

MODERATED MEDIATED MODEL OF RELIGIOSITY, GOD IMAGE, AND SELF-
COMPASSION

By

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Liberty University

A Dissertation Presented in Partial Fulfilment of the Requirements for the Degree Doctor of
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ABSTRACT

Religious engagement can be a protective factor as well as contribute to negative mental health outcomes in religious populations. Early experiences in the parent-child relationship influence how individuals view God, which influences how they emotionally experience and engage with religion. Previous research has explored the relationships between religiosity, view of God, and self-compassion. This study explored the influence of three separate views of God on the cross-generational maintenance of religiosity and as sociocultural factors that influence self-compassion within the context of religiosity. Results supported several direct and indirect relationships. The analysis included one simple mediation model to explore the mediating effect of self-compassion on the cross-generational maintenance of religiosity. Next, two moderation models were used to explore the effect of three separate views of God on the cross-generational maintenance of religiosity and self-compassion within the context of religiosity. Last, a moderated mediation model was used to explore three separate views of God on the cross-generational maintenance of religiosity through self-compassion. Implications concerning how these findings can be used within the field of counseling, counselor education, and supervision are discussed in this study as well as areas for future research.

Keywords: Religiosity, Attachment, God attachment, God-image, Self-Compassion

Dedication

This dissertation is dedicated to my loving husband, Jonathan R. Strivings.

Five and a half years ago my academic journey began. Within those five and a half years, I graduated with an M.A. in Clinical Mental Health Counseling, earned full licensure as a professional counselor in the state of Texas, started a private counseling practice, and am now graduating with a Ph.D. in Counselor Education and Supervision.

Five and a half years ago, my husband offered me his G.I. Bill and encouraged me to continue my education. Our children, Asher Manasseh and Jesse Boaz were both under the age of two years old when I took my first classes. During these five and a half years, Jonathan has taken on the role of the primary parent while also serving our country as an active duty service member in the United States Air Force. Jonathan has never complained once during these five and a half years about watching our children, potty training them, taking them to appointments, the increased household chores, and countless other responsibilities he took on while I worked up to four jobs, took multiple classes and stayed up late to study. Even when he was required by the Air Force to be away from our family for an entire year for a short tour in Turkey, Jonathan always provided me with emotional support over the phone, as well as coordinated and financed countless childcare arrangements so I could continue working and attending school even in his absence. I cannot adequately put into words how much respect and admiration I have for my husband.

Jonathan is truly my most precious gift from God, my Boaz.

Thank you, Jonathan, for believing in me and being unconditionally proud, reassuring, and continually supportive. I could not have done this without you.

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The ability to grow in endurance, hope, and faith during my doctoral journey would not have been possible without my belief in Jesus. Throughout the program, I significantly grew in my relationship with Jesus, knowing that He knows the plans He has for me and that they are to prosper me and not harm me, that Jesus plans to give me hope and a future (Jeremiah 29:11). I am forever thankful for Jesus being my rock and firm foundation during this journey.

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List of Abbreviations

Household of origin religious commitment (HORC)

Current religious commitment (CRC)

God image (GI)

Self-compassion (SC)

Religious Commitment Inventory-Household (RCI-H)

Religious Commitment Inventory (RCI)

Self-Compassion Scale (SCS)

CHAPTER ONE: INTRODUCTION

Introduction

It is well-established that variation exists in how religious individuals emotionally experience and engage with religion. For some, religious engagement is associated with a positive emotional experience and mental health outcomes, while for others religious engagement is associated with a negative emotional experience and mental health outcomes (Cassibba et al., 2013; Dalton, et al., 2018; Dollahite et al., 2018; D’Urso et al., 2019; Schwadel & Hardy, 2022). Current research suggests that variation in how one emotionally experiences and engages with religion may be due to variations in the form of religiosity that they engage in (Allen et al., 2015; Judd et al., 2020). Maladaptive or legalistic forms of religiosity are associated with decreased self-compassion (Judd et al., 2020) and increased negative mental health outcomes, specifically anxiety and depression, in religious populations (Allen et al., 2015; Judd et al., 2020). In contrast, adaptive or non-legalistic forms of religiosity are associated with increased self-compassion and positive mental health outcomes (Allen et al., 2015; Judd et al., 2020).

Prior research has identified factors that influence the cross-generational maintenance of religiosity (Bao et al., 1999; Dollahite et al., 2018; Exline et al., 2013; Exline et al., 2015; Granqvist, 1998; Granqvist & Hagekull, 1999; Granqvist et al., 2010; Kirkpatrick, 2006; Leonard et al., 2013; Miner, 2009; Power & McKinney, 2013). However, clarification is lacking concerning what factors influence the cross-generational maintenance of adaptive versus maladaptive forms of religiosity. Within the context of religiosity, how religious individuals view God and demonstrate self-compassion are both associated with how they emotionally experience and engage with their religion (Belavich & Pargament, 2002; Cooper et al., 2009;

Exline et al., 2000; Judd et al., 2020; Kimball et al., 2013; Schwadel & Hardy, 2022). This study further clarifies the influence of these two factors on the cross-generational maintenance of religiosity by (a) addressing one's view of God as a factor that moderates the cross-generational maintenance of religiosity, and (b) addressing self-compassion as a mediating factor in the cross-generational maintenance of religiosity. Understanding what factors are associated with adaptive forms of religiosity may provide insight into how variation in these factors buffer against the cross-generational maintenance of maladaptive forms of religiosity associated with negative mental health outcomes.

Further, this study focused on potential factors that influence how religiosity is maintained through development into adulthood as well as clarified whether variation in these factors accounts for variation in how religious individuals emotionally experience and engage with their religion in adulthood. Variation in how religious individuals emotionally experience and engage with their religion in adulthood is often influenced by early experiences (Birgegard & Granqvist, 2004; Cassibba et al., 2013; Granqvist, 1998, 2005; Granqvist et al., 2010; Kimball et al., 2013; Kirkpatrick & Shaver, 1992; Rowatt & Kirkpatrick, 2002). Religious parents tend to produce children with similar religious beliefs about what behaviors are valuable and should be maintained into adulthood (Bader & Desmond, 2006; Bao et al., 1999; Goeke-Morey & Cummings, 2017; Volk et al., 2016). Understanding how religious engagement was demonstrated by individuals' parents may be useful in understanding how they will engage with religion in adulthood (Volk et al., 2016).

Understanding how attachment influences the cross-generational maintenance of religiosity may also be important to consider when exploring variations in how religious individuals emotionally experience and engage with their religion (Granqvist, 1998; Kirkpatrick,

1992; Kaufman, 1981; Murray & Ciarrocchi, 2007; Rowatt & Kirkpatrick, 2002; Giordano et al., 2007). Individuals who develop an insecure attachment to their parents may experience barriers to developing a secure attachment to God within the context of religiosity (Cassibba et al., 2013; Granqvist, 1998, 1999, 2005; Granqvist et al., 2010; Kirkpatrick, 1992). Insecure attachment to God is associated with a lack of feeling close to God as well as with decreased religious engagement (Belavich & Pargament, 2002; Cooper et al., 2009; Exline et al., 2000; Kimball et al., 2013; Schwadel & Hardy, 2022). Additionally, insecure attachment is associated with viewing God as either cruel or distant (Exline et al., 2015; Granqvist et al., 2010; Kirkpatrick & Shaver, 1992; Rowatt & Kirkpatrick, 2002). This negative view can lead to distressing religious and spiritual issues and negative mental health outcomes like anxiety and depression in religious populations (Abu-Raiya et al., 2016; Belavich & Pargament, 2002; D'Urso et al., 2019; Exline et al., 2000; Exline et al., 2013; Exline et al., 2015; Kirkpatrick & Shaver, 1992; Pargament et al., 2001; Pargament et al., 2004; Raiya et al., 2016). In contrast, a positive view of God as loving is associated with the ability to resolve distressing religious and spiritual issues in a timely manner if they were to occur, which acts as a buffer against negative mental health outcomes (Abu-Raiya et al., 2016; Belavich & Pargament, 2002; D'Urso et al., 2019; Exline et al., 2000; Exline et al., 2013; Exline et al., 2015; Kirkpatrick & Shaver, 1992; Pargament et al., 2001; Pargament et al., 2004; Raiya et al., 2016).

Self-compassion is another factor that is associated with both attachment and religiosity. Increased self-compassion is associated with secure attachment within the parent-child relationship, while decreased self-compassion is associated with insecure attachment (Cohen & Naaman, 2023; Neff & Beretvas, 2012; Neff & McGehee, 2010; Moreira et al., 2014). Engagement in compassionate responses toward the self and others has been shown to buffer

against negative mental health outcomes, specifically anxiety and depression (Abdollahi et al., 2020; Allen et al., 2010; Arch et al., 2014; Bodok-Mulderij et al., 2023; Ferrari et al., 2019; Hughes et al., 2021; Neff, 2003a, 2022; Neff & Germer, 2013; Phillips & Hine, 2021; Siwik et al., 2022; Shapira & Mongrain, 2010).

Within the context of religiosity, self-compassion may be associated with the development of secure attachment within the parent-child relationship as well as the development of adaptive forms of religiosity that buffer against religious and spiritual issues and negative mental health outcomes in religious populations. Lack of exposure to self-compassion within the parent-child relationship can reduce the ability and willingness of an individual to engage in compassionate responses toward the self and others even in adulthood (Fraley et al., 2011; Moreira et al., 2014; Neff & Beretvas, 2012; Thompson & Waltz, 2008; Yarnell & Neff, 2012). Conversely, self-compassion positively influences feelings of closeness and connectedness with others and a positive view of others as accepting and forgiving (Neff, 2003, 2011, 2022). For this study cognitions and behaviors associated with insecure attachment, a negative view of God as cruel or distant, reduced self-compassion, and decreased religious engagement will be referred to as maladaptive or legalistic. In contrast, cognitions and behaviors associated with secure attachment, a positive view of God as loving, increased self-compassion, and increased religious engagement will be referred to as adaptive or non-legalistic.

Although research supports an association between self-compassion and religiosity, there is currently no context-specific instrument measuring self-compassion within the context of religiosity (Neff, 2022; Zuroff et al., 2021). This study was designed to expand current research focused on the association between self-compassion and religiosity by exploring how one views God as a factor that influences self-compassion within the context of religiosity. Additionally,

this study was designed to explore how one's view of God and self-compassion influence the maintenance of religiosity cross-generationally. This study also aids in exploring and clarifying how certain factors facilitate the cross-generational maintenance of adaptive forms of religiosity versus maladaptive forms of religiosity associated with anxiety and depression in religious populations.

Background of the Problem

Attachment

The foundation of what is now known as attachment theory was developed by Bowlby and Ainsworth (Ainsworth, 1985; Bowlby, 1969, 1982; Bretherton, 1992). Attachment theory describes the bond a child has to their primary caretaker, namely their parents (Ainsworth, 1985; Bowlby, 1969, 1982; Bretherton, 1992). Attachment can occur within three dimensions: secure, anxious, and avoidant (Ainsworth, 1985; Bowlby, 1969, 1982; Bretherton, 1992). Primarily instrumental in the development of attachment is how consistently accessible and responsive a parent is to their child's needs (Ainsworth, 1985; Bowlby, 1969, 1982; Bretherton, 1992). According to attachment theory, a child demonstrates their needs by engaging in attachment behaviors (Ainsworth, 1985; Bretherton, 1992). Attachment behaviors can include crying, sucking, clinging, and following (Bowlby, 1969, 1982; Bretherton, 1992). Consistent accessibility and responsiveness to demonstrations of attachment behavior can result in a secure attachment pattern, while inconsistent accessibility and responsiveness or outright rejection can result in an insecure attachment pattern (Ainsworth, 1985; Baptist et al., 2012; Bowlby, 1982; Bretherton, 1992; Costa & Weems, 2005; Pazzagli et al., 2018; Seedall & Wampler, 2012; Shercensor et al., 2020). Insecure attachment can be either anxious or avoidant (Ainsworth, 1985; Bowlby, 1969, 1982; Bretherton, 1992).

Cognitions and behaviors associated with secure, anxious, or avoidant attachment patterns differ (Beck, 2013; Bowlby, 1982; Collins & Feeney, 2004; Costa & Weems, 2005; Li & Chan, 2012; Mikulincer & Shaver, 2007; Rholes et al., 2021; Sher-Censor et al., 2020). When maintained into adulthood, negative cognitions about the self and others characteristic of insecure attachment can negatively influence the development of secure attachment within other relationships, especially those that bear similarities to the parent-child relationship (Bowlby, 1982; Bretherton, 1992; Cassibba et al., 2013; Collins & Feeney, 2004; Davis et al., 2013; Exline et al., 2013; Granqvist & Hagekull, 1999; Rholes et al., 2021; Sher-Censor et al., 2020). In contrast, cognitions and behaviors associated with secure attachment can facilitate the development of secure attachment within other relationships in adulthood (Bowlby, 1982; Bretherton, 1992; Cassibba et al., 2013; Collins & Feeney, 2004; Davis et al., 2013; Exline et al., 2013; Granqvist & Hagekull, 1999; Rholes et al., 2021; Sher-Censor et al., 2020).

According to attachment theory, an internal working model of attachment acts to facilitate the maintenance of cognitions and behaviors associated with each attachment domain into adulthood (Bowlby, 1982; Fraley, 2002; Mikulincer & Shaver, 2007; Rholes et al., 2021; Tenelshof & Furrow, 2000). Individuals who have an internal working model characterized by insecure attachment tend to defensively exclude new information that appears contrary to their internal working model (Bretherton, 1992; Consedine & Magai, 2010; Dykas & Cassidy, 2011; Mikulincer et al., 2002; Mikulincer & Shaver, 2001; Sher-Censor et al., 2020). Defensive exclusion of new information is associated with an inability to confront new information and situations confidently (Bretherton, 1992; Mikulincer & Shaver, 2001, 2005a, 2007; Overall et al., 2014; Pazzagli et al., 2018; Rholes et al., 2021; Seedall & Wanpler, 2012; Shaver & Mikulincer, 2002). Additionally, behaviors associated with defensive exclusion may increase the

development of distressing issues and act as a barrier to the resolution of these issues (Baptist et al., 2012; Beck, 2013; Dykas & Cassidy, 2011; Li & Chan, 2012; Mikulincer et al., 2002; Mikulincer & Shaver, 2001, 2005a, 2005b, 2007; Pierce & Lydon, 1998; Seedall & Wampler, 2012; Shaver & Mikulincer, 2002; Sher-Censor, et al., 2020). In contrast, those with an internal working model characterized by secure attachment tend to be comfortable and confident incorporating new information into their existing internal working model and demonstrate the ability to resolve distressing issues if they occur (Baptist et al., 2012; Beck, 2013; Dykas & Cassidy, 2011; Li & Chan, 2012; Mikulincer et al., 2002; Mikulincer & Shaver, 2001, 2005a, 2005b, 2007; Pierce & Lydon, 1998; Seedall & Wampler, 2012; Shaver & Mikulincer, 2002; Sher-Censor, et al. 2020).

Cross-Generational Influence of Attachment

The influence of attachment appears to be maintained cross-generationally through parenting. Prior research suggests that children tend to develop similar attachment patterns as their parents (Sher-Censor et al., 2020). Individuals tend to increase engagement in attachment behaviors during times of distress (Bowlby, 1982; Bretherton, 1992), and cognitions about the self and others that characterize either secure, anxious, or avoidant attachment domains influence the ability of a parent to tolerate the distress of their child (Dykas & Cassidy, 2011; Leerkes & Siepak, 2006; Mikulincer & Shaver, 2005b; Sher-Censor et al, 2020). Secure attachment in parents is associated with the ability to remain consistently accessible and responsive, but insecure attachment in parents is associated with inconsistent or outright rejection of their child's attachment behaviors (Dykas & Cassidy, 2011; Leerkes & Siepak, 2006; Sher-Censor et al., 2020). The way a parent models accessibility and responsiveness when faced with the distress of their child will influence how that child responds to their feelings of distress and the distress of

others in adulthood (Costas & Weems, 2005; Dykas & Cassidy, 2011; Mikulincer & Shaver, 2001; Mikulincer & Shaver, 2005b; Sher-Censor et al., 2020). That is, when maintained into adulthood, the cognitions and behaviors associated with each attachment domain appear to influence the development of secure attachment within various contexts outside of the parent-child relationship, including one's relationship with their children.

Attachment and Religiosity

Attachment theory provides the framework for how attachment patterns can be maintained into adulthood to influence relationships in adulthood that bear similarities to the parent-child relationship (Granqvist, 1998; Kimball et al., 2013; Kirkpatrick, 1992). It is well-established that the God-follower relationship bears similarities to the parent-child relationship (Granqvist, 1998, 1999, 2005; Granqvist et al., 2010; Kimball et al., 2013). For example, within the Judeo-Christian faith tradition, God is conceptualized as a father, and his followers are conceptualized as his children (Granqvist et al., 2010; Kirkpatrick, 1992). However, according to Kaufman (1981), humans are "at best" both limited and fallible attachment figures in comparison to God who is completely adequate and neither a limited nor fallible attachment figure (p. 7). That is, the pattern of attachment one develops with their parents within the context of the parent-child relationship will influence the attachment one develops with God within the context of religiosity.

Specifically, secure attachment with one's parents may positively influence the development of a secure attachment with God. In contrast, insecure attachment with one's parents may negatively influence a secure attachment with God. Secure attachment to God is associated with feeling close to God as well as with increased religious engagement (Belavich & Pargament, 2002; Cooper et al., 2009; Exline et al., 2000; Kimball et al., 2013; Schwadel &

Hardy, 2022). Additionally, secure attachment is associated with one holding a positive view of God as loving (Exline et al., 2015; Granqvist et al., 2010; Kirkpatrick & Shaver, 1992; Rowatt & Kirkpatrick, 2002). However, insecure attachment with one's parents may lay the foundation for a negative view of God as cruel or distant, which may, in turn, decrease one's ability to positively experience engagement in religion, leading to a decrease or outright reversal of religious engagement.

Religious Engagement

Within the context of religiosity, religious engagement or religious attachment behaviors can include church attendance and prayer (Granqvist et al., 2010; Kirkpatrick, 1992, 2006). Religious engagement serves to provide comfort, stability, security, and emotional regulation (Cooper et al., 2009; Granqvist et al., 2010). How one engages with their religion can increase or change during times of distress (Belavich & Pargament, 2002; Cooper et al., 2009; Kirkpatrick, 1992; Granqvist et al., 2010). How an individual views God influences how they emotionally experience engagement in their religion (Beck & McDonald et al., 2004; Cooper et al., 2009; Granqvist, 1999, 2005; Hall et al., 2009; Kimbal et al., 2013; Miner, 2009; Sandage et al., 2015). The emotional experience of religious engagement varies among religious individuals. While some religious individuals experience positive feelings associated with religious engagement, others experience negative feelings and increased negative mental health outcomes, specifically anxiety and depression, as a result of religious engagement (Abu-Raiya et al., 2016; Belavich & Pargament, 2002; Bodok-Mulderij et al., 2023; Cassibba et al., 2013; Exline et al., 2000; Kirkpatrick & Shaver, 1992; Pargament et al., 2001; Pargament et al., 2004).

Adaptive Versus Maladaptive Forms of Religiosity

As noted, variation exists in how religious individuals emotionally experience religious

engagement. For some religious engagement is beneficial and serves to provide feelings of comfort, stability, security, and emotional regulation, while for others religious engagement is associated with ongoing religious and spiritual issues and negative mental health outcomes (Bodok-Mulderij et al., 2023; Exline et al., 2000; Ellison & Less, 2009; Granqvist et al., 2010; Kimball et al., 2013; Kirkpatrick, 2006; Kirkpatrick & Shaver, 1992; Schwadel & Hardy, 2022). Mental health outcomes associated with religious engagement may depend on the type of religiosity one is engaging in (Judd et al., 2020). Specifically, engagement in maladaptive or legalistic forms of religiosity is associated with decreased levels of self-compassion and increased negative mental health outcomes, specifically anxiety and depression, in religious populations (Allen et al., 2015; Judd et al., 2020). In contrast, engagement in adaptive or non-legalistic forms of religiosity is associated with increased levels of self-compassion and positive mental health outcomes (Judd et al., 2020).

Despite the impact of religious engagement on mental health, the relationship between legalism, mental health, and religious engagement is largely unexplored (Judd et al., 2020). Within the context of religiosity, legalism can be defined as a “strict, literal, or excessive conformity to the law or a religious or moral code” (Merriam-Webster, 1996, p. 710). According to Judd et al. (2020), legalistic forms of religiosity tend to put excessive focus and judgment on outward demonstrations of good works and obedience to religious laws. In contrast, non-legalistic forms of religiosity tend to acknowledge the importance of adherence to religious laws while resisting a “legalistic understanding of obedience” (Judd et al., 2020, p. 27). This study is designed to explore how one’s view of God acts to influence the maintenance of non-legalistic or adaptive forms of religiosity versus legalistic or maladaptive forms of religiosity that are associated with negative mental health outcomes in religious populations.

Self-Compassion

Since the early conception of self-compassion by Neff (2003a), research on the influence of self-compassion has significantly grown. According to Neff (2022), self-compassion is a behavioral motivator that influences how an individual responds to themselves and others. Self-compassion has been shown to buffer against negative mental health outcomes, specifically anxiety and depression, and prevent patterns of responding associated with self-indulgence, self-centered, and self-pitying behaviors (Abdollahi et al., 2020; Allen et al., 2010; Brodar et al., 2010; Leary et al., 2007; Neff, 2003a, 2022). Self-compassion also buffers against negative cognitions and behaviors toward the self and others associated with psychological distress, such as feelings of worthlessness, lack of confidence, avoidance, rumination, and the inability to receive corrective feedback from others or take accountability for one's actions (Allen et al., 2010; Biskas et al., 2021; Breines & Chen, 2012; Leary et al., 2007; Miyagawa et al., 2020; Neff, 2016, 2022; Neff et al., 2018; Wang et al., 2017). Finally, self-compassion can also motivate individuals to establish and adhere to behavioral standards for themselves, even in the face of distress and perceived failure (Dundas et al., 2017; Liao et al., 2021; Neff, 2005, 2022; Suh & Chong, 2022; Zhang et al., 2021).

Barriers to Engagement in Self-Compassion

Despite the benefits associated with self-compassion, some individuals hold misgivings about self-compassion (Neff, 2022). Some believe that engagement in self-compassionate responses toward the self and others may make one weaker, can undermine motivation to improve, and promote self-indulgence, self-centered, and self-pitying behaviors (Biskas et al., 2021; Kelly et al., 2021; Neff, 2011, 2022; Robinson, et al., 2016). Negative beliefs about self-compassion are associated with a preference for critical or judgmental responses toward the self

and others (Neff, 2022), which is associated with an individual being motivated by self-esteem (Neff, 2003a, 2011, 2022). Self-esteem is maintained through positive self-evaluations (Tesser, 1988), which is reliant on comparison to others (Tesser, 1982, 1988). Distress caused by negative self-evaluation and decreased self-worth are associated with individuals engaging in self-indulgence, self-centered, and self-pitying behaviors (Crocker & Park, 2004; Neff, 2022; Neff & Vonk, 2009). Additionally, self-esteem is associated with a decreased ability to maintain motivation in the face of distress and failure (Neff, 2022) and increased negative mental health outcomes (Brown, 2001; Crocker & Wolfe, 2002; Leary et al., 2007; Neff, 2011, 2022; Neff & Vonk, 2009; Turk & Waller, 2020). Unlike self-compassion, self-esteem does not offer a stable sense of self-worth or motivation and has not been shown to buffer against negative mental health outcomes like anxiety or depression (Neff, 2022).

Cross-Generational Influence of Self-Compassion

The influence of self-compassion appears to be maintained cross-generationally through parenting. Individuals whose parents modeled self-compassion within the context of the parent-child relationship report being securely attached to their parents, whereas those whose parents did not model self-compassion reported being insecurely attached to their parents (Cohen & Naaman, 2023; Neff & Beretvas, 2012; Neff & McGee, 2010; Moreira et al., 2014). Additionally, individuals who experienced self-compassion within the context of the parent-child relationship are more likely to model self-compassion to their children, but those who did not experience self-compassion within the context of the parent-child relationship may have trouble modeling self-compassion to their children (Fraley et al., 2011; Moreira et al., 2014; Neff & Beretvas, 2012; Thompson & Waltz, 2008; Yarnell & Neff, 2012). That is, self-compassion may be a factor that positively influences the development of secure attachment within the context of the parent-child

relationship and buffers against the development of insecure attachment.

Self-Compassion and Religiosity

How an individual views God within the context of religiosity is associated with their level of self-compassion (Bodok-Mulderij et al., 2023). Secure attachment within the context of the parent-child relationship is associated with a positive view of God as loving (Exline et al., 2015; Granqvist et al., 2010; Kirkpatrick & Shaver, 1992; Rowatt & Kirkpatrick, 2002) and increased levels of self-compassion (Bodok-Mulderij et al., 2023). In contrast, insecure attachment within the context of the parent-child relationship is associated with a negative view of God as either cruel or distant (Exline et al., 2015; Granqvist et al., 2010; Kirkpatrick & Shaver, 1992; Rowatt & Kirkpatrick, 2002) and decreased levels of self-compassion (Bodok-Mulderij et al., 2023). Holding a positive view of God is also associated with feelings of closeness to God and increased religious engagement (Schwadel & Hardy, 2022), while a negative view of God is associated with a lack of feeling close to God and decreased religious engagement (Schwadel & Hardy, 2022). That is, self-compassion may be a factor that influences how religious individuals engage with their religion.

Adaptive Versus Maladaptive Forms of Religiosity

Self-compassion has also been shown to positively influence behaviors that align with the Judeo-Christian faith tradition (Brodar et al., 2015). Non-legalistic or adaptive forms of religiosity are associated with increased levels of self-compassion, while legalistic or maladaptive forms of religiosity are not (Judd et al., 2020). Self-compassion is associated with demonstrating forgiveness of oneself and others as well as a willingness to engage in relationship and community-building behaviors (Neff, 2022). Additionally, self-compassion has been shown to buffer against critical and judgmental responses toward the self and others (Allen et al., 2010;

Biskas et al., 2021; Dundas et al., 2017; Miyagawa et al., 2020; Neely et al., 2009; Neff, 2011, 2022; Zhang et al., 2021). Therefore, self-compassion is a factor that influences the development of adaptive forms of religiosity and buffers against maladaptive forms of religiosity.

Currently, measures have been developed to assess self-compassion within eight contexts: academic/job performance, friendships, physical appearance, family relationships, finances, relationships at school/workplace, health, and romantic relationships (Zuroff et al., 2021). But additional research is needed to identify sociocultural factors that influence self-compassion within various contexts (Neff, 2022). Within the context of religiosity, self-compassion appears to influence the development of religiosity. Additionally, how an individual views God appears to influence the development of self-compassion within the context of religiosity. That is, self-compassion appears to act as a factor in the cross-generational maintenance of non-legalistic or adaptive forms of religiosity and buffer against the cross-generational maintenance of legalistic or maladaptive forms of religiosity. Additionally, a positive view of God as loving appears to be associated with increased levels of self-compassion within the context of religiosity, while a negative view of God as either cruel or distant appears to be associated with decreased levels of self-compassion within the context of religiosity.

Exploring self-compassion and view of God as factors that influence the cross-generational maintenance of religiosity will expand the literature on the relationship between religiosity, mental health, and religious engagement. Additionally, exploring how one views God as a sociocultural factor that influences self-compassion within the context of religiosity may assist in the development of a context-specific instrument designed to measure self-compassion in religious populations. Finally, clarifying how self-compassion and view of God influence the cross-generational maintenance of religiosity and religious engagement may assist clinicians

working with religious populations struggling with religious and spiritual issues and negative mental health outcomes such as anxiety and depression.

Purpose of the Study

The purpose of this study is two-fold: first, to explore one's view of God and self-compassion as factors that influence the cross-generational maintenance of religiosity, and second, to explore one's view of God as a sociocultural factor that influences self-compassion within the context of religiosity. Specifically, this study was designed to clarify if self-compassion mediates the relationship between household of origin religious commitment and current religious commitment. Another aim was to clarify if one's view of God moderates the relationship between one's household of origin religious commitment and current religious commitment. Finally, the study helped to clarify if one's view of God moderates the relationship between household of origin religious commitment and self-compassion. In the next section, one's view of God may also be referred to as God image. God image: loving refers to an individual holding a positive view of God. In contrast, God image: cruel or God image: distant refers to an individual holding a negative view of God.

Research Questions and Hypotheses

Five primary research questions were explored in this study. These questions are designed to explore the relationships between household of origin religious commitment, current religious commitment, view of God, and self-compassion. Due to the variable view of God consisting of three views (loving, cruel, or distant), Research Questions 3, 4, and 5 include additional subquestions intended to clarify the influence of each view on the other variables. Specifically, these additional research questions are designed to clarify how each view of God (a) influences the cross-generational maintenance of religiosity, (b) influences self-compassion within the

context of religiosity, and (c) how each view of God influences the cross-generational maintenance of religiosity through self-compassion. The following research questions are intended to provide insight into the distinctive relationships between these variables and their influence on the cross-generational maintenance of religiosity.

Research Question 1

RQ 1: What is the relationship between household of origin religious commitment, as measured by the Religious Commitment Inventory (RCI; Worthington et al., 2003), and current religious commitment, as measured by the RCI-Household (RCI-H; Volk et al., 2016)? Prior research suggests that religiosity is maintained cross-generationally. Specifically, religious parents tend to produce religious children with similar moral values, beliefs, and religious behavior (Bader & Desmond, 2006; Bao et al., 1999; Goeke-Morey & Cummings, 2017; Volk et al., 2016). The beliefs an individual holds about the value of certain behaviors influence their current and future behaviors (Ajzen, 1991, 2002). When applied within the context of religiosity, how one's parents demonstrated religious behavior may then influence the development of their children's beliefs about religious behavior. Further, when maintained into adulthood, beliefs about how one should behave or engage with religion may influence their religious engagement in adulthood. Therefore, it is hypothesized that there is a positive relationship between household of origin religious commitment and current religious commitment. Figure 1 illustrates this model.

Figure 1

Direct Relationship Between HORC and CRC

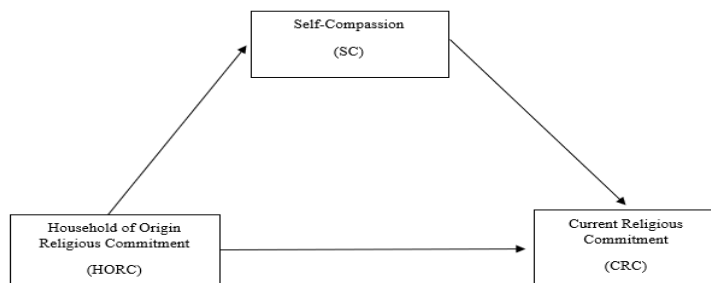


Research Question 2

RQ 2: Will self-compassion, as measured by the Self-Compassion Scale (SCS; Neff, 2003b), mediate the relationship between household of origin religious commitment, as measured by the RCI-H, and current religious commitment, as measured by the RCI? Self-compassion influences how an individual responds to themselves and others (Neff, 2022). Self-compassion also appears to be a factor that influences religiosity. Prior research suggests that increased levels of self-compassion are associated with non-legalistic or adaptive forms of religiosity and positive mental health outcomes in religious populations (Judd et al., 2020). In contrast, decreased levels of self-compassion are associated with legalistic or maladaptive forms of religiosity and negative mental health outcomes, specifically anxiety and depression, in religious populations (Judd et al., 2020). Self-compassion may be a factor that positively influences the development of adaptive forms of religiosity associated with positive mental health outcomes in religious populations, decreased religious and spiritual issues, and increased religious engagement. Therefore, it is hypothesized that self-compassion will mediate the relationship between household of origin religious commitment and current religious commitment. Figure 2 illustrates this model.

Figure 2

Simple Mediation Model Using HORC, SC, and CRC

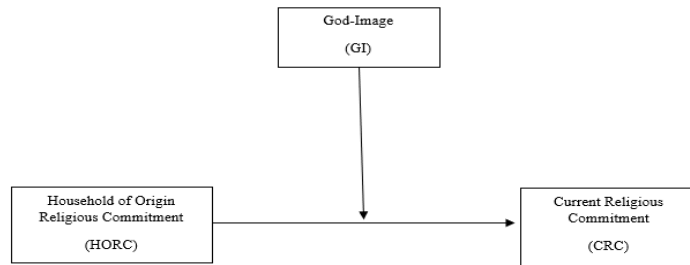


Research Question 3

RQ 3: Is the relationship between household of origin religious commitment, as measured by the RCI-H, and current religious commitment, as measured by the RCI, conditional on how one views God, as measured by the God-10 scale (God-10; Exline et al., 2013)? Prior research supports the link between attachment and how one views God (Birgegard & Granqvist, 2004; Granqvist, 1998, 2005; Granqvist et al., 2010; Kimball et al., 2013; Kirkpatrick & Shaver, 1992). When maintained into adulthood the attachment an individual develops with the parent-child relationship may influence how they view God, which may influence how they engage with their religion. Secure attachment is associated with a positive view of God as loving, while insecure attachment is associated with a negative view of God as cruel or distant (Exline et al., 2015; Granqvist et al., 2010; Kirkpatrick & Shaver, 1992; Rowatt & Kirkpatrick, 2002). Viewing God positively is associated with feelings of closeness to God, reduced religious and spiritual issues, and increased religious engagement; in contrast, viewing God negatively is associated with a lack of feeling close to God, increased religious and spiritual issues, and decreased religious engagement (Abu-Raiya et al., 2016; Belavich & Pargament, 2002; D'Urso et al., 2019; Exline et al., 2013; Exline et al., 2015; Raiya et al., 2016; Schwadel & Hardy, 2022). Therefore, it is hypothesized that the relationship between household of origin religious commitment and current religious commitment is conditional on how one views God. Figure 3 illustrates this model.

Figure 3

Moderation Model Using HORC, CRC, and GI



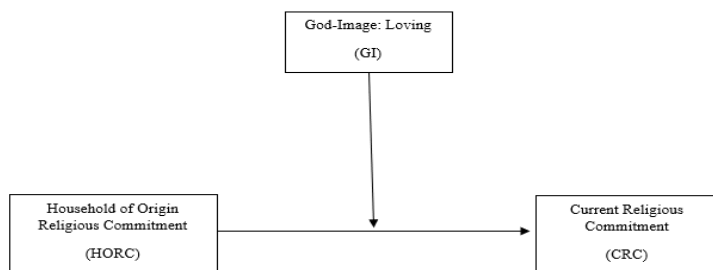
RQ3a–RQ3c further clarify the relationship between household of origin religious commitment, current religious commitment, and view of God, specifically how view of God will strengthen or attenuate the relationship between household of origin religious commitment and current religious commitment.

Research Question 3a

RQ 3a: Does viewing God as loving, as measured by the God-10, change the relationship between household of origin religious commitment, as measured by the RCI-H, and current religious commitment, as measured by the RCI? It is hypothesized that viewing God as loving will strengthen the relationship between household of origin religious commitment and current religious commitment. Figure 4 illustrates this model.

Figure 4

Moderation Model Using HORC, CRC, and GI: Loving

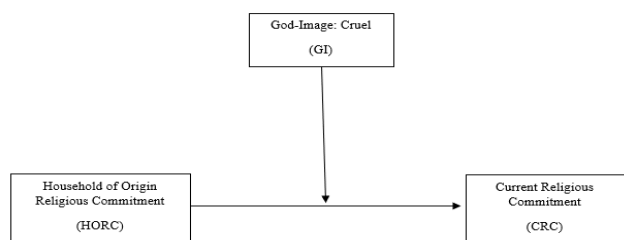


Research Question 3b

RQ 3b: Does viewing God as cruel, as measured by the God-10, change the relationship between household of origin religious commitment, as measured by the RCI-H, and current religious commitment, as measured by the RCI? It is hypothesized that viewing God as cruel attenuates the relationship between household of origin religious commitment and current religious commitment. Figure 5 illustrates this model.

Figure 5

Moderation Model Using HORC, CRC, and GI: Cruel

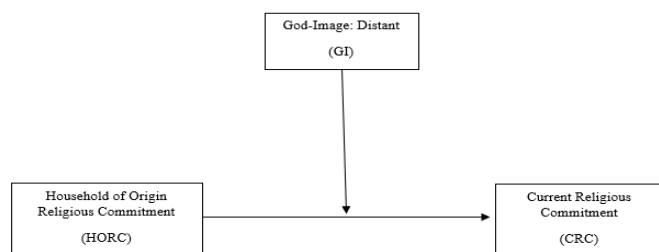


Research Question 3c

RQ 3c: Does viewing God as distant, as measured by the God-10, change the relationship between household of origin religious commitment, as measured by the RCI-H, and current religious commitment, as measured by the RCI? It is hypothesized that viewing God as distant attenuates the relationship between household of origin religious commitment and current religious commitment. Figure 6 illustrates this model.

Figure 6

Moderation Model Using HORC, CRC, and GI: Distant

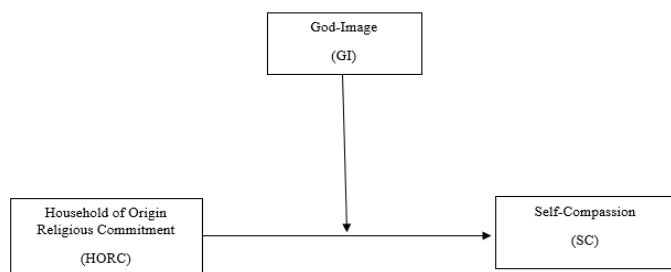


Research Question 4

RQ 4: Is the relationship between household of origin religious commitment, as measured by the RCI-H, and self-compassion, as measured by the SCS, conditional on how one views God, as measured by the God-10? High levels of self-compassion are associated with secure attachment within the context of the parent-child relationship, while decreased levels of self-compassion are associated with insecure attachment (Cohen & Naaman, 2023; Moreira et al., 2014; Neff & Beretvas, 2012; Neff & McGhee, 2010). Due to similarities between the parent-child and God-follower relationship, attachment formed within the context of the parent-child relationship influences attachment to God within the context of religiosity (Birgegard & Granqvist, 2004; Granqvist, 1998, 2005; Granqvist et al., 2010; Kimball et al., 2013; Kirkpatrick & Shaver, 1992). That is, for individuals who grew up in a household with religiously committed parents, their attachment to their parents may influence their view of God, which may be a factor that influences self-compassion. Therefore, it is hypothesized that the relationship between household of origin religious commitment and self-compassion is conditional on how one views God. Figure 7 illustrates this model.

Figure 7

Moderation Model Using HORC, SC, and GI



RQ4a–RQ4c further clarify the relationship between household of origin religious

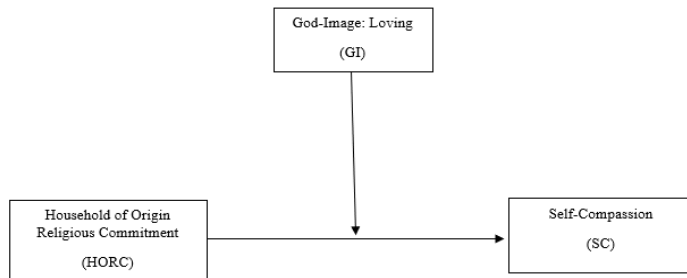
commitment, self-compassion, and view of God, specifically how view of God will strengthen or attenuate the relationship between household of origin religious commitment and self-compassion.

Research Question 4a

RQ 4a: Does viewing God as loving, as measured by the God-10, change the relationship between household of origin religious commitment, as measured by the RCI-H, and self-compassion, as measured by the SCS? It is hypothesized that for those who view God as loving the relationship between household of origin religious commitment and self-compassion is strengthened. Figure 8 illustrates this model.

Figure 8

Moderation Model Using HORC, SC, and GI: Loving

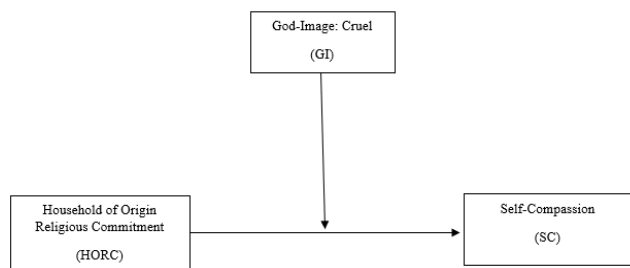


Research Question 4b

RQ 4b: Does viewing God as cruel, as measured by the God-10, change the relationships between household of origin religious commitment, as measured by the RCI-H, and self-compassion, as measured by the SCS? It is hypothesized that for those who view God as cruel the relationship between household of origin religious commitment and self-compassion is attenuated. Figure 9 illustrates this model.

Figure 9

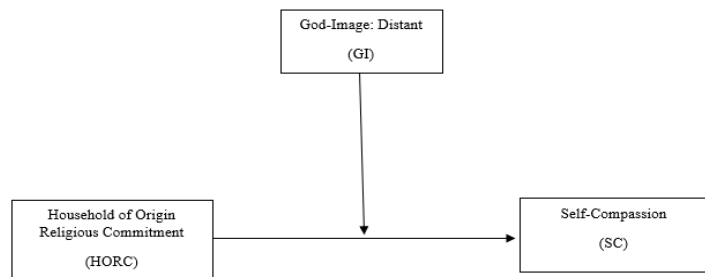
Moderation Model Using HOCR, SC, and GI: Cruel

**Research Question 4c**

RQ 4c: Does viewing God as distant, as measured by the God-10, change the relationship between household of origin religious commitment, as measured by the RCI-H, and self-compassion, as measured by the SCS? It is hypothesized that for those who view God as distant the relationship between household of origin religious commitment and self-compassion is attenuated. Figure 10 illustrates this model.

Figure 10

Moderation Model Using HOCR, SC, and GI: Distant

**Research Question 5**

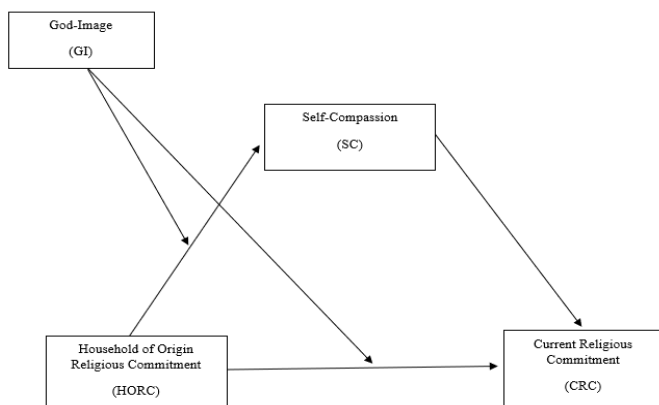
RQ 5: Will the relationship between household of origin religious commitment, as measured by the RCI-H, and current religious commitment, as measured by the RCI, through self-compassion, as measured by the SCS, be moderated by how one views God, as measured by the God-10? Prior research supports the link between attachment, religiosity, self-compassion,

and religious engagement. As mentioned, secure attachment results in a positive view of God as loving, and insecure attachment is associated with both a negative view of God as either cruel or distant (Exline et al., 2015; Granqvist et al., 2010; Kirkpatrick & Shaver, 1992; Rowatt & Kirkpatrick, 2002) and decreased self-compassion (Bodok-Mulderij et al., 2023). Further, a positive view of God is associated with feelings of closeness to God, decreased religious and spiritual issues, and increased religious engagement, whereas a negative view of God is associated with a lack of feeling close to God, increased religious and spiritual issues, and decreased religious engagement, which can lead to negative mental health outcomes like anxiety and depression (Abu-Raiya et al., 2016; Belavich & Pargament, 2002; D'Urso et al., 2019; Exline et al., 2013; Exline et al., 2015; Raiya et al., 2016; Schwadel & Hardy, 2022).

Additionally, exposure to self-compassion within the context of the parent-child relationship has been shown to positively influence the development of self-compassion, which may increase the likelihood that an individual will demonstrate behaviors associated with self-compassion in other contexts in adulthood, including within the context of religiosity. That is, both view of God and self-compassion appear to be factors that influence the cross-generational maintenance of religiosity. Additionally, it appears that view of God may also be a sociocultural factor that influences self-compassion within the context of religiosity. Therefore, it is hypothesized that the relationship between household of origin religious commitment and current religious commitment through self-compassion is conditional on how one views God. Figure 11 illustrates this model.

Figure 11

Moderated Mediation Model Using HORC, SC, CRC, and GI



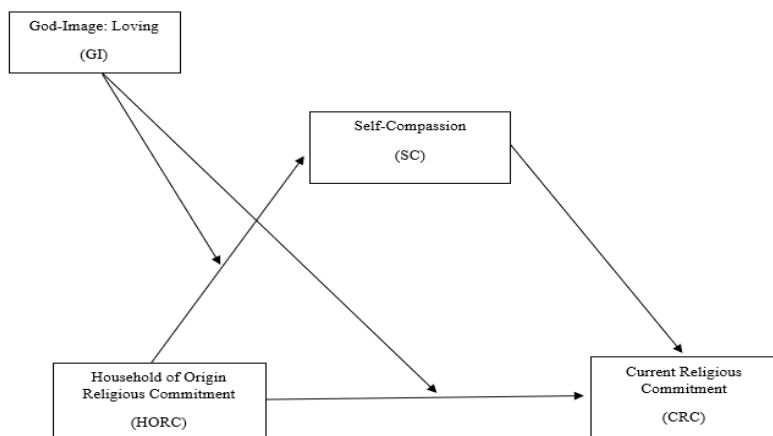
RQ5a–RQ5c more specifically explore the relationships between household of origin religious commitment, current religious commitment, self-compassion, and view of God, specifically how one’s view of God will strengthen or attenuate the relationship between household of origin religious commitment and current religious commitment through self-compassion.

Research Question 5a

RQ 5a: Does viewing God as loving, as measured by the God-10, change the relationship between household of origin religious commitment, as measured by the RCI-H, and current religious commitment, as measured by the RCI, through self-compassion, as measured by the SCS? It is hypothesized that for those who view God as loving the relationship between household of origin religious commitment and current religious commitment through self-compassion is strengthened. Figure 12 illustrates this model.

Figure 12

Moderated Mediation Model Using HORC, SC, and CRC: Loving

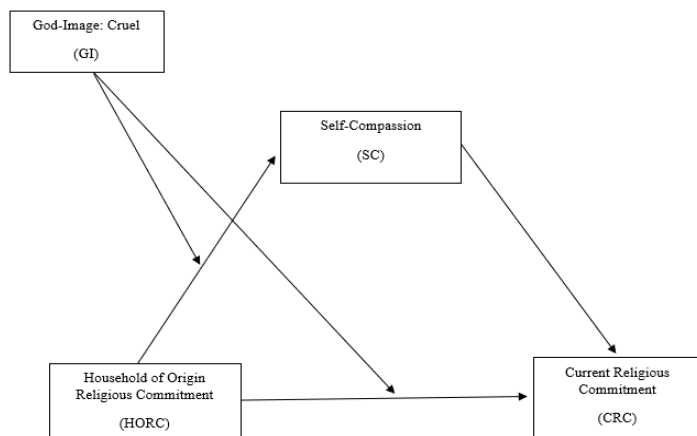


Research Question 5b

RQ5 b: Does viewing God as cruel, as measured by the God-10, change the relationship between household religious commitment, as measured by the RCI-H, and current religious commitment, as measured by the RCI, through self-compassion, as measured by the SCS? It is hypothesized that for those who view God as cruel the relationship between household of origin religious commitment and current religious commitment through self-compassion is attenuated. Figure 13 illustrates this model.

Figure 13

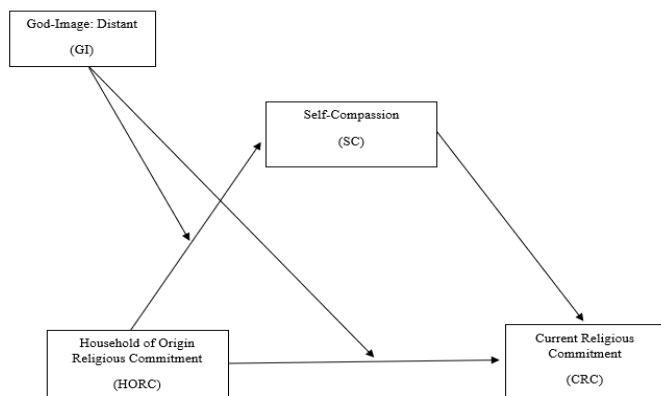
Moderated Mediation Model Using HORC, SC, CRC, and GI: Cruel

**Research Question 5c**

RQ 5c: Does viewing God as distant, as measured by the God-10, change the relationship between household religious commitment, as measured by the RCI-H, and current religious commitment, as measured by the RCI, through self-compassion, as measured by the SCS? It is hypothesized that for those who view God as distant the relationship between household of origin religious commitment and current religious through self-compassion commitment is attenuated. Figure 14 illustrates this model.

Figure 14

Moderated Mediation Model Using HORC, SC, CRC, and GI: Distant



Assumptions and Limitations

A limitation of this study is the use of an online survey through Qualtrics. It was assumed that Qualtrics would capture a broad sample of the population and that all participants would be adults who profess a belief in God and identify as Christian. Further, this study is cross-sectional meaning that all data were collected at one time. Therefore, it is difficult for the results of this study to represent the causal order of study associations. An additional limitation of this study is that all data were gathered using self-report measures. A limitation of self-report instrumentation when used with this population may be that participants were resistant to admitting they view God negatively. This may have contributed to participants underreporting or inaccurately reporting their view of God. However, it was assumed that all self-report survey questions were answered accurately.

Definition of Terms

God image: A consensus on the term God image does not currently exist (Davis et al., 2013; Exline et al., 2015). For the purposes of this study, God image was defined as an individual's perceived relationship with God or view of God (Exline et al., 2015) and the "emotional experience with a divine attachment [figure] such as God" (Davis et al., 2013, p. 51). For this study, God image: loving represents a positive view of God, while God-image: cruel or distant represents a negative view of God.

Religiosity/Household of origin religious commitment and current religious commitment: Religiosity is defined as religious commitment, or the "degree to which a person adheres to his or her religious values, beliefs, and practices and uses them in daily living" (Worthington et al., 2003, p. 85). This study examines two constructs related to religiosity: the developmental construct of religiosity or the religious commitment of one's family of origin (Volk et al., 2016)

and current personal religiosity or the current religious commitment of an adult individual. For this study, both household of origin religious commitment and current religious commitment were defined as the expression of explicit religious behaviors of either the individual's family of origin or the adult individual (Worthington et al., 2003; Volk et al., 2016).

Self-compassion: Self-compassion is defined as both a behavioral motivator and a way of responding that positively influences healthy coping strategies (Neff, 2022). Self-compassion is conceptualized as six constructs, separated into three dichotomous groupings (Neff, 2003). The three dichotomous groupings are as follows: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification (Neff, 2003). When experiencing psychological distress, self-kindness entails that an individual will take an attitude of gentleness toward themselves and others, while self-judgment entails that an individual takes an unsympathetic and critical attitude toward themselves and others (Neff, 2016). Common humanity entails that in times of psychological distress, an individual recognizes that distress is experienced by all humans, while isolation entails that an individual believes that they are alone in their distress and that others do not experience distress (Neff, 2011). Finally, mindfulness entails that an individual is able to maintain a nonjudgmental and objective attitude toward themselves and others during times of psychological distress rather than engage in avoidance or rumination (Neff, 2022), while over-identification entails that an individual takes a situation personally and is unable to distance themselves from the cause of their distress (Neff, 2011).

Self-esteem: Self-esteem as defined by Baumeister (1999) refers to feelings of self-worth and confidence in one's capabilities. For the purposes of this study, self-esteem was conceptualized as it is within the framework of self-evaluation and maintenance theory, which posits that negative self-evaluations fuel a decrease in self-esteem, which then acts to motivate

behavior (Pelham & Swann, 1989). Since self-esteem is tied to self-worth, self-esteem can act to motivate behaviors aimed at repairing damaged self-esteem and rebuilding self-worth (Brown et al., 2001; Crocker & Wolfe, 2001). That is, the positive benefits associated with self-esteem only appear to be effective when accompanied by positive self-evaluation. However, when in the face of negative self-evaluation, self-esteem appears to exacerbate psychological distress and promote maladaptive behaviors associated with negative social outcomes.

Significance of the Study

This study will help to expand the literature on the relationship between religiosity, mental health, and religious engagement by clarifying how view of God and self-compassion influence the cross-generational maintenance of religiosity. Additionally, this study will also expand the literature on sociocultural factors that influence self-compassion within the context of religiosity. Understanding how variation in these factors influences the cross-generational maintenance of religiosity may provide insight into how religious individuals emotionally experience and engage with their religion. By clarifying how these factors influence the cross-generational maintenance of religiosity, this study also helps to provide insight into potential factors that positively influence the cross-generational maintenance of non-legalistic or adaptive forms of religiosity and buffer against legalistic or maladaptive forms of religiosity associated with negative mental health outcomes, specifically anxiety and depression, in religious populations. Finally, understanding factors that influence the emotional experience of religious engagement will assist clinicians working with religious populations struggling with anxiety and depression.

Theoretical and Conceptual Framework

The theoretical framework was guided primarily by attachment theory (Ainsworth, 1985;

Bowlby, 1982). Attachment theory provides a foundational description of various contextual factors that contribute to the development of attachment patterns, as well as how this pattern is maintained through development and influences relationships in adulthood that bear similarities (Ainsworth 1985; Bretherton, 1992). Other theories relevant to this study are the theory of planned behavior (Ajzen, 1991), self-evaluation and maintenance theory (Tesser, 1982, 1983, 1988), and the model of self-compassion (Neff, 2022). The theory of planned behavior attempts to describe where beliefs about behavior come from and how these beliefs influence current and future intended behaviors (Ajzen, 1991; Biskas et al., 2021). Self-evaluation and maintenance theory attempts to describe how an individual's self-evaluation of their ability to adhere to their behavioral goals influences their self-esteem, and how the desire to maintain self-esteem acts to motivate behavior (Pelham & Swann, 1989; Tesser, 1983; Tesser & Campbell, 1982). The theoretical model of self-compassion attempts to describe self-compassion as a behavioral motivator, and the influence of self-compassionate responding in the face of psychological distress (Neff, 2022).

Attachment Theory

Attachment theory provides the framework for the influence of attachment patterns formed within the parent-child relationship onto relationships that bear similarity in adulthood, namely an individual's relationship with God (Ainsworth, 1985; Bowlby, 1969, 1982; Bretherton, 1992; Kirkpatrick, 1992). These patterns will remain relatively stable into adulthood unless otherwise reworked (Bowlby, 1982; Fraley, 2002; Mikulincer & Shaver, 2007; Rholes et al., 2021; Tenelshof & Furrow, 2000). This concept is specifically applicable and straightforward in Judeo-Christian faith traditions where God is considered a "father" and his followers are considered his "children" (Kaufman, 1981; Kirkpatrick, 1992). The maintenance of these

patterns based on similarity supports the concept that the view one has of their parents will persist into adulthood and influence their view of God (Ainsworth, 1985; Cassibba et al., 2013; Kirkpatrick, 1992).

Theory of Planned Behavior

The theory of planned behavior provides the framework for the cross-generational maintenance of beliefs about behavior. The theory of planned behavior posits that beliefs about what behaviors are valuable are passed down from parent to child and remain stable into adulthood unless otherwise reworked (Ajzen, 1992; Biskas et al., 2021). Moral values associated with an individual's religion can influence beliefs about which behaviors are valuable (Biskas et al., 2021; Exline et al., 2013; Exline et al., 2015). In adulthood, these beliefs influence the behavioral standards an individual sets and attempts to adhere to (Biskas et al., 2021). For religiously committed adults who grew up in households with religiously committed parents, the behavioral goals they set and strive to adhere to within the context of their religion, regarding how they practice their religion, may reflect those foundational beliefs and values that were passed down to them by their parents in childhood, supporting the idea of the cross-generational maintenance of religiosity. That is, religious parents will produce similarly religious adults who experience and practice religiosity similarly.

Self-Evaluation and Maintenance Theory

Self-evaluation and maintenance theory provides a framework for (a) how one evaluates their performance when attempting to adhere to a valued behavioral goal and (b) the way one attempts to maintain their self-esteem in the face of negative self-evaluation of their performance (Tesser, 1982, 1983, 1988). Self-evaluations act as the foundation of self-esteem (Tesser, 1988). Negative self-evaluations are related to low self-esteem (Tesser, 1988). Low self-esteem is

related to reduced self-worth and confidence to complete future tasks (Tesser, 1988). Since self-evaluations fluctuate, so does one's self-worth and confidence (Tesser, 1988)

Model of Self-Compassion

The theoretical model of self-compassion as proposed by Neff (2022) describes self-compassion as both a behavioral motivator and mindset that drives self-compassionate responses in the face of perceived failure and struggle. Neff posited that self-compassionate responding can foster a healthy relationship with oneself and reduce symptoms of anxiety and depression. The model of self-compassion offers a way of approaching oneself in times of psychological distress and perceived failure that maintains self-worth and motivation to continue striving forward toward valued behavioral goals (Neff, 2022).

Organization of Remaining Chapters

Chapter 2 will comprehensively address the scope of literature as it applies to this study. Chapter 3 will outline the research method and design, the selection of participants for the study, the instrument and research procedures, as well as how data were processed and analyzed. Chapter 4 provides a detailed outline of the results from the data collection. Finally, Chapter 5 will conclude the dissertation with a discussion of the results of the study as they interact with the literature and the hypotheses of this study.

Chapter Summary

This chapter discussed gaps in the literature and the means of addressing these gaps through an examination of the research questions. This chapter also provided a succinct theoretical and conceptual framework from which this study was grounded. The purpose of the study, research questions, hypotheses, definition of terms, significance of the study, assumptions, and limitations were discussed. This study was presented in the context of the literature

concerning the relationship between attachment, view of God, self-compassion, and religiosity and aims to explore and clarify how view of God and self-compassion act as factors that influence the cross-generational maintenance of religiosity.

CHAPTER TWO: REVIEW OF THE LITERATURE

This study was designed to explore the relationship between religiosity, view of God, self-compassion, and religious engagement. This chapter begins with an overview of attachment theory. Cognitions and behaviors characteristic of secure, anxious, and avoidant attachment patterns are discussed as well as the impact of these cognitions and behaviors on the ability of individuals to resolve issues. Next, the cross-generational influence of attachment patterns is discussed, including how attachment influences one's view of God. The correspondence and compensatory models of God attachment are discussed to further clarify how attachment is maintained through development to influence the way religious adults view God and emotionally experience religious engagement. Next, this chapter discusses the development of religious values, including how religious values influence religious engagement. Factors associated with variation in religious engagement and variation in mental health outcomes in religious populations are also discussed.

This chapter will continue with an overview of self-compassion and its benefits, including the development of self-compassion and how self-compassion acts as a buffer against negative mental health outcomes, specifically anxiety and depression. Self-esteem and self-compassion are discussed to further clarify the positive influence of self-compassion on one's cognitions and behaviors, including the influence of self-compassion on how individuals engage in adaptive versus maladaptive behavioral responses to distress and the influence of self-compassion on the ability of individuals to resolve distressing issues. Next, barriers to self-compassion are discussed as well as factors that positively influence the cross-generational maintenance of self-compassion. Finally, self-compassion is discussed as a potential factor that positively influences the cross-generational maintenance of non-legalistic or adaptive forms of

religiosity that buffer against negative mental health outcomes, specifically anxiety and depression.

Attachment

Attachment theory provides a framework clarifying factors that influence the development of the bond or attachment between parent and child within the context of the parent-child relationship (Ainsworth, 1985; Bowlby, 1969, 1982; Bretherton, 1992). How an individual attaches to their parents can have a lifelong influence on how they process and respond to new information (Baptist et al., 2012; Davis et al., 2013; Rholes et al., 2021; Seedall & Wampler, 2012; Shaver & Mikulincer, 2002). Variation in how individuals process and respond to new information is associated with variation in mental health outcomes, specifically symptoms of anxiety (Costa & Weems, 2005; Overall et al., 2015; Pedro et al., 2015) and depression (Overall et al., 2015; Pedro et al., 2015; Sher-Censor et al., 2020).

According to attachment theory, an attachment dimension or pattern is characterized as either secure or insecure (Ainsworth, 1985; Bowlby, 1969, 1982; Bretherton, 1992). Variation in attachment occurs within the following three dimensions: secure, anxious, and avoidant (Ainsworth, 1985; Bowlby, 1969, 1982; Bretherton, 1992). Attachment can be understood as continuous within each of the three attachment dimensions (Collins & Feeny, 2004; Miklincer et al., 2002; Mikulincer & Shaver, 2005a; Sher-Censor et al., 2020). The degree to which an individual aligns with an attachment pattern depends on how often they experienced or engaged with certain factors within the context of the parent-child relationship (Bretherton, 1992; Collins & Feeny, 2004; Costa & Weems, 2005; Miklincer et al., 2002; Mikulincer & Shaver, 2003; Seedall & Wampler, 2012; Sher-Censor et al., 2020). That is, the higher the frequency of experience with certain factors within the parent-child relationship, the higher the degree to

which that individual will demonstrate cognitions and behaviors characteristic of that attachment pattern in their adult relationships.

Certain cognitive and behavioral patterns characterize each attachment pattern (Beck, 2013; Bowlby, 1982; Collins & Feeney, 2004; Costa & Weems, 2005; Li & Chan, 2012; Mikulincer & Shaver, 2007; Rholes et al., 2021; Sher-Censor et al., 2020). The patterns established within the context of the parent-child relationship remain relatively stable through development into adulthood to influence how one views themselves and others (Bowlby; 1982; Fraley, 2002; Mikulincer & Shaver, 2007; Rholes et al., 2021; Tenelshof & Furrow, 2000). While cognitions and behaviors characteristic of an attachment pattern may be more directly maintained in relationships that bear similarities to the parent-child relationship, when maintained into adulthood, attachment patterns can also influence the ability to develop secure attachment relationships within various contexts that do not bear outright similarities to the parent-child relationship (Bowlby, 1982; Bretherton, 1992; Cassibba et al., 2013; Collins & Feeney, 2004; Davis et al., 2013; Exline et al., 2013; Granqvist & Hagekull, 1999; Rholes et al., 2021; Sher-Censor et al., 2020). Specifically, when maintained into adulthood, positive cognitions about the self and others associated with secure attachment appear to positively influence the development of secure attachment relationships outside of the context of the parent-child relationship, whereas negative cognitions characteristic of insecure attachment act as a barrier to developing secure attachment relationships (Baptist et al., 2012; Bretherton, 1992; Collins & Feeney, 2004; Consedine & Magai, 2010; Costa & Weems, 2005; Li & Chan, 2012; Mikulincer et al., 2002; Pazzagli et al., 2018; Rholes et al., 2021; Seedall & Wampler, 2012; Sher-Censor et al., 2020).

Accessibility and Responsivity

The primary influence in the development of attachment within the context of the parent-child relationship is how consistently accessible and responsive a parent is to the needs of their child (Ainsworth, 1985; Bretherton, 1992). Beginning in infancy and evolving in complexity throughout development, attachment behaviors describe how a child attempts to communicate their needs to their parents (Ainsworth, 1985; Bretherton, 1992). Attachment behaviors are an attempt by the child to increase emotional or physical proximity between their parent and themselves to achieve emotional regulation; these behaviors can increase during times of distress, with either parent serving as an attachment figure (Bowlby, 1982; Bretherton, 1992). Attachment behaviors can include sucking, crying, smiling, clinging, and following (Bowlby, 1969, 1982; Bretherton, 1992).

The development of secure attachment within the context of the parent-child relationship is associated with a parent being consistently accessible and responsive to the attachment behaviors of their child, even when these behaviors increase due to distress (Ainsworth, 1985; Baptist et al., 2012; Bowlby, 1982; Bretherton, 1992; Pazzagli et al., 2018; Sher-Censor et al. 2020). In contrast, insecure attachment is associated with a parent being inconsistently accessible and responsive or rejecting toward the attachment behaviors of their child (Ainsworth, 1985; Baptist et al., 2012; Bowlby, 1982; Bretherton, 1992; Costa & Weems, 2005; Pazzagli et al., 2018; Seedall & Wampler, 2012; Sher-Censor et al. 2020). Anxious attachment is associated with inconsistency in accessibility and responsivity (Costa & Weems, 2005), while avoidant attachment is associated with outright rejection (Seedall & Wampler, 2012).

When maintained into adulthood, the attachment pattern developed within the context of the parent-child will influence how an individual expects others will respond to them, especially

when experiencing distress (Bowlby, 1982; Bretherton, 1992; Collins & Feeney, 2004; Davis et al., 2013; Mikulincer & Shaver, 2001; Rholes et al., 2021; Shaver & Mikulincer, 2002). How accessible and responsive an individual believes others will be to their attachment behaviors influences their willingness to engage in these behaviors toward others (Beck, 2013; Collins & Feeney, 2004; Mikulincer & Shaver, 2001; Mikulincer et al., 2002; Shaver & Mikulincer, 2002; Rholes et al., 2021; Sher-Censor et al., 2020). That is, when maintained through development, positive cognitions about the self and others associated with secure attachment appear to positively influence the willingness of an individual to engage in attachment behaviors toward others, in general and when experiencing distress. In contrast, negative cognitions about the self and others associated with insecure attachment appear to decrease the likelihood that an individual will engage in attachment behaviors toward others.

Adaptive Responding and Defensive Exclusion

Attachment patterns influence the development of an individual's internal working model of attachment, which acts as the vehicle by which attachment patterns are maintained into adulthood (Bowlby, 1969, 1982; Bretherton, 1992; Cassibba et al., 2013; Davis et al., 2013; Exline et al., 2013; Fraley, 2002; Granqvist & Hagekull, 1999). The internal working model guides cognitions and behaviors and acts as a lens through which one views oneself and others (Bowlby, 1982; Bretherton, 1992; Collins & Feeney, 2004; Consedine & Magai, 2010; Costa & Weems, 2005; Davis et al., 2013; Fraley, 2002; Mikulincer et al., 2002; Pierce & Lydon, 1998; Shaver & Mikulincer, 2002). Reworking an individual's internal working model requires that they be able to process new information and be willing to adapt how they view themselves and others, as well as adapt how they behave in response to distress (Bretherton, 1992; Dykas & Cassidy, 2011; Mikulincer & Shaver, 2001, 2007; Pazzagli et al., 2018; Pierce & Lydon, 1998).

Secure attachment is associated with positive cognitions toward the self and others and comfort and confidence in one's ability to successfully incorporate new or contradictory information into one's internal working model (Bretherton, 1992; Dykas & Cassidy, 2011; Mikulincer & Shaver, 2001, 2007; Pierce & Lydon, 1998; Rholes et al., 2021). Insecure attachment is associated with difficulty processing new information, which leads to an individual defensively excluding new information that they view as contrary to their current internal working model (Bretherton, 1992; Dykas & Cassidy, 2011; Li & Chan, 2012; Miklincer et al., 2002; Mikulincer & Shaver, 2001, 2005a; Pazzagli et al., 2018; Shaver & Mikulincer, 2002). This inability to process new information and incorporate it into their internal working model can act as a barrier to that individual being willing to adapt their behavior, leading to maladaptive behavioral responses that increase distress (Bretherton, 1992; Dykas & Cassidy, 2011; Li & Chan, 2012; Miklincer et al., 2002; Mikulincer & Shaver, 2001, 2005a; Pazzagli et al., 2018; Pierce & Lydon, 1998; Seedall & Wampler, 2012; Shaver & Mikulincer, 2002; Sher-Censor, et al. 2020).

When maintained into adulthood, cognitions about the self and others influence how an individual behaves toward themselves and others (Ainsworth, 1985; Bretherton, 1992; Costa & Weems, 2005; Li & Chan, 2012; Mikulincer & Shaver, 2005b, 2007; Pazzagli et al., 2018; Shaver & Mikulincer, 2002; Sher-Censor et al., 2020). Positive cognitions about the self and others, associated with secure attachment, influence engagement in adaptive behaviors to resolve distressing issues and achieve emotional regulation (Bretherton, 1992; Collins & Feeney, 2004; Consedine & Magai, 2010; Overall et al., 2015; Pedro et al., 2015; Pierce & Lydon, 1998; Seedall & Wampler, 2012; Shaver & Mikulincer, 2002; Sher-Censor et al., 2020). These cognitions can include a view of themselves as competent and a view of others as trustworthy,

consistently accessible, and willing to respond to them with acceptance and forgiveness (Ainsworth, 1985; Beck et al., 2013; Collins & Feeney, 2004; Consedine & Magai, 2010; Li & Chan, 2012; Mikulincer et al., 2002; Mikulincer & Shaver, 2007). Securely attached individuals do not appear to struggle with either intimacy or independence (Beck et al., 2013; Overall et al., 2015; Mikulincer et al., 2002; Sher-Censor et al., 2020). When experiencing distress, they are comfortable and confident with independently processing their emotions or collaborating with others to resolve their distress (Baptist et al., 2012; Cooper et al., 2009; Pierce & Lydon, 1998; Rholes et al., 2021; Shaver & Mikmulincer, 2002; Sher-Censor et al., 2020). Feelings of closeness, confidence, acceptance, and trust are characteristic of how these individuals experience their relationships with others (Beck et al., 2013; Li & Chan, 2012; Mikulincer et al., 2002; Mikulincer & Shaver, 2001, 2005b; Overall et al., 2015; Sher-Censor et al., 2020). In contrast, negative cognitions about the self and others associated with insecure attachment influence engagement in maladaptive behaviors and the inability to achieve emotional regulation (Bretherton, 1992; Collins & Feeney, 2004; Consedine & Magai, 2010; Overall et al., 2015; Pedro et al., 2015; Pierce & Lydon, 1998; Seedall & Wampler, 2012; Shaver & Mikulincer, 2002; Sher-Censor et al., 2020).

The ability of a behavior to produce emotional regulation guides the value an individual places on the behavior (Ainsworth, 1985; Costa & Weemes, 2005; Mikulincer & Shaver, 2005b, 2007; Pierce & Lydon, 1998; Sher-Censor et al., 2020). For anxiously attached individuals, negative cognitions and maladaptive responses can include judgmental and critical views of themselves as incompetent in the face of distress (Ainsworth, 1985; Consedine & Magai, 2010; Costa & Weemes, 2005; Li & Chan, 2012; Overall et al., 2015). They also tend to believe that others reject or abandon them and therefore are more likely to view new or distressing situations

as emotionally threatening (Ainsworth, 1985; Collins & Feeney, 2004; Costa & Weems, 2005; Li & Chan, 2012; Mikulincer et al., 2002; Mikulincer & Shaver, 2005a; Shaver & Mikulincer, 2002). These individuals often struggle with separating themselves from their distressing emotions and, instead, overidentify with these emotions (Pedro et al., 2015), resulting in excessive rumination (Shaver & Mikulincer, 2002) and increased negative cognitions toward themselves and others (Considine & Magai, 2010; Li & Chan, 2012; Mikulincer & Shaver, 2001, 2007; Shaver & Mikulincer, 2002).

In response to these negative cognitions, anxiously attached individuals engage in maladaptive behavior to achieve emotional regulation (Beck et al., 2013; Costa & Weems, 2005; Li & Chan, 2012; Mikulincer et al., 2002; Mikulincer & Shaver, 2001, 2007; Pierce & Lydon, 1998; Shaver & Mikulincer, 2002; Sher-Censor et al., 2020). When distressed, these individuals demand care and closeness and demonstrate an extreme desire for physical and emotional proximity to others, especially their attachment figure (Ainsworth, 1985; Beck et al., 2013; Bretherton, 1992; Costa & Weems, 2005; Cooper et al., 2009; Fraley, 2002; Sher-Censor et al., 2020). To achieve emotional regulation, anxiously attached individuals may engage in intensified clinging and controlling behaviors and exaggerated and expressive behaviors to draw attention to themselves (Baptist et al., 2012; Beck et al., 2013; Costa & Weems, 2005; Li & Chan, 2012; Mikulincer & Shaver, 2005a; Naud et al., 2013; Overall et al., 2015; Shaver & Mikulincer, 2005; Sher-Censor et al., 2020). However, they may be unable to achieve satisfactory emotional regulation due to feelings of aggression toward their attachment figure, who they feel is unavailable and is thus rejecting and abandoning them (Beck et al., 2013; Collins & Feemey, 2004; Costa & Weems, 2005; Mikulincer & Shaver, 2005a; Naud et al., 2013; Overall et al., 2015; Rholes et al., 2021; Shaver & Mikulincer, 2005).

For avoidantly attached individuals, negative cognitions and maladaptive behavioral responses can include judgmental and critical view of others and belief that they are competent in the face of distress (Ainsworth, 1985; Consedine & Magai, 2010; Leerkes & Siepak, 2006; Li & Chan, 2012; Overall et al., 2015; Seedall & Wampler, 2012). Avoidantly attached individuals may struggle to discern their own emotions or the appropriate behaviors required to achieve emotional regulation (Baptist et al., 2012; Cooper et al., 2009; Mikulincer & Shaver, 2005a; Overall et al., 2015; Pedro et al., 2015; Seedall & Wampler, 2012) These individuals view others as untrustworthy and believe that engagement with others will not help achieve emotional regulation (Baptist et al., 2012; Collins & Feeney, 2004; Overall et al., 2015; Rholes et al., 2011; Seedall & Wampler, 2012; Shaver & Mikmulincer, 2002). Avoidantly attached individuals appear to experience increased internal emotional conflict and struggle to satisfy their need for closeness with their attachment figure while also retaining their ability to protect themselves emotionally (Collins & Feeney, 2004; Li & Chan, 2012; Mikulincer & Shaver, 2001, 2005a; Overall et al., 2015; Rholes et al., 2021; Seedall & Wampler, 2012). While these individuals may outwardly appear confident in their ability to achieve emotional regulation in the face of distress (Consedine & Magai, 2010; Seedall & Wampler, 2012; Shaver & Mikmulincer, 2002), this may be due to their unwillingness to accept or discern the level of distress they are experiencing (Seedall & Wampler, 2012; Shaver & Mikulincer, 2002).

Avoidantly attached individuals engage in maladaptive behaviors to achieve emotional regulation, leading to them expending their energy on denying, suppressing, and minimizing the importance of their emotions, and engaging in maladaptive strategies to remain indifferent and self-reliant (Beck et al., 2013; Li & Chan, 2012; Mikulincer et al., 2002; Mikulincer & Shaver, 2001, 2005a; Naud et al., 2013; Seedall & Wampler, 2012; Shaver & Mikulincer, 2005). In the

face of distress, avoidantly attached individuals may not seek comfort from their relationship with their attachment figure and deny the importance of social support or closeness (Seedall & Wampler, 2012). These individuals struggle with emotional and physical closeness, especially when distressed (Beck et al., 2013; Mikulincer et al., 2002; Pedro et al., 2015; Seedall & Wampler, 2012), and instead engage in an over-focus on demonstrating self-reliance, including isolation and withdrawal behaviors (Beck et al., 2013; Li & Chan, 2012; Mikulincer et al., 2002; Naud et al., 2013; Seedall & Wampler, 2012; Shaver & Mikulincer, 2005). Finally, avoidant individuals value self-reliance and believe that the need for closeness and intimacy, especially during distress, indicates weakness (Consedine & Megai, 2010; Rholes et al., 2011).

When maintained into adulthood, cognitions and behaviors associated with an attachment pattern either positively or negatively influence how comfortable and confident an individual is when faced with new information. Ongoing defensive exclusion of new information and repeated engagement in maladaptive behaviors can negatively influence an individual's confidence in their ability to successfully process and incorporate new information into their internal working model (Bretherton, 1992; Dykas & Cassidy, 2011; Pazzagli et al., 2018; Rholes et al., 2021; Shaver & Mikulincer, 2002; Sher-Censor et al., 2020). A lack of confidence in one's ability to successfully process and respond to distress is associated with continued engagement in the defensive exclusion of new information, which can result in limited opportunities to rework one's internal working model (Bretherton, 1992; Mikulincer & Shaver, 2001, 2005a, 2007; Overall et al., 2014; Pazzagli et al., 2018; Rholes et al., 2021; Seedall & Wampler, 2012; Shaver & Mikulincer, 2002). The inability to strategically and adaptively process and respond to new information may then influence the attachment behaviors that are demonstrated in response to distressing issues. For individuals with insecure attachment patterns, this may mean a lifetime

influenced by negative cognitions about the self and others, maladaptive processing and responding to distress, and the inability to achieve emotional regulation and resolve distressing issues.

Ability to Resolve Distress

How distressing issues are processed and resolved within the context of the parent-child relationship influence how one processes and resolves distressing issues in adulthood (Baptist et al., 2012; Beck et al., 2013; Collins & Feeney, 2004; Consedine & Magai, 2010; Pazzagli et al., 2018; Pedro et al., 2015; Rholes et al., 2021). Prolonged unresolved issues that produce distress can result in negative mental health outcomes, specifically symptoms of anxiety and depression (Baptist et al., 2012; Costa & Weems, 2005; Naud et al., 2013; Overall et al., 2015; Pedro et al., 2015; Sher-Censor et al., 2020). For example, though securely attached individuals experience emotional distress, they can remain objective rather than overidentify with their distress and view themselves as failures (Beck et al., 2013; Consedine & Magai, 2010; Mikulincer & Shaver, 2001, 2002, 2005a; Pedro et al., 2015; Shaver & Mikulincer, 2002). Securely attached individuals are also able to maintain a positive view of themselves as competent and having self-worth regardless of whether they believe they have succeeded (Beck et al., 2013; Collins & Feeney, 2004; Consedine & Magai, 2010; Li & Chan, 2012; Mikulincer & Shaver, 2001, 2005a, 2005b; Mikulincer et al., 2002; Pedro et al., 2015; Shaver & Mikulincer, 2002). Securely attached individuals also tend to demonstrate responsibility and accountability for their behaviors, receive feedback non-defensively, and engage in adaptive behaviors in the face of distress (Baptist et al., 2012; Mikulincer & Shaver, 2001, 2005a; Overall et al., 2015; Rholes et al., 2021; Seedall & Wampler, 2012; Shaver & Mikulincer, 2002).

In contrast, insecurely attached individuals vary in how they engage in cognitions and

behaviors aimed at the resolution of distressing issues (Ainsworth, 1985; Bartholomew & Horowitz, 1991; Beck et al., 2013; Collins & Feeney, 2004; Cooper et al., 2009; Costa & Weems, 2005; Mikulincer et al., 2002; Mikulincer & Shaver, 2001, 2005a, 2005b; Pierce & Lydon, 1998; Rholes et al., 2021; Seedall & Wampler, 2012; Shaver & Mikulincer, 2002). Individuals characterized by anxious attachment tend to view themselves as less able to tolerate the emotional distress of themselves or others (Ainsworth, 1985; Consedine & Magai, 2010; Costa & Weems, 2005; Li & Chan, 2012; Overall et al., 2015; Sher-Censor et al., 2020). Anxiously attached individuals are also more likely to experience negative cognitions about themselves and others in the face of unresolved distress (Beck et al., 2013; Consedine & Magai, 2010; Li & Chan, 2012; Mikulincer & Shaver, 2002, 2005a; Pedro et al., 2015). Anxiously attached individuals tend to be described as fearful, paralyzed, angry, and conflicted when facing distressing issues (Ainsworth, 1985; Mikulincer & Shaver, 2005a). These negative cognitions and behaviors reduce the likelihood that they will be able to independently resolve distressing issues or achieve satisfactory emotional regulation through collaborative resolutions (Beck et al., 2013; Cooper et al., 2009; Costa & Weems, 2005; Li & Chan, 2012; Mikulincer et al., 2002, 2001, 2007; Pierce & Lydon, 1998; Shaver & Mikulincer, 2002; Sher-Censor et al., 2020).

Additionally, those with avoidant attachment are also likely to experience negative cognitions about others in the face of distress (Ainsworth, 1985; Beck et al., 2013; Li & Chan, 2012; Overall et al., 2015; Rholes et al., 2011; Seedall & Wampler, 2012; Shaver & Mikulincer, 2002). Avoidantly attached individuals tend to view themselves as both strong and competent in the face of distress; however, they demonstrate less tolerance of their distress and the distress of others (Ainsworth, 1985; Li & Chan, 2012; Mikulincer & Shaver, 2001, 2005a; Shaver & Mikulincer, 2002; Seedall & Wampler, 2012; Sher-Censor et al., 2020), as well as deny their

distress (Beck et al., 2013; Consedine & Magai, 2010; Dykas & Cassidy, 2011; Mikulincer & Shaver, 2005a; Seedall & Wampler, 2012). They also tend to become defensive to the feedback of others (Mikulincer & Shaver, 2001; Overall et al., 2015; Rholes et al., 2021, Seedall & Wampler, 2012; Shaver & Mikulincer, 2002) and engage in isolation and withdrawal behaviors (Baptist et al., 2012; Beck et al., 2013; Li & Chan, 2012; Mikulincer et al., 2002; Mikulincer & Shaver, 2005a; Naud et al., 2013; Shaver & Mikulincer, 2002; Seedall & Wampler, 2012). Thus, negative cognitions and behaviors associated with avoidant attachment acts as a barrier to achieving satisfactory emotional regulation through independent or collaborative resolutions to distressing issues (Beck et al., 2013; Cooper et al., 2009; Pierce & Lydon, 1998; Seedall & Wampler, 2012).

Cross-Generational Influence of Attachment

How one's parents model the processing and resolution of distressing issues within the context of the parent-child relationship appears to influence how one will emotionally experience and engage in the resolution of distressing issues in adulthood. Attachment patterns have a life-long and cross-generational influence on how one emotionally experiences engagement with others (Beck et al., 2013; Bowlby, 1982; Consedine & Magai, 2010; Fraley, 2002). Previously, being consistently accessible and responsive to a child's attachment behaviors was believed to spoil them (Bretherton, 1992). However, more current research supports the lifelong positive influence of having a consistently accessible and responsive attachment figure (Baptist et al., 2012; Beck et al., 2013; Leerkes & Siepak, 2006; Mikulincer & Shaver, 2005b; Rholes et al., 2021; Sher-Censor et al., 2020). For instance, when maintained into adulthood attachment patterns can influence parenting. Securely attached parents tend to model for their children how to appropriately process interactions with others as well as how to strategically adapt and

respond to themselves and others during distress (Baptist et al., 2012; Dykas & Cassidy, 2011; Leerkes & Siepak, 2006; Mikulincer & Shaver, 2005b; Rholes et al., 2021; Sher-Censor et al., 2020). Additionally, securely attached parents demonstrate an increased ability to tolerate their child outwardly showing signs of distress while remaining accessible and consistently responsive to their child's attachment behaviors (Dykas & Cassidy, 2011; Mikulincer & Shaver, 2001, 2005b; Sher-Censor et al., 2020). In contrast, insecurely attached parents are less able to tolerate when their child outwardly shows signs of distress via increased attachment behaviors (Costa & Weems, 2005; Leerkes & Siepak, 2006; Mikulincer & Shaver, 2001, 2005b; Sher-Censor et al., 2020). In response to the outward distress of their children, parents with anxious attachment patterns model inconsistent accessibility and responsivity, while those with avoidant attachment patterns tend to model outright rejection (Ainsworth, 1985; Costa & Weems, 2005; Leerkes & Siepak, 2006; Sher-Censor et al., 2020).

During times of distress, the degree to which a parent's cognitions about themselves and others align with a certain attachment dimension influences how they will respond to their infant and their ability to do so adaptively (Dykas & Cassidy, 2011; Leerkes & Siepak, 2006; Sher-Censor et al., 2020). Positive cognitions about the self and others associated with secure attachment influence engagement in adaptive behavioral responses, such as remaining consistently accessible and responsive to the attachment behaviors of their child (Dykas & Cassidy, 2011; Leerkes & Siepak, 2006; Mikulincer & Shaver, 2005b; Sher-Censor et al., 2020). In contrast, negative cognitions about the self and others associated with insecure attachment influence maladaptive behavioral responses, including inconsistency or rejection toward the attachment behavior of their child (Dykas & Cassidy, 2011; Leerkes & Siepak, 2006; Mikulincer & Shaver, 2005b; Sher-Censor et al., 2020). That is, negative experiences within the context of

the parent-child relationship can influence the cross-generational maintenance of insecure attachment, including negative cognitions about the self and others and maladaptive behavioral responses to distress. Additionally, the experience of consistent accessibility and responsivity within the context of the parent-child relationship can influence the cross-generational maintenance of positive cognitions about the self and others associated with adaptive behavioral responses to distress associated with secure attachment.

God Attachment

Attachment theory provides a framework for understanding the role of religion in times of crisis when humans desire security and direct communication with their attachment figure (Granqvist, 1998; Kaufman, 1981; Kirkpatrick, 1992). In adulthood, relationships that bear similarities to the parent-child relationship positively influence the maintenance of certain cognitions and behavioral patterns within the context of those new relationships (Granqvist, 1998; Kimball et al., 2013). Similar to the parent-child relationship, attachment to God can be secure, anxious, or avoidant (Granqvist et al., 2010; Kirkpatrick & Shaver, 1992; Rowatt & Kirkpatrick, 2002). Secure attachment to God is associated with individuals positively viewing God as loving, while anxious attachment to God is associated with individuals negatively viewing God as cruel, and avoidant attachment to God with negatively viewing God as distant (Exline et al., 2015; Granqvist et al., 2010; Kirkpatrick & Shaver, 1992; Rowatt & Kirkpatrick, 2002).

Similarities between the parent-child and God-follower relationships are straightforward (Granqvist, 1998, 1999, 2005; Granqvist et al., 2010; Kirkpatrick, 1992). Within the Judeo-Christian faith tradition, God is a father, while his followers are his children (Granqvist et al., 2010; Kirkpatrick, 1992). Underlying the Judeo-Christian faith is the fundamental belief in a

loving father willing to be consistently accessible to his children and able to provide protection and comfort, especially in times of distress (Granqvist et al., 2010; Kirkpatrick, 1992). However, regardless of the access religious individuals seem to have to an accessible and responsive attachment figure in God, religious experiences vary and may either alleviate (Abu-Raiya et al., 2016; Jeppsen et al., 2015; Kirkpatrick, 1992; Murray & Ciarrocchi, 2007; Rowatt & Kirkpatrick, 2002) or exacerbate distress (Abu-Raiya et al., 2016; Giordano et al., 2007; Jeppsen et al., 2015; Kirkpatrick, 1992; Rowatt & Kirkpatrick, 2002) Security in attachment to God may explain these varied experiences (Beck & McDonald et al., 2004; Cooper et al., 2009; Granqvist, 1999, 2005; Hall et al., 2009; Kimbal et al., 2013; Miner, 2009; Sandage et al., 2015). That is, though religious individuals may desire to connect with God in times of distress, how they view God may prevent this. This supports the concept that security or insecurity within the context of the parent-child relationship is maintained into adulthood and influences how one emotionally experiences and engages with their religion.

Religious Engagement

Attachment behaviors also exist within the context of religiosity. Similar to attachment behaviors demonstrated by a child toward their parents, attachment behaviors within the context of religiosity aim to increase one's emotional and physical proximity to God to gain reassurance that God is accessible if distress were to occur (Cooper et al., 2009; Granqvist et al., 2010). Prayer and religious service attendance, among other behaviors, can be interpreted as religious attachment behaviors (Granqvist et al., 2010; Kirkpatrick, 1992, 2006) and have been used in previous research to measure religious engagement or commitment (Schwadel & Hardy, 2022). For example, religious service attendance provides individuals access to a specific location to commune with God, and prayer serves as a way for individuals to check back in with God

(Granqvist et al., 2010; Kaufman, 1981; Kirkpatrick, 1992, 2006). Prayer and religious service attendance are similar to how a child will visually, verbally, or physically check back with their parents as they explore a new situation or environment (Granqvist et al., 2010; Kirkpatrick, 1992, 2006). Some religious individuals increase their engagement in prayer and religious service attendance during times of distress, while others do not (Belavich & Pargament, 2002; Cooper et al., 2009; Kirkpatrick, 1992; Granqvist et al., 2010). The willingness of a religious individual to pray or attend religious services can depend on that individual's ability to achieve emotional regulation through engagement in those behaviors (Belavich & Pargament, 2002; Granqvist et al., 2010; Kirkpatrick, 1992; Kirkpatrick & Shaver, 1992).

While the benefits of engagement in prayer and religious service attendance to achieve direct communion with God are well-documented—specifically, the influence of prayer and religious service attendance as a buffer against symptoms of anxiety and depression (Ellison & Less, 2009; Exline et al., 2000; Granqvist et al., 2010; Kimball et al., 2013; Kirkpatrick, 2006; Kirkpatrick & Shaver, 1992)—engagement in religious attachment behavior alone does not buffer against negative mental health outcomes for all who believe in God (Abu-Raiya et al., 2016; Belavich & Pargament, 2002; Cooper et al., 2009; Ellison & Less, 2009; Exline, 2002; Exline, et al., 2000; Granqvist et al., 2010; Kimball et al., 2013; Pargament, 2002). For instance, insecure attachment to God, a characteristic of viewing God as cruel or distant, may hinder a religious individual's ability to achieve emotional regulation through engagement in religious attachment behaviors during times of distress (Belavich & Pargament, 2002; Cooper et al., 2009; Exline, 2002; Kirkpatrick, 1992) and may even exacerbate distress (Abu-Raiya et al., 2016; Exline et al., 2000; Exline et al., 1999; Granqvist et al., 2010; Kirkpatrick & Shaver, 1992). Variations in how religious individuals view God may account for the variation in how or if

religious individuals engage in attachment behaviors and if they are able to achieve comfort, security, and emotional regulation through engagement in these behaviors when experiencing distress (Belavich & Pargament, 2002; Cooper et al., 2009; Exline et al., 2000; Exline et al., 2015). Increased engagement in religious attachment behaviors is associated with positively viewing God as loving, while decreased engagement is associated with negatively viewing God as either cruel or distant (Belavich & Pargament, 2002; Granqvist et al., 2010; Exline, 2002; Exline et al., 2000; Kimball et al., 2013; Kirkpatrick, 1992). That is, how an individual views God may be a factor that influences religious engagement through religious attachment behaviors.

Ability to Resolve Religious and Spiritual Issues

A positive view of God as loving, accepting, and forgiving positively influences one's ability to strategically and adaptively process, respond, and resolve distressing religious and spiritual issues (Abu-Raiya et al., 2016; D'Urso et al., 2019; Exline et al., 2013; Exline et al., 2015). In contrast, a negative view of God as either cruel or distant is associated with an individual being unable to strategically and adaptively process, respond, or resolve distressing religious and spiritual issues (Abu-Raiya et al., 2016; Belavich & Pargament, 2002; Exline et al., 2013; Exline et al., 2015). Ongoing and unresolved distress from religious and spiritual issues are associated with negative mental health outcomes, specifically anxiety and depression, in religious populations (Abu-Raiya et al., 2016; Belavich & Pargament, 2002; Bodok-Mulderij et al., 2023; Exline et al., 2000). That is, belief in God alone does not appear to act as a factor that influences mental health outcomes in religious populations. Rather, how an individual views God acts to either positively or negatively influence the resolution of distress from religious and spiritual issues, which can buffer against the negative mental health outcomes.

Additionally, the inability to achieve emotional regulation through engagement in religious attachment behaviors may influence the perception a religious individual has toward engaging in that behavior. Specifically, secure attachment patterns characteristic of a positive view of God as loving appear to positively influence one's ability to achieve emotional regulation from religious engagement, which, in turn, increases religious engagement. In contrast, the insecure attachment characteristic of negative views of God as cruel or distant appears to act as a barrier to achieving emotional regulation through religious attachment behaviors, which in turn decreases religious engagement. Therefore, variations in the emotional experience of religious engagement may account for variations in how religious individuals engage with their religion.

Influence of COVID-19 on Religious Engagement

The impact of the switch from in-person to virtual religious engagement necessitated by the COVID-19 pandemic should be considered when exploring how religious individuals engage with their religion. Current research demonstrates that while some religious individuals look at virtual service attendance as a comparable or preferable alternative to in-personal religious service attendance, others reported that virtual attendance has negatively impacted their ability to achieve emotional, spiritual, and social satisfaction through religious engagement (Adegboyega et al., 2021; Turkle, 2017). The switch to virtual religious service engagement has had some positive implications, such as making religious services more accessible and reducing the spread of COVID-19; however, the switch has also impacted the content, structure, and presentation of certain religious rituals commonly performed during religious services (Ben-Lulu, 2021; Parish, 2020). The switch from in-person to virtual religious engagement is especially impactful when religious rituals include physical demonstrations (Parish, 2020). These changes can result in the

absence of sacred objects or spaces and religious communities' ability to collectively engage in certain central components of narrative depicted through religious rituals (Parish, 2020). Further, virtual religious engagement has been shown to change how a religious individual emotionally experiences engaging in their religion (Adegboyega et al., 2021; Ben-lulu, 2021; Parish, 2020; Scott, 2016). Specifically, the switch from in-person to virtual engagement has been demonstrated to decrease feelings of closeness with others within one's religious community, as well as result in a decrease in religious gestures customarily demonstrated during religious rituals (Ben-Lulu, 2021; Parish, 2020; Scott, 2016).

According to the American Psychological Association (2020), an outcome of the COVID-19 lockdowns has been the increase of negative mental health outcomes, specifically anxiety and depression (Adegboyega et al., 2021). Within the context of religiosity, the new reality of virtual religious service engagement has also been shown to negatively influence mental health outcomes due to the sociobehavioral changes the pandemic has produced in religious individuals (Adegboyega et al., 2021). While the long-term implications of the COVID-19 pandemic on religious engagement are unclear, it appears that the switch from in-person to virtual engagement in religious services has influenced how religious individuals engage with their religion and emotionally experience this engagement. However, it is unclear if the decrease in feeling closeness toward others in one's religious community caused by the switch to virtual religious engagement also extends to influence how one views God. It is also unclear to what extent the COVID-19 pandemic has influenced the development of religious and spiritual issues among religious individuals or how the pandemic has acted to either facilitate or prohibit the timely resolution of these issues. Exploration into the switch to virtual religious services necessitated by COVID-19 on how religious individuals view God may be useful in

understanding how the pandemic has influenced how religious individuals emotionally experience and engage with their religion. This study also may aid in advancing the current literature concerning these associations within the context of a post-COVID-19 world.

Cross-Generational Maintenance of God Attachment

The compensatory and correspondence models may clarify how attachment patterns in the parent-child relationship are maintained through development into adulthood to influence how religious individuals emotionally experience and behave within the context of their religion (Cassibba et al., 2013; Granqvist et al., 2007). While there is debate concerning which model is stronger, both the compensation and correspondence models provide support for the cross-generational influence of attachment on how religious individuals experience and engage with their religion.

Compensation Model

The compensation model hypothesizes that an individual will seek a substitute attachment figure outside the parent-child relationship (Hall et al., 2009). Insecure attachment within the parent-child relationship motivates engaging in this behavior (Beck, 2006; Beck & McDonald, 2004; Granqvist & Hagekull, 1999; Hall et al., 2009). For those who do not have a secure attachment figure, God can act as a substitute (Beck, 2006; Beck & McDonald, 2004; Granqvist & Hagekull, 1999; Hall et al., 2009). However, while insecurely attached individuals may seek out God as a substitute attachment figure (Hall et al., 2009), anxious and avoidant characteristics may create a barrier to accessing the positive benefits of engagement in one's religion. Conversely, engagement in religious services is indicative of the ability to develop a secure attachment with those within one's religious community. Both prayer and religious service attendance are associated with feelings of closeness to God, with religious service

attendance being indicative of an individual valuing and benefitting from engagement with others (Schwadel & Hardy, 2022). Thus, the compensation hypothesis helps to clarify that while insecure attachment patterns may not directly influence one's relationship with God, the inability to rework one's internal working model may act as a barrier to developing secure attachment relationships with God and those in one's religious community, prohibiting them from using God or others to adequately compensate for insecurity in the parent-child relationship. The compensation model helps support the concept that variation in religious commitment may be influenced by variations in attachment within the parent-child relationship that have been maintained through development into adulthood.

Correspondence Model

Rather than influence the quality of one's attachment to God, the correspondence model hypothesizes that one's internal working model of attachment will be maintained through development into adulthood and directly influence one's relationships with God (Hall et al., 2009). That is, secure parent-child attachment can predict secure attachment to God in adulthood, while insecure attachment will predict insecure attachment to God in adulthood (Beck & McDonald, 2004; Cassibba et al., 2008; Exline et al., 2013; Granqvist et al., 2010). Securely attached individuals tend to positively view God as a loving, accepting, and forgiving father in relation to themselves as his loved and valued child (Birgegard & Pargament, 2004; Cassibba et al., 2008; Exline et al., 2013; Granqvist et al., 2010; Kirkpatrick, 2007; Kirkpatrick & Shaver, 1990). Additionally, these individuals tend to positively view themselves as unconditionally worthy of love and attention and God as consistently accessible, and responsive (Birgegard & Pargament, 2004; Cassibba et al., 2008; Exline et al., 2013; Granqvist et al., 2010; Kirkpatrick, 2007; Kirkpatrick & Shaver, 1990).

In contrast, anxious attachment tends to facilitate a negative view of God as a cruel, unkind, or rejecting father in relation to themselves as his child (Birgegard & Pargament, 2004; Cassibba et al., 2008; Exline et al., 2013; Granqvist et al., 2010; Kirkpatrick, 2007; Kirkpatrick & Shaver, 1990; Rowatt & Kirkpatrick, 2002). Avoidant attachment tends to facilitate the negative view of God as a remote, unavailable, and uninvolved father in relation to themselves as his child (Birgegard & Pargament, 2004; Kirkpatrick, 2007; Kirkpatrick & Shaver, 1990; Rowatt & Kirkpatrick, 2002). Anxiously and avoidantly attached individuals tend to believe that God views them as only conditionally worthy of love and attention (Birgegard & Pargament, 2004; Kirkpatrick, 2007; Kirkpatrick & Shaver, 1990).

In sum, the compensation and correspondence models both support the concept that attachment developed within the parent-child relationship is maintained through development into adulthood to influence how religious individuals view God. One's view of God appears to subsequently influence how a religious individual emotionally experiences their relationship with God and their religious community and influences how they engage with their religion. Further, both models support the life-long and cross-generational negative influence of insecure attachment on individuals unless reworked, specifically within the context of their religion (Birgegard & Pargament, 2004; Cassibba et al., 2008; Granqvist, 1998). This study advances the literature on the association between attachment, view of God, and religiosity using the compensation and correspondence models to clarify this association.

Religiosity

The theory of planned behavior acknowledges that the development of beliefs occurs within the context of the parent-child relationship (Ajzen, 1991). Beliefs about what behaviors are valuable and moral remain stable into adulthood unless otherwise reworked (Ajzen, 1991;

Biskas et al., 2021). These beliefs are then passed down cross-generationally from parent to child (Biskas et al., 2021). An individual's beliefs are applied broadly and act to guide their behavior within various contexts (Ajzen, 1991, 2002; Biskas et al., 2021).

Development of Religious Beliefs

It is well-established that religious parents produce children with similar moral values and beliefs about behavior (Bao et al., 1999; Biskas et al., 2021; Exline et al., 2013; Exline et al., 2015; Leonard et al., 2013; Power & McKinney, 2013; Volk et al., 2016). Religiosity plays a major role in the type of beliefs individuals value and how they behave to maintain adherence to these beliefs (Biskas et al., 2021; Dalton et al., 2018; Dollahite et al., 2018). Beliefs are separated into three constructs—behavioral, normative, and control beliefs—which are passed down during childhood within various contexts, namely the parent-child relationship (Ajzen, 1991). For religious individuals, behavioral beliefs may influence the type of religious behavior an individual will engage in (Biskas et al., 2021; Dalton et al., 2018; Dollahite et al., 2018). The likelihood of an individual engaging in these behaviors has been shown to be strengthened by the belief that one has a moral obligation to engage in a certain behavior (Heath & Gifford, 2002; White et al., 2009). While having a moral obligation does not determine if an individual has a positive view of God, the potential conflict between one's moral obligation and their view of God may account for variation in religious and spiritual struggles and one's ability to resolve these struggles successfully.

Normative beliefs influence how an individual believes others think they should behave toward themselves when they are unsuccessful in demonstrating or adhering to valued behavior (Ajzen, 1991, 2002; Biskas et al., 2021). These beliefs also influence their behavioral responses to achieve emotional regulation when they believe they have been unsuccessful (Ajzen 1991,

2002). For religious individuals, normative beliefs may influence how they anticipate God or how their religious community will respond to them when they are unsuccessful in demonstrating or adhering to a valued religious behavior, guiding how they behave toward God and themselves (Biskas et al., 2021; Dalton et al., 2018; Dollahite et al., 2018; Exline et al., 2013). The likelihood that an individual will engage in certain behaviors toward themselves is strengthened when these behaviors are held as norms by their community (Biskas et al., 2021; Campion & Glover, 2017; Cha et al., 2007; Iakovleva, 2016). That is, the normative beliefs an individual holds may influence their ability to engage in their religiosity differently than their parents did, which provides support for the potential cross-generational maintenance of maladaptive forms of religiosity.

Finally, control beliefs influence an individual's confidence in their ability to adhere to valued behavioral goals (Ajzen, 1991, 2002). Approval and acceptance of one's attempts to demonstrate valued behavior can increase confidence and motivation to continue engaging in these behaviors (Ajzen, 1991, 2002; Einstein et al., 2003; Gollwitzer & Sheeran, 2006). In contrast, inconsistent approval, disapproval, and rejection in response to attempts to demonstrate valued behaviors decrease levels of confidence and motivation to engage in behavior (Ajzen, 1991, 2002; Einstein et al., 2003; Gollwitzer & Sheeran, 2006). Research demonstrates that experiences within one's family of origin influence how they emotionally experience their relationship with God (Cassibba et al., 2013; Dalton, et al., 2018; Dollahite et al., 2018; D'Urso et al., 2019), and thus their willingness to continually prioritize religious behaviors throughout their lifetime (Schwadel & Hardy, 2022). Belief in one's ability to successfully complete or adhere to certain behavior enables them to remain motivated to continue engaging in that behavior, which supports the idea that religious individuals who lack the confidence and

comfortability to engage in their religion or do so without confidence may lose their motivation to continue engaging in their religion over time. This may account for the decreased prioritization or outright reversal of religious behaviors seen in some cases (Schwadel & Hardy, 2022).

Influence of Religious Beliefs on Religious Behaviors

For many, the idea of religiosity and values are interconnected and indistinguishable, and a personal belief in God is considered necessary for an individual to be good and have moral values (Schwadel & Hardy, 2022; Tamir et al., 2020). However, research shows that belief in God alone does not predict a positive association between religiosity and values or that one will continue to live out their religious values throughout their lifetime (Froese & Bader 2008; Pepper et al., 2010; Schwadel & Hardy, 2022). In fact, for many individuals, values associated with their religion will dissipate and sometimes even change directions over time as will their engagement in their religion (Schwadel & Hardy, 2022). Individuals who have experienced a relationship with their family of origin characterized by closeness are likelier to experience a relationship with God that is characterized by closeness (Cassibba et al., 2013; Dalton, et al., 2018; Dollahite et al., 2018; Exline et al., 2013). These individuals will be unlikely to endorse or engage in behaviors prioritizing the self over others, specifically hedonistic and self-enhancing behaviors in pursuing power, and other behaviors that do not align with the Judeo-Christian faith tradition (Schwadel & Hardy, 2022). Further, having a relationship with God characterized by feelings of closeness can act as a buffer against negative mental health outcomes (Ellison 1991; Jeppsen et al. 2015; Schieman et al. 2006; Schwadel & Hardy, 2022). If an individual feels close to God, they may consistently and continually remain religiously committed, prioritizing engagement in religious behaviors and aiming to live in alignment with the Judeo-Christian faith tradition. This

supports the idea that the dissipation, directional change, or sustainment of one's religious commitment may be determined by one's view of God, with a positive view of God increasing religious commitment throughout one's lifetime, and a negative view of God attenuating one's ability to continue living out the values associated with their religion resulting in a decrease in their religious commitment.

Influence of COVID-19 on Religious Beliefs and Behaviors

Beliefs concerning religious engagement have changed considering the COVID-19 pandemic, specifically concerning virtual religious service attendance, the proximity of individuals during in-person services, and the duration of religious services (Adegboyega et al., 2021). Specifically, within the context of Christianity, in-person religious service engagement has historically been seen as imperative to the transformational experience of religious individuals as well as the experience of unification with other religious individuals and spiritual growth (Adegboyega et al., 2021). However, beliefs among religious individuals concerning the closure of churches during the COVID-19 pandemic vary, with some individuals arguing that in-person religious engagement is necessary. In contrast, others argue that the availability of advanced technology makes the belief in necessary in-person religious engagement inapplicable to the contemporary church (Adegboyega et al., 2021).

While COVID-19 has resulted in a revisiting of assumptions regarding religious individuals' understanding of worship and religious service attendance, it is still unclear what outcomes changes in religious engagement will have on the development of religious beliefs and their influence on religious behaviors for future generations (Kruger, 2021). While religious individuals tend to not consider virtual engagement in one's religion as best practice, they hold a positive attitude toward engaging virtually in religious services and rituals (Kruger, 2021). That

is, it appears that the normalization and acceptance of virtual religious engagement as an alternative to in-person religious engagement may allow some religious individuals the freedom to refrain from engaging in religious behaviors that they do not benefit from or value while still allowing them to live out their religiosity. However, it is currently unclear if virtual religious engagement will continue to remain a norm or be positively seen as an acceptable way to engage with one's religion. Additionally, it is unclear how or if virtual religious engagement will influence the maintenance of religious beliefs cross-generationally when compared to in-person religious engagement.

Self-Compassion

Self-compassion stems from the Buddhist concept of striving to alleviate the distress of oneself and others (Neff, 2022). According to the model of self-compassion, self-compassion is both a behavioral motivator and a way of responding to the self and others (Neff, 2022). Distress can occur when individuals view themselves as a failure, weak, inadequate, or otherwise negative (Neff, 2022). But a relationship with oneself and others characterized by self-compassion can buffer against negative mental health outcomes, specifically anxiety and depression (Abdollahi et al., 2020; Allen et al., 2010; Arch et al., 2014; Ferrari et al., 2019; Hughes et al., 2021; Neff, 2003a, 2022; Neff & Germer, 2013; Phillips & Hine, 2021; Shapira & Mongrain, 2010; Siwik et al., 2022).

Benefits of Self-Compassion

Self-compassion is characterized by love, care, patience, and forgiveness toward the self and others (Allen et al., 2010; Leary et al., 2007; Miyagawa et al., 2020; Neff, 2022). This leads to increased life satisfaction and feelings of closeness and connectedness with others (Allen et al., 2010; Bruk et al., 2021; Leary et al., 2007; Neff, 2022; Neff et al., 2018). Specifically, self-

compassionate individuals can remain objective and treat themselves with kindness and understanding when facing a distressing issue (Leary et al., 2007; Miyagawa et al., 2020; Neff et al., 2018). During distress, self-compassionate individuals can refrain from critical self-judgments, overidentifying with their distress, or engaging in isolation (Allen et al., 2010; Biskas et al., 2021; Miyagawa et al., 2020; Neff, 2016, 2022; Neff et al., 2018). Self-compassionate individuals are also more willing to engage in adaptive behaviors that facilitate personal growth rather than impulsive, selfish, or self-absorbed behaviors (Allen et al., 2010; Biskas et al. 2021; Neely et al., 2009; Neff, 2022; Neff et al., 2005; Robinson et al., 2016). For example, self-compassion is associated with the ability to tolerate, process, and adaptively respond to the perceived inadequacies and failures of oneself and others (Biskas et al., 2021; Miyagawa et al., 2020; Neely et al., 2009; Neff, 2022), as well as the increased ability of an individual to take responsibility for their actions and receive correction without experiencing distress or getting defensive (Breines & Chen, 2012; Leary et al., 2007; Neff, 2022; Wang et al., 2017). A self-compassionate individual will likely try again in the face of failure (Breines & Chen, 2014; Neely et al., 2009; Neff et al., 2005; Zhang & Chen, 2016) and be less likely to experience negative mental health outcomes when faced with distress (Hope et al., 2014; Miyagawa et al., 2020; Neely et al., 2009; Neff, 2022; Zhang et al., 2021). Finally, engaging in self-compassionate responses toward the self and others has been shown to increase one's confidence and motivation to live out their values (Dundas et al., 2017; Liao et al., 2021; Neff et al., 2005; Neff, 2022; Suh & Chong, 2022; Zhang et al., 2021).

In contrast, those with reduced self-compassion are less able to tolerate the inadequacies and perceived failures of themselves and others (Leary et al., 2007; Neely et al., 2009; Neff, 2016, 2022). Individuals low in self-compassion are more likely to overidentify with their distress and

inadequacies or outright deny them and engage in isolation (Neff et al., 2005; Neff, 2016, 2022). Additionally, individuals low in self-compassion tend to experience increased distress when evaluating themselves compared to others they deem to be more successful than them, especially in ways they believe are valuable (Harter, 1999; Leary et al., 2007; Neff, 2011, 2022). These individuals tend to experience unstable self-worth, anger, and shame (Harter, 1999; Leary et al., 2007; Neff, 2011, 2022; Neff & Vonk, 2009).

Barriers to Self-Compassion

For some, self-compassion is synonymous with selfishness and indicative of an individual being weak, selfish, and complacent (Biskas et al., 2021; Neff, 2022; Robinson et al., 2016). Fear of self-compassion is associated with a preference for self-critical response toward the self and others in response to distress and perceived failure (Biskas et al., 2021; Neff, 2022). But a preference for self-critical responding and feelings of not deserving compassion are associated with difficulty employing self-compassion (Biskas et al., 2021; Gilbert et al., 2011; Neff, 2022). Negative beliefs about self-compassion can contribute to feelings of not deserving compassion (Gilbert et al., 2011; Neff, 2011, 2022). These individuals fear that engaging in self-compassionate behavioral responding will reduce, rather than increase, their likelihood of successfully living out their values (Biskas et al., 2021; Kelly et al., 2021; Neff, 2011, 2022; Robinson et al., 2016). Further, they may believe that engaging in self-compassion may cause them to take on the negative traits they attribute to a self-compassionate individual and lower their standards and reduce their motivation for personal growth (Biskas et al., 2021; Kelly et al., 2021; Neff, 2022; Robinson et al., 2016). These beliefs influence how or if an individual will use self-compassion as a behavioral motivator or respond with self-compassion toward themselves and others in the face of distress or perceived failure (Miyagawa et al., 2020; Neely et al., 2009; Neff,

2022).

Self-Compassion Versus Self-Esteem

While both self-compassion and self-esteem motivate behavior, self-esteem refers to the value one places on oneself based on their ability to adhere to or successfully live up to one's values (Harter, 1999; Neff, 2011), while self-compassion does not (Neff, 2022). Self-compassion does not develop from a judgmental attitude toward the self or self-evaluation in comparison to others (Neff, 2003a, 2011, 2022). Since self-compassion is not based on comparative self-evaluations, it provides a stable sense of self-worth while providing the motivation to continue living by personal values (Neff, 2011, 2022).

According to the self-evaluation and maintenance theory, self-esteem motivates behavior because self-evaluations are the building blocks of self-esteem (Tesser, 1982, 1983, 1988). However, comparison to those one deems more successful in demonstrating or adhering to the behavioral goals they value will produce distress (Tesser 1982, 1988; Neff, 2011, 2022). Negative self-evaluations can also occur when one believes that someone else is negatively evaluating them (Tesser, 1983). Since self-esteem is dependent on positive self-evaluations, those motivated by self-esteem may not experience a stable sense of self-worth (Crocker & Wolfe, 2002; Kernis, 2005; Neff, 2011, 2022; Neff & Vonk, 2009). Even for individuals who report high self-esteem, self-esteem alone does not buffer against negative mental health outcomes, specifically anxiety and depression, and when faced with negative self-evaluations, dips in self-esteem may exacerbate negative mental health outcomes (Brown, 2001; Crocker & Wolfe, 2002; Leary et al., 2007; Neff, 2011, 2022; Neff & Vonk, 2009; Turk & Waller, 2020). This can lead to maladaptive behavioral responses aimed at maintaining self-worth and achieving emotional regulation (Crocker & Park, 2004; Kernis, 2005; Neff, 2011, 2022; Neff et al., 2005;

Neff & Vonk, 2009). During distress, individuals motivated by self-esteem tend to engage in impulsive, selfish, and self-absorbed behaviors to achieve positive self-evaluation and emotional regulation (Crocker & Park, 2004; Neff, 2022; Neff & Vonk, 2009). In contrast, self-compassion has been shown to buffer against negative mental health outcomes, specifically symptoms of anxiety and depression, without the downsides of self-esteem (Abdollahi et al., 2020; Adams & Egan, 2022; Allen & Leary, 2010; Barnard & Curry, 2012; Neff, 2011, 2016, 2022; Neff & Vonk, 2009; Turk & Waller, 2020).

In sum, self-esteem and self-compassion appear to be associated with opposing cognitions about the self and others that facilitate opposing behavioral responses in the face of distress. The negative cognitions about the self and others produced by dips in self-esteem facilitate maladaptive behavioral responses. In contrast, self-compassion enables individuals to maintain a positive view of themselves and others even when distressed, facilitating adaptive behavioral responses. Therefore, it is not belief in one's abilities alone that produces adaptive behavioral responses to the self and others during times of distress; rather, it is having a relationship with the self and others characterized by self-compassion that does. Further, self-compassion buffers against negative mental health outcomes and positively influences continued engagement in adaptive behaviors and motivation in the face of distress.

Cross-Generational Maintenance of Self-Compassion

In contrast to the belief that self-compassion will cause one to engage in selfish behaviors (Biskas et al., 2021; Neff, 2022; Robinson et al., 2016), self-compassion has been shown to facilitate adaptive behavioral responses toward others, namely one's children (Raab, 2014; Neff, 2022; Neff & Faso, 2015) and buffer against negative mental health outcomes that come with the stress of caregiving (Babenko et al., 2019; Kotera et al., 2021; Lloyd et al., 2019; McDonald et

al., 2021; Neff, 2022; Neff & Faso, 2015). Difficulty employing self-compassion is associated with a lack of exposure to self-compassion. Engagement and exposure to self-compassion can differ situationally and across contexts (Zurof et al., 2021). Research supports that gender (Yarnell et al., 2019) and sociocultural differences may account for variation in exposure to self-compassion (Chio et al., 2021; Heine, 2003; Neff et al., 2008; Neff, 2022; Neff & Toth-Kiraly, 2021). This supports the idea that parenting is maintained through development to influence how an individual engages in self-compassion in adulthood. Parents with secure attachments to their own parents are more likely to model self-compassion to their children (Cohen & Naaman, 2023; Neff & Beretvas, 2012; Neff & McGehee, 2010; Moreira et al., 2014). In contrast, increased anxious and avoidant attachments within the parent-child relationship indicate decreased levels of self-compassion in adulthood (Neff & Beretvas, 2012; Neff & McGehee, 2010; Moreira et al., 2014).

Exposure to self-compassionate responses toward the self and others within the context of the parent-child relationship is associated with the ability to maintain compassionate cognitions about the self and others during distress and willingness to engage in adaptive self-soothing behaviors (Cohen & Naaman, 2023; Neff & Beretvas, 2012; Neff & McGee, 2010; Moreira et al., 2014). Parents with negative cognitions characteristic of insecure attachment are less likely to model self-compassion within the parent-child relationship (Cohen & Naaman, 2023; Neff & Beretvas, 2012; Neff & McGee, 2010; Moreira et al., 2014). The children of these parents may not receive adequate soothing or experience outright rejection when demonstrating distress, resulting in the development of insecure attachment patterns between themselves and their parents (Gilbert, 2005; Lee, 2012; Matos et al., 2012; Mikulincer & Shaver, 2003; Mikulincer & Shaver, 2004; Mikulincer & Shaver, 2005; Mikulincer & Shaver, 2007). Inadequate soothing or

outright rejection of one's distressed child may be due to a lack of ability to tolerate (Cohen & Naaman, 2023; Mikulincer & Shaver, 2007; Rholes et al., 2006) their child's demonstrations of distress and engage in self-compassionate cognitions and behaviors towards one's child (Cohen & Naaman, 2023; Neff & Beretvas, 2012). Thus, when maintained through development, insecure attachment creates a barrier to engagement in adaptive behaviors and self-compassionate cognitions of the self and others like their children (Neff & Beretvas, 2012; Neff & McGee, 2010; Moreira et al., 2014). This provides support for the idea that security within the context of the parent-child relationship acts to positively influence the development of self-compassion. Additionally, self-compassion influences the cross-generational maintenance of secure attachment and buffers against the cross-generational maintenance of insecure attachment.

Self-Compassion and Religiosity

Current research supports the association between legalistic or maladaptive forms of religiosity, reduced levels of self-compassion, and increased negative mental health outcomes, specifically anxiety and depression, for religious populations (Judd et al., 2020). Currently, little research has been done exploring how self-compassion influences the development of religious values or influences how religious individuals emotionally experience and engage in their religion. However, a current study demonstrated that self-compassion within the context of religiosity may be indicative of holding a positive view of God (Bodok-Mulderij et al., 2023). This may provide support for the link between religiosity, view of God, and self-compassion.

When considered within the context of religiosity, cognitions and behaviors associated with self-compassion align with those valued by Judeo-Christian faith tradition and in opposition to those promoted by legalistic or maladaptive forms of religiosity (Allen et al., 2015; Brodar et al., 2015; Judd et al., 2020). For example, self-compassion buffers against impulsive, selfish, and

self-absorbed behaviors and is associated with an individual being able to tolerate the inadequacies and perceived failure of themselves and others, maintain motivation to live out their values in the face of distress, and increase positive cognitions and behaviors toward the self and others (Allen et al., 2010; Biskas et al., 2021; Dundas et al., 2017; Miyagawa et al., 2020; Neely et al., 2009; Neff et al., 2005; Neff, 2011, 2022; Robinson et al., 2016; Zhang et al., 2021).

Additionally, increased self-compassion in religious populations has been shown to buffer against feelings of shame, guilt, anger, and the tendency to overidentify with distress or failure (Barnard & Curry, 2011; Bodok-Mulderij et al., 2023; Brodar et al., 2015; Leary et al., 2007).

Self-compassion is also associated with religious individuals experiencing feelings of closeness and connectedness when engaging with their religion (Brodar et al., 2015). Feeling close and connected because of engaging in religion is associated with a positive view of God, increased religious engagement (Froese & Bader 2008; Pepper et al., 2010; Schwadel & Hardy, 2022), and positive mental health outcomes (Bodok-Mulderij et al., 2023; Ellison 1991; Jeppsen et al. 2015; Schieman et al., 2006; Schwadel & Hardy, 2022). Feelings of closeness to God have been demonstrated to act as a barrier to the development of ongoing and unresolved religious and spiritual issues and facilitate the ability of religious individuals to achieve emotional regulation through religious engagement (Exline, 2002; Exline et al., 2000; Exline et al., 2013; Exline et al., 2015; Kirkpatrick, 1992).

In contrast, in religious populations decreased self-compassion is associated with engagement in cognitions and behaviors that align with legalistic or maladaptive forms of religiosity (Judd et al., 2020). Decreased self-compassion in religious individuals can mean negative feelings of being unsupported and isolated (Brodar et al., 2015), decreased religious engagement, and a negative view of God (Froese & Bader, 2008; Pepper et al., 2010; Schwadel

& Hardy, 2022). Decreased self-compassion in religious populations is associated with feelings of shame, guilt, anger, overidentification with distress or failure (Barnard & Curry, 2011; Bodok-Mulderij et al., 2023; Brodar et al., 2015; Leary et al., 2007), a negative view of God (Schwadel & Hardy, 2022), and negative mental health outcomes, such as anxiety and depression, in religious populations (Allen et al., 2015; Jubb et al., 2020).

Chapter Summary

This chapter discussed current and previous research regarding the development and cross-generational maintenance of adaptive and maladaptive forms of religiosity. This study expands the literature on religiosity, view of God, and religious engagement by clarifying how view of God can influence the way religious individuals emotionally experience and engage with their religion. The influence of attachment on how a religious individual views God was explored through attachment theory, including the compensation and correspondence models of God attachment. By acknowledging this influence, clinicians can more effectively target treatment for religious adults experiencing symptoms of depression and anxiety due to alignment with cognitions and behaviors associated with legalistic or maladaptive forms of religiosity that influence unresolved religious and spiritual struggles. Further, clinicians can better assist religious individuals in engaging in responses to the self and others that characterize adaptive or non-legalistic forms of religiosity rather than legalistic or maladaptive forms of religiosity. By targeting and reworking how one views God, clinicians can assist religious individuals in experiencing the positive mental health benefits and protections associated with adaptive and non-legalistic forms of religiosity. Additionally, reworking how one views God may assist in the cross-generational maintenance of adaptive or non-legalistic forms of religiosity while acting to buffer against the cross-generational maintenance of legalistic or maladaptive forms of

religiosity that are associated with decreased levels of self-compassion and increased negative mental health outcomes, specifically anxiety and depression, in religious populations.

The self-evaluation and maintenance model posits that individuals will engage in behaviors to maintain their self-esteem and that dips in self-esteem produce psychological distress. Fluctuations in self-esteem are related to poor self-evaluation in comparison to others. This theory posits that a dip in self-esteem causes psychological distress and may lead to impulsively engaging in maladaptive strategies to maintain or rebuild self-esteem. For religious individuals, this type of response in the face of distress may lead to behaviors that do not align with the Judeo-Christian faith tradition and may perpetuate additional negative self-evaluation and increased maladaptive responses, especially in religious individuals who align with maladaptive or legalistic forms of religiosity. This may, in turn, aid in the development of ongoing and unresolved religious and spiritual struggles without the ability to engage in adaptive strategies to resolve these struggles, leading to increased negative mental health outcomes in legalistic religious populations. For some religious individuals, the inability to resolve religious and spiritual issues is associated with negative mental health outcomes.

Finally, the self-compassion model provides a way to buffer religious individuals from maladaptive responses associated with negative self-evaluation and psychological distress. Adaptive and non-legalistic forms of religiosity are associated with increased levels of self-compassion and decreased negative mental health outcomes, while maladaptive and legalistic forms of religiosity are associated with decreased levels of self-compassion and increased negative mental health outcomes. Further, religious individuals who negatively view God as cruel or distant do not appear to demonstrate behaviors related to self-compassion. Applying self-compassion within the context of religiosity may then assist in the cross-generational

sustainment of values associated with adaptive or non-legalistic forms of religiosity which may assist religious individuals in experiencing the positive mental health benefits of religious engagement.

CHAPTER THREE: METHOD

Overview

The purpose of this study is two-fold. First, the aim was to explore the influence of how one views God and self-compassion on the association between household of origin religious commitment and current personal religious commitment. Second, the study was focused on examining religious individuals' view of God as a sociocultural factor that influences self-compassion within the context of religiosity. The designated variables were investigated using a quantitative, descriptive, nonexperimental cross-sectional research design with moderated mediation regression analysis. The data were collected for this study through an online nonexperimental survey and utilized to make inferences about the population. Relationships were explored between household of origin religious commitment (independent variable), current religious commitment, (dependent variable), self-compassion (mediator), and God image (moderator). This chapter will expand on the research design, research questions and hypotheses, and the methodology of this study. Further, this chapter will expand on research procedures, how participants were selected and sourced, the instrumentation used in the study, how the collected data were analyzed, and ethical considerations.

Research Design and Methodology

This nonexperimental cross-sectional study involved a conditional process analysis between household of origin religious commitment and current religious commitment. Complex research designs are advantageous when conducting research in the field of counseling and psychology or when extending information for several variables and interest areas (Heppner et al., 2016). The intent was to measure whether self-compassion mediates the link between household of origin religious commitment and current religious commitment among religious

adults. The research questions were also designed to explore whether the indirect relationship between household of origin religious commitment and current religious commitment through self-compassion is moderated by three types of views of God or God images: loving, cruel, or distant. Due to the complexity of the variables in this study, the cross-sectional research design is the most beneficial as it is used to explore the strength and direction of existing relationships. With this design, all existing relationships and their effects were analyzed (Fraizer et al., 2004). The interpretation of the results was aided in the exploration of relationships along each path using descriptive and analytical approaches (Baron & Kenny, 1986; Heppner et al., 2016).

Research Questions and Hypotheses

Research Question 1: What is the relationship between household of origin religious commitment and current religious commitment?

Hypothesis 1: It is hypothesized that there is a positive relationship between household of origin religious commitment and current religious commitment.

Null Hypothesis 1: There is no relationship between household of origin religious commitment and current religious commitment.

Research Question 2: Will self-compassion mediate the relationship between household of origin religious commitment and current religious commitment?

Hypothesis 2: It is hypothesized that self-compassion will mediate the relationship between household of origin religious commitment and current religious commitment.

Null Hypothesis 2: Self-compassion will have no effect on the relationship between household of origin religious commitment and current religious commitment.

Research Question 3: Is the relationship between household of origin religious commitment and current religious commitment conditional on how one views God?

Hypothesis 3: It is hypothesized that the relationship between household religious commitment and current religious commitment is conditional on how one views God.

Null Hypothesis 3: How one views God has no effect on the relationship between household of origin religious commitment and current religious commitment.

Research Question 3a: Does viewing God as loving change the relationship between household of origin religious commitment and current religious commitment?

Hypothesis 3a: It is hypothesized that viewing God as loving will strengthen the relationship between household of origin religious commitment and current religious commitment.

Null Hypothesis 3a: Viewing God as loving has no effect on the relationship between household of origin religious commitment and current religious commitment.

Research Question 3b: Does viewing God as cruel change the relationship between household of origin religious commitment and current religious commitment?

Hypothesis 3b: It is hypothesized that viewing God as cruel attenuates the relationship between household of origin religious commitment and current religious commitment.

Null Hypothesis 3b: Viewing God as cruel has no effect on the relationship between household of origin religious commitment and current religious commitment.

Research Question 3c: Does viewing God as distant change the relationship between household of origin religious commitment and current religious commitment?

Hypothesis 3c: It is hypothesized that viewing God as distant attenuates the relationship between household of origin religious commitment and current religious commitment.

Null Hypothesis 3c: Viewing God as distant has no effect on the relationship between household of origin religious commitment and current religious commitment.

Research Question 4: Is the relationship between household of origin religious commitment and self-compassion conditional on how one views God?

Hypothesis 4: It is hypothesized that the relationship between household of origin religious commitment and self-compassion is conditional on how one views God.

Null Hypothesis 4: How one views God has no effect on the relationship between household of origin religious commitment and self-compassion.

Research Question 4a: Does viewing God as loving change the relationship between household of origin religious commitment and self-compassion?

Hypothesis 4a: It is hypothesized that for those who view God as loving the relationship between household of origin religious commitment and self-compassion is strengthened.

Null Hypothesis 4a: Viewing God as loving will have no effect on the relationship between household of origin religious commitment and self-compassion.

Research Question 4b: Does viewing God as cruel change the relationships between household of origin religious commitment and self-compassion?

Hypothesis 4b: It is hypothesized that for those who view God as cruel the relationship between household of origin religious commitment and self-compassion is attenuated.

Null Hypothesis 4b: Viewing God as cruel will have no effect on the relationship between household of origin religious commitment and self-compassion.

Research Question 4c: Does viewing God as distant change the relationship between household of origin religious commitment and self-compassion?

Hypothesis 4c: It is hypothesized that for those who view God as distant the relationship between household of origin religious commitment and self-compassion is attenuated.

Null Hypothesis 4c: Viewing God as distant will have no effect on the relationship

between household of origin religious commitment and self-compassion.

Research Question 5: Will the relationship between household of origin religious commitment and current religious commitment through self-compassion be moderated by how one views God?

Hypothesis 5: It is hypothesized that the relationship between household of origin religious commitment and current religious commitment through self-compassion is conditional on how one views God.

Null Hypothesis 5: How one views God has no effect on the relationship between household of origin religious commitment and current religious commitment through self-compassion.

Research Question 5a: Does viewing God as loving change the relationship between household of origin religious commitment and current religious commitment through self-compassion?

Hypothesis 5a: It is hypothesized that for those who view God as loving the relationship between household of origin religious commitment and current religious commitment through self-compassion is strengthened.

Null Hypothesis 5a: Viewing God as loving has no effect on the relationship between household of origin religious commitment and current religious commitment through self-compassion.

Research Question 5b: Does viewing God as cruel change the relationship between household religious commitment and current religious commitment through self-compassion?

Hypothesis 5b: It is hypothesized that for those who view God as cruel the relationship between household of origin religious commitment and current religious commitment through

self-compassion is attenuated.

Null Hypothesis 5b: Viewing God as cruel has no effect on the relationship between household of origin religious commitment and current religious commitment through self-compassion.

Research Question 5c: Does viewing God as distant change the relationship between household religious commitment and current religious commitment through self-compassion?

Hypothesis 5c: It is hypothesized that for those who view God as distant the relationship between household of origin religious commitment and current religious through self-compassion commitment is attenuated.

Null Hypothesis 5c: Viewing God as distant has no effect on the relationship between household of origin religious commitment and current religious commitment through self-compassion.

Selection of Participants and Setting

Participants for this study were sourced using Qualtrics, which is a popular online panel recruitment platform that has been demonstrated to effectively replace data collection methods, including traditional convenience samples (Boas et al., 2018). Qualtrics was appropriate for this study due to its common use among social scientists and its ability to collect a demographically representative and diverse sample when compared to both Mechanical Turk and Facebook, increasing the generalizability of the study results (Boas et al., 2018).

The statistical power analysis software, G*Power (Faul et al., 2007), along with recommendations from Maxwell (2000), were used to determine an appropriate target sample size. While G*Power indicates that a sample size of 89 participants was appropriate to achieve a medium effect size and statistical power of 80% (Faul et al., 2007; Frazier et al., 2004),

according to the guidelines outlined by Maxwell, a sample of 218 is necessary to conduct a moderated mediation analysis with three predictor variables and achieve a medium effect size and statistical power of 80%. To ensure adequate statistical power, 44 participants were added to the sample size of 218 to account for a 20% attrition rate, bringing the target sample to 262 participants. The target sample size of 262 participants ensured a sufficient degree of variability within the population set and accounts for participants who did not complete the survey.

Demographic Questions

After recruiting online participants, all participants were asked to review the informed consent statement to participate in the study. For those who provided consent, demographic information was obtained via self-report. Only adults over the age of 18 who profess a belief in God and identify as Christian were included in this study. Exclusion criteria included minors under the age of 18 and those who do not profess a belief in God or who identify as something other than Christian. Individuals who did not complete one or more of the measures, who were under the age of 18, who did not profess a belief in God, and who did not identify as Christian were not included in this study.

Participants who reviewed the informed consent form were able to proceed to the survey and were provided with the following self-report measures, which use closed-ended questions rated by Likert scales: the RCI (Worthington et al., 2003), RCI-H (Volk et al., 2016), the SCS (Neff, 2003b), and the God 10 Scale (Exline et al., 2013). After data were collected, IBM SPSS was used to conduct statistical analysis of the data.

Instrumentation

Religiosity

Current personal religious commitment or personal religiosity was measured using the

RCI developed by Worthington et al. (2003) to measure explicit religious behaviors. Household of origin religious commitment was measured using the RCI-H, an adaptation of the RCI developed by Volk et al. (2016) to measure the religiosity of one's family of origin. Both the RCI and the RCI-H are self-report instruments and consist of 10 items intended to measure religious commitment, with each item rated on a 5-point Likert scale from 1 (*not at all true of me*) to 5 (*totally true of me*).

SCS

The SCS developed by Neff (2003b) is a self-report instrument that was used to measure self-compassion in this study. Permission is not required to use this instrument. The SCS measures the six components of self-compassion and provides an individual score for each subscale as well as a total overall score. The SCS contains 26 items rated on a 5-point Likert scale from 1 (*almost never*) to 5 (*almost always*; Neff, 2003b). To calculate the total score for this measure, the subscale scores are calculated by reverse scoring the negative subscales (self-judgment, over-identification, and isolation) and then calculating the grand mean of all six subscales. This scale has been demonstrated to have good discriminate validity and test-retest reliability (Neff, 2003b, 2007). Further, previous research has demonstrated that the total score for this scale has excellent internal consistency ($\alpha = .92$), with the internal consistency for the subscales of this scale in the acceptable range (Cronbach's α between .75 to .81; Neff, 2003b).

God Attachment

The God-10 developed by Exline et al. (2013) is a self-report instrument that was used to assess the view of God or God image in this study. The scale uses 10 descriptive terms separated into three subscales: loving (loving, caring, forgiving), cruel (cruel, unkind, rejecting), and distant (distant, remote, unavailable, uninvolved). Each item is rated on a 5-point Likert scale

from 0 (*not at all*) to 5 (*extremely*). According to Exline et al., each subscale was analyzed separately for internal consistency using Cronbach's Alpha (α), with loving ($\alpha = 0.94$ to 0.96), cruel ($\alpha = 0.90$ to 0.91), and distant ($\alpha = 0.88$ to 0.92). All subscales report alpha coefficients above $\alpha = 0.80$, suggesting that this measure is acceptable to reliability measure each subscale (Exline et al., 2013).

Research Procedures

Prior to collecting data, a thorough exploration of relevant literature was conducted, including literature concerning previous relationships between the variables in this study. Approval was sought and obtained from the Institutional Review Board (IRB) before data were collected. Once approval was obtained from the IRB, the survey for this study was created and finalized in Qualtrics. This survey included the instruments mentioned in the Instrumentation section of this chapter. This survey was pilot-tested by Qualtrics, and when the pilot appeared to be working correctly, participants were sourced through Qualtrics.

Potential participants were asked to review the informed consent that was provided before completing the survey. Participants were also told that this study explores religiosity, view of God, and self-compassion. Participants completed the demographic and screening questions to ensure that they met the inclusionary criteria for the study. Participants were informed that participation in this study is strictly voluntary and that they could terminate participation at any time. Participants were also informed that any data collected will remain anonymous. In addition, all participants were informed that all data will be stored securely and only available to the researcher. Participants were informed that no identifying information will be presented and that their participation in this study will be kept confidential.

Data Processing and Analysis

A quantitative, descriptive, cross-sectional process analysis was used to analyze the data gathered through the online survey. The collected data were processed using IBM SPSS. A preliminary investigation included descriptive and correlation analysis. Study hypotheses were then analyzed using linear regressions to attain the clearest results for each hypothesis, and each relationship, or path, was analyzed using descriptive and analytical approaches (Baron & Kenny, 1986). The following PROCESS models (Hayes, 2018) were used to analyze each hypothesis, including linear multiple regression, and to establish any current relationships as well as direct or indirect effects between religiosity, view of God, and self-compassion. For Hypothesis 1, the direct relationship between the independent variable and outcome variable was explored; for Hypothesis 2, Model 4; for Hypothesis 3–3c, Model 1; for Hypothesis 4–4c, Model 1; and for Hypothesis 5–5c, Model 8. Additionally, potential research errors, such as Type I and Type II errors, incorrect sample size, and skewed data due to the use of self-report measurements were considered. Further, the data were screened to ensure that inauthentic data are removed, including incomplete responses, straight-lined data, inattentive responses, speeders, duplicates, machine response identification, patterns in survey responses, click-through behavior, and copy-paste behavior. After screening was conducted, IBM SPSS was used to process the data into results.

Ethical Considerations

Careful attention was given to ethical considerations throughout the research study, including the regulations and guidelines provided by the American Counseling Association (2014) and the IRB. Research participants completed the survey through Qualtrics, which enabled the data to be collected without the participants' identities being revealed to the

researcher. Participants were also provided with an informed consent document and assured that they could withdraw from participation at any time. In addition, neither the demographic information nor the data collected includes identifying information about the participants.

Chapter Summary

This chapter provided the framework for the methodology of this study. The cross-sectional design used in this study was described. In addition, the research questions and hypotheses were outlined. Finally, the method by which participants were selected and the measures that were used in this study were discussed.

CHAPTER FOUR: RESULTS

This study was conducted to explore the relationships between household of origin religious commitment, current religious commitment, self-compassion, and view of God. The purpose of this study was two-fold: first, to explore one's view of God and self-compassion as factors that influence the cross-generational maintenance of religiosity, and second, to explore one's view of God as a sociocultural factor influencing self-compassion within the context of religiosity. The direct relationship between household of origin religious commitment and current religious commitment was initially explored. This model was expanded to explore how self-compassion mediates the relationship between household of origin religious commitment and current religious commitment. Then, the relationship between household of origin religious commitment and current religious commitment was explored through the moderation of how one views God. Next, the relationship between household of origin religious commitment and self-compassion was explored through the moderation of how one views God. Finally, this model was expanded to include how one's view of God moderates the relationship between household of origin religious commitment and current religious commitment by self-compassion. The results of the data analysis related to these relationships are presented in this chapter.

Data Screening

Data collection was completed by Qualtrics in December 2023. Data screening was conducted to ensure that inauthentic data were removed, including incomplete responses, straight-lined data, inattentive responses, speeders, duplicates, machine response identification, patterns in survey responses, click-through behavior, and copy-paste behavior. After data screening was completed, 262 participants remained. Additionally, forced response validation was utilized on all survey questions to ensure that only complete participant responses were

gathered. Participants responded to demographic questions as well as questions related to their current religiosity and religiosity within their household of origin. Finally, participants also completed measures assessing their self-compassion and view of God.

After identifying the 262 participants for this study, a Cronbach's Alpha test was run on the measurements to measure the internal consistency of the assessments. Results of this test indicated that all instruments utilized in this study have sufficient Cronbach's Alphas as well as consistent inter-item correlation. The RCI-H was found to be .96, RCI was .96, and SC was .90. The Cronbach's Alpha for the total score of the God-10 was .61, God image: Loving was .88, God Image: Cruel was .87, and God image: Distant was .80.

Study Demographics

Of the 262 participants who completed the survey, the sample included males (37.4%), females (62.2%), and one individual who identified as other (.4%). Additionally, most of the sample identified as White/Caucasian (73.3%), a smaller portion identified as African American (19.5%), and the remaining group (7.3%) was comprised of American Indian, Alaska Native, Asian, and Hispanic Latin, Spanish Origin. Lastly, on average, the sample was 55.90 years old ($SD = 16.76$), with a range of age from 18 to 84 years old. Regarding marital status, about half of the sample was married (42.7%), while a large portion was single (27.9%), and a smaller portion was divorced (14.9%). Additionally, .8% were married but separated, 7.6% were widowed, and 6.1% were non-committed dating and monogamous dating. Next, when religious affiliation was examined, most of the sample was Christian (32.8%), with 32.8% as Protestant, 27.5% identifying as Catholic, and the remaining 6.9% as Other. Next, most of the sample attended religious services three or more times per week (33.6%), 22.9% did not attend religious services, 21% attended less than one time per week, 12.2% attended one time per week, and 10.3%

attended three times per week. Additionally, most of the sample attends services in person (63%), while 23.7% attend services both in person and online, and 13.4% attend online only.

Table 1 illustrates the demographics for all study variables. For the household of origin RCI, participants reported that the statements in this scale are moderately true of themselves ($M = 3.03$, $SD = 1.26$). Therefore, it shows a moderate household of origin commitment to religion. Next, the current RCI results are similar to the household of origin variable. Individuals reported moderate current religious commitment ($M = 3.08$, $SD = 1.18$). Next, participants reported a moderate level of self-compassion ($M = 3.14$, $SD = .65$). Lastly, participants were asked how they imagined God generally to be. When examining the subscales of God Image, participants reported that they viewed God as “quite a bit” loving ($M = 4.54$, $SD = .79$) and “not at all” cruel ($M = 1.40$, $SD = .81$) or distant ($M = 1.59$, $SD = .84$).

Table 1

Study Variable Demographics (N = 262)

Demographic	Min	Max	Mean	SD
Household Commitment Inventory	1	5	3.03	1.269
Religious Commitment Inventory	1	5	3.08	1.181
Self-Compassion Scale	1	5	3.14	0.65
God Image Total	2	5	2.42	0.462
God Loving	1	5	4.54	0.795
God Distant	1	5	1.59	0.844
God Cruel	1	5	1.40	0.813

Correlation Analysis

First, an analysis of Pearson’s correlation was conducted. This analysis was used as the basis for the hypothesized models. Correlations were tested before assessing the mediation and moderation analysis to provide a base to assess if each relationship was consistent with expectations. The results of the Pearson’s correlation test are as follows. First, household of origin religious commitment was significantly correlated with current religious commitment ($r =$

.61, $p < .01$), God image ($r = .16, p < .05$), and self-compassion ($r = .21, p < .05$). Second, current religion commitment was significantly associated with God image ($r = .15, p < .05$) and self-compassion ($r = .21, p < .01$). Lastly, God image was significantly associated with self-compassion ($r = .32, p < .01$). All correlational relationships were in the positive direction. The results of this test are illustrated in Table 2.

Table 2

Main Study Variable Correlations

	1	2	3	4
Household Commitment Inventory	1			
Current religious commitment	.613**	1		
God image	.157*	.148*	1	
Self-Compassion Scale	.208**	.292**	.323**	1

Note. $N = 262$, ** Correlation is significant at the 0.01 level (2-tailed).

*Correlation is significant at the 0.05 level (2-tailed).

Simple Mediation Model: Self-Compassion on Religiosity

A simple mediation model was used to assess the significant positive indirect effect that household of origin religious commitment has on the cross-generational maintenance of current religious commitment through self-compassion.

Research Question 1

Hypothesis 1 proposed that household of origin religious commitment is positively related to current religious commitment. A linear regression was employed to predict the association between household of origin religious commitment and current religious commitment. Household of origin religious commitment significantly predicted current religious commitment. $\beta = .61, t(260) = 12.52, p < .00$. Household of origin religious commitment also explained a significant proportion of the variance in current religious commitment, $R^2 = .37, F(1, 260) = 156.75, p < .001$. This means that for every 1-unit increase in household of origin

religious commitment, there is a .61 increase in current religious commitment. Therefore, the findings supported the hypothesis that household of origin religious commitment has a direct positive effect on current religious commitment. Table 3 illustrates this relationship.

Table 3

Household of Origin Religious Commitment Predicting Current Religious Commitment

Predictor	<i>B</i>	<i>SE B</i>	β
Household religious commitment	.57	.05	.61***
<i>R</i> ²	.37		
<i>F</i> for change in <i>R</i> ²	156.75		

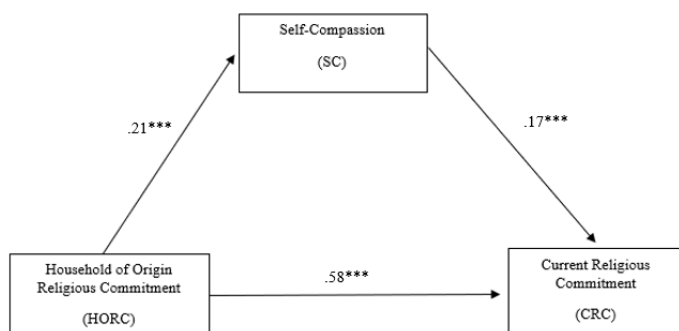
Note. *** $p < .001$, $N = 262$

Research Question 2

Hypothesis 2 proposed that the relationship between household of origin religious commitment and current religious commitment will be mediated by self-compassion. Mediation analyses were tested using PROCESS Model 4 in SPSS 29. Table 3 illustrates the indirect effects of self-compassion on the association between household of origin religious commitment on current religious commitment. The indirect effect was significant ($\beta = .03$, $p < .00$). The direct pathways from household of origin religious commitment to self-compassion ($\beta = .21$, $p < .00$), and from self-compassion to current religious commitment ($\beta = .17$, $p < .00$), were also significant. This means that self-compassion is a significant mediator and that household of origin religious commitment may be related to current religious commitment through its association with self-compassion. Therefore, the findings support the hypothesis that self-compassion mediates the effect of household of origin religious commitment on current religious commitment. Figure 15 and Table 4 illustrate this relationship.

Figure 15

Simple Mediation Model Using HORC, SC, and CRC

**Table 4**

HORC Predicting CRC Through Self-Compassion

Predictors with mediators	Indirect effect	Lower limit 95% CI	Upper limit 95% CI
HORC→SC→CRC	.03	.01	.07

Note. HORC = Household of origin religious commitment, SC = self-compassion, CRC = current religious commitment

Moderation Model: View of God on Religiosity

A moderation model was used to assess the moderating effect of the view of God on the cross-generational maintenance of religiosity. This model explored the moderating effect of the view of God on household of origin religious commitment and current religious commitment. View of God as loving, cruel, and distant were explored separately to assess the moderating effect of each view on the cross-generational maintenance of religiosity. Research Questions 3a-3c explored the moderating effect of each view of God on household of origin religious commitment and current religious commitment.

Research Question 3

Hypothesis 3 proposed that the relationship between household of origin religious commitment and current religious commitment is conditional on how one views God. When

adding God image to the model, household of origin religious commitment was not significant with current religious commitment. Additionally, God image was not significantly related to current religious commitment. Lastly, God image did not moderate the association between household of origin religious commitment and current religious commitment. Therefore, the findings do not support the hypothesis that the view of God moderates the effects of household of origin religious commitment on current religious commitment. Table 5 illustrates this relationship.

Table 5

Moderation Predicting Current Religious Commitment

Predictors and moderator	<i>B</i>	<i>SE B</i>	<i>p</i>	Lower limit CI	Upper CI
Household religious commitment	.41	.24	.08	-.05	.89
God image	-.08	.38	.82	-.84	.66
GI x HORC	.06	.09	.54	-.12	.26

Note. GI= God image, HORC = Household of origin religious commitment

Research Question 3a

Hypothesis 3a proposed that viewing God as loving will strengthen the relationship between household of origin religious commitment and current religious commitment. Household of origin religious commitment remained significant when adding the God image of loving to the model. Household of origin religious commitment significantly predicted current religious commitment ($B = 1.34, p = .00$). Additionally, God image loving significantly predicted current religious commitment ($B = .68, p = .00$). The interaction between household of origin religious commitment and God image loving was statistically significant ($B = -.17, p = .03$). Both slopes for the interaction effect were significant showing a crossover pattern. This pattern may indicate a differential susceptibility effect. This means that for current religious commitment, this crossover interaction by God image: Loving indicates that as household of origin religious commitment increases, current religious commitment decreases for those who

believe God is very loving but increases for those who do not view God as loving. Therefore, findings suggested that the effect of viewing God as loving on the relationship between household of origin religious commitment and current religious commitment was significant. Thus, the hypothesis was supported. Another finding was that for religious individuals who grew up in households with religiously committed parents, the more loving they viewed God, the less they displayed explicit religious engagement. Table 6 and Figure 16 illustrate this relationship.

Table 6

Moderation Predicting Current Religious Commitment

Predictors and moderator	<i>B</i>	<i>SE B</i>	<i>P</i>	Lower limit CI	Upper CI
Household religious commitment	1.34	.30	.00	.75	1.93
God image: Loving	.68	.17	.00	.33	1.03
GI: L x HORC	-.17	.06	.03	-.29	-.05

Note. HORC = Household of origin religious commitment, GI: L = God image: Loving

Figure 16

Moderation Predicting Current Religious Commitment



Research Question 3b

Hypothesis 3b proposed that viewing God as cruel will attenuate the relationship between household of origin religious commitment and current religious commitment. Household of origin religious commitment remained significant when adding the God image of cruel to the

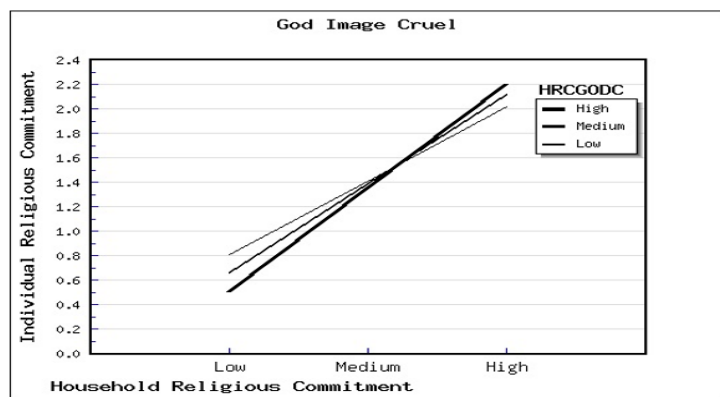
model. Household of origin religious commitment significantly predicted current religious commitment ($B = .41, p = .00$). Additionally, God image of cruel significantly predicted current religious commitment ($B = -.40, p = .00$). The interaction between household of origin religious commitment and God image cruel was statistically significant ($B = .12, p = .02$). Both slopes for the interaction effect were significant showing a crossover pattern. This pattern may indicate a differential susceptibility effect. This means that for current religious commitment, this crossover interaction by God image: Cruel indicates that as household of origin religious commitment increases, current religious commitment decreases for those who believe God is not cruel but increases for those who do view God as very cruel. Figure 17 illustrates this relationship. Therefore, findings suggested that the effect of viewing God as cruel on the relationship between household of origin religious commitment and current religious commitment was significant. Another finding was that for religious individuals who grew up in households with religiously committed parents the crueller they viewed God, the more they displayed explicit religious engagement. Thus, the hypothesis that viewing God as cruel attenuates the cross-generational maintenance of religiosity was not supported. Table 7 and Figure 17 illustrate this relationship.

Table 7

Moderation Predicting Current Religious Commitment

Predictors and moderator	<i>B</i>	<i>SE B</i>	<i>p</i>	Lower limit CI	Upper CI
Household religious commitment	.41	.08	.00	.24	.57
God image: Cruel	-.40	.18	.03	-.77	-.03
GI: C x HORC	.12	.05	.02	.02	.22

Note. GI: C = God image: Cruel, HORC = Household of origin religious commitment

Figure 17*Moderation Predicting Current Religious Commitment***Research Question 3c**

Hypothesis 3c proposed that viewing God as distant will attenuate the relationship between household of origin religious commitment and current religious commitment. Household of origin religious commitment remained significant when adding the God image of distant to the model. Household of origin religious commitment significantly predicted current religious commitment ($B = .36, p = .00$). Additionally, the God image of distant significantly predicted current religious commitment ($B = -.51, p = .01$). The interaction between household of origin religious commitment and the God image of distant was statistically significant ($B = .14, p = .01$). Both slopes for the interaction effect were significant showing a crossover pattern. This pattern may indicate a differential susceptibility effect. This means that for current religious commitment, this crossover interaction by God as distant indicates that as household of origin religious commitment increases, current religious commitment decreases for those who believe God is not distant but increases for those who do view God as very distant. Therefore, findings suggested that the effect of viewing God as distant on the relationship between household of origin religious commitment and current religious commitment was significant. Further, for

religious individuals who grew up in households with religiously committed parents the more distant they viewed God, the more they displayed explicit religious engagement. Thus, the hypothesis that viewing God as distant will attenuate the cross-generational maintenance of religiosity was not supported. Table 8 and Figure 18 illustrate this relationship.

Table 8

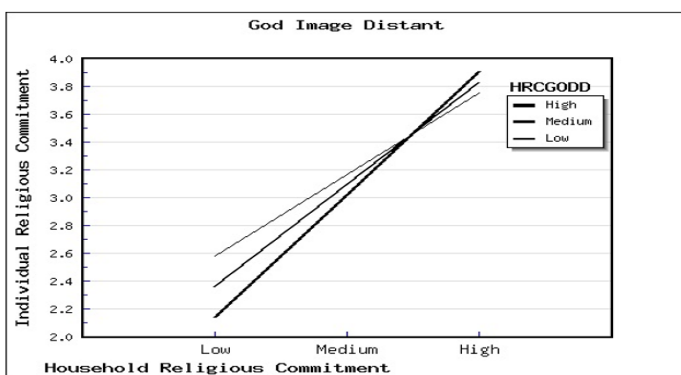
Moderation Predicting Current Religious Commitment

Predictors and moderator	<i>B</i>	<i>SE B</i>	<i>p</i>	Lower limit CI	Upper CI
Household religious commitment	.36	.09	.00	.17	.55
God image: Distant	-.51	.19	.01	-.89	-.13
GI: D x HORC	.14	.05	.01	.03	.24

Note. GI: D = God image = Distant, HORC = Household of origin religious commitment

Figure 18

Moderation Predicting Current Religious Commitment



Moderation Model: View of God on Self-Compassion

A moderation model was utilized to assess the moderating effect of view of God on self-compassion within the context of religiosity. This model explored the moderating effect of one's view of God on household of origin religious commitment and self-compassion. View of God as loving, cruel, and distant were explored separately to assess the moderating effect of each view on self-compassion within the context of religiosity. Research Questions 4a–4c explored the moderating effect of each view of God on household of origin religious commitment and self-

compassion.

Research Question 4

Hypothesis 4 proposed that the relationship between household of origin religious commitment and self-compassion is conditional on how one views God. When adding God image to the model, household of origin religious commitment was not significant with self-compassion. Additionally, God image was not significantly related to self-compassion. Lastly, God image did not moderate the association between household religious commitment and self-compassion. Therefore, the findings suggested that the effect of one's view of God between household of origin religious commitment and self-compassion was not significant. The findings do not support the hypothesis that one's view of God moderates the effects of household of origin religious commitment on self-compassion. Table 9 illustrates this relationship.

Table 9

Moderation Predicting Self-Compassion

Predictors and moderator	<i>B</i>	<i>SE B</i>	<i>p</i>	Lower limit CI	Upper CI
Household religious commitment	-.19	.15	.21	-.50	.11
God image	-.00	.24	.98	-.49	.48
GI x HORC	.11	.06	.07	-.01	.23

Note. GI = God image, HORC = Household of origin religious commitment

Research Question 4a

Hypothesis 4a proposed that viewing God as loving will strengthen the relationship between household of origin religious commitment and self-compassion. Household of origin religious commitment remained significant when adding the God-image of loving to the model. Household of origin religious commitment significantly predicted self-compassion ($B = .73, p = .00$). Additionally, the God image of loving significantly predicted self-compassion ($B = .31, p = .01$). The interaction between household of origin religious commitment and God image: Loving was statistically significant ($B = -.13, p = .03$). Both slopes for the interaction effect were

significant showing a crossover pattern. This pattern may indicate a differential susceptibility effect. This means that for self-compassion, this crossover interaction through viewing God as loving indicates that as household of origin religious commitment increases, self-compassion decreases for those who believe God is very loving but increases for those who do not view God as loving. Figure 19 illustrates this relationship. Therefore, findings suggested that the effect of viewing God as loving on the relationship between household of origin religious commitment and self-compassion was significant. Thus, the hypothesis was supported. Further, the effect of viewing God as loving on the relationship between household of origin religious commitment and self-compassion was stronger for those who did not grow up in households with religiously committed parents and weaker for those who did grow up in households with religiously committed parents. Table 10 and Figure 19 illustrate this relationship.

Table 10

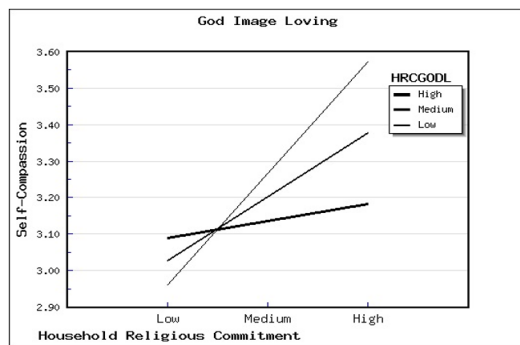
Moderation Predicting Self-Compassion

Predictors and moderator	<i>B</i>	<i>SE B</i>	<i>p</i>	Lower limit CI	Upper CI
Household religious commitment	.73	.21	.00	.31	1.13
God image: Loving	.31	.12	.01	.06	.55
GI: L x HORC	-.13	.04	.00	-.22	-.05

Note. GI: L = God image: Loving, HORC = Household of origin religious commitment

Figure 19

Moderation Predicting Self-Compassion



Research Question 4b

Hypothesis 4b proposed that viewing God as cruel will attenuate the relationship between household of origin religious commitment and self-compassion. Household of origin religious commitment was not significant when adding the God image of cruel to the model. Additionally, the God image of cruel did not predict self-compassion. However, the interaction between household of origin religious commitment and the God image of cruel was statistically significant ($B = .11, p = .01$). Due to the lack of significant direct effects, the God image of cruel was not a moderator of household religious commitment and self-compassion. Therefore, the findings do not support the hypothesis that viewing God as cruel attenuates the effects of household of origin religious commitment on self-compassion. That is, viewing God as cruel did not have an impact on household of origin religious commitment or self-compassion. Table 11 illustrates this relationship.

Table 11

Moderation Predicting Self-Compassion

Predictors and moderator	<i>B</i>	<i>SE B</i>	<i>p</i>	Lower limit CI	Upper CI
Household religious commitment	-.05	.06	.38	-.15	.06
God image: Cruel	-.18	.12	.15	-.42	.06
GI: C x HORC	.11	.03	.01	.05	.18

Note. GI: C = God image: Cruel, HORC = Household of origin religious commitment

Research Question 4c

Hypothesis 4c proposed that viewing God as distant will attenuate the relationship between household of origin religious commitment and self-compassion. Household of origin religious commitment was not significant when adding the God image of distant to the model. Additionally, the God-image of distant did not predict self-compassion. However, the interaction between household of origin religious commitment and the God image of distant was statistically significant ($B = .11, p = .00$). Due to the lack of significant direct effects, the God image of

distant was not a moderator of household of origin religious commitment and self-compassion. Therefore, the findings do not support the hypothesis that viewing God as distant attenuates the effect of household of origin religious commitment on self-compassion. That is, viewing God as distant did not have an impact of household of origin religious commitment or self-compassion. Table 12 illustrates this relationship.

Table 12

Moderation Predicting Self-Compassion

Predictors and moderator	<i>B</i>	<i>SE B</i>	<i>p</i>	Lower limit CI	Upper CI
Household religious commitment	-.08	.06	.22	-.19	.05
God image: Distant	-.20	.12	.13	-.45	.06
GI: D x HORC	.11	.03	.00	.04	.18

Note. GI: D = God image: Distant, HORC = Household of origin religious commitment

Moderated Mediation Model: View of God on Religiosity through Self-Compassion

A moderated mediation model was utilized to assess the moderating effect of view of God on the cross-generational maintenance of religiosity through self-compassion. This model explored the moderating effect of view of God on the relationship between household of origin religious commitment and current religious commitment through self-compassion. View of God as loving, cruel, and distant were explored separately to assess the moderating effect of each view on the cross-generational maintenance of religiosity through self-compassion. Research Questions 5a–5c explored the moderating effect of each view of God on household of origin religious commitment and current religious commitment through self-compassion.

Research Question 5

Hypothesis 5 proposed that the relationship between household of origin religious commitment and current religious commitment through self-compassion is conditional on how one views God. The hypothesized moderated mediation model was tested in a single model using a bootstrapping approach to assess the significance of the indirect effects at differing levels of the

moderator (Hayes, 2013). Household of origin religious commitment was the predictor variable, with self-compassion as the mediator. The outcome was current religious commitment and God image was the proposed moderator. Moderated mediation analyses test the conditional indirect effect of a God image on the relationship between household of origin religious commitment and current religious commitment via the potential mediator of self-compassion. The PROCESS macro, model 7, Version 4.2 in SPSS 29 with bias-corrected 95% confidence intervals ($n = 10000$) was used to test the significance of the indirect (i.e., mediated) effects moderated by God image (i.e., conditional indirect effects). This model explicitly tests the moderating effect on the predictor to mediator path (i.e., path a). An index of moderated mediation was used to test the significance of the moderated mediation, i.e., the difference of the indirect effects across levels of God image (Hayes, 2015). The findings did not support the hypothesis that God image would moderate the effect of household or origin religious commitment on self-compassion or current religious commitment. Additionally, the overall moderated mediation model was not supported.

Research Question 5a

Hypothesis 5a proposed that viewing God as loving will strengthen the relationship between household of origin religious commitment and current religious commitment through self-compassion. The same moderated mediation process was run using the process documented in Research Question 5. God image of loving was found to moderate the effect of household of origin religious commitment on current religious commitment ($B = -.13, p = .00$). Viewing God as more loving was associated with more current religious commitment. The overall moderated mediation model was supported with the index of moderated mediation $= -.04$ (LLCI = $-.09$, ULCI = $-.01$). Zero is not within the confidence interval and this indicated a significant moderating effect of God image loving on the indirect effect via self-compassion. Therefore, the

findings did support the hypothesis that viewing God as loving would strengthen the relationship between household of origin religious commitment and current religious commitment through self-compassion. That is, growing up in a household with religiously committed parents and viewing God as loving is predictive of current religious commitment and self-compassion. Table 13 and Figure 20 illustrate this relationship.

Table 13

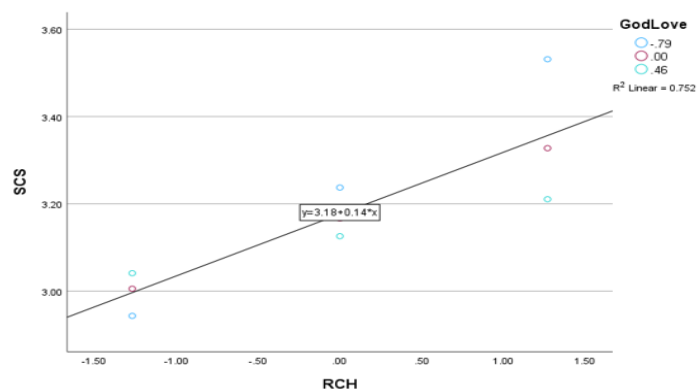
Moderated Mediation Predicting Current Religious Commitment

Predictors and moderator	<i>B</i>	<i>SE B</i>	<i>p</i>	Lower limit CI	Upper CI
Household religious commitment	.12	.03	.00	.00	.06
God image loving	-.08	.05	.10	-.19	.01
GI: L x HORC	-.13	.04	.00	-.22	-.04

Note. GI: L = God image: Loving, HORC = Household of origin religious commitment

Figure 20

Moderated Mediation Predicting Current Religious Commitment



Research Question 5b

Hypothesis 5b proposed that viewing God as cruel will attenuate the relationship between household of origin religious commitment and current religious commitment through self-compassion. The same moderated mediation process was run using the process documented in Research Question 5. A God-image of cruel was found to moderate the effect of household of origin religious commitment on current religious commitment ($B = .11, p = .00$). Viewing God as

crueler was associated with more current religious commitment. The overall moderated mediation model was supported with the index of moderated mediation = .04 (LLCI = .01, ULCI = .08). Zero is not within the confidence interval, and this indicated a significant moderating effect of God image cruel on the indirect effect via self-compassion. Therefore, the findings did not support the hypothesis that viewing God as cruel would attenuate the relationship between household of origin religious commitment and current religious commitment through self-compassion. That is, growing up in a household with religiously committed parents and viewing God as cruel is predictive of current religious commitment and self-compassion. It was not hypothesized that growing up in a household with religiously committed parents and viewing God as cruel was associated with self-compassion. Table 14 and Figure 21 illustrate this relationship.

Table 14

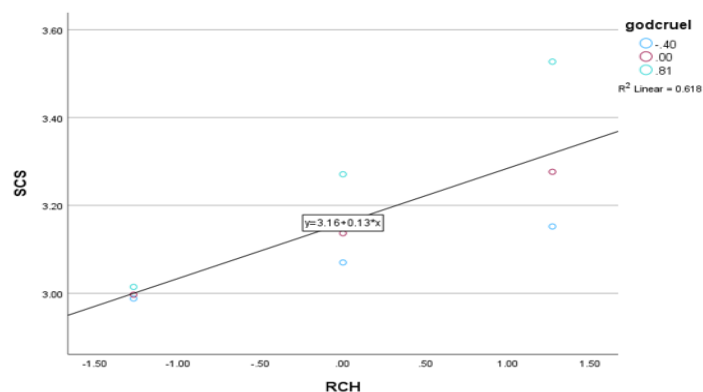
Moderated Mediation Predicting Current Religious Commitment

Predictors and moderator	<i>B</i>	<i>SE B</i>	<i>P</i>	Lower limit CI	Upper CI
Household religious commitment	.11	.03	.00	.05	.16
God image cruel	.16	.04	.00	.07	.25
GI: C x HORC	.11	.04	.00	.04	.18

Note. GI: C = God image: Cruel, HORC = Household of origin religious commitment

Figure 21

Moderated Mediation Predicting Current Religious Commitment



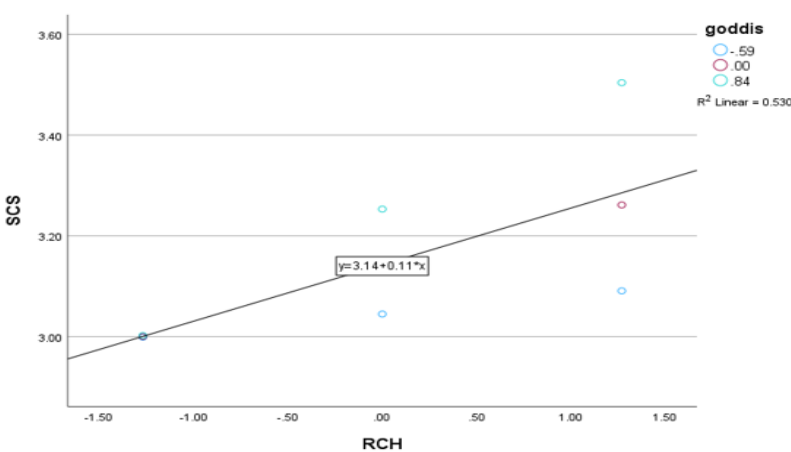
Research Question 5c

Hypothesis 5c proposed that viewing God as distant will attenuate the relationship between household of origin religious commitment and current religious commitment through self-compassion. The same moderated mediation process was run using the process documented in Research Question 5. A God image of distant was found to moderate the effect of household of origin religious commitment on current religious commitment ($B = .11, p = .00$). Viewing God as more distant was associated with more current religious commitment. The overall moderated mediation model was supported with the index of moderated mediation = .04 (LLCI = .01, ULCI = -.08). Zero is not within the confidence interval, and this indicated a significant moderating effect of the God image of distant on the indirect effect via self-compassion. However, the moderating effect of the God image: Distant was not significant for those who believed God was not distant. This means that the association between household of origin religious commitment and current religious commitment was not impacted by the God-image distant when individuals viewed God as not distant ($B = .03, p = .31, LLCI = -.03, ULCI = .11$). Therefore, the findings did not support the hypothesis that viewing God as distant would attenuate the relationship between household of origin religious commitment and current religious commitment through self-compassion. That is, growing up in a household with religiously committed parents and viewing God as distant is predictive of current religious commitment and self-compassion. However, growing up in a household with religiously committed parents and not strongly viewing God as distant is not associated with current religious commitment. It was not hypothesized that growing up in a household with religiously committed parents and viewing God as distant was associated with self-compassion. Table 15 and Figure 22 illustrate this relationship.

Table 15*Moderated Mediation Predicting Current Religious Commitment*

Predictors and moderator	<i>B</i>	<i>SE B</i>	<i>p</i>	Lower limit CI	Upper CI
Household religious commitment	.10	.02	.00	.04	.16
God image distant	.14	.05	.00	.05	.23
GI: D x HORC	.11	.03	.00	.04	.18

Note. GI: D = God image: Distant, HORC = Household of origin religious commitment

Figure 22*Moderated Mediation Predicting Current Religious Commitment***Chapter Summary**

This chapter provided an overview of the findings. Survey responses were used to look at the direct and indirect relationship between household of origin religious commitment, current religious commitment, self-compassion, and view of God. Correlation analyses were conducted utilizing Pearson's correlation to assess the relationships. After the correlation analysis was completed, a simple mediation model was used to measure the relationship between household of origin religious commitment to current religious commitment through self-compassion. Next, two moderated models were used to explore the relationship between household of origin religious commitment and current religious commitment through the moderation of view of God as well as to explore the relationship between household of origin religious commitment and

self-compassion through the moderation of view of God. Finally, a moderated mediation model was used to explore the relationship between household of origin religious commitment and current religious commitment through self-compassion through the moderation of view of God. These models were used to analyze the research questions and hypothesis. Chapter 5 will provide an overview of the study as well as a discussion of the results from this chapter. Prior research will be utilized as a framework for the results discussed in Chapter 5, and implications, limitations, and future research suggestions will be presented.

CHAPTER FIVE: SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This study explored the relationship between, religiosity, view of God, and self-compassion. Self-compassion was explored as a potential mediator between household of origin religious commitment and current religious commitment. Additionally, the view of God was explored as a potential moderator between household of origin religious commitment and current religious commitment as well as between household of origin religious commitment and self-compassion. Finally, the moderating effect of the view of God on the relationship between household of origin religious commitment and current religious commitment through self-compassion was explored. The interactions between these variables were expanded to analyze the moderating effect of three separate views of God on the relationship between household of origin religious commitment and current religious commitment, household of origin religious commitment and self-compassion, and household of origin religious commitment and current religious commitment through self-compassion. This model expands on prior research that explored these interactions. This chapter presents a summary of findings and implications for future research areas.

Summary of the Research Findings

The effect of self-compassion on the cross-generational maintenance of religiosity was explored by using a simple mediation model to assess the relationship between household of origin religious commitment to current religious commitment through self-compassion. Additionally, two moderation models were used in this study to explore the moderating effect of view of God on the cross-generational maintenance of religiosity as well as on self-compassion within the context of religiosity. Finally, the effect of the view of God on the cross-generational maintenance of religiosity was explored through self-compassion by using a moderation

mediation model to assess the moderating effect of the view of God on the relationship between household of origin religious commitment and current religious commitment through self-compassion. Both moderation models were expanded to explore the moderating effect of three separate views of God as loving, cruel, and distant on the cross-generational maintenance of religiosity as well as on self-compassion within the context of religiosity. Additionally, the moderation mediation model was expanded to explore the moderating effect of three separate views of God as loving, cruel, and distant on the cross-generational maintenance of religiosity through self-compassion. Correlation and regression analysis were used within each model to assess the direct and indirect relationships. Finally, each hypothesized relationship and its effects were explored.

Household of Origin Religious Commitment to Current Religious Commitment

The findings were consistent with the hypotheses for Research Question 1. Prior research suggests that religious parents tend to produce similarly religious children, who tend to hold similar morals, values, and beliefs and demonstrate similar religious behavior (Bader & Desmond, 2006; Bao et al., 1999; Goeke-Morey & Cummings, 2017; Volk et al., 2016). According to Aijzen (1991, 2002), beliefs about behaviors are primarily developed within the context of the parent-child relationship and tend to be maintained through development into adulthood. Further, the belief an individual holds about the value of a behavior influences their current and future engagement in that behavior (Aijzen 1991, 2002). Thus, this study's findings are consistent with prior research suggesting that those who grew up in households with religiously committed parents will have higher levels of religious commitment in adulthood.

Hypothesis 1

The first hypothesis addressed the effect of household of origin religious commitment on

the cross-generational maintenance of religiosity by exploring the direct relationship between household of origin religious commitment and current religious commitment. The findings suggest that household of origin religious commitment had a significant positive relationship with current religious commitment. This is consistent with prior research supporting the cross-generational transfer of religious commitment by suggesting that religious parents produce similarly religious children. The findings support the hypothesis that within the context of religiosity, how an individual's parents demonstrated religious engagement will be maintained cross-generationally and is predictive of how they will demonstrate religious engagement in adulthood. These findings are important in that they provide support for the idea that religious parents produce similarly religious children.

Self-Compassion on the Cross-Generational Maintenance of Religiosity

The findings were consistent with the hypotheses for Research Question 2, and this model was supported. According to Neff (2022), self-compassion influences how individuals respond to themselves and others. Self-compassion also influences religiosity (Judd et al., 2020). Increased levels of self-compassion are associated with non-legalistic or adaptive forms of religiosity and positive mental health outcomes in religious populations (Judd et al., 2020). In contrast, decreased levels of self-compassion are associated with legalistic or maladaptive forms of religiosity and negative mental health outcomes in religious populations (Judd et al., 2020). Negative mental health outcomes such as anxiety and depression in religious populations are associated with unresolved religious and spiritual issues (Abu-Raiya et al., 2016; Belavich & Pargament, 2002; Exline et al., 2000; Exline et al., 2015; Kirkpatrick & Shaver, 1992; Pargament et al., 2001; Pargament et al., 2004) and decreased religious engagement (Schwadel & Hardy, 2022). The findings are consistent with previous research linking self-compassion to religiosity.

These findings highlight how experiences within one's household of origin, specifically concerning how one's parents engaged in religiosity and demonstrated self-compassion, influence how that individual will engage in religiosity and demonstrate self-compassion in adulthood.

Hypothesis 2

The second hypothesis addressed the mediating effect of self-compassion on the cross-generational maintenance of religiosity by exploring the indirect relationship between household of origin religious commitment and current religious commitment through self-compassion. The findings suggested that self-compassion is positively associated with current religious commitment for individuals who grew up in households with religiously committed parents. The findings support the hypothesis that self-compassion is a factor that influences the cross-generational maintenance of religiosity. These findings are important in that they provide support for the idea that self-compassion influences the cross-generational maintenance of religiosity. This finding aligns with the purpose of this study.

View of God on the Cross-Generational Maintenance of Religiosity

Findings were in part consistent with the hypotheses for Research Questions 3 through 3c and in part consistent with prior research suggesting a link between a positive view of God and increased religious engagement and a negative view of God and decreased religious engagement. Again, prior research suggests that religious parents tend to produce similarly religious children (Bader & Desmond, 2006; Bao et al., 1999; Goeke-Morey & Cummings, 2017; Volk et al., 2016). Prior research also suggests that view of God is associated with attachment within the parent-child relationship, with a positive view of God as loving associated with secure attachment and a negative view of God as either cruel or distant with insecure attachment (Exline

et al., 2015; Granqvist et al., 2010; Kirkpatrick & Shaver, 1992; Rowatt & Kirkpatrick, 2002). Both the compensation and correspondence models provide support for the cross-generational influence of attachment formed within the context of the parent-child relationship on how religious individuals emotionally experience and engage with their religion in adulthood (Cassibba et al., 2013; Granqvist et al., 2007). Having a positive view of God is associated with increased religious engagement (Schwadel & Hardy, 2022) and the decreased development of religious and spiritual issues, while a negative view of God is associated with decreased development and the inability to resolve religious and spiritual issues (Abu-Raiya et al., 2016; Belavich & Pargament, 2002; D'Urso et al., 2019; Exline et al., 2013; Exline et al., 2015; Raiya et al., 2016), as well as decreased religious engagement (Schwadel & Hardy, 2022). Ongoing and unresolved religious and spiritual issues are associated with negative mental outcomes in religious populations (Abu-Raiya et al., 2016; Belavich & Pargament, 2002; Exline et al., 2000; Exline et al., 2015; Kirkpatrick & Shaver, 1992; Pargament et al., 2001; Pargament et al., 2004).

While the findings of this study were in part consistent with prior research suggesting a link between a positive view of God and increased religious engagement and a negative view of God and decreased religious engagement, these findings do provide support for the idea that how a religious individual views God acts as a factor that influences the cross-generational maintenance of religiosity which aligns with the purpose of this study. These findings suggest that experiences within one's household of origin, specifically concerning how one's parents engaged in religion, influence how one views God, which then influences how one will engage with religion in adulthood. These findings suggest that for individuals who grew up in a home with religiosity committed parents, viewing God as loving, cruel, or distant all increase religious engagement and that the less loving and the more cruel or distant one viewed God the more they

engaged in their religion as an adult.

These findings may be due to limitations in the measures used in this study. Both the RCI and the RCI-H measure explicit religious engagement and not one's emotional experience during engagement with their religion (Volk et al., 2016; Worthington et al., 2003). That is, while these measures can assess if an individual engages in their religion, they are limited in that they are not able to assess if an individual is engaging in their religion adaptively or maladaptively.

Therefore, these measures are not able to assess if an individual's religious engagement is acting to buffer against negative mental health outcomes or increase them.

Despite potential limitations, these findings also appear to provide support for the idea that a negative view of God may indicate an insecure attachment to God within the context of religiosity (Exline et al., 2015; Granqvist et al., 2010; Kirkpatrick & Shaver, 1992; Rowatt & Kirkpatrick, 2002). Insecurity in attachment is associated with maladaptive engagement in attachment behaviors toward one's primary caretaker (Bretherton, 1992; Collins & Feeney, 2004; Consedine & Magai, 2010; Overall et al., 2015; Pedro et al., 2015; Pierce & Lydon, 1998; Seedall & Wampler, 2012; Shaver & Mikulincer, 2002; Sher-Censor et al., 2020). The results of this study may support the idea that those who are insecurely attached to God may maladaptively engage in religious attachment behaviors in ways that are characteristic of anxious or avoidant attachment patterns, such as excessive demands for attention and closeness or outright denial that they are experiencing distress associated with religious engagement. These forms of engagement do not lead to emotional regulation and can account for the increase in religious engagement regardless of viewing God negatively as either cruel or distant.

Further, the results of this study may also provide support for the idea that those who are securely attached to God may engage in adaptive forms of religious attachment behaviors in

ways characteristic of a secure attachment pattern, such as comfortability with independently resolving issues and the ability to incorporate new information without feeling threatened.

Adaptive forms of engagement in religious attachment behaviors may more effectively result in both emotional regulation and the resolution of distressing issues. These findings also appear to support the idea that a positive view of God may indicate that individuals who are securely attached to God may not feel the need to check in frequently via explicit religious attachment behaviors. which may account for the results of this study that for those who grew up in households with religiously committed parents, the less loving and more cruel or distant an individual viewed God, the more they engaged in their religion in adulthood.

Additionally, even though the findings were not fully consistent with the hypotheses or prior research, these findings provide clarification for the idea that religious engagement can have both positive and negative mental health outcomes for religious populations. By exploring the effect of three separate views of God on religious engagement, these findings support the idea that increased or decreased religious engagement is not necessarily indicative of an individual benefitting from the engagement or holding a positive view of God. These findings may account for the decreased or outright reversal of religiosity over time as well as the exacerbation of negative mental health outcomes seen in some religious individuals and not others. These findings are important in that they highlight the idea that while some individuals engage in their religion, this engagement may be motivated by beliefs about behavior established within the context of the parent-child relationship and maintained cross-generationally, rather than motivated by that individual viewing God positively or benefitting from their engagement in religion.

Hypothesis 3

The third hypothesis addressed the effect of the view of God on the cross-generational maintenance of religiosity by exploring the strength and direction of the relationship between household of origin religious commitment and current religious commitment when moderated by how one views God. The findings suggest that the relationship between household of origin religious commitment and current religious commitment is not significant and that growing up in a household with religiously committed parents and having a view of God does not predict that an individual will engage in their religion in adulthood. The findings were not consistent with the hypothesis for Research Question 3, and this model was not supported.

Hypothesis 3a

This hypothesis addressed the effect of viewing God as loving on the cross-generational maintenance of religiosity by exploring the strength and direction of the relationship between household of origin religious commitment and current religious commitment when moderated by the view of God as loving. The findings supported the idea that viewing God positively as loving would strengthen the relationship between household of origin religious commitment and current religious commitment and predict current religious commitment. However, for religious individuals who grew up in households with religiously committed parents, the more loving they viewed God, the less they engaged in their religion in adulthood. In contrast, the less loving they viewed God the more they engaged in their religion in adulthood. Therefore, growing up in a household with religiously committed parents and viewing God as loving predicts that an individual will engage in their religion in adulthood. The findings were consistent with the hypothesis for Research Question 3a, and this model was supported.

Hypothesis 3b and Hypothesis 3c

These hypotheses addressed the effect of viewing God as cruel or distant on the cross-generational maintenance of religiosity by exploring the strength and direction of the relationship between household of origin religious commitment and current religious commitment when moderated by view of God as cruel or view of God as distant. The findings did not support the idea that viewing God negatively as either cruel or distant would attenuate the relationship between household of origin religious commitment and current religious commitment and decrease current religious commitment. Rather, the findings supported the idea that viewing God negatively as either cruel or distant strengthened the direct relationship between household of origin religious commitment and predicted current religious commitment. Further, for religious individuals who grew up in households with religiously committed parents, the more cruel or distant they viewed God the more they engaged in their religion in adulthood. In contrast, the less cruel or distant an individual viewed God, the less they engaged in their religion in adulthood. Therefore, growing up in a household with religiously committed parents and viewing God as either cruel or distant predicts that an individual will engage in their religion in adulthood. These findings were not consistent with the hypotheses for Research Questions 3b or 3c, though these models were supported.

View of God on Self-Compassion

Findings were in part consistent with the hypotheses for Research Questions 4 through 4c and in part consistent with prior research suggesting that experiences within one's household of origin influence self-compassion and view of God. Self-compassion is associated with attachment within the context of the parent-child relationship (Neff & Beretvas, 2012; Neff & McGehee, 2010; Moreira et al., 2014), as well as with religiosity (Judd et al., 2020). According

to Neff (2022), self-compassion is contextual and influences how individuals respond to themselves and others. Additionally, self-compassion has been shown to buffer against negative mental health outcomes (Abdollahi et al., 2020; Allen et al., 2010; Arch et al., 2014; Ferrari et al., 2019; Hughes et al., 2021; Neff, 2003a, 2022; Neff & Germer, 2013; Phillips & Hine, 2021; Shapira & Mongrain, 2010; Siwik et al., 2022). Prior research suggests that attachment formed within the context of the parent-child relationship influences the development of self-compassion, with increased levels of self-compassion associated with secure attachment within the context of the parent-child relationship and decreased self-compassion is associated with insecure attachment (Cohen & Naaman, 2023; Neff & Beretvas, 2012; Neff & McGehee, 2010; Moreira et al., 2014). Additionally, prior research suggests that the inability to demonstrate self-compassion or a preference for judgmental and critical responses in adulthood, namely with one's children, is associated with a lack of exposure to self-compassion within the context of the parent-child relationship (Fraley et al., 2011; Moreira et al., 2014; Neff & Beretvas, 2012; Thompson & Waltz, 2008; Yarnell & Neff, 2012).

Again, prior research suggests that religious parents tend to produce similarly religious children (Bader & Desmond, 2006; Bao et al., 1999; Goeke-Morey & Cummings, 2017; Volk et al., 2016). Further, prior research suggests that attachment within the parent-child relationship influences how one views God, with secure attachment associated with a positive view of God as loving and insecure attachment associated with a negative view of God as either cruel or distant (Exline et al., 2015; Granqvist et al., 2010; Kirkpatrick & Shaver, 1992; Rowatt & Kirkpatrick, 2002). Prior research also suggests a link between self-compassion and adaptive or non-legalistic forms of religiosity (Judd et al., 2020). Maladaptive or legalistic forms of religiosity have been associated with negative mental health outcomes in religious populations, while adaptive and

non-legalistic forms of religiosity have been shown to buffer against these outcomes (Allen et al., 2015; Judd et al., 2020).

These findings are important in that they establish God as loving as a sociocultural factor that influences self-compassion within the context of religiosity. This finding aligns with the purpose of this study. However, for religious individuals who view God as loving and grew up in households with very religiously committed parents, self-compassion was lower than for those who grew up in households with less religiously committed parents. These findings provide support for the idea that experiences within the context of the parent-child relationship, specifically concerning how one's parents engage in religion, will influence how their children view God and demonstrate self-compassion within the context of religiosity in adulthood. In light of prior research linking self-compassion and adaptive or non-legalistic forms of religiosity that buffer against negative mental health outcomes in religious populations, these findings are important in that they may indicate that the more religiously committed one's parents were the less their parents demonstrated self-compassion within the context of religiosity. These findings may indicate that while an individual views God as loving, their parents may have engaged in maladaptive or legalistic forms of religiosity. Therefore, within the context of religiosity, less self-compassion was modeled. In contrast, individuals who view God as loving and are more self-compassionate within the context of religiosity may have seen it modeled by their parents within this context through engagement in adaptive or non-legalistic forms of religiosity.

Additionally, while the findings established viewing God as loving as a factor that influences self-compassion within the context of religiosity, the findings did not clarify the influence of having a negative view of God as cruel or distant on self-compassion within the context of religiosity. It should be considered that the lack of significant findings supporting the

link between self-compassion and viewing God negatively as either cruel or distant may be due to limitations in the measure used in this study to assess self-compassion. Currently, there is no context-specific instrument that measures self-compassion within the context of religiosity (Neff, 2022; Zuroff et al., 2021); therefore, the SCS developed by Neff (2003) was used in this study. Due to the use of the SCS, these findings may provide limited insight into how a negative view of God influences self-compassion within the context of religiosity.

Hypothesis 4

The fourth hypothesis addressed the effect of the view of God on self-compassion within the context of religiosity by exploring the strength and direction of the relationship between household of origin religious commitment and self-compassion when moderated by how one views God. The findings indicate that the relationship between household of origin religious commitment and self-compassion is not significantly moderated by having a view of God and growing up in a household with religiously committed parents and having a view of God does not predict that an individual will demonstrate self-compassion in adulthood. The findings were not consistent with the hypothesis for Research Question 4, and this model was not supported.

Hypothesis 4a

This hypothesis addressed the effect of viewing God as loving on self-compassion within the context of religiosity by exploring the strength and direction of the relationship between household of origin religious commitment and self-compassion when moderated by the view of God as loving. The findings support the idea that viewing God positively as loving will strengthen the relationship between household of origin religious commitment and self-compassion and predict self-compassion and that growing up in a household with religiously committed parents and viewing God as loving predicts that an individual will demonstrate self-

compassion in adulthood. However, for religious individuals who view God as loving and grew up in households with very religiously committed parents, self-compassion was lower than for those who grew up in households with less religiously committed parents. These findings were consistent with the hypothesis for Research Question 4, and this model was supported. This finding is important in that it establishes viewing God as loving as a factor that influences self-compassion within the context of religiosity. This finding aligns with the purpose of this study.

Hypothesis 4b and Hypothesis 4c

These hypotheses addressed the effect of viewing God as cruel or distant on self-compassion within the context of religiosity by exploring the strength and direction of the relationship between household of origin religious commitment and self-compassion when moderated by view of God as cruel or view of God as distant. The findings suggest that the relationship between household of origin religious commitment and current religious commitment is not significantly moderated by viewing God as either cruel or distant and that growing up in a household with religiously committed parents and having a view of God as either cruel or distant does not predict that an individual will demonstrate self-compassion in adulthood. These findings were not consistent with the hypotheses for Research Questions 4b and 4c, and these models were not supported.

View of God on Cross-Generational Maintenance of Religiosity through Self-Compassion

Findings were in part consistent with the hypotheses for Research Questions 5 through 5c. Again, self-compassion is associated with attachment within the context of the parent-child relationship (Neff & Beretvas, 2012; Neff & McGehee, 2010; Moreira et al., 2014), as well as with religiosity (Judd et al., 2020). Additionally, as supported by both the compensation and correspondence models, the attachment an individual develops within the context of the parent-

child relationship influences how that individual views God in adulthood (Cassibba et al., 2013; Granqvist et al., 2007), with secure attachment associated with a positive view of God as loving and insecure attachment with a negative view of God as either cruel or distant (Exline et al., 2015; Granqvist et al., 2010; Kirkpatrick & Shaver, 1992; Rowatt & Kirkpatrick, 2002). Prior research also suggests that a positive view of God increases religious engagement and a negative view of God decreases religious engagement (Schwadel & Hardy, 2022). Further, self-compassion is associated with adaptive and non-legalistic forms of religiosity (Judd et al., 2020), which buffer against negative mental health outcomes in religious populations (Allen et al., 2015; Judd et al., 2020).

The findings of this study were, in part, consistent with prior research. While the overall model was not supported, the findings indicated that the models were supported when each view of God was individually assessed. However, even though the findings were not fully consistent with the hypotheses, these findings did provide support for the idea that view of God acts as a factor that influences the cross-generational maintenance of religiosity through self-compassion. While findings supported the idea that viewing God positively as loving predicted both self-compassion and current religious commitment, viewing God negatively was also predictive of both self-compassion and current religious commitment. These findings supporting the associations between viewing God negatively as cruel or distant and increased self-compassion are important in that they provide support for the idea that self-compassion is context-specific.

Further, the use of a general SCS, like the SCS used in this study, may not provide as much insight or clarification into how view of God influences self-compassion within the context of religiosity. Additionally, these findings may be due to limitations in the measures used in this study. Again, both the RCI and the RCI-H measure explicit religious engagement and not one's

emotional experience during engagement with their religion (Volk et al., 2016; Worthington et al., 2003). That is, while these measures can assess if an individual engages in their religion, they are limited in that they are not able to assess if an individual is engaging in their religion adaptively or maladaptively. Therefore, these measures are not able to assess if an individual's religious engagement is acting to buffer against negative mental health outcomes or increase them. While these findings may provide limited insight into how an individual views God influences how religiosity is maintained cross-generationally through self-compassion, these findings highlight the importance of continued research assessing sociocultural factors that influence both the cross-generational maintenance of religiosity and self-compassion within the context of religiosity.

Hypothesis 5

The fifth hypothesis addressed the effect of view of God on the cross-generational maintenance of religiosity through self-compassion by exploring the effect of view of God on the relationship between household of origin religious commitment to current religious commitment through self-compassion. The findings suggest that the relationship between household of origin religious commitment to current religious commitment through self-compassion was not significantly moderated by view of God and that growing up in a household with religiously committed parents and having a view of God does not predict if an individual will demonstrate self-compassion or engage in their religion in adulthood. The findings were not consistent with the hypothesis for Research Question 5, and this model was not supported.

Hypothesis 5a

This hypothesis addressed the effect of viewing God as loving on the cross-generational maintenance of religiosity through self-compassion by exploring the effect of viewing God as

loving on the relationship between household of origin religious commitment and current religious commitment through self-compassion. The findings supported the idea that viewing God as loving will strengthen the relationship between household of origin religious commitment to current religious commitment through self-compassion and that growing up in a household with religiously committed parents and viewing God as loving predicts that an individual will demonstrate self-compassion and engage in their religion in adulthood. The findings were consistent with the hypothesis for Research Question 5a, and this model was supported.

Hypothesis 5b and Hypothesis 5c

These hypotheses addressed the effect of viewing God as either cruel or distant on the cross-generational maintenance of religiosity through self-compassion by exploring the effect of viewing God as either cruel or distant on the relationship between household of origin religious commitment and current religious commitment through self-compassion. The findings did not support the idea that viewing God negatively as either cruel or distant would attenuate the relationship between household or origin religious commitment and current religious commitment through self-compassion to predict decreased self-compassion and current religious commitment. Rather, these findings suggest that viewing God as either cruel or distant strengthens the indirect relationship between household of origin religious commitment to current religious commitment through self-compassion and predicts both self-compassion and current religious commitment. Therefore, findings suggest that growing up in a household with religiously committed parents and viewing God as either cruel or distant predicts that an individual will demonstrate self-compassion and engage in religion in adulthood. The findings were not consistent with the hypotheses for Research Questions 5b and 5c, but these models

were supported.

Implications of the Study

This study explored the mediating effect of self-compassion on the relationship between household of origin religious commitment to current religious commitment. Also explored was the moderating effect of one's view of God on the relationships between household of origin religious commitment to current religious commitment and household religious commitment to self-compassion. Next, the moderating effect of one's view of God on the relationship between household of origin religious commitment to current religious commitment through self-compassion was explored. Finally, the views of God as loving, cruel, and distant were explored separately to assess the moderating effect of each view on the relationships between household of origin religious commitment to current religious commitment, household of origin religious commitment to self-compassion, and household of origin religious commitment to current religious commitment through self-compassion. Study results suggest that some relationships were supported, while others were not.

Counseling

There are three primary clinical implications of this study. First, the findings of this study highlight the importance of addressing one's view of God and self-compassion when treating religious individuals. Second, the findings of this study highlight the importance of assessing and treating the primary issues associated with a negative view of God in religious individuals with a history of insecure attachment. Third, the findings of this study highlight the importance of understanding that religious engagement can have both positive and negative mental health outcomes for religious individuals, and that level of religious engagement does not necessarily indicate that one holds either a positive or negative view of God or that one is benefitting from

one's religious engagement.

The results of this study inform the counseling profession that a negative view of God and reduced self-compassion can be detrimental and should be assessed and treated in religious populations struggling with negative mental health outcomes, such as anxiety and depression. Engagement in legalistic or maladaptive forms of religiosity is associated with reduced self-compassion (Judd et al., 2020) and increased negative mental health outcomes, such as anxiety and depression, in religious populations (Allen et al., 2015; Judd et al., 2020). Negative mental health outcomes, such as anxiety and depression, are faced by many religious clients attending counseling. But self-compassion has been shown to buffer against negative mental health outcomes like anxiety and depression (Abdollahi et al., 2020; Allen et al., 2010; Arch et al., 2014; Ferrari et al., 2019; Hughes et al., 2021; Neff, 2003a, 2022; Neff & Germer, 2013; Phillips & Hine, 2021; Shapira & Mongrain, 2010; Siwik et al., 2022). In contrast, reduced self-compassion in religious individuals may contribute to engagement in critical or judgmental cognitions toward the self and others as well as engagement in selfish or self-absorbed behaviors, rumination, overidentification, and withdrawal. These negative cognitions and behaviors do not align with adaptive or non-legalistic forms of religiosity that buffer against negative mental health outcomes in religious populations (Judd et al., 2020). In contrast, negative cognitions and behaviors toward the self and others appear to align more with those that occur when an individual is motivated by self-esteem rather than self-compassion (Neff, 2022) as well as with maladaptive or legalistic forms of religiosity (Allen et al., 2015 & Judd et al., 2020).

Counselor Education and Supervision

There are three primary implications of this study for counselor educators and supervisors. First, the findings emphasize the importance of assessing the level of competency in

counseling students and supervisees with assessing view of God and self-compassion as well as their level of competency with integrating the results of these assessments into treatment planning. The findings of this study support the idea that both one's view of God and self-compassion act as factors that influence the cross-generational maintenance of religiosity. This study also established viewing God as loving as a sociocultural factor that influences self-compassion within the context of religiosity. Prior research links self-compassion with adaptive forms of religiosity that buffer against negative mental health outcomes in religious populations (Judd et al., 2020). Prior research also suggests a link between one's view of God and one attachment to their parents (Cassibba et al., 2013; Granqvist et al., 2007). Therefore, it may be beneficial for counselor educators and supervisors to assist their students and supervisees in developing treatment plans that consider the influence of view God and self-compassion on mental health outcomes, specifically anxiety and depression, in religious populations. Second, this study highlights the importance of identifying biases in religious counseling students and supervisees regarding religiosity to assist in the successful development of a holistic view of religiosity, which takes into consideration the variation in how clients may emotionally experience religious engagement. Third, this study highlights the importance of identifying biases in religious counseling students and supervisees regarding religiosity to assist in the successful integration of their personal religious and professional counseling identities to become ethical, holistic, and culturally competent counselors.

Limitations of the Study

For this study, there are four primary limitations. First, the participants of this study predominately identified as Christian or Protestant, Caucasian, female, married, and over 56 years of age. Therefore, differences between the beliefs and behaviors among Christian

denominations as well as cultural differences were not able to be adequately assessed. Qualtrics was used to recruit participants for this study and while Cronbach's Alphas were calculated to ensure internal consistency and all data gathered were screened with forced response enabled to ensure that participants completed the assessments, it is still assumed that the data collected is an accurate representation of the population. Additionally, participants were compensated through Qualtrics, proving an alternative reason for participant involvement in the study. While Qualtrics is commonly utilized to recruit participants for research within the field of counseling and is considered a better option than traditional convenience sampling even when compared to both Mechanical Turk and Facebook (Boas et al., 2018), it is assumed that the data collected represented a broad demographic sample that is an accurate representation of the population.

Second, the results of this study may provide limited insight into the influence of COVID-19 on how individuals engage with their religion. This is due to the question assessing if participants attended religious services in-person, virtually, or both being a single-item question. While this study measured both household of origin religious engagement and current religious engagement, it did not differentiate or define religious engagement as either in-person or virtual. While the influence of virtual religious engagement was discussed in this study, the survey question assessing if a participant attends religious services in-person, virtually, or both this question did not assess the degree to which an individual attends religious services either in-person or virtually. Therefore, utilizing a measure to assess the degree of either in-person or virtual religious engagement could have produced more meaningful results.

Third, it should be considered that due to the inclusion criteria of this study, participants may have been resistant to reporting that they view God negatively, which may have influenced study results. Fourth, concerning the measures used in this study. It should be considered that

both the RCI and RCI-H are designed to measure explicit religious engagement and not one's emotional experience of their religious engagement. Therefore, the use of the RCI and RCI-H may provide limited insight concerning the emotional experience or benefit of religious engagement in religious populations. Additionally, the SCS was designed to measure general self-compassion, and while other measures have been developed to assess self-compassion within various contexts, there is currently no measure to assess self-compassion within the context of religiosity. Therefore, the use of the SCS may provide limited insight into self-compassion in religious populations. The results of this study should be considered within the context of these limitations.

Recommendations for Future Research

For this study, there are five recommendations for future research. The first recommendation for future research is to rectify the overrepresentation of 55.9 years of age, White/Caucasian, female, and married participants in the study. Utilizing enforced quote constraints on participant recruitment would allow for a more demographically diverse sample. This would allow cultural differences to be adequately assessed. Additionally, enforced quota constraints may also allow for age differences to be more adequately represented and assessed. Finally, while this study only included participants who identified as Christian, it may be beneficial to rectify the overrepresentation of participants who identified as Christian or Protestant in future studies. Due to differences in religious beliefs and behaviors among Christian denominations, it may be beneficial to utilize enforced quote constraints on the number of Christian or Protestant participants to assess the relationships in this study more adequately on additional denominations.

Second, to better understand the influence of COVID-19 on how individuals engage with

their religion, it is recommended that in future research more questions are developed to assess the degree to which an individual attends in-person and virtual religious services. Further exploration concerning the impact of the switch from in-person to virtual religious service attendance necessitated by the COVID-19 pandemic may be beneficial in clarifying changes in attitude toward virtual religious service attendance. Additional research in this area may also assist in exploring the potential relationship between view of God, self-compassion, and in-person or virtual religious engagement. Third, these findings highlight the importance of further exploration into how self-compassion is associated with adaptive forms of religiosity that buffer against negative mental health outcomes in religious populations. Fourth, these findings highlight the importance of further exploration into how view of God is associated with adaptive forms of religiosity that buffer against negative mental health outcomes in religious populations. Further exploration into how self-compassion and view of God buffer against negative mental health outcomes in religious populations may lead to the development of self-compassion-focused treatments adapted specifically for religious populations and further clarification regarding how to competently incorporate these factors into treatment planning for religious individuals struggling with negative mental health outcomes.

Fifth, these findings highlight the current limitation of the SCS when assessing self-compassion within the context of religiosity. Some of the models used in this study did not produce the expected outcomes. This may be due to limitations in the measure used to assess self-compassion in this study. This highlights the need for future exploration into potential sociocultural factors that influence self-compassion within the context of religiosity. This exploration may assist researchers in developing a measure to better assess self-compassion within the context of religiosity, which, in turn, may assist researchers in understanding the link

between self-compassion and adaptive forms of religiosity that buffer against negative mental health outcomes in religious populations.

Chapter Summary

A discussion of the findings within the context of prior research was provided in this chapter. The implications of study results within counseling, counselor education, and supervision were discussed. Further, the limitations of this study were reviewed, and areas of future research were discussed. Finally, the study provided a succinct theoretical framework through which to view the cross-generational maintenance of religiosity, as well as the factors that influence self-compassion within the context of religiosity.

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