) and negative religious coping. The findings show that there is no significant gender difference between mother attachment and father attachment and negative religious coping. As discussed in the preliminary analysis section, there was no significant difference between male and female group except anxious attachment to

father and self-esteem. Boys reported higher levels of avoidant attachment to father, and higher levels of self-esteem than girls. The findings are inconclusive because some studies found similar results that boys had higher self-esteem than girls (Emmanuelle, 2009; Kling, Hyde, Showers, & Buswell, 1999; Robins et al., 2002) whereas other studies reported no gender difference in levels of self-esteem (Arbona & Power, 2003; Laible et al., 2004).

Previous findings with respect to the interaction between gender and parental attachment are inconsistent. Although some studies found no significant gender difference in parental attachment relationships (Arbona & Power, 2003; McCormick & Kennedy, 1994), others found a gender difference between parental attachment and career decision (Emmanuelle, 2009) and between father attachment and emotional and instrumental support seeking (Greenberger & McLaughlin, 1988). The findings suggest that the adolescent gender differences or its effect in the parent-child relationship may occur in certain conditions, such as particular coping strategies (Greenberger & McLaughlin, 1988) or career exploration and decision (Emmanuelle, 2009). A reason for the inconsistent findings is that many studies used only a general parental attachment assessment without considering the parent's gender. Since the findings are inconsistent and inconclusive, it appears that more research on gender difference for other variables is needed, considering the dynamics of adolescents' gender and parents' gender.

Implications

The findings of this study have several important implications for parents, pastoral counselors, family ministers, and professional counselors. The importance of parental attachment in childhood in relation to religious coping and self-esteem was highlighted by the empirical findings of this study. The findings suggest that Christian parents need to take into account their emotional relationship with their children in order for their children to develop a

positive view of self and God. Particularly, adolescents are in transition from childhood to adulthood and their worldview and self-esteem are significantly influenced by the attachment relationships with their parents (Doyle et al., 2000; Emmanuelle, 2009; Noom et al., 1999; Gomez & McLaren, 2007). Christian parents also should be aware that parental attachment in adolescence is significantly related to images of God and religious coping of their children and make efforts to improve the quality of the parent-child relationship.

The findings can be beneficial for church leaders and family ministers to recognize the importance of parental attachment in adolescents. Adolescence is an important period for developing a spiritual identity and coping strategies through the relationships with parents and others. The results revealed that the parental attachment relationship in adolescence was significantly associated with a person's perceived image of God and was an important predictor of negative religious coping. The findings encourage pastors and family ministers to facilitate a parenting seminar or program, which provides parents with parenting skills and strategies to increase the quality of the parental attachment relationship with teenage children. For example, the parenting seminars and programs may help parents realize the effects of parental attachment on spirituality (Kim, 2013), dealing with parenting and cultural issues, such as the effect of parental acceptance-rejection, parents' behavioral control, and parents' acculturation on adolescents' psychological health (Kim et al., 2006). Many churches are concerned about attrition rates of young adults who attended church with their parents until high school. One of the possible reasons is that their religious life is associated with the relationship with their parents. Therefore, the implication for the church is that when children experience a secure attachment to their parents, they are more likely to have a secure attachment to God, and not leave church after graduating from high school.

For pastoral and professional counselors, the results provide empirical evidence for the importance of parental attachment relationship in adolescents in terms of coping and adjustment. Adolescents struggle to adjust or cope with new changes of physical and psychological development, and some exhibit problematic behaviors or express psychological distress. The results reveal that securely attached Korean-American adolescents are more likely to display high self-esteem and positive religious coping strategies. The findings imply that insecurely attached adolescents are at risk of developing low self-esteem and destructive false beliefs. In the clinical setting, counselors should take into account the emotional relationship with parents and assess a child's attachment styles and the quality of the attachment relationship using various assessment methods for children and adolescents, such as the AAI and the genogram in family therapy (Ecke et al., 2006). Based on the results of the assessments, counselors can help children and their parents identify their problems and develop appropriate treatment plans to improve the quality of the parent-child attachment relationship by adopting interventions of Attachment-Based Family Therapy (ABFT) for depressed and suicidal adolescents (Diamond, Siqueland, & Diamond, 2003; Shpigel, Diamond, & Diamond, 2012) and Attachment-Based Behavior Therapy for children with intellectual disabilities (Sterkenburg, Janssen, & Schuengel, 2008).

Limitations

This study utilized a convenience sampling method, which recruited participants from churches where the pastors were acquainted with the researcher in order to obtain a sufficient number of participants. Due to the difficulty of obtaining parental consent forms from possible adolescent participants, the locations of recruitment were limited. Most participants ($n = 181$, 70%) were recruited from churches in Virginia and the others ($n = 80$, 30%) were from six

different states. Since the participants were not selected randomly, the samples may not represent the Korean-American adolescent population of the United States at large.

Another limitation regarding the convenience sampling method is that most participants were from intact families (married, $N = 237$, 90.8%); divorced ($n = 14$, 5.4%), separated ($n = 7$, 2.7 %), and remarried ($n = 3$, 1.1%) families constituted the minority. The high rate of intact families in the sample is due to the fact that Korean-American couples who attend Korean immigrant churches are likely to be married, while many Koreans who are divorced are less likely to attend church. In addition, adolescents without parental consent were not able to participate in the study. It happened that some parents did not want their children to participate in the survey because they were worried that their children might think of unpleasant memories or incidents with parents while responding to the survey questionnaires relating to attachment relationships. As a result, the raw data from the assessment were influenced, and the mean scores of the sub scales of ECR-R (anxiety for mother attachment: 1.843, avoidance for mother attachment: 2.807, anxiety for father attachment: 1.975, and avoidance for father attachment: 3.404) in this study were low. In this sense, the findings may not be generalized to all Korean-American families.

This study used a survey method using self-report assessments. Although the assessments are reliable measurements, the results of the survey may depend on various variables, such as test environment and participants' cognitive ability and attitudes toward the study. In particular, the self-report assessments for assessing attachment styles or the quality of attachment relationships for children or adolescents are limited. Interviews or observation methods may be alternative ways to assess attachment styles of children or adolescents more accurately.

Recommendations

The relationship between attachment relationships and religion including religious coping has received attention from the fields of psychology and religion. Christian families are founded on the relationship with God and the relationship with family members (Balswick & Balswick, 2007). It is not surprising to note that a person's attachment relationships are associated with his or her attachment relationship with God. Therefore, future research on attachment and religious coping can contribute to understanding the importance of parental attachment in childhood with respect to Christian faith and religious life. Future studies need to take into account the following considerations.

First, future studies need to include a clinical sample instead of a non-clinical sample. As mentioned in the limitation section, most participants in this study consisted of children from intact families. Studies with a clinical sample can yield more statistically significant results compared to this study with a non-clinical sample.

Second, future studies can examine the effects of various possible factors in the relationship between parental attachment and religious coping in adolescence. This study investigated the mediation effect of self-esteem in the relationship between parental attachment and negative religious coping. Parents' religiosity, a child's spirituality, and religious affiliation may influence the relationship between attachment and religious coping (Granqvist, 1998; 2005).

Third, studies with a larger sample should be conducted by various sampling methods including written survey and online survey. The number of the participants of this study was not large due to the limitation of the survey method. Through advanced survey methods using the Internet or smart phone, future studies may obtain larger samples from various locations and provide sufficient statistical power for the findings.

Fourth, longitudinal studies are needed to examine the changes of attachment styles of children and the changes of religious coping strategies. The data from different times may provide interesting or meaningful findings. For example, the results may reveal changes of parental attachment relationship, self-esteem, and religious coping strategies from adolescence to adulthood.

Finally, additional instruments for assessing attachment styles of children and adolescents are recommended for future studies. Although self-report assessments are convenient and efficient, the results rely only on the self-responses of participants. Therefore, it is recommended that future studies consider using interview or observation measurements to assess attachment relationships of children or adolescent participants.

Summary

This study was the first attempt to examine the relationship between parental attachment, religious coping strategies, and self-esteem in Korean-American adolescents. Additionally, it also was the first study to examine the mediation effect of self-esteem in the relationship between parental attachment and religious coping. Although research on the relationship between attachment and religion has increased, the findings are limited due to a small number of studies dealing with children and parental attachment relationships. The findings of this study support previous empirical studies that examined the relationship between adult romantic attachment and coping (Howard & Medway, 2004; Sagi-Schwartz & Aviezer, 2005, concept of God (Dickie et al., 2006; McDonald et al., 2005), and religious coping (Corsini, 2009; Schottenbauer et al., 2006).

This study focused on parental attachment instead of adult romantic attachment relationships and targeted an adolescent population through a non-clinical sample of Korean-

American adolescents rather than the adult population. The results reveal significant correlations between the variables, and self-esteem mediated the relationship between insecure parental attachment and negative religious coping. The findings are congruent with previous research that parental attachment was an important predictor for psychological health and well-being and highlighted the importance of self-esteem as a mediator. Although the unique effect of father attachment and the moderation effect of gender in negative religious coping are not found in this study, the findings are consistent with previous research and inconclusive.

This study contributed to the field of psychology and religion in terms of attachment relationships in adolescence and religious coping by providing empirical evidence of parental attachment relationships through a sample of Korean-American adolescents. Given that parental attachment in adolescence is significantly associated with religious coping and self-esteem, parents, churches, and mental health professionals should be aware of the importance of secure attachment relationships in childhood. The findings are limited due to the convenience sampling, demographic characteristics of the samples, cross-sectional study, and self-report assessments of attachment relationship; thus, further research is warranted.

References

- Ai, A. L., Seymour, E. M., Tice, T. N., Kronfol, Z., & Bolling, S. F. (2009). Spiritual struggle related to plasma interleukin-6 prior to cardiac surgery. *Psychology of Religion and Spirituality*, 1(2), 112. doi:10.1037/a0015775
- Ai, A. L., Bjorck, J. P., Appel, H. B., & Huang, B. (2013). Asian American spirituality and religion: Inherent diversity, uniqueness, and long-lasting psychological influences. *APA handbook of psychology, religion, and spirituality. Vol. 1, Context, theory, and research* (pp.581-598). Washington: American Psychological Association. doi:10.1037/14045-032
- Ainsworth, M. D. S. (1979). Infant–mother attachment. *American Psychologist*, 34(10), 932.
- Ainsworth, M. D. S. (1985). Attachments across the life span. *Bulletin of the New York Academy of Medicine*, 61(9), 792–812. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1911889/pdf/bullnyacadmed00065-0026.pdf>
- Ainsworth, M. D.S (1964). Patterns of attachment behavior shown by the infant in interaction with his mother. *Merrill-Palmer Quarterly of Behavior and Development*, 10(1), 51-58. Retrieved from <http://www.jstor.org/stable/23082925>
- Ainsworth, M., Blehar, M., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the Stranger Situation*. Hillsdale, NJ: Lawrence Erlbaum.
- Ainsworth, M.D.S. (1989). Attachment beyond infancy. *American Psychologist*, 44(4), 709-716. doi:10.1037/0003-066X.44.4.709
- Ainsworth, M. S., & Bowlby, J. (1991). An ethological approach to personality development. *American psychologist*, 46(4), 333-341. doi:10.1037/0003-066X.46.4.333

- Allen, J. P., Aber, J. L., & Leadbeater, B. J. (1990). Adolescent problem behaviors: the influence of attachment and autonomy. *Psychiatric Clinics of North America*, 13(3), 455-467.
- Allen, J. P., & Hauser, S. T. (1996). Autonomy and relatedness in adolescent-family interactions as predictors of young adults' states of mind regarding attachment. *Development and Psychopathology*, 8(4), 793-810. doi:10.1017/S0954579400007434
- Allen, J. P., & Land, D. (1999). Attachment in adolescence. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp.319-335). New York: The Guilford Press. Retrieved from http://media.smith.edu/media/ereserves/ssw/a-e/allen_attachment.pdf
- Allen, J. P., Hauser, S. T., Bell, K. L., & O'Connor, T. G. (1994). Longitudinal assessment of autonomy and relatedness in adolescent-family interactions as predictors of adolescent ego development and self-esteem. *Child Development*, 65(1), 179-194. doi:10.1111/j.1467-8624.1994.tb00743.x
- Allen, J. P., McElhaney, K. B., Kuperminc, G. P., & Jodl, K. M. (2004). Stability and change in attachment security across adolescence. *Child Development*, 75(6), 1792-1805. doi:10.1111/j.1467-8624.2004.00817.x
- Allen, J. P., Marsh, P., McFarland, C., McElhaney, K. B., Land, D. J., Jodl, K. M., & Peck, S. (2002). Attachment and autonomy as predictors of the development of social skills and delinquency during midadolescence. *Journal of Consulting and Clinical Psychology*, 70(1), 56-66. doi:10.1037/0022-006X.70.1.56
- Allen, J. P., McElhaney, K. B., Land, D. J., Kuperminc, G. P., Moore, C. W., O'Beirne-Kelly, H., & Kilmer, S. L. (2003). A secure base in adolescence: Markers of attachment security

- in the mother–adolescent relationship. *Child Development*, 74(1), 292-307.
doi:10.1111/1467-8624.t01-1-00536
- Allen, J. P., Moore, C., Kuperminc, G., & Bell, K. (1998). Attachment and adolescent psychosocial functioning. *Child development*, 69(5), 1406-1419. doi:10.1111/j.1467-8624.1998.tb06220.x
- Al-Yagon, M. (2011). Adolescents' subtypes of attachment security with fathers and mothers and self-perceptions of socioemotional adjustment. *Psychology*, 2(4), 291-299. Retrieved from <http://search.proquest.com>alexander, R., Feeney, J., Hohaus, L., & Noller, P. (2001). Attachment style and coping resources as predictors of coping strategies in the transition to parenthood. *Personal Relationships*, 8(2), 137-152. doi:10.1111/j.1475-6811.2001.tb00032.x
- Ammaniti, M., Van Ijzendoorn, M. H., Speranza, A. M., & Tambelli, R. (2000). Internal working models of attachment during late childhood and early adolescence: An exploration of stability and change. *Attachment & Human Development*, 2(3), 328-346.
doi:10.1080/14616730010001587
- Anderson, M. J., Marwit, S. J., Vandenberg, B., & Chibnall, J. T. (2005). Psychological and religious coping strategies of mothers bereaved by the sudden death of a child. *Death Studies*, 29(9), 811-826. doi:10.1080/07481180500236602
- Andrade, C., & Radhakrishnan, R. (2009). Prayer and healing: A medical and scientific perspective on randomized controlled trials. *Indian Journal of Psychiatry*, 51(4), 247-253. doi:10.4103/0019-5545.58288
- Ano, G. G., & Vasconcelles, E. B. (2005). Religious coping and psychological adjustment to stress: A meta-analysis. *Journal of Clinical Psychology*, 61(4), 461-480.
doi:10.1002/jclp.20049

- Arbona, C., & Power, T. G. (2003). Parental attachment, self-esteem, and antisocial behaviors among African American, European American, and Mexican American adolescents. *Journal of Counseling Psychology*, 50(1), 40-51. doi:10.1037/0022-0167.50.1.40
- Armsden, G.C. (1986). Attachment to parents and peers in late adolescence: Relationships to affective status, self-esteem and coping with loss, threat and challenge. (Doctoral dissertation, University of Washington, 1986). *Dissert. Abstracts Int.* 47(4-B): 1751-1752.
- Armsden, G. C., & Greenberg, M. T. (1987). The inventory of parent and peer attachment: Individual differences and their relationship to psychological well-being in adolescence. *Journal of Youth and Adolescence*, 16(5), 427-454. doi:10.1007/BF02202939
- Armsden, G. C., McCauley, E., Greenberg, M. T., Burke, P. M., & Mitchell, J. R. (1990). Parent and peer attachment in early adolescent depression. *Journal of Abnormal Child Psychology*, 18(6), 683-697. doi:10.1007/BF01342754
- Balboni, T. A., Vanderwerker, L. C., Block, S. D., Paulk, M. E., Lathan, C. S., Peteet, J. R., & Prigerson, H. G. (2007). Religiousness and spiritual support among advanced cancer patients and associations with end-of-life treatment preferences and quality of life. *Journal of Clinical Oncology*, 25(5), 555-560. doi:10.1200/JCO.2006.07.9046
- Balswick, J. O., & Balswick, J. K. (2007). *The family: A Christian perspective on the contemporary home*. Grand Rapids, MI: Baker Academic.
- Barrowclough, C., Tarrier, N., Humphreys, L., Ward, J., Gregg, L., & Andrews, B. (2003). Self-esteem in schizophrenia: Relationships between self-evaluation, family attitudes, and

- symptomatology. *Journal of Abnormal Psychology*, 112(1), 92-99. doi:10.1037/0021-843X.112.1.92
- Bartholomew, K. (1990). Avoidance of intimacy: An attachment perspective. *Journal of Social and Personal Relationships*, 7, 147–178. doi: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. doi:10.1037/0022-3514.61.2.226
- Bartholomew, K., & Shaver, P. R. (1998). Methods of assessing adult attachment. In J.A. Simpson & W.S. Rholes (Eds.) *Attachment Theory and Close Relationships* (pp. 25-45). New York: The Guilford Press.
- Baumeister, R. F., Campbell, J. D., Krueger, J. I., & Vohs, K. D. (2003). Does high self-esteem cause better performance, interpersonal success, happiness, or healthier lifestyles? *Psychological Science in the Public Interest*, 4(1), 1-44. doi:10.1111/1529-1006.01431
- Baylor University. (2005). The Baylor religion survey. Waco, TX: Baylor Institute for Studies of Religion.
- 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.
- Belizaire, L. S., & Fuertes, J. N. (2011). Attachment, coping, acculturative stress, and quality of life among Haitian immigrants. *Journal of Counseling & Development*, 89(1), 89-97. doi:10.1002/j.1556-6678.2011.tb00064.x
- Benore, E., Pargament, K. I., & Pendleton, S. (2008). An initial examination of religious coping in children with asthma. *The International Journal for the Psychology of Religion*, 18(4), 267-290. doi:10.1080/10508610802229197

- Berant, E., Mikulincer, M., & Shaver, P. R. (2008). Mothers' attachment style, their mental health, and their children's emotional vulnerabilities: A 7-year study of children with congenital heart disease. *Journal of Personality*, 76(1), 31-66. doi:10.1111/j.1467-6494.2007.00479.x
- Bernier, A., & Meins, E. (2008). A threshold approach to understanding the origins of attachment disorganization. *Developmental Psychology*, 44(4), 969. doi: 10.1037/0012-1649.44.4.969
- Bjorck, J. P., & Thurman, J. W. (2007). Negative life events, patterns of positive and negative religious coping, and psychological functioning. *Journal for the Scientific Study of Religion*, 46(2), 159-167. doi:10.1111/j.1468-5906.2007.00348.x
- Bjorck, J., Braese, R., Tadie, J., & Gililand, D. (2010). The Adolescent Religious Coping Scale: Development, validation, and cross-validation. *Journal of Child & Family Studies*, 19(3), 343-359. doi:10.1007/s10826-009-9305-7
- Bjorck, J. P., Cuthbertson, W., Thurman, J. W., & Lee, Y. S. (2001). Ethnicity, coping, and distress among Korean Americans, Filipino Americans, and Caucasian Americans. *The Journal of Social Psychology*, 141(4), 421-442. doi:10.1080/00224540109600563
- Blustein, D. L., Walbridge, M. M., Friedlander, M. L., & Palladino, D. E. (1991). Contributions of psychological separation and parental attachment to the career development process. *Journal of Counseling Psychology*, 38(1), 39-50. doi:10.1037/0022-0167.38.1.39
- Borelli, J. L., Goshin, L., Joestl, S., Clark, J., & Byrne, M. W. (2010). Attachment organization in a sample of incarcerated mothers: Distribution of classifications and associations with substance abuse history, depressive symptoms, perceptions of parenting competency and

- social support. *Attachment & Human Development*, 12(4), 355-374.
doi:10.1080/14616730903416971
- Boykin McElhaney, K., & Allen, J. P. (2001). Autonomy and adolescent social functioning: The moderating effect of risk. *Child development*, 72(1), 220-235. doi:10.1111/1467-8624.00275
- Bosworth, H. B., Park, K. S., McQuoid, D. R., Hays, J. C., & Steffens, D. C. (2003). The impact of religious practice and religious coping on geriatric depression. *International Journal of Geriatric Psychiatry*, 18(10), 905-914. doi:10.1002/gps.945
- Bowlby, J. (1944). Forty-four juvenile thieves: Their characters and home life. *International Journal of Psychoanalysis*, 25(19-52), 107-127. Retrieved from <http://search.proquest.com/docview/1298188647?accountid=12085>
- Bowlby, J (1969, 1982). *Attachment and loss*, Vol. 1: *Attachment (second edition)*. New York: Basic Books.
- Bowlby, J. (1973). *Attachment and loss*, Vol. 2. *Separation: Anxiety and anger*. New York: Basic Books.
- Bowlby, J. (1980). *Attachment and loss*, Vol. 3: *Loss, sadness and depression*. New York: Basic Books.
- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. New York: Basic Books.
- Bradley, R., Schwartz, A. C., & Kaslow, N. J. (2005). Posttraumatic stress disorder symptoms among low-income, African American women with a history of intimate partner violence and suicidal behaviors: Self-esteem, social support, and religious coping. *Journal of traumatic stress*, 18(6), 685-696. doi:10.1002/jts.20077

- Brennan, K. A., & Morns, K. A. (1997). Attachment styles, self-esteem, and patterns of seeking feedback from romantic partners. *Personality and Social Psychology Bulletin*, 23(1), 23-31. doi:10.1177/0146167297231003
- 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). New York: The Guilford Press.
- Bretherton, I. (1990). Communication patterns, internal working models, and the intergenerational transmission of attachment relationships. *Infant Mental Health Journal*, 11(3), 237-252. doi: 10.1002/1097-0355(199023)11:3<237::AID-IMHJ2280110306>3.0.CO;2-X
- Bretherton, I. (1992). The origins of attachment theory: John Bowlby and Mary Ainsworth. *Developmental Psychology*, 28(5), 759-775. .doi:10.1037/0012-1649.28.5.759
- Bretherton, I. (2005). In pursuit of the internal working model construct and its relevance to attachment relationships. In K. E. Grossmann, K. Grossmann, & E. Waters (Eds.), *Attachment from infancy to adulthood* (pp. 13-47). New York: The Guilford Press.
- Bronte-Tinkew, J., Moore, K., & Carrano, J. (2006). The father-child relationship, parenting styles, and adolescent risk behaviors in intact families. *Journal of Family Issues*, 27(6), 850-881. doi:10.1177/0192513X05285296
- Brown, L., & Wright, J. (2003). The relationship between attachment strategies and psychopathology in adolescence. *Psychology & Psychotherapy: Theory, Research & Practice*, 76(4), 351-367. doi:10.1348/147608303770584728

- Brumariu, L. E., Kerns, K. A., & Seibert, A. (2012). Mother-child attachment, emotion regulation, and anxiety symptoms in middle childhood. *Personal Relationships, 19*(3), 569-585. doi:10.1111/j.1475-6811.2011.01379.x
- Bun, J. R., Louiselle, P. A., Misukanis, T. M., & Mueller, R. A. (1988). Effects of parental authoritarianism and authoritativeness on self-esteem. *Personality and Social Psychology Bulletin, 14*(2), 271-282. doi:10.1177/0146167288142006
- Bush, E. G., Rye, M. S., Brant, C. R., Emery, E., Pargament, K. I., & Riessinger, C. A. (1999). Religious coping with chronic pain. *Applied Psychophysiology and Biofeedback, 24*(4), 249-260. doi:10.1023/A:1022234913899
- Button, E. J., Loan, P., Davies, J., & Sonuga-Barke, E. J. (1997). Self-esteem, eating problems, and psychological well-being in a cohort of schoolgirls aged 15-16: A questionnaire and interview study. *International Journal of Eating Disorders, 21*(1), 39-47. doi:10.1002/(SICI)1098-108X(199701)21:1<39::AID-EAT5>3.0.CO;2-4
- Bylsma, W. H., Cozzarelli, C., & Sumer, N. (1997). Relation between adult attachment styles and global self-esteem. *Basic and Applied Social Psychology, 19*(1), 1-16. doi:10.1207/s15324834basp1901_1
- Byng-Hall, J. (2008). The crucial roles of attachment in family therapy. *Journal of Family Therapy, 30*(2), 129-146. doi:10.1111/j.1467-6427.2008.00422.x.
- Card, N. A., & Hodges, E. V. (2003). Parent-child relationships and enmity with peers: The role of avoidant and preoccupied attachment. *New Directions for Child and Adolescent Development, 2003*(102), 23-37. doi:10.1002/cd.87

- Carleton, R. A., Esparza, P., Thaxter, P. J., & Grant, K. E. (2008). Stress, religious coping resources, and depressive symptoms in an urban adolescent sample. *Journal for the Scientific Study of Religion*, 47(1), 113-121. doi:10.1111/j.1468-5906.2008.00395.x
- Carlson, V., Cicchetti, D., Barnett, D., & Braunwald, K. (1989). Disorganized/disoriented attachment relationships in maltreated infants. *Developmental Psychology*, 25(4), 525–531. doi:10.1037/0012-1649.25.4.525
- Carpenter, T. P., Laney, T., & Mezulis, A. (2012). Religious coping, stress, and depressive symptoms among adolescents: A prospective study. *Psychology of religion and Spirituality*, 4(1), 19-30. doi:10.1037/a0023155
- Carvajal, S. C., Clair, S. D., Nash, S. G., & Evans, R. I. (1998). Relating optimism, hope, and self-esteem to social influences in deterring substance use in adolescents. *Journal of Social and Clinical Psychology*, 17(4), 443-465. doi:10.1521/jscp.1998.17.4.443
- Caspers, K. M., Cadoret, R. J., Langbehn, D., Yucuis, R., & Troutman, B. (2005). Contributions of attachment style and perceived social support to lifetime use of illicit substances. *Addictive Behaviors*, 30(5), 1007-1011. doi:10.1016/j.addbeh.2004.09.001
- Cassidy, J. (1994). Emotion regulation: influences of attachment relationships. *Monographs of the Society for Research in Child Development*, 59(2-3), 228-249. doi:10.1111/j.1540-5834.1994.tb01287.x
- Cassidy, J., & Berlin, L. J. (1994). The insecure/ambivalent pattern of attachment: Theory and research. *Child development*, 65(4), 971-991. doi:10.1111/j.1467-8624.1994.tb00796.x
- Cassidy, J., & Mohr, J. J. (2001). Unsolvability fear, trauma, and psychopathology: Theory, research, and clinical considerations related to disorganized attachment across the life

span. *Clinical Psychology: Science and Practice*, 8(3), 275-298.

doi:10.1093/clipsy.8.3.275

Cassidy, J., Kirsh, S. J., Scolton, K. L., & Parke, R. D. (1996). Attachment and representations of peer relationships. *Developmental Psychology*, 32(5), 892. doi:10.1037/0012-1649.32.5.892

Chapman, P. L., & Mullis, R. L. (1999). Adolescent coping strategies and self-esteem. *Child Study Journal*. 29(1), 69-77. Retrieved from http://go.galegroup.com.ezproxy.liberty.edu:2048/ps/i.do?id=GALE%7CA57603787&v=2.1&u=vic_liberty&it=r&p=GRGM&sw=w&asid=c70d669abb5925bb154dc60f6566e3f6

Ciechanowski, P., Sullivan, M., Jensen, M., Romano, J., & Summers, H. (2003). The relationship of attachment style to depression, catastrophizing and health care utilization in patients with chronic pain. *Pain*, 104(3), 627-637. doi:10.1016/S0304-3959(03)00120-9

Cloitre, M., Stovall-McClough, C., Zorbas, P., & Charuvastra, A. (2008). Attachment organization, emotion regulation, and expectations of support in a clinical sample of women with childhood abuse histories. *Journal of Traumatic Stress*, 21(3), 282-289. doi:10.1002/jts.20339

Coates, B., Anderson, E. P., & Hartup, W. W. (1972). The stability of attachment behaviors in the human infant. *Developmental Psychology*, 6(2), 231. doi:10.1037/h0032088

Cohn, D. A., Cowan, P. A., Cowan, C. P., & Pearson, J. (1992). Mothers' and fathers' working models of childhood attachment relationships, parenting styles, and child behavior. *Development and Psychopathology*, 4, 417 – 431. doi:10.1017/S0954579400000870

- Cole-Detke, H., & Kobak, R. (1996). Attachment processes in eating disorder and depression. *Journal of Consulting and Clinical Psychology, 64*(2), 282-290. doi:10.1037/0022-006X.64.2.282
- Coley, R. L. (2003). Daughter-father relationships and adolescent psychosocial functioning in low-income African American families. *Journal of Marriage and Family, 65*(4), 867-875. doi:10.1111/j.1741-3737.2003.00867.x
- Collins, N. L. (1996). Working models of attachment: Implications for explanation, emotion, and behavior. *Journal of Personality and Social Psychology, 71*(4), 810. doi:10.1037/0022-3514.71.4.810
- Collins, W. (1997). Relationships and development during adolescence: Interpersonal adaptation to individual change. *Personal Relationships, 4*(1), 1-14. doi:10.1111/j.1475-6811.1997.tb00126.x
- Collins, W. A., & Russell, G. (1991). Mother-child and father-child relationships in middle childhood and adolescence: A developmental analysis. *Developmental Review, 11*(2), 99-136. doi:10.1016/0273-2297(91)90004-8
- Collins, N. L., & Read, S. J. (1990). Adult attachment, working models, and relationship quality in dating couples. *Journal of Personality and Social Psychology, 58*(4), 644-663. doi:10.1037/0022-3514.58.4.644
- Consedine, N. S., & Magai, C. (2003). Attachment and emotion experience in later life: The view from emotions theory. *Attachment & Human Development, 5*(2), 165-187. doi:10.1080/1461673031000108496

- Cooper, M. L., Shaver, P. R., & Collins, N. L. (1998). Attachment styles, emotion regulation, and adjustment in adolescence. *Journal of personality and social psychology*, 74(5), 1380. .doi:10.1037/0022-3514.74.5.1380
- Corsini, K. D. (2009). Examining the relationship between religious coping strategies, attachment beliefs and emotion regulation in a mixed sample of college students attending an evangelical university in central Virginia. (Order No. 3386669, Liberty University). *ProQuest Dissertations and Theses*, 146. Retrieved from <http://search.proquest.com>
- Creasey, G., Kershaw, K., & Boston, A. (1999). Conflict management with friends and romantic partners: The role of attachment and negative mood regulation expectancies. *Journal of Youth and Adolescence*, 28(5), 523-543. doi:10.1023/A:1021650525419
- Crockenberg, S. (1981). Infant irritability, mother responsiveness, and social support influences on the security of infant-mother attachment. *Child Development*, 52, 857-865. Retrieved from <http://www.jstor.org>
- Crowell, J. A., & Feldman, S. (1988). Mothers' internal models of relationships and children's behavioral and developmental status: A study of mother – child interaction. *Child Development*, 59, 1273 – 1285. Retrieved from <http://www.jstor.org>
- Davis, D. E., Hook, J. N., & Worthington Jr, E. (2008). Relational spirituality and forgiveness: The roles of attachment to God, religious coping, and viewing the transgression as a desecration. *Journal of Psychology and Christianity*. 27(4), 293-301. Retrieved from <http://search.ebscohost.com>
- Deković, M., & Meeus, W. (1997). Peer relations in adolescence: Effects of parenting

- and adolescents' self-concept. *Journal of adolescence*, 20(2), 163-176.
doi:10.1006/jado.1996.0074
- Deković, M., Noom, M. J., & Meeus, W. (1997). Expectations regarding development during adolescence: Parental and adolescent perceptions. *Journal of Youth and Adolescence*, 26(3), 253-272. doi:10.1007/s10964-005-0001-7
- Delaney, H., Forcehimes, A., Campbell, W., & Smith, B. (2009). Integrating spirituality into alcohol treatment. *Journal of Clinical Psychology*, 65(2), 185-198. doi: 10.1002/jclp.20566
- Del Carmen, R., Pederson, F. A., Huffman, L. C., & Bryan, Y. E. (1993). Dyadic distress management predicts subsequent security of attachment. *Infant Behavior and Development*, 16, 131-147. doi:10.1016/0163-6383(93)80014-Y
- De Roos, S. A., Miedema, S., & Iedema, J. (2001). Attachment, working models of self and others, and God concept in kindergarten. *Journal for the Scientific Study of Religion*, 40(4), 607-618. doi: 10.1111/0021-8294.00080
- Dhal, A., Bhatia, S., Sharma, V., & Gupta, P. (2007). Adolescent self-esteem, attachment and loneliness. *Journal of Indian Association for Child and Adolescent Mental Health*, 3(3), 61-63. Retrieved from <http://files.eric.ed.gov/fulltext/EJ896859.pdf>
- Diamond, G., Siqueland, L., & Diamond, G. M. (2003). Attachment-based family therapy for depressed adolescents: Programmatic treatment development. *Clinical Child and Family Psychology Review*, 6(2), 107-127.
- 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. doi:10.1111/j.1468-5906.2006.00005.x

- 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. Retrieved from <http://www.jstor.org/stable/1387880>
- Ditzen, B., Schmidt, S., Strauss, B., Nater, U. M., Ehlert, U., & Heinrichs, M. (2008). Adult attachment and social support interact to reduce psychological but not cortisol responses to stress. *Journal of Psychosomatic Research*, 64(5), 479-486.
doi:10.1016/j.jpsychores.2007.11.011
- Donnellan, M. B., Trzesniewski, K. H., Robins, R. W., Moffitt, T. E., & Caspi, A. (2005). Low self-esteem is related to aggression, antisocial behavior, and delinquency. *Psychological Science*, 16(4), 328-335. doi: 10.1111/j.0956-7976.2005.01535.x
- Dornbusch, S., Ritter, P., Leiderman, P., Roberts, D., & Fraleigh, M. (1987). The relation of parenting style to adolescent school performance. *Child Development*, 58, 1244– 1257.
- Doyle, A. B., Markiewicz, D., Brendgen, M., Lieberman, M., & Voss, K. (2000). Child attachment security and self-concept: Associations with mother and father attachment style and marital quality. *Merrill-Palmer Quarterly*. 46(3), 514-539.
- Doyle, A. B., & Markiewicz, D. (2005). Parenting, marital conflict, and adjustment from early to mid adolescence: Mediated by adolescent attachment style? *Journal of Youth and Adolescence*, 34(2), 97-110. doi:10.1007/s10964-005-3209-7
- Doyle, A. B., Brendgen, M., Markiewicz, D., & Kamkar, K. (2003). Family relationships as moderators of the association between romantic relationships and adjustment in early adolescence. *Journal of Early Adolescence*, 23(3), 316-340.
doi:10.1177/0272431603254238

- Doyle, A. B., Markiewicz, D., & Brendgen, M. (2000). Child attachment security and self-concept: Associations with mother and father attachment style and marital quality. *Merrill-Palmer Quarterly*, 46(3), 514-539. Retrieved from <http://www.jstor.org/stable/23093743>
- DuBois, D. L., Bull, C. A., Sherman, M. D., & Roberts, M. (1998). Self-esteem and adjustment in early adolescence: A social-contextual perspective. *Journal of Youth and Adolescence*, 27(5), 557-583. doi:10.1023/A:1022831006887
- Dumont, M., & Provost, M. A. (1999). Resilience in adolescents: Protective role of social support, coping strategies, self-esteem, and social activities on experience of stress and depression. *Journal of Youth and Adolescence*, 28(3), 343-363. doi:10.1023/A:1021637011732
- Dunn, K. S., & Horgas, A. L. (2004). Religious and nonreligious coping in older adults experiencing chronic pain. *Pain Management Nursing*, 5(1), 19-28. doi: 10.1016/S1524-9042(03)00070-5
- Ducharme, J., Doyle, A. B., & Markiewicz, D. (2002). Attachment security with mother and father: Associations with adolescents' reports of interpersonal behavior with parents and peers. *Journal of Social and Personal Relationships*, 19(2), 203-231. doi: 10.1177/0265407502192003
- Ecke, Y. V., Chope, R. C., & Emmelkamp, P. M. (2006). Bowlby and Bowen: Attachment theory and family therapy. *Counseling and Clinical Psychology Journal*, 3(2) 81-101. doi:10.1177/0265407502192003
- Eisenberg, N., Castellani, V., Panerai, L., Eggum, N. D., Cohen, A. B., Pastorelli, C., & Caprara, G. V. (2011). Trajectories of religious coping from adolescence into early adulthood:

- Their form and relations to externalizing problems and prosocial behavior. *Journal of Personality*, 79(4), 841-873. doi:10.1111/j.1467-6494.2011.00703.x
- Emmanuelle, V. (2009). Inter-relationships among attachment to mother and father, self-esteem, and career indecision. *Journal of Vocational Behavior*, 75(2), 91-99. doi:10.1016/j.jvb.2009.04.007
- Engel, M. (1959). The stability of the self-concept in adolescence. *Journal of Abnormal and Social Psychology*, 58(2), 211-215. doi:10.1037/h0043088
- Eshleman, A. K., Dickie, J. R., Merasco, D. M., Shepard, A., & Johnson, M. (1999). Mother God, father God: Children's perceptions of God's distance. *The International Journal for the Psychology of Religion*, 9(2), 139-146. doi: 10.1207/s15327582ijpr0902_4
- Fagot, B. I., & Kavanagh, K. (1990). The prediction of antisocial behavior from avoidant attachment classifications. *Child Development*, 61(3), 864-873. doi:10.1111/j.1467-8624.1990.tb02828.x
- Fallot, R. D., & Heckman, J. P. (2005). Religious/spiritual coping among women trauma survivors with mental health and substance use disorders. *The Journal of Behavioral Health Services & Research*, 32(2), 215-226. doi:10.1007/BF02287268
- Farver, J. A. M., & Lee-Shin, Y. (2000). Acculturation and Korean-American children's social and play behavior. *Social Development*, 9(3), 316-336. doi: 10.1111/1467-9507.00128
- Farver, J. A. M., Kim, Y. K., & Lee, Y. (1995). Cultural differences in Korean-and Anglo-American preschoolers' social interaction and play behaviors. *Child Development*, 66(4), 1088-1099. doi:10.1111/j.1467-8624.1995.tb00924.x
- Feeney, J. (2000). Implications of attachment style for patterns of health and illness. *Child: Care, Health & Development*, 26(4), 277-288. doi:10.1046/j.1365-2214.2000.00146.x

- Feeney, J. A., & Noller, P. (1990). Attachment style as a predictor of adult romantic relationships. *Journal of Personality and Social Psychology*, 58(2), 281. <http://dx.doi.org/10.1037/0022-3514.58.2.281>
- Feeney, J. A., & Ryan, S. M. (1994). Attachment style and affect regulation: relationships with health behavior and family experiences of illness in a student sample. *Health Psychology*, 13(4), 334. doi:10.1037/0278-6133.13.4.334
- Florian, V., Mikulincer, M., & Bucholtz, I. (1995). Effects of adult attachment style on the perception and search for social support. *The Journal of Psychology*, 129(6), 665-676. doi: 10.1080/00223980.1995.9914937
- Fox, N. A., Kimmerly, N. L., & Schafer, W. D. (1991). Attachment to mother/attachment to father: A meta-analysis. *Child Development*, 62(1), 210-225. doi:10.1111/j.1467-8624.1991.tb01526.x
- Fraley, R. C. (2002). Attachment stability from infancy to adulthood: Meta-analysis and dynamic modeling of developmental mechanisms. *Personality and Social Psychology Review*, 6(2), 123-151. doi:10.1207/S15327957PSPR0602_03
- Fraley, R. C., & Shaver, P. R. (2000). Adult romantic attachment: Theoretical developments, emerging controversies, and unanswered questions. *Review of general psychology*, 4(2), 132-154. doi:10.1037/1089-2680.4.2.132
- Fraley, R. C., & Davis, K. E. (1997). Attachment formation and transfer in young adults' close friendships and romantic relationships. *Personal Relationships*, 4(2), 131-144. doi: 10.1111/j.1475-6811.1997.tb00135.x

- Fraley, R. C., Waller, N. G., & Brennan, K. A. (2000). An item-response theory analysis of self-report measures of adult attachment. *Journal of Personality and Social Psychology*, 78, 350-365. doi:10.1037/0022-3514.78.2.350
- French, S. A., Story, M., & Perry, C. L. (1995). Self-esteem and obesity in children and adolescents: a literature review. *Obesity research*, 3(5), 479-490. doi:10.1002/j.1550-8528.1995.tb00179.x
- Frey, L. L., Beesley, D., & Miller, M. R. (2006). Relational health, attachment, and psychological distress in college women and men. *Psychology of Women Quarterly*, 30(3), 303-311. doi:10.1111/j.1471-6402.2006.00298.x
- Furnham, A., & Cheng, H. (2000). Perceived parental behaviour, self-esteem and happiness. *Social Psychiatry and Psychiatric Epidemiology*, 35(10), 463-470. doi:10.1007/s001270050265
- Gaylord-Harden, N., Taylor, J., Campbell, C., Kesselring, C., & Grant, K. (2009). Maternal attachment and depressive symptoms in urban adolescents: the influence of coping strategies and gender. *Journal of Clinical Child and Adolescent Psychology: The Official Journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division*, 53, 38(5), 684-695. doi:10.1080/15374410903103569
- Galatzer-Levy, I. R., & Bonanno, G. A. (2013). Heterogeneous patterns of stress over the four years of college: Associations with anxious attachment and ego-resiliency. *Journal of personality*, 81(5), 476-486. doi:10.1111/jopy.12010
- Garzon, F. (2005). Interventions that apply scripture in psychotherapy. Faculty Publications and Presentations, 46. Retrieved from http://digitalcommons.liberty.edu/ccfs_fac_pubs/46

- Gecas, V. (1982). The self-concept. *Annual Review of Sociology*, 8(1), 1-33.
doi:10.1146/annurev.so.08.080182.000245
- Goldberg, S., Benoit, D., Blokland, K., & Madigan, S. (2003). Atypical maternal behavior, maternal representations, and infant disorganized attachment. *Development and Psychopathology*, 15(02), 239-257. doi:10.1017/S0954579403000130
- Goldenson, J., Geffner, R., Foster, S. L., & Clipson, C. R. (2007). Female domestic violence offenders: Their attachment security, trauma symptoms, and personality organization. *Violence and Victims*, 22(5), 532-545. doi:10.1891/088667007782312186
- Gomez, R., & McLaren, S. (2007). The inter-relations of mother and father attachment, self-esteem and aggression during late adolescence. *Aggressive Behavior*, 33(2), 160-169. doi:10.1002/ab.20181
- Gore-Felton, C. (2013). Attachment style and coping in relation to posttraumatic stress disorder symptoms among adults living with HIV/AIDS. *Journal of Behavioral Medicine*, 36(1), 51-60. doi:10.1007/s10865-012-9400-x
- George, C., Kaplan, N., & Main, M. (1985). *Adult Attachment Interview*. Unpublished manuscripts, University of California, Berkeley.
- 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. Retrieved from <http://www.jstor.org/stable/1387533>
- Granqvist, P. (2002). Attachment and religiosity in adolescence: Cross-sectional and longitudinal evaluations. *Personality and Social Psychology Bulletin*, 28(2), 260-270.
doi:10.1177/0146167202282011

- Granqvist, P. (2003). Attachment theory and religious conversions: A review and a resolution of the classic and contemporary paradigm chasm. *Review of Religious Research*, 45(2), 172–187.
- Granqvist, P. (2005). Building a bridge between attachment and religious coping: Tests of moderators and mediators. *Mental Health, Religion & Culture*, 8(1), 35-47. doi: 10.1080/13674670410001666598
- Granqvist, P., & Hagekull, B. (1999). Religiousness and perceived childhood attachment: Profiling socialized correspondence and emotional compensation. *Journal for the Scientific Study of Religion*, 38, 254–273. Retrieved from <http://www.jstor.org/stable/1387793>
- Granqvist, P., & Hagekull, B. (2000). Religiosity, adult attachment, and why “singles” are more religious. *International Journal for the Psychology of Religion*, 10, 111-123. doi: 10.1207/S15327582IJPR1002_04
- Granqvist, P., & Kirkpatrick, L. A. (2004). Religious conversion and perceived childhood attachment: A meta-analysis. *International Journal for the Psychology of Religion*, 14, 223–250. doi:10.1207/s15327582ijpr1404_1
- Gray-Little, B., Williams, V.S.L., & Hancock, T. D. (1997). An item response theory analysis of the Rosenberg Self-Esteem Scale. *Personality and Social Psychology Bulletin*. 23(5), 443-451. doi:10.1177/0146167297235001
- Greenberger, E., & McLaughlin, C. S. (1998). Attachment, coping, and explanatory style in late adolescence. *Journal of Youth and Adolescence*, 27(2), 121-139. doi:10.1023/A:1021607627971

- Green, J., Stanley, C., & Peters, S. (2007). Disorganized attachment representation and atypical parenting in young school age children with externalizing disorder. *Attachment & human development*, 9(3), 207-222. doi:10.1080/14616730701453820
- Griffin, D. W., & Bartholomew, K (1994). Models of the self and other: Fundamental dimensions underlying measures of adult attachment. *Journal of Personality and Social Psychology*, 67(3), 430-445. doi:10.1037/0022-3514.67.3.430
- Guindon, M. H. (2009). *Self-esteem across the lifespan: Issues and interventions*. Florence, KY: Routledge.
- Haggerty, G., Hilsenroth, M. J., & Vala-Stewart, R. (2009). Attachment and interpersonal distress: examining the relationship between attachment styles and interpersonal problems in a clinical population. *Clinical Psychology & Psychotherapy*, 16(1), 1-9. doi:10.1002/cpp.596
- Hamilton, C. E. (2000). Continuity and discontinuity of attachment from infancy through adolescence. *Child Development*, 71(3), 690-694. doi:10.1111/1467-8624.00177
- Harvey, I., & Silverman, M. (2007). The role of spirituality in the self-management of chronic illness among older African and Whites. *Journal of Cross-Cultural Gerontology*, 22(2), 205-220. doi:10.1007/s10823-007-9038-2
- Harris, J. I., Erbes, C. R., Engdahl, B. E., Olson, R. H., Winskowski, A. M., & McMahonill, J. (2008). Christian religious functioning and trauma outcomes. *Journal of Clinical Psychology*, 64(1), 17-29. doi:10.1002/jclp.20427
- Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology*, 52(3), 511-524. doi:10.1037/0022-3514.52.3.511

- Hendrick, C., & Hendrick, S. (1986). A theory and method of love. *Journal of Personality and Social Psychology*, 50, 392-402. doi:10.1037/0022-3514.50.2.392
- Hesse, E., & Main, M. (2000). Disorganized infant, child, and adult attachment: Collapse in behavioral and attentional strategies. *Journal of the American Psychoanalytic Association*, 48(4), 1097-1127. doi:10.1177/00030651000480041101
- Hobdy, J., Hayslip, B., Kaminski, P. L., Crowley, B. J., Riggs, S., & York, C. (2007). The role of attachment style in coping with job loss and the empty nest in adulthood. *International Journal of Aging and Human Development*, 65(4), 335-371. doi:10.2190/AG.65.4.d
- Hoffman, M.A., Ushpiz, V., & Levy-Shiff, R. (1988). Social support and self-esteem in adolescence. *Journal of Youth and Adolescence*. 17(4), 307-316.
doi:10.1007/BF01537672
- Holmes, J. (2004). Disorganized attachment and borderline personality disorder: A clinical perspective. *Attachment & human development*, 6(2), 181-190.
doi:10.1080/14616730410001688202
- Hood, R. W., Hill, P. C., & Spilka, B. (2009). *Psychology of religion: An empirical approach* (4th Edition). New York: The Guilford Press.
- Howard, M. S., & Medway, F. J. (2004). Adolescents' attachment and coping with stress. *Psychology in the Schools*, 41(3), 391-402. doi:10.1002/pits.10167
- Isnard, P., Michel, G., Frelut, M. L., Vila, G., Falissard, B., Naja, W., Navarro, J., & Mouren-Simeoni, M. C. (2003). Binge eating and psychopathology in severely obese adolescents. *International Journal of Eating Disorders*, 34(2), 235-243. doi:10.1002/eat.10178

- Jacobsen, J. C., Zhang, B., Block, S. D., Maciejewski, P. K., & Prigerson, H. G. (2010). Distinguishing symptoms of grief and depression in a cohort of advanced cancer patients. *Death Studies*, 34(3), 257-273. doi:10.1080/07481180903559303
- Jackson, S.L. (2006). *Research methods and statistics: A critical thinking approach, 2nd edition*. Belmont, CA: Thomson Higher Education
- Jambor, E., & Elliott, M. (2005). Self-esteem and coping strategies among deaf students. *Journal of Deaf Studies and Deaf Education*, 10(1), 63-81. doi:10.1093/deafed/eni004
- Johnson, R. J., Lund, D. A., & Dimond, M. F. (1986). Stress, self-esteem and coping during bereavement among the elderly. *Social Psychology Quarterly*, 49(3), 273-279.
- Jones, S. H., & Francis, L. J. (1996). Religiosity and self-esteem during childhood and adolescence. In L. J. Francis, W. K. Kay, & W.S. Campbell (Eds.), *Research in Religious Education* (pp.189-205).Macon, GA: Smyth Helwys Publishing.
- Kafetsios, K., & Sideridis, G. D. (2006). Attachment, social support and well-being in young and older adults. *Journal of Health Psychology*, 11(6), 863-875.
doi:10.1177/1359105306069084
- Kamkar, K., Doyle, A., & Markiewicz, D. (2012). Insecure attachment to parents and depressive symptoms in early adolescence: Mediating roles of attributions and self-esteem. *International Journal of Psychological Studies*, 4(2), 3-18. doi:10.5539/ijps.v4n2p3
- Kang, P. P., & Romo, L. F. (2011). The role of religious involvement on depression, risky behavior, and academic performance among Korean American adolescents. *Journal of Adolescence*, 34(4), 767-778. doi:10.1016/j.adolescence.2010.08.003
- Kaplan, H. B. (1975). The self-esteem motive and change in self-attitudes. *Journal of Nervous and Mental Disease*, 161(4), 265-275.

- Karen, R. (1998). *Becoming attached*. New York: Oxford University Press.
- Kernis, M. H., Grannemann, B. D., & Mathis, L. C. (1991). Stability of self-esteem as a moderator of the relation between level of self-esteem and depression. *Journal of Personality and Social Psychology*, 61(1), 80-84. doi:10.1037/0022-3514.61.1.80
- Kerns, K. A., & Stevens, A. C. (1996). Parent-child attachment in late adolescence: Links to social relations and personality. *Journal of Youth and Adolescence*, 25(3), 323-342. doi:10.1007/BF01537388
- Kim, B. C., & Ryu, E. (2005). Korean family. In M. McGoldrick, J. Giordanon, & N. Garcia-Preto (Eds.), *Ethnicity & Family Therapy*. (pp. 349-362). New York: Guilford Publications.
- Kim, E. (2005). Korean American parental control: Acceptance or rejection?. *Ethos*, 33(3), 347-366. doi: 10.1525/eth.2005.33.3.347
- Kim, B. S. (1996). Culturally relevant counseling services for Korean American children: A systematic approach. *Elementary School Guidance & Counseling*, 31(1), 64-73.
Retrieved from <http://www.jstor.org/stable/pdf/42869172.pdf?acceptTC=true>
- Kim, E. Y. K., Bean, R. A., & Harper, J. M. (2004). Do general treatment guidelines for Asian American families have applications to specific ethnic groups? The case of culturally-competent therapy with Korean Americans. *Journal of Marital and Family Therapy*, 30(3), 359-372. doi:10.1111/j.1752-0606.2004.tb01246.x
- Kim, E., Cain, K., & McCubbin, M. (2006). Maternal and paternal parenting, acculturation, and young adolescents' psychological adjustment in Korean American families. *Journal of Child and Adolescent Psychiatric Nursing*, 19(3), 112-129. doi:10.1111/j.1744-6171.2006.00059.x

- Kim, K., & Rohner, R. P. (2002). Parental warmth, control, and involvement in schooling predicting academic achievement among Korean American adolescents. *Journal of Cross-Cultural Psychology*, 33(2), 127-140. doi:10.1177/0022022102033002001
- Kim, S. E. (2013). The relationship of parental attachment and Christian spirituality with intergenerational conflict between Korean-American young adults and their parents. *Journal of Psychology & Theology*, 41(3), 189-199.
- Kim, W. J., Kim, L. I., & Rue, D. S. (1997). Korean American children. In G. Johnson-Powell & J. Yamamoto (Eds.), *Transcultural Child Development* (pp. 183– 207). New York: Wiley.
- Kirkpatrick, L.A. (1992). An attachment-theoretical approach to the psychology of religion. *International Journal for the Psychology of Religion*, 2(1), 3-28.
doi:0.1207/s15327582ijpr0201_2
- 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*, 36(2), 207- 217. Retrieved from <http://www.jstor.org/stable/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. doi:10.1177/0146167298249004
- Kirkpatrick, L. A. (1999). Attachment and religious representations and behavior. In J. Cassidy, & P. R. Shaver (Eds.), *Handbook of attachment theory and research*, pp. 803–822. NY: The Guilford Press.

- Kirkpatrick, L. A., & Shaver, P. R. (1990). Attachment theory and religion: Childhood attachments, religious beliefs and conversions. *Journal for the Scientific Study of Religion*, 29(3), 315-334. Retrieved from <http://www.jstor.org/stable/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. doi:10.1177/0146167292183002
- Klann-Delius, G., & Hofmeister, C. (1997). The development of communicative competence of securely and insecurely attached children in interactions with their mothers. *Journal of Psycholinguistic Research*, 26(1), 69-88. doi:10.1023/A:1025012221407
- Kling, K.C., Hyde, J.S., Showers, C.J., & Buswell, B.N. (1999). Gender differences in self-esteem: A meta-analysis. *Psychological Bulletin*, 125(4), 470–500. doi:10.1037/0033-2909.125.4.470
- Kobak, R. R., & Hazan, C. (1991). Attachment in marriage: effects of security and accuracy of working models. *Journal of Personality and Social Psychology*, 60(6), 861. doi:10.1037/0022-3514.60.6.861
- Kobak, R. R., Cole, H. E., Ferenz-Gillies, R., Fleming, W. S., & Gamble, W. (1993). Attachment and emotion regulation during mother-teen problem solving: A control theory analysis. *Child Development*, 64(1), 231-245. doi:10.1111/j.1467-8624.1993.tb02906.x
- Kobak, R & Herres, J (2012). Social networks and attachment bonds during adolescence: Implications for early pair bonding and risky behaviors. In L. Campbell & T. J. Loving, (Eds.), *Interdisciplinary research on close relationships: The case for integration* (pp. 135-152). Washington, DC: American Psychological Association.

- Kobak, R. R., & Sceery, A. (1988). Attachment in late adolescence: Working models, affect regulation, and representations of self and others. *Child Development*, 59(1)135-146.
Retrieved from <http://www.jstor.org/stable/1130395>
- Koenig, H. G., Cohen, H. J., Blazer, D. G., & Pieper, C. (1992). Religious coping and depression among elderly, hospitalized medically ill men. *The American Journal of Psychiatry*, 149(12), 1693-1700.
- Koenig, H. G., Cohen, J. J., Blazer, D. G., Kudler, H. S., Krishnan, K. R. R., & Sibert, T. E. (1995). Religious coping and cognitive symptoms of depression in elderly medical patients. *Psychosomatics*, 36, 369–375. doi:10.1016/S0033-3182(95)71646-2
- Koenig, H. G., Larson, D. B., & Larson, S. S. (2001). Religion and coping with serious medical illness. *Annals of Pharmacotherapy*, 35(3), 352-359. doi:10.1345/aph.10215
- Kostanski, M., & Gullone, E. (1998). Adolescent body image dissatisfaction: relationships with self-esteem, anxiety, and depression controlling for body mass. *Journal of Child Psychology and Psychiatry*, 39(2), 255-262. doi:10.1111/1469-7610.00319
- Kramer, E. J., Kwong, K., Lee, E., & Chung, H. (2002). Cultural factors influencing the mental health of Asian Americans. *Western Journal of Medicine*, 176(4), 227-231. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1071736/>
- Krause, N. (1995). Religiosity and self-esteem among older adults. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 50(5), 236-246. doi:10.1093/geronb/50B.5.P236
- Krok, D. (2008). The role of spirituality in coping: Examining the relationships between spiritual dimensions and coping styles. *Mental Health, Religion & Culture*, 11(7), 643-653. doi:10.1080/13674670801930429

- Laible, D. J., Carlo, G., & Raffaelli, M. (2000). The differential relations of parent and peer attachment to adolescent adjustment. *Journal of Youth and Adolescence*, 29(1), 45-59. doi:10.1023/A:1005169004882
- Laible, D. J., Carlo, G., & Roesch, S. C. (2004). Pathways to self-esteem in late adolescence: The role of parent and peer attachment, empathy, and social behaviours. *Journal of Adolescence*, 27(6), 703-716. doi:10.1016/j.adolescence.2004.05.005
- Lamb, M. E. (1978). Qualitative aspects of mother-and father-infant attachments. *Infant Behavior and Development*, 1, 265-275. doi:10.1016/S0163-6383(78)80038-1
- Lamb, M. E., Hwang, C. P., Frodi, A. M., & Frodi, M. (1982). Security of mother-and father-infant attachment and its relation to sociability with strangers in traditional and nontraditional Swedish families. *Infant Behavior and Development*, 5(2), 355-367. doi:10.1016/S0163-6383(82)80046-5
- Lee, E., & Mock, M. R. (2005). Asian families. In M. McGoldrick, J. Giordano, & N. Garcia-Preto (Eds.), *Ethnicity & Family Therapy* (pp. 269-289). New York: The Guilford Press.
- Leondari, A., & Kiosseoglou, G. (2000). The relationship of parental attachment and psychological separation to the psychological functioning of young adults. *The Journal of Social Psychology*, 140(4), 451-464. doi:10.1080/00224540009600484
- Levy-Warren, M. H. (1992). Adolescent development. In J. W. Barron, M.N. Eagle, & D. L. Wolitzky (Eds.), *Interface of Psychoanalysis and Psychology* (pp. 266-283). Washington, DC: American Psychological Association.
- Lew, J. (2004). The “other” story of model minorities: Korean American high school dropouts in an urban context. *Anthropology & Education Quarterly*, 35(3), 303-323. doi:10.1525/aeq.2004.35.3.303

- Liotti, G. (2004). Trauma, dissociation, and disorganized attachment: Three strands of a single braid. *Psychotherapy: Theory, research, practice, training*, 41(4), 472. doi:10.1037/0033-3204.41.4.472
- Liu, Y.L., & Huang, F.M. (2012). Mother-adolescent conflict in Taiwan: Links between attachment style and psychological distress. *Social Behavior & Personality: An International Journal*, 40(6), 919-932. doi:10.2224/sbp.2012.40.6.919
- Ma, C. Q., & Huebner, E. S. (2008). Attachment relationships and adolescents' life satisfaction: Some relationships matter more to girls than boys. *Psychology in the Schools*, 45(2), 177-190. doi:10.1002/pits.20288
- Macdonald, H. Z., Beeghly, M., Grant-Knight, W., Augustyn, M., Woods, R. W., Cabral, H., & Frank, D. A. (2008). Longitudinal association between infant disorganized attachment and childhood posttraumatic stress symptoms. *Development and psychopathology*, 20(02), 493-508. doi:10.1017/S0954579408000242
- Madigan, S., Moran, G., & Pederson, D. R. (2006). Unresolved states of mind, disorganized attachment relationships, and disrupted interactions of adolescent mothers and their infants. *Developmental Psychology*, 42(2), 293. doi:10.1037/0012-1649.42.2.293
- Madigan, S., Moran, G., Schuengel, C., Pederson, D. R., & Otten, R. (2007). Unresolved maternal attachment representations, disrupted maternal behavior and disorganized attachment in infancy: links to toddler behavior problems. *Journal of Child Psychology and Psychiatry*, 48(10), 1042-1050. doi:10.1111/j.1469-7610.2007.01805.x
- Main M., Hesse E., & Kaplan N. (2006). Predictability of attachment behavior and representational processes at 1, 6, and 19 years of age. In K.E. Grossmann, K.

- Grossmann, & E. Waters (Eds.), *Attachment from infancy to adulthood* (pp. 245-304). New York: The Guilford Press.
- Main, M. & Solomon, J. (1990). Procedures for identifying infants as disorganized/disoriented during the Ainsworth strange situation. In M.T. Greenberg, D. Cichetti, & E.M. Cummings (Eds.), *Attachment in the preschool years: Theory, research and intervention* (pp. 121-160). Chicago: University of Chicago Press.
- Main, M., & Weston, D. R. (1981). The quality of the toddler's relationship to mother and to father: Related to conflict behavior and the readiness to establish new relationships. *Child Development*, 52(3), 932-940. Retrieved from <http://www.jstor.org/stable/1129097>
- Mantzicopoulos, P. (1990). Coping with school failure: Characteristics of students employing successful and unsuccessful coping strategies. *Psychology in the Schools*, 27(2), 138-143. doi:10.1002/1520-6807(199004)27:2<138::AID-PITS2310270208>3.0.CO;2-8
- Marganska, A., Gallagher, M., & Miranda, R. (2013). Adult attachment, emotion dysregulation, and symptoms of depression and generalized anxiety disorder. *American Journal of Orthopsychiatry*, 83(1), 131-141. doi:10.1111/ajop.12001
- Markiewicz, D., Lawford, H., Doyle, A. B., & Haggart, N. (2006). Developmental differences in adolescents' and young adults' use of mothers, fathers, best friends, and romantic partners to fulfill attachment needs. *Journal of Youth and Adolescence*, 35(1), 121-134..doi:10.1007/s10964-005-9014-5
- Martinez, J., Smith, T., & Barlow, S. (2007). Spiritual interventions in psychotherapy: Evaluations by highly religious clients. *Journal of Clinical Psychology*, 63(10), 943-960. doi:10.1002/jclp.20399

Martyn-Nemeth, P., Penckofer, S., Gulanick, M., Velsor-Friedrich, B., & Bryant, F. B. (2009).

The relationships among self-esteem, stress, coping, eating behavior, and depressive mood in adolescents. *Research in Nursing & Health*, 32(1), 96-109.

doi:10.1002/nur.20304

Matas, L., Arend, R. A., & Sroufe, L. A. (1978). Continuity of adaptation in the second year: The

relationship between quality of attachment and later competence. *Child Development*, 49(3), 547-556. Retrieved from <http://www.jstor.org/stable/1128221>

McCormick, C. B., & Kennedy, J. H. (1994). Parent-child attachment working models and self-esteem in adolescence. *Journal of Youth and Adolescence*, 23(1), 1-18.

doi:10.1007/BF01537139

McDonald, A., Beck, R., Allison, S., & Norsworthy, L. (2005). Attachment to God and parents:

Testing the correspondence vs. compensation hypotheses. *Journal of Psychology & Christianity*, 24(1), 21-28. Retrieved from

<http://search.ebscohost.com.ezproxy.liberty.edu:2048/login.aspx?direct=true&db=rlh&AN=16802920&site=ehost-live&scope=site>

McGee, R. O. B., & Williams, S. (2000). Does low self-esteem predict health compromising behaviours among adolescents? *Journal of Adolescence*, 23(5), 569-582.

doi:10.1006/jado.2000.0344

McWilliams, L. A., & Bailey, S. J. (2010). Associations between adult attachment ratings and

health conditions: evidence from the National Comorbidity Survey Replication. *Health Psychology*, 29(4), 446-453. doi:10.1037/a0020061

Mikulincer, M., & Florian, V. (2001). Attachment style and affect regulation: Implications for coping with stress and mental health. In G. J. Fletcher & M.S. Clark (Eds.) *Blackwell*

- handbook of social psychology: Interpersonal processes* (pp. 535-557). Malden, MA: Blackwell publishing.
- Mikulincer, M., Florian, V., & Weller, A. (1993). Attachment styles, coping strategies, and posttraumatic psychological distress: the impact of the Gulf War in Israel. *Journal of Personality and Social Psychology*, 64(5), 817-826. doi:10.1037/0022-3514.64.5.817
- Mikulincer, M., & Shaver, P. R. (2004). Security based self-representations in adulthood: Contents and processes. In W. S. Rholes & J. A. Simpson (Eds.), *Adult attachment: Theory, research, and clinical implications* (pp. 159– 195). New York: The Guilford Press.
- Mikulincer, M., & Shaver, P. R. (2005). Attachment theory and emotions in close relationships: Exploring the attachment-related dynamics of emotional reactions to relational events. *Personal Relationships*, 12(2), 149-168. doi:10.1111/j.1350-4126.2005.00108.x
- Mikulincer, M., & Shaver, P. R. (2007). *Attachment in adulthood: Structure, dynamics, and change*. New York: The Guilford Press.
- Min, P. (1991). Cultural and economic boundaries of Korean ethnicity: A comparative analysis. *Ethnic and Racial Studies*, 14, 225-241. doi:10.1080/01419870.1991.9993708
- Min, P. (2001). Changes in Korean immigrants' gender role and social status, and their marital conflicts. *Sociological Forum*, 16, 301-320. doi:10.1023/A:1011056802719
- 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. Retrieved from <http://search.ebscohost.com.ezproxy.liberty.edu:2048/login.aspx?direct=true&db=a6h&AN=ATLA0001727587&site=ehost-live&scope=site>

- Ministry of Culture, Sports, and Tourism (2012). *Religions of Korea*. Seoul, Korea: Sae Sung Kyun. ISBN 978-89-7820-428-6 93200
- Moberg, D. (2005). Research in spirituality, religion, and aging. *Journal of Gerontological Social Work*, 45(1/2), 11-40. doi:10.1300/J083v45n01_02
- Moller, N. P., McCarthy, C. J., & Fouladi, R. T. (2002). Earned attachment security: Its relationship to coping resources and stress symptoms among college students following relationship breakup. *Journal of College Student Development*, 43(2), 213-30. Retrieved from <http://search.proquest.com/docview/195175991?accountid=12085>
- Molock, S. D., Puri, R., Matlin, S., & Barksdale, C. (2006). Relationship between religious coping and suicidal behaviors among African American adolescents. *Journal of Black Psychology*, 32(3), 366-389. doi:10.1177/0095798406290466
- Mota, C., & Matos, P. (2013). Peer attachment, coping, and self-esteem in institutionalized adolescents: The mediating role of social skills. *European Journal of Psychology of Education*, 28(1), 87-100. doi:10.1007/s10212-012-0103-z
- Mullis, R. L., Hill, E. W., & Readdick, C. A. (1999). Attachment and social support among adolescents. *The Journal of Genetic Psychology*, 160(4), 500-502. Retrieved from [http:// search.proquest.com/docview/228471182? =12085](http://search.proquest.com/docview/228471182? =12085)
- Murphy, B., & Bates, G. W. (1997). Adult attachment style and vulnerability to depression. *Personality and Individual differences*, 22(6), 835-844. doi:10.1016/S0191-8869(96)00277-2
- Murray, L., Halligan, S. L., Adams, G., Patterson, P., & Goodyer, I. M. (2006). Socioemotional development in adolescents at risk for depression: The role of maternal depression and

- attachment style. *Development and Psychopathology*, 18(2), 489-516. Retrieved from <http://search.proquest.com/docview/201697312?accountid=12085>
- Nairn, R. C., & Merluzzi, T. V. (2003). The role of religious coping in adjustment to cancer. *Psycho- Oncology*, 12(5), 428–441. doi:10.1002/pon.654
- Nickerson, A. B., & Nagle, R. J. (2005). Parent and peer attachment in late childhood and early adolescence. *The Journal of Early Adolescence*, 25(2), 223-249. doi:10.1177/0272431604274174
- Noffke, J., & Hall, T. (2007). Chapter 4: Attachment psychotherapy and God image. *Journal of Spirituality in Mental Health*, 9(3/4), 57-78. doi:10.1300/J515v09n03-04
- Noom, M. J., Deković, M., & Meeus, W. H. (1999). Autonomy, attachment and psychosocial adjustment during adolescence: a double-edged sword?. *Journal of adolescence*, 22(6), 771-783. doi:10.1006/jado.1999.0269
- O'Connor, M., & Elklit, A. (2008). Attachment styles, traumatic events, and PTSD: A cross-sectional investigation of adult attachment and trauma. *Attachment & human development*, 10(1), 59-71. doi:10.1080/14616730701868597
- Ognibene, T. C., & Collins, N. L. (1998). Adult attachment styles, perceived social support and coping strategies. *Journal of Social and Personal Relationships*, 15(3), 323-345. doi: 10.1177/0265407598153002
- O'Koon, J. (1997). Attachment to parents and peers in late adolescence and their relationship with self-image. *Adolescence*. 32(126), 471-482. Retrieved from http://go.galegroup.com.ezproxy.liberty.edu:2048/ps/i.do?id=GALE%7CA19619428&v=2.1&u=vic_liberty&it=r&p=AONE&sw=w&asid=200d37ae81d9c3a2aed77371cfd821aa

- O'Malley, P. M., & Bachman, J. G. (1983). Self-esteem: Change and stability between ages 13 and 23. *Developmental Psychology*, 19(2), 257-268. doi:10.1037/0012-1649.19.2.257
- Overholser, J. C., Adams, D. M., Lehnert, K. L., & Brinkman, D. C. (1995). Self-esteem deficits and suicidal tendencies among adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 34(7), 919-928. doi:10.1097/00004583-199507000-00016
- Parker, G., Tupling, H., & Brown, L. B. (1979). A parental bonding instrument. *The British Journal of Medical Psychology*, 52, 1-10.
- Pargament, K. (1990). God help me: Toward a theoretical framework of coping for the psychology of religion. *Research in the Social Scientific Study of Religion*, 2, 195-224.
- Pargament, K. I., Ensing, D. S., Falgout, K., Olsen, H., Reilly, B., Van Haitsma, K., & Warren, R. (1990). God help me: (I): Religious coping efforts as predictors of the outcomes to significant negative life events. *American journal of community psychology*, 18(6), 793-824. doi:10.1007/BF00938065
- 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*, 27(1), 90-104. Retrieved from <http://www.jstor.org/stable/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. doi:10.1002/(SICI)1097-4679(200004)56:4<519::AID-JCLP6>3.0.CO;2-1
- Pargament, K. I., Koenig, H. G., Tarakeshwar, N., & Hahn, J. (2004a). Religious coping methods as predictors of psychological, physical and spiritual outcomes among medically ill

- elderly patients: A two-year longitudinal study. *Journal of Health Psychology*, 9(6), 713-730. doi:10.1177/1359105304045366
- Pargament, K. I., McCarthy, S., Shah, P., Ano, G., Tarakeshwar, N., Wachholtz, A. B., ... & Duggan, J.(2004b). Religion and HIV: A review of the literature and clinical implications. *Southern Medical Journal*, 97(12), 1201–1207. doi: 10.1097/01.SMJ.0000146508.14898.E2
- Pargament, K. I., Smith, B. W., Koenig, H. G., & Perez, L. (1998). Patterns of positive and negative religious coping with major life stressors. *Journal for the Scientific Study of Religion*, 37(4), 710-724. Retrieved from <http://www.jstor.org/stable/1388152>
- Pargament, K., Feuille, M., & Burdzy, D. (2011). The Brief RCOPE: Current psychometric status of a short measure of religious coping. *Religions*, 2(1), 51-76. doi:10.3390/rel2010051
- Park, C. L. (2005). Religion as a meaning-making framework in coping with life stress. *Journal of Social Issues*, 61(4), 707-729. doi:10.1111/j.1540-4560.2005.00428.x
- Park, C. L., & Cohen, L. H. (1993). Religious and nonreligious coping with the death of a friend. *Cognitive Therapy and Research*, 17(6), 561–577. doi:10.1007/BF01176079
- Park, S. Y., & Bernstein, K. S. (2008). Depression and Korean American immigrants. *Archives of Psychiatric Nursing*, 22(1), 12-19.
- Park, W. (2009). Parental attachment among Korean American adolescents. *Child and Adolescent Social Work Journal*, 26(4), 307-319. doi:10.1016/j.apnu.2007.06.011
- Pastor, D. L. (1981). The quality of mother–infant attachment and its relationship to toddlers' initial sociability with peers. *Developmental Psychology*, 17(3), 326. doi:10.1037/0012-1649.17.3.326

- Paterson, J. E., Field, J., & Pryor, J. (1994). Adolescents' perceptions of their attachment relationships with their mothers, fathers, and friends. *Journal of Youth and Adolescence*, 23, 579-600. doi:10.1007/BF01537737
- Paterson, J., Pryor, J., & Field, J. (1995). Adolescent attachment to parents and friends in relation to aspects of self-esteem. *Journal of Youth and Adolescence*, 24(3), 365-376. doi:10.1007/BF01537602
- Pearce, M., Singer, J. & Prigerson, H. (2006). Religious coping among caregivers of terminally ill cancer patients: Main effects and psychosocial mediators. *J. Health Psychol.* 11, 743-759. doi:10.1177/1359105306066629
- Peterson, G. W., Bush, K. R., & Supple, A. (1999). Predicting Adolescent Autonomy from Parents: Relationship connectedness and restrictiveness. *Sociological Inquiry*, 69(3), 431-457. doi:10.1111/j.1475-682X.1999.tb00880.x
- Phinney, J. S., & Chavira, V. (1992). Ethnic identity and self-esteem: An exploratory longitudinal study. *Journal of Adolescence*, 15(3), 271-281. doi:10.1016/0140-1971(92)90030-9
- Pinto, C., Turton, P., Hughes, P., White, S., & Gillberg, C. (2006). ADHD and infant disorganized attachment a prospective study of children next-born after stillbirth. *Journal of Attention Disorders*, 10(1), 83-91. doi:10.1177/1087054705286058
- Pyke, K. (2000). "The normal American family" as an interpretive structure of family life among grown children of Korean and Vietnamese immigrants. *Journal of Marriage and Family*, 62(1), 240-255. doi:10.1111/j.1741-3737.2000.00240.x

- Ragozin, A. S. (1980). Attachment behavior of day-care children: Naturalistic and laboratory observations. *Child Development*, 51, 409-415. Retrieved from <http://www.jstor.org/stable/1129274>
- Raja, S. N., McGee, R., & Stanton, W. R. (1992). Perceived attachments to parents and peers and psychological well-being in adolescence. *Journal of Youth and Adolescence*, 21(4), 471-485. doi:10.1007/BF01537898
- Raudino, A., Fergusson, D. M., & Horwood, L. J. (2013). The quality of parent/child relationships in adolescence is associated with poor adult psychosocial adjustment. *Journal of Adolescence*. 36(2), 331-340. doi:10.1016/j.adolescence.2012.12.002
- Raque-Bogdan, T. L., Ericson, S. K., Jackson, J., Martin, H. M., & Bryan, N. A. (2011). Attachment and mental and physical health: self-compassion and mattering as mediators. *Journal of Counseling Psychology*, 58(2), 272-278. doi:10.1037/a0023041
- Reinert, D. F., Edwards, C. E., & Hendrix, R. R. (2009). Attachment theory and religiosity: A summary of empirical research with implications for counseling Christian clients. *Counseling and Values*, 53(2), 112-125. doi:10.1002/j.2161-007X.2009.tb00118.x
- Reinert, D.F. & Edwards, C. E. (2009). Attachment theory, childhood mistreatment, and religiosity. *Psychology of Religion and Spirituality*, 1(1), 25-34. doi:10.1037/a0014894
- Rhodes, J., Roffman, J., Reddy, R., & Fredriksen, K. (2004). Changes in self-esteem during the middle school years: A latent growth curve study of individual and contextual influences. *Journal of School Psychology*, 42(3), 243-261. doi:10.1016/j.jsp.2004.04.001
- Rholes, W. S., Simpson, J. A., & Blakely, B. S. (1995). Adult attachment styles and mothers' relationships with their young children. *Personal Relationships*, 2, 35-54. doi:10.1111/j.1475-6811.1995.tb00076.x

- Rholes, W. S., Simpson, J.A., Blakely, B. S., Lanigan, L., & Allen, E.A. (1997). Adult attachment styles, the desire to have children, and working models of parenthood. *Journal of Personality*, 65, 357-385. doi:10.1111/j.1467-6494.1997.tb00958.x
- Rholes, W. S., Simpson, J. A., & Friedman, M. (2006). Avoidant attachment and the experience of parenting. *Personality and Social Psychology Bulletin*, 32(3), 275-285. doi:10.1177/0146167205280910
- Richards, P., & Bergin, A. (2005). Religious and spiritual practices as therapeutic interventions. *A spiritual strategy for counseling and psychotherapy*, 2nd ed (pp. 251-279). Washington: American Psychological Association.
- Riggs, S. A. (2010). Childhood emotional abuse and the attachment system across the life cycle: What theory and research tell us. *Journal of Aggression, Maltreatment & Trauma*, 19(1), 5-51. doi:10.1080/10926770903475968
- Roberts, J. E., Gotlib, I. H., & Kassel, J. D. (1996). Adult attachment security and symptoms of depression: The mediating roles of dysfunctional attitudes and low self-esteem. *Journal of Personality and Social Psychology*, 70(2), 310. doi:10.1037/0022-3514.70.2.310
- Robins, R. W., & Trzesniewski, K. H. (2005). Self-esteem development across the lifespan. *Current Directions in Psychological Science*, 14, 158–162. doi:10.1111/j.0963-7214.2005.00353.x
- Robins, R.W., Trzesniewski, K.H., Tracy, J.L., Gosling, S.D., & Potter, J. (2002). Global self-esteem across the lifespan. *Psychology and Aging*, 17(3), 423–434. doi:10.1037/0882-7974.17.3.423
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University.

- Rosenberg, M. (1979). *Conceiving the self*. New York: BasicBooks.
- Rosenberg, M., Schooler, C., Schoenbach, C., & Rosenberg, F. (1995). Global self-esteem and specific self-esteem: Different concepts, different outcomes. *American Sociological Review*, 60(1) 141-156. Retrieved from <http://www.jstor.org/stable/2096350>
- Rosenstein, D. S., & Horowitz, H. A. (1996). Adolescent attachment and psychopathology. *Journal of Consulting and Clinical Psychology*, 64(2), 244. doi:10.1037/0022-006X.64.2.244
- Rubin, Z. (1970). Measurement of romantic love. *Journal of Personality and Social Psychology*, 16(2), 265-273. doi:10.1037/h0029841
- Sagi-Schwartz, A., & Aviezer, O. (2005). Correlates of attachment to multiple caregivers in Kibbutz children from birth to emerging adulthood. In K.E. Grossmann, K.Grosssmann, & E. Waters (Eds.), *Attachment from infancy to adulthood* (pp.165-197). New York: The Guilford Press.
- Salzman, J. P. (1997). Ambivalent attachment in female adolescents: Association with affective instability and eating. *International Journal of Eating Disorders*, 21(3), 251-259. doi:10.1002/(SICI)1098-108X(199704)21:3<251::AID-EAT5>3.0.CO;2-J
- Schanowitz, J.Y. & Nicassio, P.M. (2006). Predictors of positive psychosocial functioning of older adults in residential care facilities. *J. Behav. Med.* 29, 191-201. doi:10.1007/s10865-005-9034-3
- Schmidt, S., Nachtigall, C., Wuethrich-Martone, O., & Strauss, B. (2002). Attachment and coping with chronic disease. *Journal of Psychosomatic Research*, 53(3), 763-773. doi:10.1016/S0022-3999(02)00335-5

- Schmitt, D. P., & Allik, J. (2005). Simultaneous administration of the Rosenberg Self-esteem Scale in 53 nations: Exploring the universal and culture-specific features of global self-esteem. *Journal of Personality and Social Psychology*, 89, 623-642. doi:10.1037/0022-3514.89.4.623
- Schottenbauer, M. A., Klimes-Dougan, B., Rodriguez, B. F., Arnkoff, D. B., Glass, C. R., & LaSalle, V. H. (2006). Attachment and affective resolution following a stressful event: General and religious coping as possible mediators. *Mental Health, Religion & Culture*, 9(5), 448-471. doi:10.1080/13694670500440684
- Schuengel, C., Bakermans-Kranenburg, M. J., & Van IJzendoorn, M. H. (1999). Frightening maternal behavior linking unresolved loss and disorganized infant attachment. *Journal of Consulting and Clinical Psychology*, 67(1), 54-63. doi:10.1037/0022-006X.67.1.54
- Shapiro, D. L., & Levendosky, A. A. (1999). Adolescent survivors of childhood sexual abuse: The mediating role of attachment style and coping in psychological and interpersonal functioning. *Child Abuse & Neglect*, 23(11), 1175-1191. doi:10.1016/S0145-2134(99)00085-X
- Shpigel, M. S., Diamond, G. M., & Diamond, G. S. (2012). Changes in parenting behaviors, attachment, depressive symptoms, and suicidal ideation in attachment-based family therapy for depressive and suicidal adolescents. *Journal of Marital and Family Therapy*, 38(s1), 271-283.
- Sibley, C. G., & Liu, J. H. (2004). Short-term temporal stability and factor structure of the Revised Experiences in Close Relationships (ECR-R) measure of adult attachment. *Personality and Individual Differences*, 36(4), 969-975. doi:10.1016/S0191-8869(03)00165-X

- Sibley, C. G., Fischer, R., & Liu, J. H. (2005). Reliability and validity of the Revised Experiences in Close Relationships (ECR-R) self-report measure of adult romantic attachment. *Personality and Social Psychology Bulletin*, 31(11), 1524-1536. doi: 10.1177/0146167205276865
- Siegel, K., & Schrimshaw, E. W. (2002). The perceived benefits of religious and spiritual coping among older adults living with HIV/AIDS. *Journal for the Scientific Study of Religion*, 41(1), 91-102. doi:10.1111/1468-5906.00103
- Siegel, K., Anderman, S. J., & Schrimshaw, E. W. (2001). Religion and coping with health-related stress. *Psychology & Health*, 16(6), 631-653. doi:10.1080/08870440108405864
- Sigmund, J. (2003). Spirituality and trauma: The role of clergy in the treatment of posttraumatic stress disorder. *Journal of Religion and Health*, 42(3), 221-229. doi:10.1023/A:1024839601896
- Sim, T., & Yow, A. (2011). God attachment, mother attachment, and father attachment in early and middle adolescence. *Journal of Religion & Health*, 50(2), 264-278. doi:10.1007/s10943-010-9342-y
- Simpson, J. A. (1990). Influence of attachment styles on romantic relationships. *Journal of Personality and Social Psychology*, 59(5), 971-980. doi:10.1037/0022-3514.59.5.971
- Simpson, J. A., Collins, W. A., Tran, S., & Haydon, K. C. (2007). Attachment and the experience and expression of emotions in romantic relationships: a developmental perspective. *Journal of Personality and Social Psychology*, 92(2), 355. doi:10.1037/0022-3514.92.2.355
- Sinclair, S. J., Blais, M. A., Gansler, D. A., Sandberg, E., Bistis, K., & LoCicero, A. (2010). Psychometric properties of the Rosenberg Self-Esteem Scale: Overall and across

- demographic groups living within the United States. *Evaluation & the Health Professions*, 33(1), 56-80. doi:10.1177/0163278709356187
- Slade A. (2007). Disorganized mother, disorganized child. In D. Oppenheim & D.F. Goldsmith (Eds.). *Attachment theory in clinical work with children: Bridging the gap between research and practice* (pp.226-250). New York: The Guilford Press.
- Sloan, E. P., Maunder, R. G., Hunter, J. J., & Moldofsky, H. (2007). Insecure attachment is associated with the alpha-EEG anomaly during sleep. *BioPsychoSocial Medicine*, 1(1), 20. Retrieved from <http://www.biomedcentral.com/content/pdf/1751-0759-1-20.pdf>
- Smeekens, S., Marianne Riksen-Walraven, J., & Van Bakel, H. J. (2007). Cortisol reactions in five-year-olds to parent–child interaction: the moderating role of ego-resiliency. *Journal of Child Psychology and Psychiatry*, 48(7), 649-656. doi:10.1111/j.1469-7610.2007.01753.x
- Smetana, J. G. (2010). *Adolescents, families, and social development: How teens construct their worlds*. Hoboken, NJ: Wiley-Blackwell. Retrieved from <http://www.ebrary.com>
- Smith, C. B., Weigert, A. J., & Thomas, D. L. (1979). Self-esteem and religiosity: An analysis of Catholic adolescents from five cultures. *Journal for the Scientific Study of Religion*. 18(1) 51-60. Retrieved from <http://www.jstor.org/stable/1385378>
- Smith, P. N., Gamble, S. A., Cort, N. A., Ward, E. A., Conwell, Y., & Talbot, N. L. (2012). The relationships of attachment style and social maladjustment to death ideation in depressed women with a history of childhood sexual abuse. *Journal of Clinical Psychology*, 68(1), 78-87. doi:10.1002/jclp.20852

- Sroufe, L. (2005). Attachment and development: A prospective, longitudinal study from birth to adulthood. *Attachment & Human Development*, 7(4), 349-367.
doi:10.1080/14616730500365928
- Sroufe, L. Alan (2002). From infant attachment to promotion of adolescent autonomy: Prospective, longitudinal data on the role of parents in development. In J. G. Borkowski, S.L.Ramey, & M. Bristol-Power (Eds.), *Parenting and the child's world: Influences on academic, intellectual, and social-emotional development monographs in parenting* (pp. 187-202). Mahwah, NJ: Lawrence Erlbaum Associates Publishers.
- Steele, H. & Steele, M (2008). *Clinical applications of the adult attachment interview*. New York: The Guilford Press.
- Sterkenburg, P. S., Janssen, C. G. C., & Schuengel, C. (2008). The Effect of an Attachment-Based Behaviour Therapy for children with visual and severe intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*, 21(2), 126-135.
- Stovall, K. C., & Dozier, M. (2000). The development of attachment in new relationships: Single subject analyses for ten foster infants. *Development and Psychopathology*, 12, 133–156. Retrieved from http://journals.cambridge.org.ezproxy.liberty.edu:2048/action/displayFulltext?type=1&pdf_type=1&fid=43408&jid=DPP&volumeId=12&issueId=02&aid=43407
- Stovall–McClough, K. C., & Dozier, M. (2004). Forming attachments in foster care: Infant attachment behaviors during the first 2 months of placement. *Development and Psychopathology*, 16(2), 253-271. doi:10.1017/S0954579404044505
- Strauss, R. S. (2000). Childhood obesity and self-esteem. *Pediatrics*, 105(1), e15. Retrieved from <http://pediatrics.aappublications.org/content/105/1/e15.full.pdf+html>

- Stroebe, M., Schut, H., & Stroebe, W. (2005). Attachment in coping with bereavement: A theoretical integration. *Review of General Psychology*, 9(1), 48-66.doi:10.1037/1089-2680.9.1.48
- Suess, G. J., Grossmann, K. E., & Sroufe, L. A. (1992). Effects of infant attachment to mother and father on quality of adaptation in preschool: From dyadic to individual organization of self. *International Journal of Behavioral Development*, 15(1), 43-65.
doi:10.1177/016502549201500103
- Suh, S., & Satcher, J. (2005). Understanding at-risk Korean American youth. *Professional School Counseling*, 8(5), 428-435. Retrieved from <http://www.jstor.org/stable/42732485>
- Talik, E. (2013). The adolescent religious coping questionnaire. Translation and cultural adaptation of Pargament's RCOPE Scale for Polish adolescents. *Journal of Religion & Health*, 52(1), 143-158.doi:10.1007/s10943-011-9464-x
- Tarakeshwar, N., & Pargament, K. I. (2001). Religious coping in families of children with autism. *Focus on Autism and Other Developmental Disabilities*, 16(4), 247-260.
doi:10.1177/108835760101600408
- Tebbi, C. K., Mallon, J. C., Richards, M. E., & Bigler, L. R. (1987). Religiosity and locus of control of adolescent cancer patients. *Psychological Reports*, 61(3), 683-696.
doi:10.2466/pr0.1987.61.3.683
- Tomaka, J., Morales-Monks, S., & Shamaley, A. G. (2012). Stress and coping mediate relationships between contingent and global self-esteem and alcohol-related problems among college drinkers. *Stress and Health*. 29(3), 205-213. doi:10.1002/smi.2448
- Trevino, K. M., Pargament, K. I., Cotton, S., Leonard, A. C., Hahn, J., Caprini-Faigin, C. A., & Tsevat, J. (2010). Religious coping and physiological, psychological, social, and spiritual

- outcomes in patients with HIV/AIDS: Cross-sectional and longitudinal findings. *AIDS and Behavior*, 14(2), 379-389. doi:10.1007/s10461-007-9332-6
- Trzesniewski, K. H., Donnellan, M.B., & Robins, R. W. (2013). Development of self-esteem. In V. Zeigler-Hill (Editor). *Self-esteem* (pp. 60-79). Florence, KY: Taylor and Francis.
- Trzesniewski, K. H., Donnellan, M. B., & Robins, R. W. (2003). Stability of self-esteem across the life span. *Journal of Personality and Social Psychology*, 84(1), 205-220. doi:10.1037/0022-3514.84.1.205
- Trzesniewski, K. H., Donnellan, M. B., Moffitt, T. E., Robins, R. W., Poulton, R., & Caspi, A. (2006). Low self-esteem during adolescence predicts poor health, criminal behavior, and limited economic prospects during adulthood. *Developmental Psychology*, 42(2), 381-390. doi:10.1037/0012-1649.42.2.381
- Thune-Boyle, I. C., Stygall, J. A., Keshtgar, M. R., & Newman, S. P. (2006). Do religious/spiritual coping strategies affect illness adjustment in patients with cancer? A systematic review of the literature. *Social Science & Medicine*, 63(1), 151-164. doi:10.1016/j.socscimed.2005.11.055
- Turner, P. J. (1991). Relations between attachment, gender, and behavior with peers in preschool. *Child Development*, 62(6), 1475-1488. doi:10.1111/j.1467-8624.1991.tb01619.x
- U.S. Census Bureau. (2010). *Profile of general demographic characteristics for the United States: 2010*. Retrieved from <http://www.census.gov/prod/cen2010/briefs/c2010br-11.pdf>
- Utsey, S. O., Ponterotto, J. G., Reynolds, A. L., & Cancelli, A. A. (2000). Racial discrimination, coping, life satisfaction, and self-esteem among African Americans. *Journal of Counseling & Development*, 78(1), 72-80. doi:10.1002/j.1556-6676.2000.tb02562.x

- Van IJzendoorn, M. (1995). Adult attachment representations, parental responsiveness, and infant attachment: a meta-analysis on the predictive validity of the Adult Attachment Interview. *Psychological Bulletin*, 117(3), 387-403. doi:10.1037/0033-2909.117.3.387
- Van IJzendoorn, M. H., Schuengel, C., & Bakermans-Kranenburg, M. J. (1999). Disorganized attachment in early childhood: Meta-analysis of precursors, concomitants, and sequelae. *Development and Psychopathology*, 11(02), 225-250. Retrieved from <http://journals.cambridge.org.ezproxy.liberty.edu:2048/action/displayAbstract?fromPage=online&aid=43645&fulltextType=RA&fileId=S0954579499002035>
- Van Dyke, C. J., Glenwick, D. S., Cecero, J. J., & Kim, S.K. (2009). The relationship of religious coping and spirituality to adjustment and psychological distress in urban early adolescents. *Mental Health, Religion & Culture*, 12(4), 369-383. doi:10.1080/13674670902737723
- Verschueren, K., & Marcoen, A. (1996). The internal working model of the self, attachment, and competence in five-year-olds. *Child Development*, 67(5), 2493-2511. doi:10.1111/j.1467-8624.1996.tb01870.x
- Verschueren, K., & Marcoen, A. (1999). Representation of self and socioemotional competence in kindergartners: Differential and combined effects of attachment to mother and to father. *Child development*, 70(1), 183-201. doi:10.1111/1467-8624.00014
- Vinden, P. G. (2001). Parenting attitudes and children's understanding of mind: a comparison of Korean American and Anglo-American families. *Cognitive Development*, 16(3), 793-809. doi:10.1016/S0885-2014(01)00059-4

- Walker, D., Reese, J., Hughes, J., & Troskie, M. (2010). Addressing religious and spiritual issues in trauma-focused cognitive behavior therapy for children and adolescents. *Professional Psychology: Research and Practice*, 41(2), 174-180. doi:10.1037/a0017782
- Walker, D. F., & Quagliana, H. L. (2007). Integrating Scripture with parent training in behavioral interventions. *Journal of Psychology and Christianity*, 26(2), 122-131.
- Retrieved from
<http://search.ebscohost.com.ezproxy.liberty.edu:2048/login.aspx?direct=true&db=rlh&AN=25585688&site=ehost-live&scope=site>
- Ward, M. J., & Carlson, E. A. (1995). Associations among adult attachment representations, maternal sensitivity, and infant – mother attachment in a sample of adolescent mothers. *Child Development*, 66, 69 – 79. doi:10.1111/j.1467-8624.1995.tb00856.x
- Warner, R.M. (2008). *Applied statistics*. LA: SAGE publications.
- Waters, E., Hamilton, C. E., & Weinfield, N. S. (2000). The stability of attachment security from infancy to adolescence and early adulthood: General introduction. *Child Development*, 71(3), 678-683. doi:10.1111/1467-8624.00175
- Waters, E., Merrick, S., Treboux, D., Crowell, J., & Albersheim, L. (2000). Attachment security in infancy and early adulthood: a twenty-year longitudinal study. *Child Development*, 71(3), 684-689. doi:10.1111/1467-8624.00176
- Waters, E., Wippman, J., & Sroufe, L. A. (1979). Attachment, positive affect, and competence in the peer group: Two studies in construct validation. *Child Development*, 50(3), 821-829.
- Retrieved from <http://www.jstor.org/stable/1128949>
- Wallin, D. J. (2007). *Attachment in psychotherapy*. New York: The Guilford Press.

- Wei, M., Heppner, P. P., & Mallinckrodt, B. (2003). Perceived coping as a mediator between attachment and psychological distress: A structural equation modeling approach. *Journal of Counseling Psychology, 50*(4), 438. doi:10.1037/0022-0167.50.4.438
- Wilkinson, R. B. (2004). The role of parental and peer attachment in the psychological health and self-esteem of adolescents. *Journal of Youth and Adolescence, 33*(6), 479-493. doi:10.1023/B:JOYO.0000048063.59425.20
- Wilkinson, R. B., & Walford, W. A. (2001). Attachment and personality in the psychological health of adolescents. *Personality and Individual Differences, 31*(4), 473-484. doi:10.1016/S0191-8869(00)00151-3
- Worthington Jr., E., & Aten, J. (2009). Psychotherapy with religious and spiritual clients: an introduction. *Journal of Clinical Psychology, 65*(2), 123-130. doi:10.1002/jclp.20561
- Yeh, C. J. (2003). Age, acculturation, cultural adjustment, and mental health symptoms of Chinese, Korean, and Japanese immigrant youths. *Cultural Diversity and Ethnic Minority Psychology, 9*(1), 34-48. doi:10.1037/1099-9809.9.1.34
- Yeh, C. J., Ma, P. W., Madan-Bahel, A., Hunter, C. D., Jung, S., Kim, A. B., Akitaya, K., & Sasaki, K. (2005). The cultural negotiations of Korean immigrant youth. *Journal of Counseling & Development, 83*(2), 172-182. doi:10.1002/j.1556-6678.2005.tb00594.x
- Ying, Y. W., Coombs, M., & Lee, P. A. (1999). Family intergenerational relationship of Asian American adolescents. *Cultural Diversity and Ethnic Minority Psychology, 5*(4), 350-363. doi:10.1037/1099-9809.5.4.350
- Ying, Y. W., Lee, P. A., & Tsai, J. L. (2007). Predictors of depressive symptoms in Chinese American college students: parent and peer attachment, college challenges and sense of

- coherence. *American Journal of Orthopsychiatry*, 77(2), 316-323. doi:10.1037/0002-9432.77.2.316
- You, B. K. (2005). Children negotiating Korean American ethnic identity through their heritage language. *Bilingual Research Journal*, 29(3), 711-721. doi:10.1080/15235882.2005.10162860
- You, H. S., & Malley-Morrison, K. (2000). Young adult attachment styles and intimate relationships with close friends a cross-cultural study of Koreans and Caucasian Americans. *Journal of Cross-cultural Psychology*, 31(4), 528-534. doi:10.1177/0022022100031004006
- Yum, Y. O., & Li, H. Z. (2007). Associations among attachment style, maintenance strategies, and relational quality across cultures. *Journal of Intercultural Communication Research*, 36(2), 71-89. doi:10.1080/17475750701478612
- Zeanah, C. H., Danis, B., Hirshberg, L., Benoit, D., Miller, D., & Scott Heller, S. (1999). Disorganized attachment associated with partner violence: A research note. *Infant Mental Health Journal*, 20(1), 77-86. doi:10.1002/(SICI)1097-0355(199921)20:1<77::AID-IMHJ6>3.0.CO;2-S
- Zeigler-Hill, V. (2011). The connections between self- esteem and psychopathology. *Journal of Contemporary Psychotherapy*, 41, 157– 164. doi:10.1007/s10879-010-9167-8
- Zeigler-Hill, V. (2013). *Self-Esteem*. Florence, KY: Psychology Press.
- Zwingmann, C., Wirtz, M., Müller, C., Körber, J., & Murken, S. (2006). Positive and negative religious coping in German breast cancer patients. *Journal of Behavioral Medicine*, 9(6), 533-547. doi:10.1007/s10865-006-9074-3

APPENDIXES

APPENDIX A: Survey Invitation Letter for Parents

Dear Parents

As a Ph.D. student in the Center for Counseling and Family Studies at Liberty University, I am conducting research as part of the requirements for a Ph.D. degree. The purpose of my research is to examine the relationship between parental attachment, religious coping, and self-esteem in Korean-American adolescents, and I am writing to invite your child to participate in my study. Your child's participation is very valuable for my research project and contributes to the research for the relationships with parents and religious coping in Korean-American adolescents. This study will help parents, pastors, and pastoral counselors understand the importance of the emotional bond between parents and children regarding religious coping and self-esteem in adolescents.

If your child is 12 to 18 years of age and you are willing to allow your child to participate, your child will be asked to complete the survey questionnaire. It should take approximately 15-20 minutes for your child to complete the survey. Your child's participation will be completely anonymous, and no personal, identifying information will be required. A consent document will be given to you one week before the survey. The consent document contains additional information about my research.

For your child to participate, please sign and return the consent document to your child's church pastor or teacher.

Sincerely,

Paul Roh
Ph.D. Candidate
The Center for Counseling and Family Study
Liberty University
1104 E Lawn Dr, # 204, Forest, VA 24551
434-229-7547
proh@liberty.edu

설문조사 초대 글

부모님께

저는 리버티대학교 상담과 가정연구센터의 박사과정(Ph.D.) 학생으로서 박사학위의 필수과정으로서 본 연구를 진행하고 있습니다. 저의 연구의 목적은 재미한인청소년들의 부모와의 애착관계, 문제대응의 신앙적 태도, 자존감간의 관계를 조사하는 것이고, 귀하의 자녀를 저의 연구에 초대하고자 합니다. 귀하의 자녀의 참여는 저의 연구프로젝트에 매우 소중하며, 재미한인청소년들의 부모와의 관계와 문제대응의 신앙적태도에 관한 연구에 큰 도움이 될 것입니다. 이 연구는 부모, 목회자, 목회상담가들이 청소년들의 문제대응의 신앙적태도와 자존감에 관련해서 부모와 자녀와의 정서적 관계의 중요성을 이해하는데 도움이 될 것입니다.

귀하의 자녀가 12 세이상 18 세이하이고, 자녀의 참여를 허락하신다면, 귀하의 자녀가 설문조사에 참여하도록 요청받게 될 것입니다. 귀하의 자녀가 그 설문조사를 마치는데는 약 15-20 분정도 소요됩니다. 귀하의 자녀의 참여는 완전히 무기명으로 진행되며, 개인적이며 신분을 확인할 수 있는 정보는 요구되지 않을 것입니다. 부모동의서를 설문조사 한주전에 받아보실것입니다. 그 동의서는 제 연구에 대한 부가적인 설명을 포함하고 있습니다. 귀하의 자녀의 참여를 위해서, 부모동의서에 서명을 부탁드립니다. 귀하의 자녀의 목회자나 교사에게 제출바랍니다.

감사드리며,

노바울 드림

Ph.D. Candidate
The Center for Counseling and Family Study
Liberty University
1104 E Lawn Dr, # 204 , Forest, VA 24551
434-229-7547
proh@liberty.edu

APPENDIX B: Research Permission Letter for Church

Dear _____

As a doctoral student in the center for counseling and family studies at Liberty University, I am conducting research as part of the requirements for a Ph.D. degree. The title of my research project is the relationship between parental attachment, religious coping, and self-esteem in Korean-American adolescents. The purpose of my research is to examine whether there are significant relationships between parental attachment, religious coping strategies, and self-esteem in Korean-American adolescents in the U.S., exploring the mediating role of self-esteem in the relationship.

I am writing to request your permission to conduct my research at _____ and to invite adolescents of your church to participate in my research study. Participants will be asked to complete a survey regarding the relationship with their parents, religious coping, and self-esteem. The data will be used only for the purpose of the study and be accessed only by the researcher, using a required password. Participants will be presented with informed consent information prior to participating. Taking part in this study is completely voluntary, and participants are welcome to discontinue participation at any time.

Thank you for considering my request. If you choose to grant permission, please provide a signed statement on approved letterhead indicating your approval or respond by email to proh@liberty.edu.

Sincerely,
Paul Roh
Ph.D candidate, Liberty University
1104 E Lawn Dr, 204, Forest, VA 24551
Tel:434-229-7547
Email: proh@liberty.edu

Statement of Permission:

I, _____, have read and understood the above information. I have asked questions and have received answers. I give my permission for Paul Roh to conduct the research at _____ (Church Name).

Signature _____ Date _____

Position _____

APPENDIX C: Parental Consent Form

PARENT/GUARDIAN CONSENT FORM

The Relationship between Parental Attachment, Religious Coping, and Self-Esteem in Korean-American Adolescents.

Paul Roh

Liberty University

The Center for Counseling and Family Studies

Your child is invited to be in a research study about parent-child relationships and religious coping in Korean-American adolescents. He or she was selected as a possible participant because your child belongs to a youth group of Korean-American adolescents between the ages of 12 and 18. I ask that you read this form and ask any questions you may have before agreeing to allow him or her to be in the study.

My name is Paul Roh, and I am a Ph.D. candidate in Pastoral Counseling program at Liberty University in Lynchburg, VA. Under the supervision of Dr. Hinson, professor in the Center for Counseling and Family Studies at Liberty University, I am conducting the research on the relationship between parental attachment, religious coping, and self-esteem in Korean-American adolescents in the United States.

Background Information:

The purpose of this study is to examine the relationship between parental attachment, religious coping, and self-esteem in Korean-American adolescents in the United States. Previous research on the relationship between parental attachment and religiosity shows that parental attachment plays an important role in one's religiosity and concept of God. This study will examine if there is a significant link between parental attachment, religious coping, and self-esteem in Korean-American adolescents.

Procedures:

If you agree to allow your child to be in this study, I would ask him or her to do the following things:

- 1) Your child will be asked to answer survey questions, including demographic information, about him/her, attachment relationships with his/her mother and father, religious coping, and self-esteem after worship service on a Sunday.
- 2) The survey will take about 15-20 minutes to complete, after which he or she will be dismissed to his or her youth activity.
- 3) The data collected is confidential and subjects will not be identified in my study.

Risks and Benefits of being in the Study:

Your child's participation of this study may create a minimal risk that he/she may encounter in his/her life. The survey questions may create unpleasant feelings for your child by reminding him or her of unpleasant experiences and memories regarding the relationships with parents and God. Your child will be informed that he or she can skip the questions or withdraw from the study at any time without explaining the reasons. If your child wants to talk about any concern or question, please let me know. I am glad to talk with you and your child about the issue.

Although there will be no direct benefits of being in the study, the participation and the results of this survey will contribute to the development of the research on the relationship between parent and child in Korean-American adolescents. Besides, your child may have an opportunity to explore his/her relationships with his/her parents and inner world.

Compensation:

Your child will not be compensated monetarily for being in the study.

Confidentiality:

Your child's participation and the records of the study will be confidential and be kept securely. Your child will not be asked to provide any identifying information, such as his/her name, address, or phone number. In any sort of report I might publish, I will not include any information that will make it possible to identify a subject. The data will be used only for the purpose of the study and be accessed only by the researcher using a required password. The completed hard copies of the survey questionnaire will be kept in a locked file for five years.

Voluntary Nature of the Study:

Participation in this study is voluntary. Your decision whether or not to allow your child to participate will not affect his or her current or future relations with Liberty University. If you decide to allow your child to participate, he or she is free to not answer any question or withdraw at any time without affecting those relationships.

Contacts and Questions:

If you have questions or concerns about this research study, you may contact me or my advisor. You can contact me at (434) 229-7547 or proh@liberty.edu, or my advisor Dr. Victor Hinson at (434) 592-4046 or vdhinson@liberty.edu. If you would like to talk to someone other than the researcher, you are encouraged to contact the Institutional Review Board, 1971 University Blvd, Suite 1837, Lynchburg, VA 24515 or email at irb@liberty.edu.

Please notify the researcher if you would like a copy of this information to keep for your records.

----- Detach here

Statement of Consent:

I have read and understood the above information. I have asked questions and have received answers. I consent to allow my child/student to participate in the study.

(NOTE: DO NOT AGREE TO ALLOW YOUR CHILD/STUDENT TO PARTICIPATE UNLESS IRB APPROVAL INFORMATION WITH CURRENT DATES HAS BEEN ADDED TO THIS DOCUMENT.)

My child _____ has my consent to participate in the study.
(Full Name)

Parent/ Guardian (Signature) _____ Date _____

Student (Signature) _____ Date _____

부모/보호자 동의서

연구제목: 미국내 한인청소년들의 부모와의 애착, 문제대처의 종교적 방식, 자존감과의 관계

연구자: 노바울

Liberty University

The Center for Counseling and Family Studies

부모님께

귀하의 자녀를 이 연구 참여에 초청합니다. 저는 미국에 거주하고 있는 한인청소년들의 부모애착, 문제대처의 신앙적 태도, 그리고 자존감 사이의 관계를 연구하고 있습니다. 귀하의 자녀는 재미한인청소년으로서 12-18 세에 해당하기에 본 연구 참여자로 선발되었습니다. 이연구의 참여에 동의하시기전에 안내서를 읽어보시고 어떤 질문이나 염려가 있다면 저에게 문의해주시기 바랍니다.

저의 이름은 노바울 이라고 합니다. 저는 버지니아 린치버그에 있는 리버티대학교의 목회상담 박사과정에 있으며 리버티대학교의 상담과 가족연구센터의 교수인 Hinson 박사의 지도아래, 미국내 한인청소년들의 부모와의 애착관계, 문제대응의 종교적 태도, 자존감간의 관계를 연구하고 있습니다.

연구배경:

이연구의 목적은 미국내 한인청소년들의 부모애착, 문제대처의 신앙적태도, 자존감과의 관계를 연구하기 위함입니다. 부모와의 애착과 종교성과의 관계에 대한 이전연구들은 부모와의 애착이 개인의 종교성과 하나님의 개념에 있어서 중요한 역할을 한다는 것을 보여주고 있습니다. 본 연구는 미주한인청소년들에게 있어서 부모와의 애착, 종교적 태도, 그리고 자존감간에 중요한 관계가 있는지 조사하게 될 것입니다.

설문조사 과정:

귀하께서 귀하의 자녀를 이 연구에 참여하도록 허락하신다면, 귀 자녀는 다음과 같은 일들을 요청받게 될 것입니다.

- 1) 귀하의 자녀는 설문조사에 답하도록 부탁받을 것입니다. 일요일 예배후, 일반적인 참여자의 통계적 정보, 부모와의 애착관계, 문제대응의 종교적 태도, 그리고 자존감에 대한 설문조사를하게 될 것입니다.
- 2) 설문조사는 약 15-20 분정도 소요될 것이고, 설문조사후 귀하의 자녀는 유스그룹활동으로 돌아가게 될 것입니다.
- 3) 수집된 정보는 비밀이 보장되며, 참여는 무기명으로 될 것입니다.

연구참여의 위험성과 이익

귀하의 자녀의 본연구 참여는 일상생활에서 마주치는 정도의 최소한의 위험성이 있을 수 있음을 알려드립니다. 설문조사 질문들이 부모 그리고 하나님과의 관계에 대해서 기분 좋지 않은 경험과 기억 때문에 불편한 감정을 초래할 수도 있습니다. 귀하의 자녀는 질문에 대해서 답하지 않고, 언제든지 특별한 이유없이도, 연구참여에 중단할수 있음을 안내받게 될 것입니다. 만약 귀하의 자녀가 어떠한 염려나 질문에 대해서 이야기나누기를 원한다면, 알려주십시오. 저는 귀하와 귀하의 자녀와 함께 그 문제에 대해서 이야기를 나누게 되기를 원합니다.

본 연구의 참여에 대한 직접적인 혜택은 없지만, 이 설문조사의 참여와 결과는 미국내 한인청소년들의 부모와 자녀와의 관계연구 발전에 공헌할 것입니다. 더구나, 귀하의 자녀는 부모와의 관계와 본인의 내적세계에 대해서 깊이 생각해보는 시간을 갖게 될 수 있을 것입니다.

보상

귀하의 자녀에게 이연구참여로 인한 금전적인 보상은 제공되지 않습니다.

비밀유지

귀하의 자녀의 참여과 기록들은 무기명으로 진행되며 안전하게 보관되어질 것입니다. 귀하의 자녀는 신원을 확인할 수 있는 어떠한 개인적인 정보들, 예를 들면 이름, 주소, 또는 전화번호등을 제공하도록 요청받지 않을 것입니다. 연구를 출판하게 되는 어떤 경우에도, 참여자의 신원을 알 수 있는 어떠한 정보도 포함하지 않을 것입니다. 자료는 오직 연구목적으로만 사용될 것이며, 비밀번호를 가진 연구자만이 접근할 것입니다. 완성된 설문지들은 잠금장치가 있는 서류함에 보관되어질 것입니다.

본연구의 자발적 참여

본연구의 참여는 자발적입니다. 귀하의 자녀의 본연구 참여와 비참여 결정은 귀하의 자녀와 리버티 대학교와의 현재 또는 미래의 관계에는 어떠한 영향도 끼치지 않을 것임을 알려드립니다. 귀하의 자녀가 참여하기로 결정한다면, 어떤 질문에 답하지 않을수도 있고, 참여를 중단하실 수 있습니다. 참여중단은 그 관계들에 영향을 끼치지 않습니다.

연락처와 질문들

귀하께서 연구조사에 관련한 질문이나 염려들이 있다면 저 또는 저의 지도교수에게 연락하실 수 있습니다. 저의 연락처는 (434)229-7547 또는 proh@liberty.edu 이고 저의 지도교수이신 Dr. Hinson의 연락처는 (434)592-4046 또는 vdhinson@liberty.edu 입니다. 저외에 다른 누군가와 연락을 원하신다면 리버티대학교의 연구심사기관(IRB)으로 연락하셔도 됩니다. 연락처는 주소 1971 University Blvd, Suite 1837, Lynchburg, VA 24515 또는 이메일 irb@liberty.edu 입니다.

귀하의 자료보관을 위해서 이 안내서의 사본을 원하시면 연구자에게 알려주시기 바랍니다.

동의서

(주의 : IRB 의 허락정보가 최근날짜와 함께 이 문서에 추가되지 않았다면 귀하의 자녀가 참여하도록 허락하는데 동의하지 마시기 바랍니다)

나는 위의 사항을 읽었습니다. 질문과 답변을 주고 받았습니다. 나는 나의 자녀의 연구조사 참여에 동의합니다.

나의 자녀 _____ 는(은) 이 연구에 참여하기 위해 나의 동의를 받았습니다.

부모/보호자 (사인) _____ 날짜 _____

학생 (사인) _____ 날짜 _____

APPENDIX D: Student Consent Form

Consent of Student to Participate in a Research Study

What is the name of the study and who is doing the study?

This study is about the relationship between parental attachment, religious coping, and self-esteem in Korean-American adolescents. My name is Paul Roh, a doctoral student from Liberty University, and I am conducting this study.

Why are we doing this study?

We are interested in studying an individual's relationship with his or her parents and how it is related to his or her religious coping strategies and self-esteem.

Why are we asking you to be in this study?

You are being asked to be in this research study because this study needs Korean-American adolescents who are between 12 and 18 years old and attending church.

If you agree, what will happen?

If you are in this study, you will be asked to answer the survey questions including general demographic information, your relationship with your mother and father, religious attitude, and self-esteem. It will take about 15-20 minutes to complete the survey.

Do you have to be in this study?

No, you do not have to be in this study. If you want to be in this study, then tell the researcher. If you do not want to, it is okay to say no. The researcher will not be angry. You can say yes now and change your mind later. It is up to you.

Do you have any questions?

You can ask questions at any time. You can ask now. You can ask later. You can talk to the instructor. If you do not understand something, please ask the instructor to explain it to you again.

If you have questions or concerns about this research study, you may contact me or my advisor. You can contact me at (434) 229-7547 or proh@liberty.edu, or my advisor Dr. Victor Hinson at (434) 592-4046 or vdhinson@liberty.edu.

Liberty University Institutional Review Board,
1971 University Blvd, Suite 1837, Lynchburg, VA 24515
or email at irb@liberty.edu.

----- Please detach here

Signing your name below means that you want to be in the study.

Name _____

Signature of Student

Date

APPENDIX E: Instruction for the Facilitators

1. Thank you for being a co-facilitator for this study. I would like to brief you on the responsibilities as a facilitator and the procedure of the survey.
2. As a facilitator, you need to distribute the parental consent form to the prospective participants prior to the survey and collect them before participants are allowed to take the survey.
3. Please make sure that only the students who submit the signed parental consent form will participate in the study.

4. When you administer the survey on a survey day, please follow the instructions stated below:

Before distributing the survey questionnaires, you need to explain the purpose of the study and the procedures by reading out the following information quoted below.

“Thank you for being present today. Your interest in participating in this survey will help the researcher, Paul Roh, to investigate the relationship between parental attachment, religious coping, and self-esteem in Korean-American adolescents. Paul Roh is a doctoral student at Liberty University, and this survey will provide the empirical basis for his research. If, any reason, you wish to withdraw from the study, you may do so at any time. This will not affect you negatively in any way. Please answer the survey questions including general demographic information, your relationship with your mother and father, religious attitude, and self-esteem. It will take about 15-20 minutes to complete the survey. After you complete the survey, please place it into the box/envelope. You may refuse to answer certain questions; however, please do not skip over them if you can. There are no right or wrong answers. Before starting the survey, please read the student consent form carefully, fill it out, detach, and give it to me. After answering all the questions, please put the completed survey into the prepared box/envelope here.”

5. Please distribute the survey questionnaires to the participants.
6. Please allow the participants to put the completed survey into the prepared box/envelope.
7. Once all the completed forms have been collected in the box/envelope, please seal the box/envelope and deliver it to the researcher directly or by prepaid mail.
8. If you have any questions or concerns regarding the study before or during the survey, please do not hesitate to contact the researcher at any time.

The Contact Information of the Researcher: Paul Roh (434) 229-7547 or proh@liberty.edu ,
1104 E Lawn Dr, # 204, Forest, VA 24551

설문조사 협력 진행자를 위한 안내문

1. 본 연구를 위해서 협력진행자로 수고해 주심을 진심으로 감사드립니다. 협력 진행자로서 해주실 역할들과 설문조사진행을안내해 드리고자 합니다.
2. 설문실시전에 부모님 동의서를 대상 학생들에게 나눠주시고 학생들 설문조사 참여전에 부모의 사인을 받아오도록 해주시기 바랍니다.
3. 본연구의 설문참여는 부모의 동의서를 제출한 학생들만 참여를 할 수 있습니다.
4. 설문조사 당일, 설문조사를 실시할 때, 아래의 안내를 따라주시기 바랍니다.

설문지를 나눠주기전에 아래 기록된 내용을 읽어주셔서 연구의 목적과 과정을 설명해주시기 바랍니다.

“오늘 참석해주셔서 감사합니다. 여러분의 설문참여가 연구자, 노바울이 재미청소년의 부모와의 관계, 문제대응시 신앙적 태도, 그리고 자존감과의 관계를 조사하는데 도움이 것입니다. 노바울은 리버티대학교의 박사과정 학생이고, 이 설문조사는 그의 연구에 실제적인 토대를 제공하게 될 것입니다. 어떤 이유든지, 여러분이 이연구에 참여하고 싶지 않다면, 언제든지 그만둘 수 있습니다. 그것이 여러분에게 부정적인 어떤 식으로든지 영향을 끼치지 않을 것입니다. 일반적인 인적사항과, 부모님과의 관계, 신앙적 태도, 자존감에 관한 질문에 응답해 주시기 바랍니다. 설문조사를 마치는데 약 15 분정도 소요될 것입니다. 설문조사를 끝내면, 여기 박스/봉투에 넣어주세요. 어떤 문제에 대해서 대답을 하지 않아도 좋지만, 가능하면 모든 문제에 응답해주세요. 정답이 있는 것이 아닙니다. 설문을 시작하기 전에 학생동의서를 잘 읽고, 서명하고, 분리해서 저에게 주시기 바랍니다. 모든 문제를 마친후에는 완성된 설문지를 이 박스/봉투에 넣어주세요.”

5. 설문지를 나눠주세요.
6. 참여자들이 완성된 설문지를 준비된 박스/봉투에 넣도록 해주세요.
7. 모든 완성된 서류들이 박스/봉투에 수거된뒤에는 박스/봉투를 밀봉해주시고, 연구주에게 직접 또는 미리 지불된 우편으로 전달해주시기 바랍니다.
8. 설문조사 전이나 설문조사 중에 질문이나 염려가 있다면 아래에 있는 연구자 연락처로 주저하지 마시고 언제든지 연락해 주세요.

연구자 연락처 : 노바울 (434) 229-7547 or proh@liberty.edu

1104 E Lawn Dr, #204 Forest, VA 24551

APPENDIX F: Demographic Questionnaire

1. What is your gender?

- (1) Male (2) Female

2. How old are you? Please circle your age

- (1) 12 (2) 13 (3) 14 (4) 15 (5) 16 (6) 17 (7) 18

3. Which parent(s) are you living with?

- (1) Father (2) Mother (3) Father and Mother

4. What is your parents' marital status?

- (1) married (2) divorced (3) separated (4) remarried

5. Are your parents Christians?

- (1) father only (2) mother only (3) both of them (4) neither of them

6. Where were you born?

- (1) Korea (2) United States (3) Others _____

7. Which state do you live in?

- (1) Virginia (2) Maryland (3) California (4) Texas (5) Pennsylvania (6) North Carolina (7) Georgia
(8) New Jersey (9) Illinois (10) Others _____

8. How long have you lived in the U.S.?

- (1) born in the U.S. (2) less than one year (3) 1- 3 years (4) 4-5 years (5) 5-10 years (6) more than 10 years

9. How long have you been attending church?

- (1) less than 6 months (2) 6 month to 1 year (3) 1 to 2 years (4) 2 to 3 years
(5) more than 3 years

10. How important would you say religion is in your life?

- not at all (0) ----- (1) ----- (2) ----- (3) ----- (4) ----- (5) ----- (6) extremely important

11. How often do you pray (except mealtime prayers)?

- (1) every day (2) 1- 3 times a week (3) 4-5 times a week (4) several times a month (5) never

12. Which meetings do you attend regularly ? Check all that apply

- (1) Sunday worship ____ (2) early morning prayer service ____ (3) Wednesday service ____
(4) Friday night prayer meeting ____ (5) weekend activities ____ (6) Others _____