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# The Relationship Between Family Health and Concept of God

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# The Relationship Between Family Health and Concept of God

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(About 4000 words)

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Abstract

The relationship between general family health and personal beliefs about God was investigated among undergraduate psychology students from a small Christian liberal arts college (N = 77; ages 18-65, M = 22.1; 65% female). Family health was measured by the Health/Competence factor of the Self-Report Family Inventory - Version II (SFI; Beavers, Hampson, & Hulgus, 1990). God concepts were measured by the 11 factors of the 75 item Concept of God scale (COG; Brinkman, 1989; Gorsuch, 1968). COG factors were grouped into healthy/positive, unhealthy/negative, and doctrinal/neutral. Results revealed significant positive correlations between family health and healthy/positive concepts of God and significant negative correlations between family health and unhealthy/negative concepts of God. Family health did not correlate with doctrinal/neutral concepts of God. Although causation can not be established, results are consistent with the theory that family health influences how a person conceptualizes God.

(147 words)

# The Relationship Between Family Health and Concept of God

It has long been reasoned that family life impacts family members religious development (Spilka, Hood, and Gorsuch, 1985). Attempts to explain this relationship include projection theory and attribution theory. Projection theory originated with Freud's belief that people attribute characteristics to others as a defense mechanism against unwanted or feared elements of themselves. Utilizing Freud's original definition, projection theory has been applied to God concept formation suggesting that the image of God comes from parental figures. In support of this theory, Nicholson and Edwards (1979) found several small positive correlations between concepts of God and concepts of most admired or same-sex parent.

Other research in the area of projection theory has found God images to be related to perceptions of father, mother, and self (Hood, Hunsberger, Spilka, & Gorsuch, 1996). Spilka, Addison, and Rosensohn (1975) found many of the correlations between concepts of God and concepts of parents to be insignificant. Those correlations that were significant were not larger than .30. Vergote and Tamayo (1980) conducted an extensive research project sampling from various populations. They found images of mother may be stronger predictors of concept of God than those of fathers, and concluded that Freud's views on projection were insupportable by their research. In addition, they concluded that their findings were unexplainable by any single psychological theory. Finally, Roberts (1989) showed that images of self and images of God are related.

Spilka, Hood, and Gorsuch (1985) cite several problems with the use of projection theory in research. The first difficulty revolves around the lack of an operational measure of projection. Without such a measure it is unlikely to find conclusive empirical results. The second difficulty is that projection theory generally implies a reductionist view that God is "nothing but" a projection. A third difficulty with projection theory is that it is only applicable to monotheistic religions--Christianity, Islam, and Judaism. Fourth, the literature supporting

projection theory has failed to consider and control for the possibility that any two highly valued, living objects will have similar profiles and, therefore, will correlate. For example, God and parents may be alike not because of a projection, but because they are both valued, living objects.

Attribution theory is another theory which has attempted to explain the relationship between family life and the concept of God. Attribution theory originated with Fritz Heider's (1944, 1958) seminal analysis of how people perceive and explain the actions of others. Attribution theory seeks to understand the causes of what is observed by exploring questions such as how parents influence their children's faith. Hoge and Petrillo (1978) examined the four factors of family, peer group, church programs, and religious beliefs to better understand their impact on children's convictions about God and later religious involvement. They found that family factors correlated with children's convictions about God and later religious involvement twice as highly as the factors of peer group, church programs, and religious beliefs.

Research on family health and religion has primarily focused on the role of family functioning in the development of personal religious beliefs. It has been noted that healthy families are concerned with family functioning. Changes in family patterns, goals, and choices do not threaten the healthy family. These families incorporate all members, enjoy negotiations, and welcome new input. Family members examine and evaluate input, tending to view it positively (Beavers and Hampson, 1990).

Payne, Bergin, Bielema, and Jenkins (1991) concluded that religion plays a significant role in the perception of family health. They found that religious students perceived their families as more happy, warm, and accepting than non-religious students. Griffith (1986) found that relationships to God among members of religious families played a vital role in modulating behavior and stabilizing daily family functioning. Frequency of family devotions has been shown to positively correlate with spiritual well-being (Hall, Tisdale, and Brokaw, 1994). Bloom (1985) found that family religious values significantly differentiated between

intact and disrupted families. –Brokaw and Edwards (1994) found positive correlations between multiple measures of loving God images and level of object relations development, suggesting that healthy family relationships may have a positive impact on one's concept of God.

Although some research has investigated the general relationship between family and religious factors, the relationship between family health and God concept remains largely unexamined except for the few studies cited above. The purpose of this study is to explore the relationship between family health and beliefs about God with a college population. This study will use the Health/ Competence scale of the Self-Report Family Inventory - Version II (SFI; Beavers, Hampson, & Hulgus, 1990) and the 11 factors of the Concept of God scale (COG; Brinkman, 1989; Gorsuch, 1968).

For this study, the 11 COG factors were grouped according to their judged correspondence to general family health. COG factors were divided into three groups, consisting of healthy/positive factors (Benevolent Deity, Evaluation, Kindliness, and Companionable), unhealthy/negative factors (Irrelevancy, Deisticness, Potently Passive, and Wrathfulness), and doctrinal/neutral factors (Traditional Christian, Eternality, and Omni-ness). It was hypothesized that healthy/positive factors would correlate positively with family health, unhealthy/negative factors would correlate negatively with family health, and doctrinal/neutral factors would not correlate with family health.

## Method

### Participants

Students enrolled in two undergraduate psychology courses at a small Northwest Christian liberal arts college participated. Twenty-seven were male (35%) and 50 female (65%). The mean age was 22.1 years (range: 18 - 65, median = 20, mode = 19). Year in college was almost evenly represented among participants (19 freshmen, 20 sophomores, 18 juniors, 19

seniors, 1 auditing student). Participation was voluntary, and students received course credit for their participation.

Measures

The Health/Competence scale of the Self-Report Family Inventory - Version II (SFI; Beavers, Hampson, & Hulgus, 1990), a measure of general family health, was used to predict concept of God as measured by the Concept of God scale (COG; Brinkman, 1989; Gorsuch, 1968; Lewis, 1986). A brief demographic questionnaire was used to gather descriptive information on the sample. An additional measure, the Spiritual Well-Being scale (SWB; Ellison, 1983, Paloutzian & Ellison, 1982), was also administered but was not examined in this study.

Family Health/Competence. General family health was measured using the Health/Competence scale of the Self-Report Family Inventory - Version II (SFI; Beavers, Hampson, & Hulgus, 1990), a 36 item, self-report measure. Items are rated on a 5-point scale ranging from "yes; fits our family very well" (1) to "no: does not fit our family" (5). Items were developed through extensive observational data and based on the Beavers Systems Model of family functioning (Beavers & Hampson, 1990). Factor analysis yielded 5 factors: Health/Competence (19 items), Conflict (12 items), Cohesion (5 items), Leadership (3 items) and Emotional Expressiveness (5 items). Items loaded on each factor with an absolute value of .50 or better.

The Health/Competence factor of the SFI was used as a predictor of concept of God. It contains themes of happiness, optimism, problem-solving and negotiation skills, acceptance of individuals, family love, autonomy/individuality emphasis, and parental (or adult) coalitions (Beavers & Hampson, 1990). Scores on the Health/Competence factor fall into one of five categories: Optimal Health, Adequate Health, Midrange, Borderline, and Severely Dysfunctional. Due to the scoring procedure for the Health/Competence factor, lower scores indicate greater health.

Internal consistency for the SFI ranges from .84 to .92 and test-retest coefficients for the five factors range from .49 for Leadership to .89 for Expressiveness (r = .88 for entire SFI; Hampson & Beavers, 1987). Test-retest coefficients for the Health/ Competence factor are strong (r = .84 to .87; Beavers & Hampson, 1990).

Evidence for validity includes high correlations (r = .74 or better) between the Health/Competence factor and observer ratings of family health using the Beavers Interactional Competence and Style scales. Concurrent validity is supported by correlations ranging from .64 to .82 between SFI and FACES II and FACES III (Beavers et al. 1990). Correlations between the Health/Competence factor and other family measures are also significant. For the FACES II, r =

-.93 with cohesion and r = -.79 with adaptability; on the FACES III, r = -.78 with cohesion and r = -.22 with adaptability (Beavers & Hampson, 1990).

Concept of God. God concept was measured by the Concept of God scale (COG; Brinkman, 1989; Gorsuch, 1968; Lewis, 1886), a 75 item, self-report measure. Gorsuch (1968) derived the 75 adjectives through a factor analysis of 91 adjectives rated by subjects on a 3-point scale. Lewis (1986) retained Gorsuch's (1968) 75 adjectives, but developed a 6-point scale ranging from "strongly like" (1) God to "strongly unlike" (6) God. Brinkman (1989) retained Gorsuch's (1968) 75 adjectives and utilizes a reversed version of the scale developed by Lewis (1986) so that high scores indicate that an attribute is like God.

Gorsuch's (1968) hierarchical factor analysis of the 75 items yielded 11 factors at three levels: Traditional Christian (51 items), Benevolent Deity (12 items), Companionable (7 items), Kindliness (12 items), Wrathfulness (13 items), Deisticness (5 items), Omni-ness (4 items), Evaluation (5 items), Irrelevancy (4 items), Eternality (4 items), and Potently Passive (3 items). Items loaded on each factor with an absolute value of .30 or better.

For the purpose of this study, the COG factors were assigned to one of three groups based upon the degree to which they were judged by the authors to represent family

health. The healthy/positive factors include adjectives from the COG that are caring and nurturing (i.e., considerate, loving, gentle, comforting, and forging). The unhealthy/negative factors include adjectives that are controlling, punitive, or insignificant (i.e., avenging, damning, weak, and passive). The doctrinal/neutral factors include adjectives that describe God in transcendent and/or religious terms and do not seem related to the family health construct (i.e., all-wise, blessed, omnipotent, and omniscient).

Design and Procedure

The SFI, COG, and SWB were administered simultaneously using a correlational design (Campbell & Stanley, 1963). The study was introduced to students and the three measures were distributed in two undergraduate psychology courses. Students consenting to participate in the study were asked to complete the measures and return them in class the next week. Confidentiality was maintained by assigning participant numbers to each set of materials. Approximately 75% of students signed the informed consent and returned all three completed measures (N = 77).

Statistical Analysis

Pearson product-moment correlations between Health/Competence and each of the 11 COG factors were calculated using SPSS-Windows on an IBM/PC-compatible computer. Influences of age, sex, and year in college were also investigated. Descriptive statistics and histograms were inspected.

## Results

Results show the mean Health/Competence score (M = 44.49, SD = 13.01) is between the "midrange" and "adequate health" ranges. The range of scores (24-77) shows that students scored in every category of Health/Competence from "severely dysfunctional" to "optimal health". A histogram revealed a moderate positive skew (.69) for Health/Competence.

Because the COG scales have different numbers of items, scaled scores were developed for each factor by dividing the factor score by the number of items that loaded on that factor to

facilitate comparison among the COG factors. Table 1 shows the mean, standard deviation, range, number of items, and coefficient alpha for Health/Competence and the 11 scaled COG factors.

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Insert Table 1 about here

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The highest means for COG factors were Eternality (M = 5.76), Kindliness (M = 5.60), and Omni-ness (M = 5.52), Companionable (M = 5.50), Benevolent Deity (M = 5.43), and Evaluation (M = 5.31). The lowest means for COG factors were Irrelevancy (M = 1.32) and Deisticness (M = 2.02). The standard deviations for COG factors were highest for Potently Passive (M = 3.40, SD = 1.19) and Deisticness (M = 2.02, SD = 1.04). A histogram revealed a strong positive skew (1.33) for Deisticness and a mild negative skew (-.14) for Potently Passive.

Age, sex, and year in college were correlated with Health/Competence and the 11 COG factors, yielding two significant correlations. Age correlated negatively with Evaluation ($r = -.26$, $p < .05$) indicating that as the age of participants increased, their endorsement of the Evaluation factor decreased. Year in college correlated negatively with Traditional Christian ($r = -.23$, $p < .05$) indicating that as the participants' year in college increased, their endorsement of the Traditional Christian factor decreased.

Table 2 shows the correlations between Health/Competence and the 11 COG factors. On the SFI, higher scores on Health/Competence indicate greater dysfunction. Therefore, a negative correlation with a COG factor indicates health or competence in the family of origin. For the sake of clarity, the signs of the correlations were reversed so that positive correlations indicate a direct relationship between family health and COG factors.

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Insert Table 2 about here

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Health/Competence correlated at a mildly significant level with many COG factors. Health/Competence correlated positively with three of the four "healthy/positive" factors: Benevolent Deity ($r$ = .36, $p$ < .001), Evaluation ($r$ = .25, $p$ < .05), and Kindliness ($r$ = .25, $p$ < .05); and negatively with all four "unhealthy/negative" factors: Irrelevancy ($r$ = -.35, $p$ < .01), Deisticness ($r$ = -.33, $p$ < .01), Potently Passive ($r$ = -.32, $p$ < .01), and Wrathfulness ($r$ = -.23, $p$ < .05). Health/Competence did not correlate significantly with the three "doctrinal/neutral" factors: Traditional Christian ($r$ = .20), Eternality ($r$ = .20), Omni-ness ($r$ = .13); or with the "healthy/positive" factor, Companionable ($r$ = .12).

## Discussion

The results of this study provide generally consistent support for the hypothesis that perceived health of family of origin is directly related to personal beliefs about God. With the exception of the Companionable factor, modest but significant positive correlations were found between family health and "healthy/positive" concepts of God. Modest but significant negative correlations were found between family health and "unhealthy/negative" concepts of God. The conceptualization of God in primarily neutral, abstract, or religious terms, such as those that load on the Traditional Christian, Eternality, and Omni-ness factors, did not correlate significantly with family health. In total, ten of the eleven correlations were consistent with predicted relationships

Though the correlation between the Companionable factor and family health was positive, it was not statistically significant ($r$ = .12). The following adjectives load on the Companionable factor: considerate, fair, faithful, helpful, kind, moving, and warm. Pearson product-moment correlations between Health/Competence and each adjective were calculated to investigate the possibility that individual adjectives were lowering the correlation of the Companionable factor with Health/Competence. Item correlations ranged from .03 (considerate) to .17 (helpful). Clearly the low correlation was not the result of selected items; the Companionable factor as a whole does not relate significantly to family health in this sample.

The present data on the relationship between family health and concept of God indicate that family health is at least as strong a predictor of concept of God as either fathers' or mothers' parental images (Hood et al, 1996; Spilka et al, 1975; Vergote & Tamayo, 1980), and are consistent with the findings of Hoge and Petrillo (1978) and Payne et al (1991). Findings that family health is important in formation of God concepts may help explain Ladd, Macintosh, and Spilka's (1994; in Hood et al, 1996) recent finding of similarities across Christian denominations in concepts of God since family health is likely to show little relationship to denomination.

As with parental images, family health is only a modest predictor of concept of God in the present sample, accounting for less that 15% of the total variance in concept of God. Family health appears to be an important additional piece of the picture in understanding influences on the developing concept of God in children and adolescents. However, a large part of the variance in God concepts remains unexplained, suggesting that additional important factors remain to be discovered.

An examination of coefficient alphas for the 11 COG scales indicated that several of the COG factors lack internal consistency. These include the Evaluation factor (.46), the Potently Passive factor (.39), and the Eternality factor (.38). Sample differences may account for the lack of internal consistency for these factors, but cast doubt on the generality of the Gorsuch factor structure for the concept of God.

In two cases, demographic variables correlated significantly with a COG factor. Year in college correlated negatively with the Traditional Christian factor ($\underline{r} = -.23$, $\underline{p} < .05$) indicating that as education level increased, participants tended to view God in less traditional terms. This suggests that education may diminish a traditional Christian view of God. Another possible explanation is that the number of years spent living away from family is inversely related to a traditional God concept. Other unknown factors may also account for this finding.

A second demographic variable, age, correlated negatively with the Evaluation factor ($\underline{r} = .26$, $\underline{p} < .05$) suggesting that as participants aged they tended to view God less in

evaluative terms (e.g., meaningful, timely, valuable, and vigorous). One explanation may be an age-related increase in exposure to disappointing life experiences which conflict with previously held concepts of God as "meaningful" or "timely." Also, as college students, many of these participants are probably in formative developmental years marked by significant personal change. Longitudinal data would be necessary to assess the permanency of these changes.

Scores on the COG factors represent a narrow range of responses. In general, participants tended to have a healthy, positive view of God. Means of "healthy/positive" factors were high (range: 5.31 to 5.60) and means of "unhealthy/negative" factors were generally low to midrange (range: 1.32 to 3.40). This may reflect a positive response bias among students who are attending a private Christian liberal arts college. The fact that these students chose to attend a Christian college may be expected to predict a more positive view of God than for the population as a whole.

Concepts of God that are primarily doctrinal in nature were unrelated to family health in this sample. This finding suggests that alternative factors in addition to family health are involved in the development of personal beliefs about God. Factors such as religious training and religious experiences may be significant influences in the formation of these God concepts. Some preliminary work has been done on distinguishing the individual's concept of God from his or her emotional response of closeness to or estrangement from God (Gaultierre, 1989; Wurtz 1996; Wurtz & Bufford, 1997). It is not clear how this research may be related to the present study of family relationships and concept of God, although it seems that family relationships may also be affected by emotional issues.

Overall, the present results suggest that people think of God in terms similar to the way they think of their families. The correlational design of this study does not allow inference of causation; but the results are consistent with the theory that family health has a positive impact on how a person conceptualizes God. External validity of this study is limited by the design and the characteristics of the sample. Future research might investigate non-religious

groups and consider differences between age cohorts. Other significant factors that were not addressed by this study, but which warrant future investigation, include the role of religious training, time removed from family of origin (e.g., time since "launching"), and the effects of sibling and peer relationships.

A positive concept of God is an important aspect of religious and spiritual development in many cultures. This study has shown a significant relationship between family health and God concepts. To the degree that spiritual health is an integral aspect of health in general, this study further emphasizes the important role that a healthy family life plays in overall well-being.

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Table 1

Descriptive Statistics and Chronbach's Alpha for Health/Competence and Concept of God

| Scale | M | SD | Range | Items | a |
|---|---|---|---|---|---|
| Health/Competence | 44.49 | 13.01 | 24-77 | 19 | .91 |
| Concept of God | | | | | |
| "Healthy/Positive" | | | | | |
| Benevolent Deity | 5.43 | .60 | 3.50-6.00 | 12 | .70 |
| Evaluation | 5.31 | .68 | 3.00-6.00 | 5 | .46 |
| Kindliness | 5.60 | .55 | 3.67-6.00 | 12 | .80 |
| Companionable | 5.50 | .62 | 3.43-6.00 | 7 | .65 |
| "Unhealthy/Negative" | | | | | |
| Irrelevancy | 1.32 | .84 | .50-6.00 | 4 | .83 |
| Deisticness | 2.02 | 1.04 | .40-6.00 | 5 | .69 |
| Potently Passive | 3.40 | 1.19 | 1.00-6.00 | 3 | .39 |
| Wrathfulness | 3.37 | .94 | 1.23-6.00 | 13 | .81 |
| "Doctrinal/Neutral" | | | | | |
| Traditional Christian | 3.37 | .48 | 3.88-5.98 | 51 | .92 |
| Eternality | 5.76 | .54 | 3.50-6.00 | 4 | .38 |
| Omni-ness | 5.52 | .94 | 1.50-6.00 | 4 | .72 |

N = 77

Table 2

Pearson Product-Moment Correlations between Health/Competence and Concept of God Factors

| God Concept | Health/Competence (r) | p |
|---|---|---|
| "Healthy/Positive" | | |
| Benevolent Deity | .36 | .001 |
| Evaluation | .25 | .05 |
| Kindliness | .25 | .05 |
| Companionable | .12 | ns |
| "Unhealthy/Negative" | | |
| Irrelevancy | -.35 | .01 |
| Deisticness | -.33 | .01 |
| Potently Passive | -.32 | .01 |
| Wrathfulness | -.23 | .05 |
| "Doctrinal/Neutral" | | |
| Traditional Christian | .20 | ns |
| Eternality | .20 | ns |
| Omni-ness | .13 | ns |

Note. Signs of correlations were reversed so that positive correlations indicate a direct relationship between family health and a COG factor.

N = 77.

## Notes

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July 10, 1997

Clark:

Here is a revision of the COG study. I've incorporated the revisions you suggested (except the guidelines is now space once after colons).

Tomorrow I will work on a roughing out of the materials to go on the poster.

I look forward to seeing the additional data you mentioned, and incoporating it into a draft for publication (possibly in JSSR). Before that, we may want to request a review of it by Gorsuch or someone similar.

Rodger