

## The Role of Trusting in God in Predicting Mental Health of Tehran University Students

Fatemeh Sharif Mousavi<sup>1\*</sup>, Bagher Ghobari Bonab<sup>1</sup>, Javad Pour Karimi<sup>1</sup>, Mahsa Rashidi<sup>1</sup>

<sup>1</sup>Tehran University, Tehran, Iran

### Abstract

**Background and objective:** In light of the importance of mental health in today life, attending to mental health of theyouth to pave the way for a better future is of paramount importance. Various factors can influence mental health, one of which is the quality of attachment to and trust in God. The aim of this paper was to examine the capability of this quality so as to predict the mental health of Tehran University students.

**Methods:** This research was of correlation type which utilized analysis of regression and the multiple correlation factor to analyze data. The participants were 300 students studying at University of Tehran (207 males and 93 females) who were stratified into theology 34, biology 38, art 21, literature 54, economics 21, technical 68, English Language 38, and Psychology 26. Data collection was done on the basis of the revised list of mental symptoms, *Kirkpatrick* test of attachment to God method and *Rahyaf* questionnaire in life events.

**Results:** in this study, it was demonstrated that 29% of the variance of students' mental health was represented by factors of attachment to God, and the value of F (found in the analysis of regression) showed that only the aspects of attributive and action were meaningful at the significance level of below 0.5% among other variances and the other predictors of students' metal health all were meaningful at the significance level of below 0.01%.

**Conclusion:** The findings of the study demonstrate the relation between spirituality and mental health in such a way that mental health can be helped by strengthening and reinforcing the students' sources of spirituality including trust in God.

**Keywords:** Attachment to God; Trust; Mental health.

\***Correspondence:** should be addressed to Fatemeh SharifMousavi. **Email:**sharifmusavif@ut.ac.ir

**Please Site This Article As:** SharifMousavi F, GhobariBonab B, Pour Karimi J, Rashidi M. The Role of Trusting in God in Predicting Mental Health of Tehran University Students. Health Spiritual Med Ethics. 2014;1(4):2-9.

### Introduction

Mental health is known as one of the two sub-classes of health which is a prerequisite for a satisfactory, effective and beneficial individual life. Moreover, regarding the unique role of students as the future managers and constructors in the society, it is an obligation to secure their mental health as well as identify and eliminate the negative factors affecting it (1,2).

As such, many researchers have carried out studies on mental health of youths. For example, a study by Shari'ati et al (2002), done on 460 medical students of the medical university randomly chosen, showed that 42.6% suffered from mental disorders (2). Another study by Mohammadzadeh et al (1391), performed on students at the entrance year of 89 in the Ilam University, demonstrated that 17% of them were at risk (3). In recent years, special literature regarding

spirituality and religion is improving day by day (4). However, researchers in the field of religious psychology have found ever-increasing results about the effects of religious beliefs on physical and mental health (5). In a research by Bjorek et al (1997) concerning the role of control and beliefs as modifiers of stress performed on Korean and Caucasian evangelical Christians of U.S. residents, it was found that the relation between belief in being controlled by God and anxiety was negative for Caucasians but positive for Koreans. Moreover, when belief in being controlled by God increased in Caucasians, the relation between negative events and anxiety changed from positive to negative but this was quite opposite for Koreans (6).

In another research that was accomplished on accomplished suicides in Finland, psychological autopsy demonstrated that severe mental and historical disorders among religious suicides were more than the treatment of mental disease, psychotic and anxiety disorders (7). On the other hand, mental health researchers have come to ever-increasing findings that show the spiritual life of human has been related to his physical and mental health (8). For instance, a study by Behdani et al (2012) on diabetic patients represents that the positive effect of religion and trust in God results in individuals being immune from many noisy factors or in case of a disease, bearing that comfortably (9). Francis in 2004 demonstrated that positive view regarding Christianity has related to a higher level of mental health (10) and Johnson in 2004 illustrated that religious beliefs have a substantial role in individuals' mental health and compatibility (11). Bakhshaesh also (2011) showed that there is a positive and meaningful relationship between trust in God and levels of self-respect, leading to improvement in mental health (12).

It should be mentioned that patients who endure persistent pain and regard trusting in God as hard, feel that God left them alone, lack spiritual experiences during day, and are not supported by the religious society and not assigned as religious persons are more under threat of losing their mental health in

comparison with others (13). One of the other factors characterizing mental health whose theoretical bases have been established and numerous researches have emphasized its effectiveness, is the quality of human-attachment (attachment to and warm relations with parents and the elderly) (14). Depending on attachment theory of Bowlby in 1969 narrated by Hasanpour et al, there is kind of heartfelt relation between the infant and care taker. This physical-mental relation is called attachment (15). Bowlby defines attachment as human tendency to a heart felt relation with others (16).

Since 90s, Kirkpatrick-religious psychologist has taken attachment as a powerful frame to understand the integration of many religious aspects. This has been mentioned as the attachment to God and numerous researches have been done in this regard (17-19). Whereas the theoretic basis of attachment to God is similar to that of attachment to human, it can be predicted that the quality of attachment to God is an effective and key factor in spiritual and mental health of individuals (14). In a study by Hasanpour et al on parents of exceptional and normal children, it was found that there is a meaningful relation between attachment to God and mental health of parents of normal and exceptional children (15). Shaver and Kirkpatrick in 1992 illustrated this meaningful relation, too (20). Ahmadi et al in 1391 showed that there is a meaningful and positive relation between a firm attachment to God and patience and mental health, and there is also a meaningful and negative relation between an anxious attachment to God and patience (21). In this study, researchers were interested in knowing whether students' mental health can be predicted by measuring their trust in God.

### Methods

This research is of correlation type which uses the analysis of regression and the multiple correlation factor to analyze data. The participants were 300 students studying in the University of Tehran (207 males and 93 females) who were stratified into theology 34, biology 38, art 21, literature 54, economics 21,

technical 68, English Language 38, Psychology 26. Sampling was in such a way that from each college randomly one or more classes (regarding instances needed from each college) were chosen and the questionnaire was distributed in those classes. The criterion of entering the study also was that at the time of filling the questionnaires, respondents were studying at one of Bachelor, Master or Ph.D. levels. The students willingly and voluntarily answered the questions and were ensured that their answers would be kept confidential.

The revised list of mental symptom was used to examine the measure the respondents' mental health and evaluate their mental symptoms. The last version of this questionnaire has been prepared by Derogatis et al (1983) (22). There are five choices for each item of the questionnaire from nothing (zero) to strongly (four) which the respondent, based on experiencing the problem during last week to date, choosing one of them. The questionnaire contains nine aspects and three indexes. The aspects are: 1. Physical complaint 2. Obsession 3. Sensitivity in mutual relations 4. Depression 5. Anxiety 6. Aggression 7. Dread 8. Paranoid thought 9. Psychotics. In addition, the indexes are: 1. General index of disease: the grade of this index is the average of all questions of the questionnaire that can vary from zero to four. 2. Number of positive signals: signals (questions) the respondent reports positively, varying from zero to ninety. 3. Intensity of positive signals: the average number of signals that the respondent reports positively and can vary from zero to four. In Iran, Bagheri Yazdi (1994), using test-retest method with a time interval of one week with 400 respondents-arrived at the correlation coefficient of 97% (23). The reliability and validity of this test have been reported to be normal by Modabbernia et al (2010) (24).

In order to measure students' attachment to God, the new multi-aspectual criteria of attachment, prepared by Kirkpatrick and Rowatt (2002), was used which includes nine themes. In this questionnaire, each of three themes describes one of methods of attachment to God and asks respondents to assign the grade of their relations with God from 1 (completely

negative) to 7 (completely positive). Kirkpatrick and Rowatt reported Cronbach Alfa concerning sub-criteria of "restrained" to be 92% and concerning sub-criteria of "anxiety" it was 80% (25). In a study by Sepahmansour et al (2008) the Internal consistency of "believed, restrained and bi-lateral attachment" styles were found to be 85%, 69% and 74%, respectively (26).

To measure students' trust in God, Rahyaf questionnaire in life events was used. Ghobari (2000) has prepared the questionnaire (27) which contains six hypothetical situations. Each situation is divided into three sections (A, B and C) in such a way that first of all, an unpredictable hypothetical situation, which is out of person potential, is presented only to be followed by three general questions: in part A, that person is asked regarding his practical reaction facing the situation, then in part B, reaction questions in five fields (trust, submission, himself, others and the nature) are presented as the student's attributive patterns. In part C, the respondent is asked about emotional conditions in the face of any situation (negatively or positively) which include: hope versus disappointment, tranquility versus anxiety and patience versus complaint. The narrative questionnaire shows higher reliability. Cronbach Alfa for the action aspect of the questionnaire is 88%, and it is 85% for the attributive aspect. The internal consistency of the whole test is also 92%, which points to the high internal consistency of the test (28).

## Results

As mentioned before, the main objective of this study was to delve into the effect of the students' trust in God on their mental health. To achieve that objective, analysis of variance was performed on the data. The table of ANOVA below shows the expressed measure of variance of each predictor variant ( $R^2$ ) was evaluated:

**Table 1: Evaluating expressing themeasure of students' mental health by each predictor variant**

Model	R	R <sup>2</sup>	R <sup>2</sup> Δ	Error
1	0.438	0.192	0.189	0.516
2	0.513	0.263	0.258	0.494
3	0.526	0.277	0.269	0.490
4	0.538	0.89	0.279	0.487

As can be seen in table 1, generally 29% of the variance of students' mental health would be expressed by variants of believed

attachment to trust in God. To examine this amount of expressing factors, the variance test was used as is shown in table 2:

**Table 2: Analysis of variance to examine the meaningfulness of expressing factors and the predictor regression amount of students' mental health.**

Source of changes	Sum of Sqrs	Degree of freedom	Average of Sqrs	F	Level of meaningfulness
Regression	26.5	4	6.63	27.89	0.0001
Error	65.1	274	0.238		
Total	91.6	278			

According to table 2, the F -value from regression analysis at the level below 0/01% became meaningful. It demonstrates that our expressing factor is meaningful and the amount of predictor regression of students' mental health in light of quality of attachment and trust is not due to error (i.e. meaningfulness of expressing factor).

To clarify which one of the predictor variables plays a meaningful role in prediction of students' mental health, the table of test of predictor variable factors was used. Table 3 shows Analysis of predictor variant factors as below:

**Table 3: Examining the meaningfulness of factors of predictor variables of students' mental health.**

Predictor variables	Unstandardized		standardized		t	Level of meaningfulness
	Factor of predictor variable	Error	Factor of predictor variable	Error		
Conditional aspect of Trust	0.28	0.04	0.37	0.04	6.84	0.001
Believed Attachment	0.14	0.03	0.27	0.03	5	0.001
Attributive aspect of Trust	0.58	0.2	0.43	0.2	2.85	0.005
Attributive and Action of Trust	0.48	0.22	0.33	0.22	2.2	0.33

As is clear in table 3, all of variables of believed attachment to God, conditional aspect of trust and attributive aspect of trust play a role in prediction and expression of students' mental health. Among the variables above, only the attributive and performing aspects are at the significance level of below 0.5% and the rest of predictors all are meaningful at the significance level of below 0.01%.

### Discussion

Analysis of data in the present study demonstrates that the variables of conditional and attributive aspects and the whole of attributive and conditional aspects, trust in God and attachment to him have a substantial role in predicting students' mental health, the finding which is the same as those in the study by Hasanpour et al (2012) on 357 individuals (125 parents of normal children and 233 parents of exceptional children). The findings also show that there are two meaningful groups of relation between attachment to God and mental health as was verified in the present study. In addition, the study by Shaver and Kirkpatrick (1992) shows that there is a meaningful relation between attachment to God and mental health (20).

The study accomplished by Ahmadi et al. in 2012 represents the positive and meaningful relation between attachment to God and patience and mental health (21). Moreover, in a research by Rahimianbugar et al in 2008, the results show that the style of believed attachment has a meaningful relation with mental health (29). With regard to the explanation of the findings of this study which is in the same way as many researches in this field among various cultures, it can be stated that belief, trust and firm attachment to God contribute to a meaningful and determined view of the individual toward the whole life. The source of the believed attachment is a secured refuge to which a person refers to in harsh conditions and by relying on that source of attachment he can keep his mental health throughout different stages of life. As Allah the Almighty says in Chapter (Sura) Ra'ad, verse (28), "*Unquestionably, by the remembrance of Allah the hearts are assured*" (30).

It seems that the trust plays the role of intermediary between believed attachment and students' mental health. In other words, believed attachment affects the measure of students' trust which in turn positively affects their mental health. Moreover, it is assumed that religious life is meaningfully related to mental health. In a study by Ghobari Bonab and Yusofi Namini (2009), the findings show that there is a positive and meaningful correlation between aspect of trust in God and believed attachment, while there is a negative and meaningful correlation between aspects of trust in God and styles of anxious and restrained attachment (16). As mentioned earlier, during data analysis of the study, the findings also showed that variables of the conditional and attributive aspects and the whole of conditional and attributive trust in God have an essential role in predicting the students' mental health, which is in line with those of many researches and studies. For example, patients who endure persistent pain, consider trust in God hard and feel that God left them alone, lack spiritual experiences during day, not supported by the religious society and are not assigned as religious persons are more under threat of losing their mental health in comparison with others (13). Francis in 2004 represented that positive view regarding Christianity has related to a higher level of mental health (10) and Johnson in 2004 illustrated that religious beliefs has a substantial role in individuals' mental health and compatibility (11). Bakhshaesh also (2011) represented that there is a positive and meaningful relation between trust in God and levels of self-respect, so that self-respect would cause the improvement of mental health (12). The research by Bagheri et al (2010) shows that there is a positive and meaningful relation between trusting in God and mental health (31). Moreover, the studies of Bolheri (2000), Pourseyyed Aghaii (2010), Ma'azedi (2012), Rasic 2009 and Williams (2010), show the influence of religion, trust in God and the use of spiritual means on various aspects of mental health (32-36). All of these findings accord with saying of Allah, the Almighty, in verse 3

of chapter Talaq of the holy Quran as he, the Almighty, says:

*"All will provide for him from where he does not expect and whoever relies upon Allah, then he is sufficient for him. Indeed, Allah will accomplish his purpose. Allah has already set for everything a (decreed) extent" (30).*

To further explain these findings it can be said that trust in Allah is a factor, which empowers the spirit and is the most effecting religious means. When human can speak with Wise Creator in any situation, and tell Him all of his anxieties and pain and seek refuge to him in his problems, undoubtedly, he will not remain isolated. Such a human can remain calm in any disastrous event of life and by relying on God can keep his tranquility (31). Along the same lines, spirituality and religion act as a guard against problems and make mental disorders reduced and improve the level of human mental health (15). In another research carried out on accomplished suicides in Finland, psychological autopsy demonstrates that the rate of severe mental and historical disorders among religious suicides are more than the treatment of mental diseases, psychotic and anxiety disorders (7), a finding which is not in accord with what this and other studies found. This finding can be explained in another way: that is, some studies show that religions which are inflexible as much as needed and are based upon perfectionism, are attending some mental disorders like compelling obsession, atomization of sensations like shame and sin.

### Conclusion

The findings of the research show the relation between spirituality and mental health. It means that by improving spiritual sources including trust and attachment to God we can help improve students' mental health who have a great role in the future of the country.

### References

1. Keidani L. The examining of the role of religion on mental health of the students of Ilam University. *New Thoughts in Educational Science*. 2011;6(3):63-82. [Persian]
2. Shariati M, Kafashi A, Ghalebani F, Fateh A, Ebadi M. Mental health survey and its dependent factors among medical students of Iran medical science university. *J Medical Sciences of Jihad Collegiate*. 2002;1(3):29-37. [Persian]
3. Mohammadzadeh J, Kosravi A, Akbari M. Mental health and its determinants among students of Ilam university iran. *J Investigation of Health System*. 2012;8(5):799-805. [Persian]
4. Simpson DB, Newman JL, Fuqua DR. Spirituality and Personality: Accumulating Evidence. *Journal of Psychology & Christianity*. 2007;26(1):33-44.
5. Maltby J, Day L. Depressive symptoms and religious orientation: Examining the relationship between religiosity and depression within the context of other correlates of depression. *Personal Individual Differences*. 2000;28(2):383-93.
6. Bjorck, JP, Lee YS, Cohen LH. Control beliefs and faith as stress moderators for Korean American versus Caucasian American Protestants. *Am J Community Psychol*. 1997 Feb;25(1):61-72.
7. Sorri H, Henriksson M, Lonnqwist J. Religiosity and suicide: findings from a nationwide psychological autopsy study. *Crisis*. 1996;17(3):123-7..
8. O'Connor DB, Cobb J, O'Connor RC. Religiosity, stress and psychological distress: no evidence for an association among undergraduate students. *Personality and Individual Differences*. 2003;34(2):211-7.
9. Behdani S, Dastjerdi R, Sharifzadeh GR. Relationship between trust in God and self-efficacy with mental health in type II diabetics. *J Med Sci Univ Qom*. 2012;19(3):302-11. [Persian]
10. Francis LJ, Robbins M, Lewis CA, Quigley CF, Wheeler C. Religiosity and general health among undergraduate students: a response to OConnor, Cobb, and OConnor (2003). *Personality and Individual Differences*. 2004;37:485-94.
11. Johnson MR. Faith, prayer, and religious observances. *Clin Cornerstone*. 2004;6(1):17-24.

12. Bakhshayesh AR. An investigation into the relationship between confidence in god, self-esteem and academic Achievement among the students. *Psychology and Religion*. 2011;4(2): 79-98. [Persian]
13. Rippentrop AE, Altmaier EM, Chen JJ, Found EM, Keffala JV. The relationship between religion/spirituality and physical health, mental health, and pain in a chronic pain population. *Pain*. 2005 Aug;116(3):311-21.
14. GhobariBonab B, Haddadikoohsar A. Attachment to God in the Context of Islamic Culture: Theoretical Foundation and Development of a Scale. *Journal of Psychological Models and Methods*. 2011;1(4):73–96.[Persian]
15. Hasanpor A, SeyfNaraqi M, Qarehkani A, Jafari M. An Investigation into the Relationship between Attachment to God and Mental Health in the Parents of Exceptional and Normal Children in Hamedan City in the Academic Year 2008-2009. *Quarterly Psychology Of Exceptional Individuals*. 2012;2(6):1–20. [Persian]
16. Ghobaribonab B, Yousefinamini A. The relationship between attachment to god and reliance on God. *Procedia Social and Behavioral Sciences*. 2010;5:1098–104.
17. Shahabizade F, Shahidi SH, Mazaheri M. Perception of childhood attachment and its relation with adulthood attachment to God. *J psychology*. 2007;10(4):422-40. [Persian]
18. Kharashizade S, Shahabizade F, Dastjerdi R. Study the role of childhood attachment, attachment to God and attributive methods on social anxiety of Birjand students. *J Psychology and Religion*. 2012;4(4):43-59. [Persian]
19. McDonald A, Beck R, Aliison S, Norsworthy L. Attachment to God and parents: testing the correspondence vs. Compensation Hypotheses. *J Psychology and Christianity*. 2005;24(1):21-8.
20. Kirkpatrick LA, Shaver PR. Attachment theoretical approach to romantic love and religious beliefs. *Personality and Social Psychology*. 1992;18:266-75.
21. Ahmadi KH, Sheikh M, Sarabandi H. The role of attachment to God in resilience and mental health of the parents of trainable mentally retarded children. *Research in Psychological Health*. 2012;6(1):1-9. [Persian]
22. DeRogatis LR. *SCL90R, Administration scoring and procedure manual-II*, Clinical Psychometric Research, Baltimore.1983.
23. Bagheriyazdi A, Bolhari J, Shah mohamadi D. Epidemiology of mental disorders in rural area of meybod. *Journal of Andisheh va Raftar*. 1994;1(1):3-41. [Persian]
24. Modaberniya MJ, Shojayitehrani H, Falahi M, Faghirpor M. Normalizing SCL-90-R Inventory in Guilan High-School Students. *J Guilan Univ Med Sci*. 2010;19(75):58-65.[Persian]
25. Rowatt WC, Kirkpatrick LA. Two Dimensions of attachment to God and their relation to affect and personality constructs. *Journal for Scientific study of Religion*. 2002 Dec;41(4):637-51.
26. Sepah Mansour M, Shahabizadeh F, Khoshnevis E. Perceived Childhood Attachment and Attachment to God. *Journal of Iranian psychologists*. 2008;15(4):253-65. [Persian]
27. Ghobaribonab B, Nesfat M, Khodayari-Fard M, Shokohi M. Producing of attachment to God scale and measuring of relationship between reliance on God and anxiety in students of Tehran university. *International Conference on the Role of Religion in Mental Health Tehran;2000*. [Persian]
28. Mirnasab M. Investigation of relationship between attachment to God and other coping strategies with anxiety and depression in perspicacious and normal students (Dissertation, not Registered): *Educational Sciences University;2000*. [Persian]
29. RahimianBoogar E, AsgharnejadFarid AA, Rahiminejad A. Relationship between attachment style and mental health in adult survivors of the Bam earthquake. *Psychological Research* 2008;11(1&2):27-40. [Persian]
30. Holly Quran.Ra'ad Sura: verse 28.

31. Bagheri H, Mirian SA, Bagheri M. Investigating the relationship between relying on god and the psychic health of the students in Neka Islamic Azad University. *Religion and Health* 2013;1(1):48-58. [Persian]
32. BouAlhari J, Ehsanmanesh M, KarimiKaisami E. Relationship between the stressors, stress symptoms and reliance on God (Tavakkol) in medical students. *Iranian Journal of Thought and Behavior in Clinical Psychology (IJPCP)*. 2000;6(21):24-5. [Persian]
33. Pourseed-Aghaei ZS. Investigation into God's trust and consent religious concepts education efficacy in group mode on decrease of Tehran region no 9. High school girl's anxiety. *Biquarterly Journal of Islamic Education*. 2011;5(10):79-100. [Persian]
34. Rasic DT, Belik SL, Elias B, Katz LY, Enns M, Sareen J. Spirituality, religion and suicidal behavior in a nationally representative sample. *J Affect Disord*. 2009 Apr;114(1-3):32-40.
35. Williams A. Spiritual therapeutic landscapes and healing: A case study of St. Anne de Beaupre, Quebec, Canada. *SocSci Med*. 2010 May;70(10):1633-40.
36. SolatiSk, Rabiei M, Shariati M. The relation between religious-orienting and mental health. *Qom Univ Med Sci*. 2011;5(3 suppl 1):42-8.