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Original Article

Relationship between Post Traumatic Growth and Attachment to God in COVID Survivors: Mediating Role of Adaptive Coping

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Abstract

Background: The global impact of the COVID-19 pandemic has highlighted psychological challenges faced by survivors. Amidst these challenges, the insightful understanding of the factors contributing to post-traumatic growth takes on significance.
Objective: To investigate the mediating role of adaptive coping between attachment to God and post traumatic growth in COVID survivors.
Study type, settings & duration: A descriptive cross-sectional web-based study was conducted at the Department of Psychology, University of Sargodha, Sargodha from February to June 2021.
Methodology: A sample of COVID Survivors (N=113) was collected from Sargodha and Rawalpindi district through mixed sampling technique (purposive and snowball). Dimensional Attachment to God Scale17, Brief Cope Scale18, and Post traumatic Growth Inventory19 were used to measure attachment to God, adaptive coping, and post traumatic growth respectively.
Results: Path analysis in Amos indicated the positive direct effect of secure attachment to God on adaptive coping (β =.51, *p* <.009). Insecure attachment style had no effect on adaptive coping (β =.04, *p* <.67) and negative effect on post-traumatic growth (β =-.27, *p* <.009). A high level of adaptive coping had a positive effect on post-traumatic growth (β =.22, *p* <.04). Adaptive coping mediated the positive relationship between secure attachment to God and post-traumatic growth (β =.11, *p* <.03).
Conclusion: Adaptive coping could be one of the causal links between attachment to God and post-traumatic growth. There is the dire need to plan strategies that work for post traumatic growth than post traumatic distress.
Key words: COVID survivors, adaptive coping, attachment to God, post-traumatic growth.

Introduction

COVID-19 has serious effects on individual, national and international levels, and more negative effects are expected in the future.[1] In Pakistan, the first case of COVID-19 positive was reported in Karachi on February 26, 2020. Subsequently, the number of confirmed cases reached upto six lacks with approximately fourteen thousand deaths.[2] It is estimated that COVID-19 may compromise the physical, cognitive, mental, and social health status also in patients with mild symptoms. Therefore, it is expected that in near future, more concerns will be shown toward post-acute care of COVID-19 survivors.[3] Physical and psychological symptoms associated with COVID are weakness, depression, anxiety, and reduced quality of life to various degrees.[4]

In contrary, advanced studies have shown that individuals experience post traumatic growth (PTG) following trauma.[5-6] PTG reflects the positive changes in perception and cognition, interpersonal relationships, and in life philosophy following trauma. It is frequently observed in survivors of fatal diseases like cancer or HIV.[7-8] In general, as meta-analysis has shown, 50-60% of people exposed to trauma may develop PTG in some domains.[9] It was found that turning the focus toward the solution of the problem and controlling negative emotions and remembering the positive part of life (characteristics of adaptive coping) can yield positive changes in life

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AY & AA conceptualized the project along with the drafting, revision & writing of manuscript. AY also did the data collection. AY & AK did the literature search. AA & AK performed the statistical analysis.

and leads the person toward more growth and less poor health.[10]

Adaptive coping strategies generally involve direct confrontation of the problem, making reasonable appraisals of the problem, and giving the best to resolve the problem. Research findings yield that adaptive coping strategies and PTG are significantly positively related as consistent merging of positive beliefs affect and behaviors pave the way toward more fluffing and mollified life even during and after experiencing serious crises.[11] Attachment to God (AG) can be attributed as an emotional bond between Allah and believer, much similar to the bond between an infant and caregiver who feels that we have a warm and more consistent positive link with each other and needs and desires are directly fulfilled by someone functions as a gauge of care, nurturance, and safety.[12] In order to explain the link between AG, coping and growth research was conducted on 214 migrants. Results yield that a more meaningful relationship with God is positively linked with solution-oriented focus and a higher ability to redefine the situation in a more positive way (components of adaptive coping) ultimately leading to a high level of satisfaction, growth, and low level of distress and anxiety.[13]

Moreover, findings of the systematic review revealed that active coping, ability to face challenges, intrinsic religiousness, and openness to experiences are all positively linked with PTG.[14] In Pakistan, a study conducted on flood survivors revealed that coping strategies such as active support, instrumental support seeking, planning, religious coping, reframing (subscales of adaptive coping) contribute 31% variance in PTG indicating the significant role in personal growth.[15]

Although in the indigenous context of Pakistan, PTG is studied in connection with good and poor health but the combination of these variables is not studied yet.[16] Therefore it is a task of utter necessity to examine these variables in Eastern culture and especially in Pakistan. The reason behind pursuing this study is the inability of the results from western principles to be generalized in our country or because there are a lot of differences among people in both cultures. This study aimed at investigating the mediating role of adaptive coping between attachment to God and post traumatic growth in COVID survivors.

Methodology

A descriptive cross-sectional web-based study was conducted at the Department of Psychology, University of Sargodha, Sargodha from February to June 2021. Participants of the study were selected through a non-probability mixed-method sampling technique (purposive and snowball). The sample size was determined through power analysis in G*Power software. Only those individuals were included in the study that had recovered from COVID-19 and got negative test reports. Participants with a minimum age of 19 years and baseline education of intermediate (12 years of education) and above were included. Self-report measures in the English language were used as the scales were in a very simple and understandable wording. Attachment with God was measured through 9 items multidimensional scale representing 2 subscales secure and insecure attachment styles with 5 points Likert type response format (1 = strongly disagree to 5 = strongly agree).[17] High scores on each subscale represent a high level of that attachment style and vice versa. The Brief Cope Scale was used to measure effectiveness and ways to cope with a stressful life event.[18] This scale consists of 28 items with 2 major subscales of adaptive and maladaptive coping strategies with 4 point Likert type response format from 0 (not at all) to 3 (mostly). High scores on each subscale represent a high level of that strategy and vice versa. Posttraumatic growth was assessed through the Posttraumatic Growth Inventory (PTGI) containing 21 items with a five-point Likert type format having 1 for not at all to 5 for always. A high score on this scale represents a high level of PTG and vice versa.[19]

In order to detect random responses, reverse-coded and repeated items were used. Data collection was started after taking ethical approval, participants of the study were contacted through audio/video calls, they were briefed about the purpose of conducting this study and WhatsApp groups were created in which only those eligible participants were added who were interested to take part in the study, Links of Google forms were shared with them with attached audio/video recordings regarding the process of filling the questionnaire. Participants were also assisted in case of any query on average; it took almost 15-25 minutes to complete the questionnaire. In the end, respondents were highly appreciated for their valuable response.

IBM SPSS (version 24) and AMOS (version 24) were used to analyze the data. Descriptive statistics were used to check the normality of the data. Pearson correlations and path analysis were done to analyze the focal constructs of the study.

The ethical approval was obtained from Ethics Committee, University of Sargodha, Sargodha vide reference No. UoS/Psy-352.

Table 1: Correlation matrix and descriptive of scales. (N = 113)

Variables	*1*	*2*	*3*	*4*	*M*	*SD*	*Range*		*Sk*
							Actual	*Potential*	
Secure attachment to God	_	-.50**	.48**	.55**	12.80	2.63	3-15	4-15	-.78
Insecure attachment to God	_	_	-.21**	-.47**	12.63	6.19	6-30	7-30	.67
Adaptive coping	_	_	_	.43**	32.12	8.08	0-48	0-46	-.87
Posttraumatic Growth	_	_	_	_	81.17	13.87	21-105	34-105	-.62

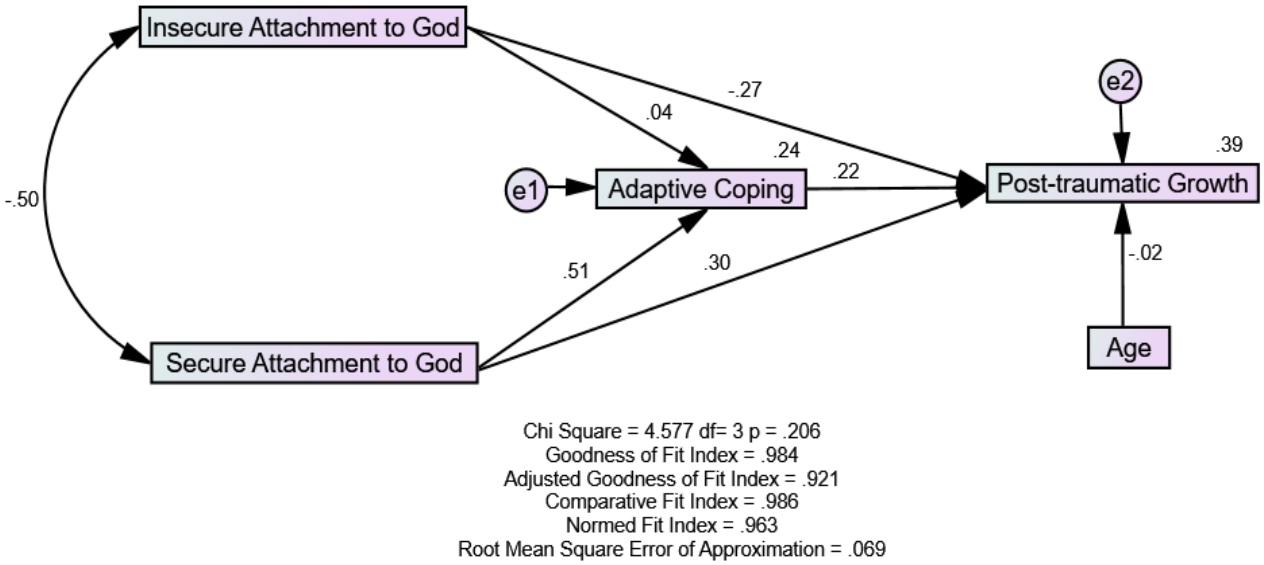

Figure: Mediating role of adaptive coping between attachment to God and post traumatic growth.

Table 2: Direct and indirect effects of attachment to God and adaptive coping on post traumatic growth. (N = 113)

Paths	β	*p*	95% CI	
			LL	UL
Secure attachment → adaptive coping	.51	.009	.27	.72
Insecure attachment → adaptive coping	.04	.67	-.15	.22
Adaptive coping→ post-traumatic growth	.22	.04	.012	.42
Secure attachment → post-traumatic growth	.30	.005	.13	.51
Insecure attachment → post-traumatic growth	-.27	.009	-.42	-.12
Secure attachment → adaptive coping→ post-traumatic growth	.11	.03	.02	.29
Age → post-traumatic growth	.001	.71	-.14	.09

Results

Out of 113 adults, the majority of the participants were young adults (63.7%). Most of the participants had at least 16 years of education (86.7%) and the least proportion of the participants had 18 years of education (13.3). In most cases, primary caregivers during COVID-Positive were siblings or parents (59.3). Values of skewness were in the normal range indicating the symmetric distribution of data. Correlation analysis showed that SAG was positively related to AC and PTG. IAG had non-significant relation with AC and negative relation with PTG. AC had a positive correlation with PTG. Adaptive coping mediated the relationship between secure attachment to God and posttraumatic growth.

Table-1 exhibits significant positive relationship between SAG, AC and PTG. Significant negative relationship of SAG with IAG. IAG has a significant negative correlation with AC and PTG.

In Figure, the model exhibits that the model fitted well to the data (X^2 =4.57, df = 3, *p* =.206; CFI =.99; GFI =.98; RMSEA =.069).

Table-2 shows that SAG had a direct positive effect on AC and PTG. IAG had no effect on AC and direct negative effect on PTG. AC had a direct positive effect on PTG. AC mediated the positive relationship between SAG and PTG.

Discussion

This study was primarily conducted to examine the significant role of attachment to God in relation to coping style and PTG. It has further investigated the mediating role of AC between SAG and PTG. The first hypothesis of the study was supported by analysis showing that SAG positively predicts AC and PTG while IAG negatively predicts PTG (Table-2). It can be elucidated with reference to previous researches which explored the factors of PTG by arguing that negative perception of people regarding the response of God by claiming that God shows inconsistent response by sometimes accepting and other times rejecting a person's needs or desires may aggravate the situation and compel the person toward post-traumatic stress disorder. It can also be explained by the findings that maladaptive coping does not yield good results by showing its positive relation with poor health and wellbeing. From these results, it can be inferred that adaptive coping in case of having SAG leads to the positive evaluation of the future and lesser fear of uncertainty and death, and this in tern leads to a low level of stress, anxiety depression, and high level of post-traumatic growth.[20]

Moreover, studies in Pakistani culture also found the same results by claiming that a negative relationship exists between a negative emotional state and PTG. So, when a person perceives a situation as threatening it results in more negative emotions ultimately leading to IAG and more doubts of the future and concern toward self-survival. This consistent merging in negative perceptions may result in a low level of PTG.[21]

Analysis of the data supported the last hypothesis of the study that AC mediates the positive relationship between SAG and PTG (Table-2). These results can be explained in terms of Shaw et al.[12] assertion, who found a positive relationship between these variables. This judgment is essentially reflected in real or perceived threat ultimately leading to a high level of bonding with God with the perception that He is the best listener, guider, and problem solver. In the same study, a significant negative relation was found between IAG and personal growth following trauma which is showing its direct positive link better health and positive mood.

This line of reasoning is also supported by recent researches claiming that people having high scores on PTG are happier, satisfied, contented, and religiously oriented and experience more positive emotions. Therefore, a high level of adaptive coping may divert the attention of individuals from negative aspects of life and ultimately toward more stimulating, and challenging thoughts which are prominent characteristics of PTG.[13]

Moreover, in the cultural context of Pakistan, research with the patients of breast cancer yields similar findings. Results revealed a significant positive relationship between healthy coping strategies, believing that God is available and supportive in the time of need which contributes to the high level of growth after experiencing trauma.[22]

In future studies, it is recommended to use projective or performance tests to measure the focal constructs as in the case of self-report measures, participants may respond in light of social desirability rather than true feelings that may change the whole direction of the study. It is also suggested to use a mixed-method study (qualitative and experimental) in order to get a clear picture of cause and effect. There could be a potential role of mediating variables like personality traits, social support, and the positive and negative affect that must be considered in the next studies.

Adaptive coping could be one of the causal links between attachment to God and post-traumatic growth.

Conflict of interest: None declared.

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