

Mediation of patience in relationship among attachment to God styles and mental health among students

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Abstract

Introduction: The present research was carried out in order to determine the meditative role of patience in relationship among attachment to God styles and mental healthcare among students.

Method: To conduct this study, 350 students were chosen from the University of Isfahan using clustered sampling method. In order to examine attachment styles, patience, and mental health, attachment to God Scale (Rowatt and Kirkpatrick), response to life events scale and General Health Questionnaire (GHQ) were administered on them respectively. Correlation coefficient, multivariate regression analysis, and path analysis were used to analyze the gathered data.

Results: Results indicated that there was a relationship among attachment to God styles (secure, avoidant insecure, and insecure ambivalent) with patience and mental health. Also, it can be noted that mental health might be forecast based on secure attachment and ambivalent insecure attachment. Similarly, there was a significant relationship among patience and mental health and patience forecast mental health.

Conclusion: Attachment to god styles predicts mental health. Based on the results, patience might mediate the effect of attachment to God styles to mental health.

Keywords: Attachment to God, Patience, Mental health

Introduction

One of the higher objectives for human beings is to provide and preserve health which can be attained through triple health dimensions (physical, mental, and social).

Mental health is the essential and inseparable part of total health. Based on a definition from the World Health Organization (WHO), 'Health is total physical and mental well-being and social welfare and not exclusively lack of disease or disability.' One important result from this definition is that mental health is something beyond absence of mental disorders or the aforesaid disabilities (WHO, dateless). Surely, mental health plays a crucial role in the dynamism and effectiveness of any community. Whereas students are considered as susceptible and elite strata in any society, therefore their mental health is vitally important. Admitting in university is followed by the occurrence of many changes in social and human relations. Under such circumstances that are often accompanied to stress and concern, the performance and efficiency of individuals are influenced [1]. Enjoying internal enabler characteristics and/ or internal power sources are some symptoms of mental health. Possession of these intrapersonal sources enables the person to continue his/ her adaptive growth and preserve mental health despite of adverse conditions and negative consequences [2]. The contemporary theorists argue that many diseases are psychosomatic and mental factors and type of emotional experiences are considered as noticeable facilitator factors that reveal or exacerbate psychosomatic diseases [3].

Today, we know that the mental diseases similar to physical diseases are influenced by a group of biologic, psychological, and social factors. Attachment style is one of the influential factors on mental health that has formed in individuals.

Attachment denotes deep emotional link a human establishes with a certain person in life and under this condition he/she feels a sense of happiness and pleasure and also a sense of comfort upon stress because they are beside him/ her [4]. Theory of attachment was initially presented by John Bowlby (1989). He believed that human beings were born with an intuitive psychobiological system. Their behavioral attachment system significantly motivates them to look for proximity to others [4]. Also, a relationship to God has been examined as a type of attachment relationship. God is introduced as subject of attachment in religious texts to which individuals approach upon disappointment and physical and spiritual and mental pains and ask Him for help and find Him as a secure and reliable haven. In attachment pattern, God is assumed as a supporter, wise and knowledgeable, available and respondent to the request of servants and these servants are supposed as ones who need God and assume Him as omnipresent, almighty, and wise [5]. Two models which are considered as subject of attachment to parents during childhood and interpret the transferring quality of attachment to parents to God include assimilation and compensation patterns [6]. The assimilation pattern forms within the process of socialization of child and it is mainly seen in religious families. In religious families, children convey this pattern through socialization and coordination with their parent toward God when they possess a secure attachment pattern along with their parents [7]. According to the assimilation pattern, it is predicted that individuals with secure attachment reflect religious criteria. This is while this fact is not predicted for those with insecure attachment to religious attachment to reflect an image of their attachment [3]. As children possess insecure attachment to their parents in non-religious families, they select a secure attachment style through a compensation process and by this process they show a secure attachment to God. In this technique, children consider God as a successor for their ineffective parents and know that while their parents are not always available to them, God will be beside them whenever and will take care of them. The compensatory style takes place when someone has no emphatic caretaker at childhood so this person replaces God as compensation for what he/she does not have. Although, psychologists suppose assimilation patterns as a type of mechanism to adapt to strong and adult persons, they consider the compensation pattern as a mechanism to compensate for this shortage. Each of these two patterns possesses specific mechanisms. The assimilation pattern is led to more mental health and control of emotions while the compensatory pattern only prevents from anxiety in the person and provides temporary secure base under urgent conditions [8]. Those who attach to God insecurely, their requirement may be damaged for the possession of a secure spiritual basis.

These individuals are afraid of acquiring their rights and supporting their original religious and human values since they have lost their confidence to being supported by subject of attachment and higher support. Not only, do these individuals not assume their own deserving to self-expression and respect, but they have lost confidence to spiritual support and cannot rely on God's assistance so they observe themselves without any support [9]. This group is inflicted by spiritual damages in addition to suffering from mental diseases such as depression, anxiety, and disorder in interpersonal relations. Their prayers are mainly superficial and they do not enjoy praying so they may not have satisfactory relationship to God and or trust in God when facing difficulties. Such people may be subject to cognitive manipulations about God and His almighty presence and they may not trust in God heartily. If they do not attach to God by avoidance, they will attach to Him anxiously (ambivalent) [7]

Kirkpatrick (1999) has tested the relationship among attachment to parent pattern with attachment to God and has achieved a verification of the theory of assimilation. Moreover, he has referred to the relationship among individual's image from God and quality of attachment. Individuals with secure attachment draw a positive image of God and vice versa those with insecure attachment to God may express a negative image of God such as unavailability and remoteness of God from humans. In addition, he has predicted that there is a relationship among attachment to God style and quality and level of religiosity in human beings [10]

Individuals with secure attachment to God assume value for themselves and they know despite their mistakes, God loves them and their internal pattern is welcoming, available, and God is respondent to their requests and prayers. Inversely, the avoidant ones assume God as far-fetched and/ or they are not emotionally prepared to approach to God so they move away from Him. In the assimilation model, individuals with a positive image of their parents, keep this positive image towards God and. This is while individuals with an insecure image to their parents may extend the same insecure pattern about towards God. In some cases, individuals follow a compensation pattern in the attachment process and expect God to meet their requirements and if parents are repellent, they assume God as affectionate and welcoming so that to compensate for inadequacy of supportive parents and primary caretakers [11]

Through logical induction and follow-up research findings, one can build a bridge from the quality of attachment to God and the quality of individual's image of God with mental health and some equivalents may be considered in which individual's image of God plays a meditative role among quality of attachment to God and mental health. Those with a secure attachment, possess positive and optimistic images (e.g. benevolence) of God and these positive images of God impact on their mental health. Kirkpatrick and Shaver (1992) have reported that those with secure attachment to God were classified in lower groups in terms of sense of loneliness, depression, anxiety, physical diseases and other mental disorders.

Likewise, those with secure attachment have acquired higher scores in life satisfaction[5]. In a survey, Ghobari and Haddadi (2011) concluded that mental health in delinquents might be predicted according to the type of individual's image of God and quality of their attachment[5]. Beek (2006) argues that those who are more attached to God with the secure type of attachment might suffer less from stress and depression and may face amore sense of satisfaction and intimacy[12]. It can be implied that the meaning for life is deemed as a major function of religion. Similarly, the foremost benefit of religious experiences is that religion grants sense of meaningfulness and relation with final truth. Accordingly, a positive relationship has been reported among life significance and religion. Moreover, spiritual tendencies and religiosity lead to an increase in the psychological well-being of health[13]. It was characterized in an investigation that emotional regulation played a meditative role in the relationship among attachment to mental health so that secure attachment has been followed with more flexibility and psychological well-being[14]. Given that attachment to God is influenced by the formation of attachment in the past, thus one can imply research background for it. It was identified in a survey that there was significant relationship among insecure attachment and anxiety, concern for health and disease[15]. Similarly, studies show that those who suffer from chronic pain were less depressed with respect to the type of their attachment. This is effective on the rate of depression in them in such a way that those with chronic disease have a secure attachment [12]. In a study, Bahadari and colleagues (2013) also concluded that mother insecure attachment style could be a strong predictor of depression symptoms in girls. Attachment-based therapies may be useful to help treatment in children [16].

Tendency to God, as image of powerful and ubiquitous subject of attachment, may improve the perceived mental well-being at a high level and reduce anxiety and depression[5].

In a study in which old persons had participated at ages 68-93, it was concluded that sense of dissatisfaction with God was significantly related to disappointment, sense of depression, feeling of guilt, and also symptoms of depression. On the other hand, performance of religious teachings and tendency to religiosity may impact on occurrence of psychological complications[5].

Kirkpatrick and Shaver (1990) express that one can forecast specific aspects of religion in adults, particularly beliefs regarding God and having personal relation with God from attachment of childhood and the religion of parents. It can be mentioned that someone who is securely attached to parent and adults that are also securely attached to God, may be influenced by three elements of conception (recognition), feelings (emotions), and actions (behavior) in relation to religion. So, he/she tries to execute religious guidelines including these three elements. Patience is a religious teaching. To define it, patience is an individual resistance and strength under difficult and hard conditions that are led to his/her providence [17]. Patience is a mental and internal stable

characteristic which results in managing feelings and emotions, ability to tolerate difficulties, and diligence in works. Patience is variously used in human life including contributing to humans against stresses, facilitates achievements in education, job and social relations, makes them more enabled in treating with internal emotions and feelings, and helps human beings in religiosity. With respect to analysis on some Quranic verses as well as Islamic narratives, one can refer to a few psychological constructs as physiological bases for patience such as self-control, rigidity, and tolerance[18]. Some researches indicate the effect of patience on mental health. In a survey, Hossein Sabet (2009) concluded that training patience might be efficient as an intervening factor in reducing anxiety and depression [19].

As it implied, attachment to God style may impact on providing psychological health in individuals. But a question is remained unanswered that how may attachment to God exert effect on psychological health? And how does it play a meditative role in the relationship between dimensions of attachment to God and mental health? The suggested pattern in this study is based on this assumption that due to the improving level of patience in individuals, secure attachment to God may lead to an increase in mental health.

Method

The current research is based on correlation assumptions. The exogenous variable (criterion) is mental health and exogenous variables (predictor) include attachment to God style and patience. The statistical population of this study comprises of all the students in the University of Isfahan and the sample size was estimated to be 350 respondents using Cochran's formula and via multistage clustered sampling technique. For this purpose, three faculties were selected among all of the faculties in the University of Isfahan. Also, three educational disciplines were chosen from any faculty and finally one classroom was randomly selected among the classes in all disciplines. All students completed the questionnaires in that class.

Research tools

Attachment to God Scale: This scale which has been built by Rowatt and Kirkpatrick (2002) includes 9 items in which every three sentences of scale describe one of attachment to God style. Questions are answered according to a 7-degree range. The reliability of secure attachment, avoidance, and ambivalent attachment was shown 0.74, 0.84, and 0.68 respectively in the study of Shahabizadeh et al. (2006). To remove the constraint caused by a small number of items, some relevant items have been added to this scale regarding the content of attachment to God styles and also 7 items were added to it[20]. In this research, the Cronbach alpha for secure attachment, avoidance and ambivalent were calculated to be 0.79, 0.79 and 0.83, respectively.

Response to life events questionnaire: This inventory is employed for measurement of variable of patience. In this questionnaire, 10 assumed positions have been proposed for pleasant and unpleasant life events and accidents and

then four possible reactions were predicted (two reactions for general and specific patience and two other reactions about other coping practices) and the testee was asked to determine his/ her possible selected reaction based on the Likert five-degree scale (1= strongly disagree, ..., 5= strongly agree). The validity of this scale was verified through the analysis of experts in the field of ethical and psychological subjects. The derived validity for this test was calculated according to internal consistency coefficient of Cronbach alpha for specific patience (0.63) and general patience (0.73), and for total score of patience (0.81) [17]. In this research Cronbach alpha was calculated to be 0.82.

General Health Questionnaire (GHQ): Goldberg’s General Health Questionnaire (2000) was utilized to measure mental health which included 28 questions. This inventory is a self-reporting- based screening questionnaire. This questionnaire does not intend to achieve specific diagnosis in hierarchy of a mental disease, but it mainly aims at determining general health in four subtests and a total score under -the title of general health. The questionnaire begins with questions about physical symptoms and then it is continued with anxiety symptoms, social practice, and depression. Four subtests in this questionnaire include physical symptoms, anxiety, social practice and mental symptoms. All items in this questionnaire are four multiple choices. Many studies have been conducted regarding the validity and reliability of this questionnaire. Based on a meta-analysis study

conducted by Williams and Goldberg and Marry, the sensitivity of GHQ-28 was derived 0.84 (among 0.77- 0.89) and average rate of specificity was 0.82 (among 0.85- 0.87) [21] [20]. In this research the Cronbach alpha was calculated to be 0.89.

Results

The present research was carried out on 350 samples of female and male students with ratios of 52% and 48% respectively.

To examine the relationship between the variables of secure, insecure, and insecure ambivalent, and avoidant insecure attachment to God and patience with mental health, the correlation coefficient test was executed. The correlation matrix is presented in Table 1.

As it is observed in the correlation matrix, there is a significant relationship between all the variables. It is clear that the variables of secure attachment to God and patience have a reverse and significant relationship with mental health while there is a direct and significant relationship among insecure ambivalent attachment and avoidant insecure attachment with mental health. In other words, higher levels of insecure attachment is followed by more psychological complications.

The multivariate regression analysis technique[22] was executed in two phases in order to examine these hypotheses to determine the relationship among attachment to God styles and patience with mental health and patience. The given results are listed in Table 1.

Table 1. The correlation matrix of the variables

Variables	1	2	3	4	5
1 Secure attachment	1				
2 Ambivalent insecure	-0.47**	1			
3 Avoidant insecure	-0.66**	0.59**	1		
4 Patience	0.40**	-0.44**	-0.40**	1	
5 Mental helth	-0.39**	0.38**	0/30**	-0.39**	1

Table 2. Summary of regression model, ANOVA, and statistical characteristics for regression of mental health based on attachment to God and patience

level	Variable	Beta	T	P<	R2	F	df	P<
1	Secure attachment	-0.28	-4.01	0.00	0.16	20.7	327&3	0.00
	Ambivalent insecure	0.27	4.39	0.00				
	Avoidant insecure	-0.08	-0.10	0.12				
2	Secure attachment	-0.26	-2.17	0.00	0.20	17.16	320	0.00
	Ambivalent insecure	0.25	3.60	0.00				
	Avoidant insecure	-0.09	-1.05	0.20				
	Patience	-0.21	-3.26	0.00				

Results of statistical characteristics of regression among attachment to God styles and patience with mental health indicate that, F-statistic is significant and 16% of variances are interpreted for rate of mental health by means of attachment to God styles and patience. According to Table (2), regression coefficients of predictor variables

show that attachment to God style (t= -4.01, B= -0.28) and ambivalent insecure attachment (t= 4.39, B= 0.27) may predict mental health. It is identified by the entry of the variable of patience into the regression equation that patience (t= -3.62, B= 0.21) may interpret the variance of mental health significantly. With respect to the reduction

of beta in secure and ambivalent attachment to God styles at the second phase, and at the same time the significance of these variables similar to first phase, it can be mentioned that patience plays mediating role in the relationship between attachment to God styles and patience with mental health.

The rate of patience was also examined according to attachment to God styles for path analysis in relations among variables and rate of direct and indirect relationship between predictor variables and criterion. The results are given in Table 3.

According to above-said findings, results of statistical characteristics of regression among attachment to God styles and patience with mental health show that F-statistic (33.50) is significant and 25% of variance for rate

of patience is interpreted by attachment to God styles. According to Table 3, the regression of predictor variables in which secure attachment to God style ($t= 3.30, B= -0.20$) and ambivalent insecure attachment ($t= 4.66, B= 0.29$) may significantly interpret variance of patience while avoidant insecure attachment ($t= -1.18, B= 0.08$) may not significantly predict variance of patience.

With respect to the given conceptual model, direct and indirect effects of predictor variables will be examined on mental health as follows.

As the listed values show in Table 4, the variable of patience plays a significant mediating role for exogenous and endogenous variables in this model. With respect to the data in figure 1, path analysis is drawn for predictor variables, mediator variable, and criterion variable.

Table 3. Summary of regression model, ANOVA, and statistical characteristics for regression of patience based on attachment to God and patience

Variable	Beta	T	P<	R2	F	df	P<
Secure attachment	0.20	3.03	0.00				
Ambivalent insecure	-0.29	4.66	0.00	0.25	21.50	345&3	0.00
Avoidant insecure	-0.08	-1.18	0.28				

Table 4. Direct and indirect effects of predictor variables on mental health

Variable	Direct	Indirect	Total
Secure attachment	-0.28	0.06	0.31
Ambivalent insecure	0.27	0.05	0.45
Avoidant insecure	-0.08	0.016	0.016
Patience	0.21	-	0.21

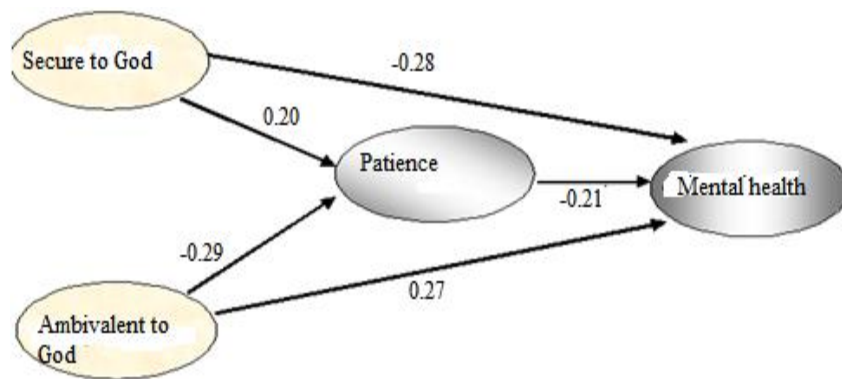


Figure 1. Efficient paths on the variables of mental health

Discussion

This study was conducted in order to examine the relationship among attachment to God styles and patience with mental health. Findings indicated that there was a negative relationship among secure attachment style and mental health. In other words, as the level of attachment to God is higher, the rate of damages will be lower. There is a positive correlation among insecure ambivalent attachment style and avoidant insecure attachment style with the incidence of symptoms of damages. Accordingly, insecure ambivalent and avoidant attachment is more related to mental health complications. Similarly, multivariate regression analysis indicated that secure and insecure ambivalent attachment to God might forecast negative and positive variances of

criterion variable i.e. mental health. The results of this study are consistent with the findings of the studies of Ghobari et al. (2011), Fulani, Gawk, Ellison, and Kunick (2010), Bradshaw, Ellison, and Fulani (2008). [5, 23, 24]. Kirkpatrick and Shaver (1992) measured the relationship between different scales of mental health with different psychological and religious variables. Among these variables, secure attachment to God indicated the highest reduction in sense of loneliness, depression, anxiety, and physical diseases [25]. In this regard, Wild and Joseph (1997) argue that 20-60% of the variables of mental health in individuals are interpreted by religious beliefs[12] [11]. These findings are also consistent with the attitude of Beek (2006) who believed that those who were more attached to God and this attachment was also of secure

type, might less suffer from stress and depression and they might enjoy further sense of satisfaction and intimacy [11].

Similarly, multivariate regression analysis indicated that there was a relationship between attachment to God styles and patience. Attachment to God is related to lesser mental complication in the given person while insecure ambivalent attachment to God is related to lesser mental health. In addition, mental health may be predicted by ambivalent secure and insecure attachment to God. Likewise, findings indicated that there was significant relationship among patience and mental health. So based on multiple regression analysis, mental health may be predicted according to patience. These findings confirm Young's approach based on which he believed that religion is originated from human's subconscious and it strengthens confidence, hope, and power in the given person along with ethical and spiritual characteristics and it might create very firm base against problems, passions, and life deprivations [26] In a study, Khormaei, Farmani and Kalantari (2015) concluded that anxious and depressed individuals got lower scores in the component of tolerance compared to normal individuals [27] .

According to Yang and Mao (2007), if religious people possess a sense of attachment at high level, have hope for God's assistance under life problematic situations, and benefit from social and spiritual supports, will definitely undergo fewer damages when exposing to stressful conditions in life [28].

Similarly, according to Fountoulakis, Siamouli, Magiria and Kaprinis (2008), belief in the existence of God who prevails over situations and observes individuals may reduce anxiety in relation to these situations to a very great extent [29]. In other words, these individuals believe that through trust in God, one can administer uncontrollable situations. Based on Graham, Furr, Flowers, and Burke's (2001) viewpoint, those who possess stronger religious beliefs will be more immunized against stress and pressure [30]. Studies have always shown that those with higher religious commitment, possess more mental health and have a potential for coping with problems (Miller and Torsen, 1999, quoted from Ghobari and Miner, 2013) [29]. The advanced coping style and mental health are related to positive attachment to God. Based on attitude, attachment is an advantage for personal relation to God that originates from God's action as a form of supportive attachment in which as a secure shelter, He gives comfort and tranquility to Human beings at time of threat. As it has been reported by Ainsworth (1985), anxiety from the isolation from the attachment source may create anxiety in the attached people. This is while, losing the image of attachment is led to grief and sadness. It has been identified among religious ones that release from God is considered as an acute form of isolation anxiety and protest to detachment is the consequence. Unlike images of human attachment, God is ubiquitous as image of attachment and He never leaves God-believers [31]. In fact, as a function for an image of secure attachment to God, this reliable haven leads the given person to resort to God under critical conditions. The

other function of an image of secure attachment to God is the secure basis on which the person feels sense of power by believing in this point that God is the basis for security and thereby his/ her self- confidence is increased upon anxiety and fear. This sense of security is converted into a mental comfort in that person and prepares him/ her to cope with life problems and challenges. Therefore, security acts against fear and anxiety like a panacea [31].

Based on the findings from Paragament et al. (1990) and Koenig (1994), it seems; on one hand, various religiosity dimensions lead to prevention from depression in individuals through strengthening positive feelings and emotions (love, self-esteem, hope, happiness, and optimism) ; and on the other hand, it reduces negative feelings and emotions [32, 33].

Conclusion

By virtue of the findings in this study and coordinated results that confirm it, it can be implied that attachment to God is related to general mental health in individuals and it predicts this factor. So based on these findings, patience mediates among attachment to God and mental health. In this path, secure attachment to God is related to human trust and patience in exposure to stressful situations. By using this strategy, human beings can better tolerate the resulting pressure from such situations in order to gradually release from such situations.

With respect to the importance of attachment to God as well as the determinant role of patience in general health, it is suggested to explore the relationship among these variables with mental rehabilitation as well as the level of hope, psychological, emotional, and social well-being.

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