The Relationship between Attachment to God, Reliance on God, Hope, Patience, Solace and Mental Health of Students at Tehran University

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Abstract:

The way individuals deal with stressful situations of life exerts considerable impact on their mental health. Reliance on God is a religious strategy applied by many Muslims to cope with such situations. In this strategy, individuals would ask a superior power for help to handle the incidences they have no control over. Due to lack of studies on the relationship between attachment to God, Reliance on God and mental health in Muslims’ communities, the present study aims to investigate the relationship between these variables among students at Tehran University. Therefore, 324 students (194 female and 130 male students) studying BS at Tehran University, were selected through convenience sampling. In order to assess variables, measurement scales for life incidents resolution (Ghobari et al, 2001), attachment to God (Rowatt and Kirkpatrick, 2002) general health (GHQ-28) (Goldberg and Hiller, 1979) were employed. The results of through correlation coefficient and regression analysis, demonstrated that among nine predictor variables, coefficients of hope and Reliance on God carried a positive relationship; while avoidant attachment and anxious attachment were negatively and significantly related to each other. Moreover, only the variable of attachment to God differed significantly for female and male students (p<0.01). Secure attachment was observed more in female students rather than in male ones. Mental health and secure attachment to God were significantly associated with each other. Thus, mental health can be significantly predicted by secure attachment to God.

Keywords: Attachment to God, Reliance on God, Mental health, Students.

1. Introduction:

Individuals adopt various coping strategies against difficulties. Although all coping strategies are not based on religion, religious people, in the face of traumatic incidents, would resort to prayer and ask God for help. For these people, religion plays a significant role when coping with troubles (Banziger et al, 2008). Various studies have examined the relationship between attachment to God and stressful moments of life. Results of these studies reveal that praying and turning to religion are among the most common strategies adopted to deal with traumatic situations such as military attacks (Walsh, 2002). Attachment theory considers intimate personal relationships which encompass emotional bonds such as the one between child and caregiver or, the love between wife and husband (Cassidy and Shaver, 1999). Research findings consistently show that individuals with more spiritual and religious activities enjoy higher coping abilities and greater mental health (Miller and Thoresen, 1999). From an attachment style point of view, leading an intimate relationship with God is beneficial in that God appears as a subject of attachment who can act supportively. The reliance on this subject of attachment, who’s supposed to be a sanctuary and a secure base, is manifested as trust in God, which not only affects the individual’s wellbeing, but also influence their spiritual growth and development. Attachment
provides emotional supports by offering "a sanctuary" and "a secure base or a source of solace" (Cassidy, 1999). The attachment subject enters the field as a source of solace in relationships or as a source of emotional peace and pushes it towards emotional balance. Emotional supports of types of attachment subjects do not bring about the same effect. Research findings reveal that people with secure attachment seem to be more successful in helping others and asking them for help in comparison to people with insecure attachment (Crowell and Tribox, 2000; Rholes et al, 1998).

Insecure attachment occurs in various forms, including anxious-ambivalent and avoidant attachments (Solomon and George, 1999). As an example, the anxious-ambivalent attachment style, along with excessive demands of emotional support, affability and soothing from the attachment subject, induces negative emotions and suspicion about the support from attachment subject. The avoidant attachment is discernible when individuals attempt to rely on themselves in coping with difficulties, suppressing anxiety and avoiding comfort and emotional support from attachment subjects.

Secure attachment is not only accompanied by higher coping skills, but is also associated with general wellbeing (Crowell et al, 1999; Dozier et al, 1999; Hesse, 1999; Sable, 2000). Empirical studies indicate that secure attachment is correlated with mental health, higher relationship functioning, greater coping skill and wellbeing on the whole. On the contrary, insecure attachment is associated with low positive performance and generally, lower levels of wellbeing.

The problems arising from insecure attachment are similar to behaviors which are aimed at by counseling and psychotherapy. For psychotherapists, attachment theory has increasingly become a theoretical base in their practical treatments (e.g. Holmes, 2001; Levy, 2000; Sable, 2000; Slade, 1999). Kirkpatrick (1999), in a review of research on attachment to God concluded that experiencing a relation with God is an instance of attachment relation (Alsu and Pargament, 1997; Richard and Bergin, 2004). Many people, particularly those with a secure attachment to God, tend to perceive God as a source of peace, love, compassion, support and protection. As in couples' relationships, individuals seek solace in God to cope with stress and anxiety. They particularly ask God for help when they need to apply some sort of attachment styles in similar situations such as when they are confronted with illness or disability and when dealing with the death of friends and relatives or coping with the loss of their loved ones (Kirkpatrick, 1999).

Kirkpatrick and Shaver (1992), found that attachment to God is assessed in similar styles such as interpersonal attachments (including secure, avoidant and ambivalent-anxious). Belavich and Pargament (2002), discuss the association of spiritual coping strategy to spiritual attachment style, as follows: spiritual attachment style is the way individuals (either female or male) include God in their coping activities. Even for individuals with secure spiritual attachments to God, successful coping is initially associated with spiritual coping strategy. If they are successful, it's all because of their taking a spiritual coping strategy. Therefore, roles of spiritual attachment style and spiritual coping strategy in enhancing coping skills are as the following:

1) The role of spiritual attachment which includes preparation for fruitful reliance on God through inspiring positive expectations and view of God as an attachment subject.
2) The role of spiritual coping strategy which consists of coping activities that engage God as an effective factor in counteract.

Pargament and his colleagues (Cole and Pargament, 1999), have identified three coping styles relevant to spiritual attachment: Collaborative, Deferring and Self-Directing coping. These coping styles are different in degrees of help they offer to people when coping with stresses (e.g. Belavich and Pargament, 2002; Cole and Pargament, 1999). Depending on the context and the stressful condition, self-directing and deferring styles are quite helpful: self-directing style appears to be more helpful providing that conditions are controlled by the individuals, however, deferring style happens to be of use when conditions are less controlled by them. Generally speaking, collaborative style seems to be extremely and extensively supportive in coping with stresses.

The advantages of collaborative and deferring styles of spiritual strategy are empirically proved. In particular, the empirical evidence for advantages of collaborative style are quite strong and established (Belavich and Pargament, 2002). For instance, Bickel et al (Bickel, Ciarrocchi, Shrees and others, 1998; cited in Cole and Pargament, 1999) indicated that collaborative style of coping is accompanied by some degrees of depression in
highly stressful situations. Even for individuals with secure attachment to God, coping accomplishments are more strongly associated with collaborative style (Belavich and Pargament, 2002). In a study on an individual whose beloved one had undergone a surgery, Belavich and Pargament examined the relation between spiritual attachment styles and spiritual coping style in terms of predicting successful coping (e.g. personal adjustment and health). Results revealed that participants with secure spiritual attachment used collaborative style of spiritual coping. On the general, those who adopted collaborative coping style, disregarding their spiritual attachment style, enjoyed greater personal adjustment and health (e.g. the initial effect of spiritual coping style was significant). The secure attachment to God also predicted a more successful coping, however, its interaction with spiritual coping style was significant. Thus, secure spiritual style determined the success of coping style to a great extent. In this way, individuals employed collaborative coping style when seeking God's help (Belavich and Pargament, 2002).

Although the deferring style of coping is not as beneficial as collaborative one, it is mentioned in the literature. For instance, Martin and Carlson (1998, cited in Cole and Pargament, 1999), found that with a belief in God's control, clients were doing better when quitting smoking and losing weight. Moreover, Fredrill (1995, cited in Belavich and Pargament, 2002) concluded that emergency department staff, who encountered stresses of uncontrolled situations, were far more successful in coping by adopting a deferring style (Cole and Pargament, 1999).

Style advantages in spiritual coping seem to come from pressure reduction by personally controlling stressful situations (Cole and Pargament, 1999). Due to reduction of feelings resulting from personal responsibility for coping with stresses, the perception that the individual is in charge of what has happened and the resulted negative feelings and tensions are remarkably reduced. As was discussed previously, avoiding personal control over stressful situations and entrusting everything to God is a strategy to maintain emotional balance in uncontrollable circumstances (e.g. encountering death or incurable illness).

Many researchers such as Braam et al (2005) and Airilinoux-Bontkovy et al (2005) concluded in their studies that religious conflicts are related with low levels of depression and anxiety. Additionally, the presence of religion in people's lives increases marital satisfaction (Hadianfard, 2003), successful aging (Mo'tamedi et al, 2005) and mental health and self-esteem (Bahrami Ehsan and Tashk, 2004).

Religious coping strategies are based on individual's connection with spiritual worlds. As a matter of fact, the way a person is related with religious world affects her/his coping style. The theoretical base of religious coping strategies is introduced by Pargament (1997) (Braam et al, 2008). In self-directing style individuals would rely on their own competency rather than asking God for help (Benziger et al, 2008). This is a strategy mostly adopted but irreligious people and is not applicable in situations which are out of human's control.

Reliance on God is one important stage in human growth. During the cognitive growth, human's mind is prepared to understand and attest the presence of an observer who has any given time or place under his surveillance (Morris, 2005). However, the compassion of God is limitless and unparalleled. Moreover, he's God of whole universe. His knowledge is beyond time and place. Thus, he would help his creatures through sophisticated ways and when necessary. He is all aware of the overt and covert and has made useful ways obvious to his creatures. God is omnipotent and capable of fulfilling his plans in any form and at any moment he desires. The power of God makes people certain of his help. He is respondent and available for his creatures and responds when someone needs him. Turn from side to side and he's there. He is present in any time or place. People, who believe in God's being potent, accessible, receptive and respondent to their demands and base their connection to God on mutual trust, easily rely on God in hardships. There are abundant stories in religious book of Muslims which provides established cognitive bases for presence of God in difficulties. Besides, the history of human's development and his experience of spiritual world are affective in the quality and quantity of his reliance on God (Ghobari Bonab and Yousefi Namin, 2010).

Reviewing other researches revealed that the relationship between attachment to God, reliance on God and mental health is not empirically studied. Therefore, in order to fill this gap, the researchers of the current study attempted to investigate the relationship between attachment to God, reliance on God and mental health among students.

2. Methodology:

The researchers selected a number of students, studying BS at Tehran University, through convenience sampling. This sample consists of 194 female and 130 male students who were mostly single (90.1%) along with
9.9% of married ones. The mean age and standard deviation for female students were 21.11 and 2.04 and for male ones 21.35 and 2.76, respectively, and estimated 21.20 and 2.36 for the whole sample. The design of the current study is correlational. Instruments: in order to assess variables, scales for life incidences resolution (Ghobari et al, 2002); attachment to God (Rowatt and Kirkpatrick, 2002) and general health (GHQ-28) (Goldberg and Hiller, 1979) were employed.

2.1. Instruments:

2.1.1. General Health Questionnaire (GHQ-28)

General health questionnaire was designed by Goldberg for the first time in 1972. The questionnaire was intended to discover mental disorders in medical centers and other environments. At the beginning, Goldberg and Hiller (1979) applied the 28-item form of questionnaire on the long form by implementing a factor analysis (cited in Taghavi, 2001). The current study employed the 28-item form. This questionnaire includes the study of individual's health status in the last month and engages symptoms such as abnormal thoughts and feelings and some dimensions of behavior, which are observed at the present time and place. The 28-item questionnaire for general health consists of four subscales, each including 7 items. Items 1 to 7 stand for subscale of physical symptoms, 8 to 14 for subscale of anxiety and insomnia, 15 to 21 for the subscale of social functioning impairment and 22 to 28 for subscale of depression. The validity of this questionnaire was estimated 84% (between 77% and 89%) and the mean for its qualities was 82% (78% to 89%) (Williams et al, 1988). The reliability was 55%. The reliability coefficient was estimated 42% to 47% for individuals and subscales through test-retest analysis (cited in Yaghoubi, 1995).

2.1.2. The Scale of attachment to God:

The scale of attachment to God (Rowatt and Kirkpatrick, 2002) is translated into Persian by Dr. Ghobari and the accuracy and validity of the translation are confirmed by other translators. The scale of attachment to God includes 9 items whose reliability is estimated by Cronbach's alpha coefficient for a sample of 324 participants. The mean scale scores equaled to 48.85, the standard deviation 10.56 and alpha coefficient 0.82, which is a highly sufficient amount. Given that the attachment scale consists of avoidant attachment scale, with 6 items, and anxious attachment scale with 3 items, the validity of scales was estimated by calculating correlation coefficient between avoidant attachment and anxious attachment (r = 0.50), between avoidant attachment and attachment to God (r = 0.92) and anxious attachment and attachment to God (r = 0.79), which are significant at p< 0.001. In addition, Cronbach's correlation coefficient was estimated 0.79 for avoidant attachment subscale with 6 items, and 0.73 for anxious attachment subscale with 3 items.

2.1.3. The Scale of life incidents resolution

The scale of life incidents resolution (Ghobari Bonab et al, 2002), is applied in 10 occasions. Each occasion measures the attribution, action and emotion status of the individual who trusts in God. In addition, the state of hope, patience and solace in participants are also measured. This scale is based on the concept of reliance on God, whose meaning was extracted from religious books and organized based on action, attributional and emotional characteristics. Subjects of examination encounter 10 simulated occasions that stimulate attribution, behavioral reaction and emotional status. Among individuals' options, one item is reliance on God. This scale distinguishes between different religious groups and people with various degrees of religious beliefs. The internal reliability for action, emotional, and attributional dimensions and total score are estimated 0.83, 0.88, 0.85 and 0.92 respectively, through Cronbach's alpha (Ghobari Bonab et al, 2002).

3. Results:

Regarding the correlation coefficients shown in table 1, the score of secure attachment to God is significantly and positively associated with the score of general health (p<0.01). However, the association between secure attachment to God and physical symptoms, anxiety, insomnia, impaired social functioning, depression and suicide, was negative and significant. In addition, the correlation of avoidant attachment and anxious
attachment to God with general health was negative and significant, but positive with pathological symptoms such as physical symptoms, anxiety, insomnia, impaired social functioning, depression and suicidal tendencies. The states of hope, solace and patience were positively and significantly correlated with general health, but negatively and significantly correlated with physical symptoms of anxiety, insomnia, impaired social functioning, depression and suicidal tendencies.

In order to establish a linear relationship between mental health and attachment indicators, a multiple regression analysis was implemented. The regression analysis demonstrated that 31% of mental health variance is defined by variables of attachment to God and reliance on God. This variance was analyzed through variance analysis and significant at p< 0.01. In order to determine the contribution of each predictor variable in indicator variables of individual's general health, unease and various disorders such as anxiety, depression, impaired social functioning and suicidal tendencies, a statistical significance test for the contribution of predictor variables was applied that is referred to later.

Table 1: correlation coefficient between scales of life incidents resolution and attachment to God and General Health and pathological symptoms

<table>
<thead>
<tr>
<th>Variable</th>
<th>General health*</th>
<th>Physical symptoms</th>
<th>Anxiety and insomnia</th>
<th>Impaired social functioning</th>
<th>Depression and Suicidal tendencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure attachment to God</td>
<td>+0.40**</td>
<td>-0.28**</td>
<td>-0.35**</td>
<td>-0.16**</td>
<td>-0.40**</td>
</tr>
<tr>
<td>Avoidant attachment to God</td>
<td>-0.36**</td>
<td>+0.25**</td>
<td>+0.28**</td>
<td>+0.16**</td>
<td>+0.37**</td>
</tr>
<tr>
<td>Anxious attachment to God</td>
<td>-0.34**</td>
<td>+0.23**</td>
<td>+0.34**</td>
<td>+0.10</td>
<td>+0.32**</td>
</tr>
<tr>
<td>Deferring control to God</td>
<td>+0.01</td>
<td>-0.03</td>
<td>-0.03</td>
<td>-0.03</td>
<td>0.00</td>
</tr>
<tr>
<td>Reliance on God</td>
<td>+0.13*</td>
<td>-0.10</td>
<td>-0.13*</td>
<td>-0.07</td>
<td>-0.17**</td>
</tr>
<tr>
<td>Hope</td>
<td>+0.33**</td>
<td>-0.20**</td>
<td>-0.28**</td>
<td>-0.17**</td>
<td>-0.32**</td>
</tr>
<tr>
<td>Tranquility</td>
<td>+0.25**</td>
<td>-0.13*</td>
<td>-0.28**</td>
<td>-0.19**</td>
<td>-0.15**</td>
</tr>
<tr>
<td>Patience</td>
<td>+0.27**</td>
<td>-0.19**</td>
<td>-0.25**</td>
<td>-0.14**</td>
<td>-0.22**</td>
</tr>
</tbody>
</table>

*p < 0.05    **p < 0.01

*It should be explained that general health score, which was estimated by GHQ, indicates all scores of pathological symptoms which are inverted by researchers and reported as mental health scores.

Table 2: Regression analysis of general health based on predictor variables

<table>
<thead>
<tr>
<th>Analysis turn</th>
<th>R</th>
<th>R2</th>
<th>Modified R2</th>
<th>SE</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>0.49</td>
<td>0.24</td>
<td>0.22</td>
<td>10.94</td>
<td>11.21</td>
<td>0.001</td>
</tr>
<tr>
<td>Second</td>
<td>0.54</td>
<td>0.29</td>
<td>0.27</td>
<td>10.06</td>
<td>13.97</td>
<td>0.001</td>
</tr>
<tr>
<td>Third</td>
<td>0.55</td>
<td>0.31</td>
<td>0.29</td>
<td>9.77</td>
<td>15.15</td>
<td>0.001</td>
</tr>
</tbody>
</table>

For further investigations, coefficients of predictor variables were analyzed. The procedure was conducted through t-test which indicated that hope, reliance on God, avoidant and anxious attachments were among the significant predictors. In that, hope, reliance on God and secure attachment positively contribute to the prediction of mental health, and avoidant and anxious attachments were negatively involved in the prediction of mental health.

Table 3: regression coefficient of general health based on predictor variables

<table>
<thead>
<tr>
<th>Row</th>
<th>Variable</th>
<th>B</th>
<th>SE</th>
<th>B</th>
<th>T</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hope</td>
<td>0.27</td>
<td>0.09</td>
<td>+0.19</td>
<td>3</td>
<td>0.00</td>
</tr>
<tr>
<td>2</td>
<td>Reliance on God</td>
<td>0.16</td>
<td>0.06</td>
<td>0.16</td>
<td>2.6</td>
<td>0.01</td>
</tr>
<tr>
<td>3</td>
<td>Avoidant attachment to God</td>
<td>-2.2</td>
<td>0.59</td>
<td>-0.24</td>
<td>-3.7</td>
<td>0.00</td>
</tr>
<tr>
<td>4</td>
<td>Anxious attachment to God</td>
<td>-1.6</td>
<td>0.43</td>
<td>-0.20</td>
<td>-3.6</td>
<td>0.00</td>
</tr>
</tbody>
</table>

4. Discussion and conclusion:
The findings of the current study revealed that there exists a significant association between attachment to God, patience and solace with mental health of students. This is consistent with previous findings, such as findings of GhobariBonab and YousofiNamin (2010), Kirkpatrick (2005), Kirkpatrick and Shaver (1992), Belavich and Pargament (2002). GhobariBonab and YousofiNamin (2010), in a study found that there is a significant relationship between attachment to God and reliance on God. Their findings revealed that secure attachment to God, besides predicting action and attributional dimensions of reliance on God, predicts the attributional aspect of entrusting issues to God (p< 0.01). In addition, the data indicated that mental health and attachment to God are highly correlated, thus mental health is significantly predictable by attachment to God (Pargament, 2005).

This finding is consistent with the findings of the present study. Belavich and Pargament (2002), studied the relationships of secure attachment to God, deferring style and trusting (collaborative) style of coping and found out that individuals who adopt deferring and trusting (collaborative) styles, enjoy a higher mental health. These findings show the consistency of previous studies with the current one. One of the limitations of this study was the limitation of data collection, since the present study only took advantage of self-report tools to collect data. Besides all merits of these tools (such as objective collected data), individuals may try to offer their information welcomed by the society. This problem is more visible in reliance on God and mental health factors. It is suggested that future studies, besides self-report tools, employ interviews and observations of individuals in various occasions, and the results be compared with the results of the present study. This study is conducted on students of Tehran University; therefore the results ought to be cautiously generalized to other groups such as students of other universities, school students and other groups of society.

References:


