

The Relationship between Attachment to God, Perception of God and Emotional States, and Psychological Well-being: The Sample of Chronic Diseases

Tanrı'ya Bağlanma, Tanrı Algısı ve Duygu Durumları ile Psikolojik İyi Olma Arasındaki İlişki: Kronik Hastalıklar Örneği

Fatma SAĞLAM DEMİRKAN

ORCID: 0000-0001-7085-9919 - E-Posta saglam.fatma@gmail.com

Assist. Prof. Dr. Kafkas University Faculty of Theology, Department of Philosophy and Religious Studies, Department of Psychology of Religion

Dr. Öğr. Üyesi, Kafkas Üniversitesi, Felsefe ve Din Bilimleri Bölümü, Din Psikolojisi Anabilimdalı
Kars, Türkiye
ROR: 04v302n28

Article Information / Makale Bilgisi

Citation / Atıf: Demirkan, Fatma Sağlam. "The Relationship between Attachment to God, Perception of God and Emotional State, and Psychological Well-being: The Sample of Chronic Diseases". *Şırnak Üniversitesi İlahiyat Fakültesi Dergisi* 31 (Haziran 2023), 100-121.
<https://doi.org/10.35415/sirnakifd.1255773>

Date of Submission (<i>Geliş Tarihi</i>)	24. 02. 2023
Date of Acceptance (<i>Kabul Tarihi</i>)	29. 05. 2023
Date of Publication (<i>Yayın Tarihi</i>)	15. 06. 2023
Article Type (<i>Makale Türü</i>)	Research Article (<i>Araştırma Makalesi</i>)
Peer-Review (<i>Değerlendirme</i>)	Double anonymized - Two External (<i>İki Dış Hakem / Çift Taraflı Körleme</i>).
Ethical Statement (<i>Etik Beyan</i>)	It is declared that scientific and ethical principles have been followed while carrying out and writing this study and that all the sources used have been properly cited. (<i>Bu çalışmanın hazırlanma sürecinde bilimsel ve etik ilkelere uyulduğu ve yararlanılan tüm çalışmaların kaynakçada belirtildiği beyan olunur</i>).
Plagiarism Checks (<i>Benzerlik Taraması</i>)	Yes (<i>Evet</i>) – Turnitin / Ithenticate.
Conflicts of Interest (<i>Çıkar Çatışması</i>)	The author(s) has no conflict of interest to declare (<i>Çıkar çatışması beyan edilmemiştir</i>).
Complaints (<i>Etik Beyan Adresi</i>)	suifdergi@gmail.com
Grant Support (<i>Finansman</i>)	The author(s) acknowledge that they received no external funding in support of this research. (<i>Bu araştırmayı desteklemek için dış fon kullanılmamıştır</i>).
Copyright & License (<i>Telif Hakkı ve Lisans</i>)	Authors publishing with the journal retain the copyright to their work licensed under the CC BY-NC 4.0. (<i>Yazarlar dergide yayınlanan çalışmalarının telif hakkına sahiptirler ve çalışmalarını CC BY-NC 4.0 lisansı altında yayımlanmaktadır</i>).

Abstract

Worldwide population growth, inadequate and unhealthy living conditions are among the main reasons that increase the number of people with chronic diseases. Chronic diseases generally consist of cardiovascular diseases, cancers, diabetes, stroke, and chronic respiratory diseases. Although chronic diseases usually develop due to advancing age, they may sometimes be seen at young ages. These diseases progress slowly and require regular and continuous treatment and care. In addition, the number of individuals with chronic diseases is increasing day by day due to the increase in population, and since it is not possible to cure the disease, patients are given supportive treatment. In addition to drug treatment, psycho-educational programs are applied to patients by specialists. In other words, patients are informed about the conditions that may cause the disease, what to pay attention to and how the disease can affect their lives. Because high mortality rates due to chronic diseases can negatively affect the psychological health of patients. In this process, patients are informed about the ways of coping with the problems brought about by the disease and psychological support is provided to them as necessary. If a psychopathological condition has developed due to the disease, psychological treatment can be started for the patient. To the extent that the patient gives consent, moral support practices can also be used during the treatment process. Here, a holistic approach to the patient's problems is important for patient health. According to the World Health Organization's definition, health is a state of complete physical, mental and social well-being of the individual. Well-being is divided into two as subjective well-being and psychological well-being. According to Ryff, psychological well-being is the state of being aware that a person with a complex structure is a whole and that they have their own responsibility to protect, maintain and improve their well-being in this whole. This research was conducted to determine whether attachment to God, perception of God and emotional state predict psychological well-being. For this purpose, adult individuals with chronic diseases were included in this study. The research sample consisted of 304 individuals residing in different provinces of Turkey and having chronic diseases. The age range of the sample is between 25 and 72 and the mean age is 47.98. This research, in which scanning method and survey technique were used is fieldwork. In this research, God Attachment Inventory, God Perception Scale and Psychological Well-Being Scale were used as data collection tools. The data were analyzed with the SPSS package program. The findings show that attachment to God, perception of God and emotional states are among the variables that predict psychological well-being. The other variables predicting psychological well-being; loving God, anxious attachment to God, anxious mood, high school and secondary school graduate, conditional God, restless emotional state, and the place where their spent most of their life (village-town). This study showed that there was a relationship between the biological, psychological and spiritual dimensions of human beings. This study will provide data for spiritual counseling and guidance services in health field.

Keywords: Psychological Well-being, Perception of God, Attachment to God, Positive Emotions and Negative Emotions.

Özet

Dünya genelinde yaşanan nüfus artışı, yetersiz ve sağlıksız yaşam koşulları ve diğerleri kronik hasta sayısında artışa neden olmaktadır. Kronik hastalıklar genellikle kalp damar hastalıkları, kanserler, diyabet, inme ve kronik solunum yolu hastalıklardan oluşmaktadır. Kronik hastalıklar genellikle ilerleyen yaşa bağlı olarak gelişse de bazen küçük yaşlarda görülebilir. Ayrıca nüfus artışına bağlı olarak kronik hastalığı olan bireylerin sayısı her geçen gün artmakta ve hastalığın tedavisi mümkün olmadığı için hastalara destek tedavisi verilmektedir. İlaç tedavisinin yanında uzmanlar tarafından hastalara psiko-eğitim programları uygulanmaktadır. Yani hastalığa neden olabilecek durumlar, nelere dikkat edilmesi gerektiği ve hastalığın hayatını nasıl etkileyebileceği hakkında hastalar bilgilendirilmektedir. Çünkü kronik hastalıklara bağlı ölüm oranlarının yüksek olması hastaların psikolojik sağlığını olumsuz etkileyebilmektedir. Bu süreçte hastalar; hastalığın getirdiği sorunlarla başa çıkma yolları hakkında bilgilendirilmekte ve onlara gerektiği ölçüde psikolojik destek sağlanmaktadır. Hastalığa bağlı psikopatolojik bir durum gelişmiş ise hastaya psikolojik bir tedavi başlanabilir. Hasta onay verdiği ölçüde tedavi sürecinde manevi destek uygulamaları da kullanılabilir. Burada hastanın sorunlarına bütüncül yaklaşım sergilenmesi hasta sağlığı açısından önemlidir. Dünya Sağlık Örgütü'nün (DSÖ) sağlık tanımına göre sağlık bireyin fiziksel, ruhsal ve sosyal yönden tam anlamıyla bir iyilik halidir. İyi oluş hali, öznel iyi oluş ve psikolojik iyi oluş olarak ikiye ayrılmaktadır. Ryff'e göre psikolojik iyi oluş, karmaşık bir yapıya sahip olan insanın bir bütün olduğunun ve bu bütün içinde iyiliğini korumak, sürdürmek ve geliştirmek için kendi sorumluluğunu taşıdığı farkında olma halidir. Bu araştırma, Tanrı'ya bağlanma, Tanrı algısı ve duygusal durumun psikolojik iyi oluşu yordayıp yordamadığını belirlemek amacıyla yapılmıştır. Bu amaç doğrultusunda kronik hastalığı olan yetişkin bireyler araştırmaya dahil edilmiştir. Araştırma örneklemini, Türkiye'nin farklı illerinde ikamet eden ve kronik hastalığı olan 304 bireyden oluşmaktadır. Örneklemin yaş aralığı 25 ile 72 olup yaş ortalaması 47,98'dir. Tarama yöntemi ve anket tekniğinin kullanıldığı bu araştırma; saha araştırması niteliğine sahiptir. Araştırmada veri toplama aracı olarak, Tanrı'ya Bağlanma Envanteri, Tanrı Algısı Ölçeği ve Psikolojik İyi Oluş Ölçeği kullanılmıştır. Veriler SPSS paket programıyla analiz edilmiştir. Elde edilen bulgulara göre; Tanrı'ya bağlanma, Tanrı algısı ve duygu durumlarının, psikolojik iyi oluşu yordayan değişkenler arasında olduğu söylenebilir. Psikolojik iyi olma halini yordayan diğer değişkenler; Allah sevgisi, Allah'a kaygılı bağlanma, duygu durumu kaygılı, lise ve ortaokul mezunu, koşullu Allah algısı, duygu durumu huzursuz, hayatının çoğunu geçirdiği yer (köy-kasaba), olarak belirlenmiştir. Bu çalışma insanın biyolojik, psikolojik ve manevi yönleri arasında bir ilişki olduğunu göstermektedir. Bu çalışmanın, sağlık alanında yapılan manevi danışmanlık ve rehberlik hizmetlerine veri sağlayacağı düşünülmektedir.

Anahtar Kelimeler: Psikolojik İyi Oluş, Allah Algısı, Allah'a Bağlanma, Olumlu Duygular ve Olumsuz Duygular

Introduction

Attachment is which develops in different ways depending on that basic needs, such as their child's hunger-thirst, sleep, protection, and love, are met by the parents sufficiently and when needed.¹ Meeting the needs at a sufficient level and at the desired time enables the child to develop a positive attitude toward the caregiver. However, not meeting the needs adequately and on time causes the child to develop negative attitudes towards the caregiver. Attitudes are which developed towards parents emerge with the effect of internal working models. As a product of synthesizing emotional, mental, and behavioral processes, internal working models determine how attachment styles will develop. According to the developing attachment styles, the attitudes and behaviors that the child will develop in the face of events and situations are shaped.²

The development of the religion-individual relationship is determined not only by internal working models, but also by parental religiosity.³ According to the correspondence hypothesis, parental attachment styles and parental religiosity determine the child's religiosity. Kirkpatrick's study on the relationship between parental religiosity and attachment styles of individuals concluded that individuals who have insecure attachments to religious parents and those with secure attachments to non-religious parents are less likely to be religious. At the same time, individuals who have secure attachments to religious parents and those with insecure attachments to non-religious parents are more likely to be religious.⁴ As can be seen, the parent's lifestyle and their parent's relationship with the child also shape the child's relationship. Individuals who are securely attached to the attachment figure are expected to have a high level of well-being because they have a positive self-perception.⁵ It has been determined in some studies that there is a relationship between attachment style and well-being.⁶ So what does well-being mean?

¹ Burcu Çalık Bağrıyanık, et al. "Sağlıklı Ebeveyn- Bebek Bağlanması". *Eurasian Journal of Health Science*, 3/2 (2020), 42.

² John Bowlby. *Bağlanma*, çev. Tuğrul Veli Soylu (İstanbul: Pinhan Yay. 2012), 327-33.

³ Angie McDonald, Richard Beck, Larry Norsworthy, "Attachment to God and Parents: Testing the Correspondence vs. Compensation Hypotheses", *Journal of Psychology and Christianity*, 24/1 (2005), 22.

⁴ Lee A. Kirkpatrick, *Attachment, Evolution, and the Psychology of Religion* (New York&London: Guilford Press, 2005), 113.

⁵ Çiğdem Berber Çelik, "Bağlanma Stilleri, Psikolojik İyi Oluş ve Sosyal Güvende Hissetme: Aralarındaki İlişki Ne?", *Bayburt Eğitim Fakültesi Dergisi*, 13/25 (2018), 34.

⁶ Kemal Baytemir, "Ergenlikte Ebeveyn ve Akranına Bağlanma ile Öznel İyi Oluş Arasındaki İlişkide Kişilerarası Yeterliğin Aracılığı", *Eğitim ve Bilim Dergisi*, 41/186 (2016), 82; Rosario J. Marrero-Quevedo, Pedro J. Blanco-Hernández, Juan A. Hernández-Cabrera, "Adult Attachment and Psychological Well-Being: The Mediating

In the historical process, the state of well-being has been used with different names and definitions. Ancient philosophers used the concept of happiness instead of well-being. By considering the concept of happiness within the scope of moral philosophy, they associated the concept of happiness with concepts such as taking pleasure, benefiting, and being virtuous.⁷ Aristippus aimed to achieve happiness based on the principle of "pleasure is the highest and pain the lowest (it should be avoided)."⁸ Pleasures are generally divided into two groups: sensory pleasures and intellectual pleasures.⁹ It can be said that sensory pleasures are more related to subjective well-being, while intellectual pleasures are related to psychological well-being.

Three philosophical views of happiness: life satisfaction, hedonic well-being (e.g., emotional well-being, happiness, subjective well-being), and eudaimonia (psychological well-being, self-realization, individual development, and mental health development).¹⁰ The characteristics of psychological well-being are self-awareness, awareness of positive personal characteristics, being satisfied with life, being consistent, keeping positive and negative emotions in balance, being in a state of general optimism, and progressing towards self-development.¹¹ Psychological well-being refers to the holistic development of the individual, including cognitive, emotional, physical, spiritual, self and social processes.¹² The person who covers and defines psychological well-being in the most comprehensive way is Carol Ryff. Ryff used different theories and phenomena while defining psychological well-being. Psychological well-being concept of Ryff includes *Maslow's conception of self-actualization, Roger's view of the fully functioning person, Jung's formulation of individuation, and Allport's*

Role of Personality", *Journal of Adult Development*, 26 (2019), 41; Vincenzo Calvo, et al., "Attachment and well-being: Mediator roles of mindfulness, psychological inflexibility, and resilience", *Current Psychology*, Vol 41, 2022, 2966–2979.

⁷ Ahmet Cevizci, *Felsefe Sözlüğü* (İstanbul, Paradigma yay., 1999), 612-613.

⁸ Encyclopaedia Britannica, "Aristippus: Greek philosopher", Accessing 20 November 2022: <https://www.britannica.com/biography/Aristippus>; Cevizci, *Felsefe Sözlüğü*, 73; Gunnar Skirbekk, Nils Gilje, *Felsefe Tarihi*, çev: Emrullah Akbaş, Şule Mutlu, (İstanbul: İstanbul Üniversitesi Kitabevi), 127.

⁹ Cevizci, *Felsefe Sözlüğü*, 402.

¹⁰ M. Joseph Sirgy, *The Psychology of Quality of Life: Hedonic Well-Being, Life Satisfaction, and Eudaimonia*, 2. ed., (New York & London: Springer, 2012), 7-18.

¹¹ Carol D. Ryff, Burton H. Singer, "Know Thyself and Become What You Are: A Eudaimonic Approach to Psychological Well-being", *Journal of Happiness Studies*, 9/1, (2008), 20.

¹² Brett Roothman, Doret K. Kirsten, Marie P. Wissing, "Gender Differences In Aspects of Psychological Wellbeing", *South African Journal Of Psychology*, 33/4, (2003), 212.

conception of maturity.¹³ In addition, according to Ryff, there are six dimensions that characterize the individual's psychological well-being.¹⁴

(1) Self-acceptance: It can be defined as a person's acceptance of themselves with their positive and negative aspects. If the person's self-acceptance level is high, a positive self-perception occurs, and if it is low, a negative self-perception occurs.

(2) Positive Relations with others: Individuals who act for self-actualization establish positive relationships with other people. A positive relationship is built on love, empathy, compassion, deep friendship and identification.

(3) Autonomy: It is the ability of a person to make their decisions, to be independent and to regulate their behavior with intrinsic motivation. By activating the internal evaluation focus, the persons create their own characteristics.

(4) Environmental Mastery: It is defined as an individual's preference for environments suitable for their psychological health. It is about the extent to which an individual takes advantage of environmental opportunities. Being active in the relationship with the environment and dominating the environment contributes to the person's development.

(5) Purpose in Life: It represents thoughts and beliefs that give an individual the feeling that life has purpose and meaning. An individual who behaves in line with these thoughts and beliefs is hopeful. Because the purpose of life adds meaning to their life by enabling the individual to progress in line with certain goals.

(6) Personal Growth: An individual needs to gain experience to develop themselves and reveal their potential. As in Maslow's hierarchy of needs, self-actualization is the ultimate goal of human life. In line with this purpose, the individual wants to develop and have unique characteristics.

This study aims to determine how the psychological and spiritual aspects of the individuals who receive continuous treatment and care due to their illness are related to each other. For this purpose, individuals with at least one chronic disease were included in the study. This research investigated whether demographic characteristics (gender, age, marital

¹³ Carol D. Ryff, Burton Singer, "Psychological Well-Being: Meaning, Measurement, and Implications for Psychotherapy Research". *Psychotherapy and Psychosomatics*, 65/1, (1996), 14.

¹⁴ Carol D. Ryff, Burton Singer, "Psychological Well-Being: Meaning, Measurement, and Implications for Psychotherapy Research". 15

status, financial situation, education level, place of residence), emotional state, attachment styles, and perception of God have a predictive effect on psychological well-being. The following hypotheses were formed within the framework of this question:

Hypotheses:

(H₁) There is a relationship between God's perception and psychological well-being.

(H₂) There is a negative relationship between insecure attachment to God and psychological well-being and a positive relationship with secure attachment.

(H₃) There is a positive relationship between positive mood states and psychological well-being and a negative relationship with negative mood states.

(H₄) Individuals with chronic disease feel more anxious.

2. Method

This research is a relational research type of quantitative research design. In this study, a scanning model was used as a method. The research data were obtained using the questionnaire technique.

2.1. Data Collection Tools

2.1.1. Personal information form

In the personal information form, questions about gender, age, marital status, educational status, and economic status were included to introduce the participants. At the same time, the question 'How do you evaluate your mood in general?' was posed. Emotions felt hopeful, cheerful, peaceful, pessimistic, anxious and restless were included in the choices.

2.1.2. The Attachment to God Inventory

The Attachment to God Inventory was developed by Richard Beck and Angie McDonald in 2004 (Attachment to God Inventory AGI).¹⁵ The adaptation of the form to Turkish was made by Subaşı. AGI, which consists of 26 questions, was determined as three dimensions as a result of factor analysis (KMO = .827; Cronbach alpha = .787; $\chi^2 = 1.221$; $p = 0.000$). These dimensions are; avoidance, anxiety and trust dimensions. The Attachment to God Inventory consists of three sub-dimensions: secure attachment, avoidant attachment,

¹⁵ R. Beck, ve A. McDonald, "Attachment to God: The Attachment to God Inventory, Test of Working Model Correspondence, and and Exploration of Faith Group Differences", *Journal of Psychology and Theology*, 32/2, (2004), 92-103.

and anxious attachment. The questions of the confidence dimension are 2, 4, 8, 9, 10, 13, 16, 18, 19, 20, 22, 23, 24 and 26. The questions of the anxiety dimension are 3, 5, 14, 18 and 25. The questions of the avoidance dimension are 1, 6, 7 and 11. The Cronbach's alpha values obtained were .849 for the confidence dimension, .770 for the anxiety dimension and .570 for the avoidance dimension. In general, Cronbach's alpha value of AGI is .787. The questions in the inventory were measured with a 7-point Likert type rating.¹⁶

2.1.3. God Perception Scale

The God Perception Scale of Halstead & Hautus was adapted into Turkish by Akın et al. The analysis results of the form adapted to Turkish are as follows: In the confirmatory factor analysis, the model consisting of 16 items and two dimensions (loving God and conditional God) was found to fit well ($\chi^2 = 264.43$, $sd = 97$, $RMSEA = .069$, $CFI = .91$, $IFI = .91$, $NFI = .85$, $RFI = .82$, $GFI = .92$, $SRMR = .069$). The internal consistency reliability coefficients of the scale were .83 for the loving God sub-dimension, .56 for the conditional God sub-dimension, and .67 for the whole scale. The factor loadings of the scale range from .27 to .77, and the corrected item-total correlation coefficients range from .10 to .68. The perceptions of God scale consists of two dimensions, which are loving God and conditional God. The items of loving God are 4,5,7,8,12,13,14 and 16. The items of the conditional God are 1,2,3,6,9,10,11 and 15. Reverse coded items in the scale are 1,2,3,6,9,10,11 and 15. The scale consists of 16 items and has a 5-point Likert-type rating.¹⁷

2.1.4. Psychological Well-being Scales

The Psychological Well-being Scale developed by Ryff (1989) is a total of 84 items consisting of six sub-dimensions and 14 items in each dimension.¹⁸ The Turkish adaptation of this scale form was carried out by Akın (2008). It was observed that the internal consistency coefficients of the psychological well-being scales ranged from .87 to .96. The test-retest reliability ranged from .78 to .97. Within the scope of this study, the internal consistency

¹⁶ Hacer Subaşı. *Üniversite Öğrencilerinin Tanrı İle İlişkilerinin Bağlanma Kuramı Açısından Değerlendirilmesi*, (İstanbul: Marmara Üniversitesi, Sosyal Bilimler Enstitüsü, Yüksek Lisans Tezi, 2012), 89.

¹⁷ Ahmet Akın, et.al. "The Validity and Reliability of the Turkish Version of the Religious Activities Scale". Paper presented at the 2nd International Conference on Ethics Education, (Ankara, May 21-23, 2014).

¹⁸ C. D. Ryff. "Happiness is Everything, or Is It? Explorations On The Meaning Of Psychological Wellbeing". *Journal of Personality and Social Psychology*, 57, (1989). 1072.

coefficient of the scale was calculated as .89.¹⁹ The scale consists of 18 items and has a 5-point Likert-type rating. The scale consists of six sub-dimensions: autonomy, environmental mastery, personal growth, positive relationships with others, purpose in life and self-acceptance. Reverse-coded items in each subscale are as follows: Autonomy: 2, 20, 32, 44, 56, 62, 74; Environmental Dominance: 9, 15, 27, 45, 63, 75; Personal Growth: 4, 22, 34, 58, 76, 82; Positive Relationships with Others: 7, 13, 31, 43, 55, 61, 73; Purposes in Life : 11, 17, 29, 35, 41, 65, 83 and Self-acceptance: 18, 24, 42, 54, 60, 66, 84.²⁰

2.2. Data Collection and Analysis

Before starting the present study, ethics committee approval was obtained from Kafkas University Social and Human Sciences Scientific Research and Publication Ethics Committee to conduct this research in a healthy and legal manner. The average time to fill out the questionnaire was between 15-20 minutes. The application was made between June 2021 and April 2022. For data analysis, the data were evaluated using the SPSS 21.0 statistical program.

Within the scope of this research, descriptive statistics were used to determine the characteristics of the participants. For the research questions, multiple regression and correlational analysis were performed. Before proceeding to the multiple regression analysis, it was checked whether the assumptions were met. Only one of the variables of the God Perception Scale total score and the Love for God dimension score, in which the bilateral correlation values of the independent variables were above 0.80, were included in the multiple regression. The binary correlation values of the other independent variables were below 0.80, the VIF values were less than 10, the tolerance values were higher than 0.20, and it was concluded that there was no multicollinearity problem. Since Durbin-Watson values were between 0-2.5, it was accepted that there was no autocorrelation. In addition, dummy coding was used while demographic variables were included in the analysis. The stepwise regression method was used in the multiple regression analysis.

¹⁹ Ahmet Akın. "Psikolojik İyi Olma Ölçekleri (PİÖÖ): Geçerlilik ve Güvenirlilik Çalışması, Kuram ve Uygulamada", *Eğitim Bilimleri Dergisi*, 8/3, (2008), 721.

²⁰ Ahmet Akın. "Psikolojik İyi Olma Ölçekleri (PİÖÖ): Geçerlilik ve Güvenirlilik Çalışması, Kuram ve Uygulamada", *Eğitim Bilimleri Dergisi*, 8/3, (2008), 739.

Results

Frequency and percentage statistics were computed to analyze the emotional states of individuals with chronic illnesses, and the findings are presented in Table 1.

Table 1. Emotional State of the Participants in Daily Life

Predictor	Min.	Max.	\bar{X}	SD
Age	25	72	47,98	6,47
Variable	Levels	n	%	
General Evaluation Of Mood In Daily Life	Hopeful	24	7,89	
	Cheerful	24	7,89	
	Peaceful	86	28,29	
	Pessimistic	28	9,21	
	Anxious	117	38,49	
	Uneasy	25	8,22	

Min.:minimal value, Max.: Maximum value, \bar{X} :Mean, sd: Standard deviation, n: Number of subjects, %: Percent

When Table 1 was examined, the general mood states of the participants in daily life were 7.89% (n = 24) hopeful, 7.89% (n = 24) cheerful, 28.29% (n = 86) peaceful, 9.21 (n = 28) rated it as pessimistic, 34.49% (n = 117) as anxious and 8.22% (n = 25) as uneasy.

Descriptive statistic regarding the psychological well-being scale score used in the study were presented in Table 2.

Table 2. Descriptive statistics of scale scores

	\bar{X}	\bar{X} / Number of items	ss	Skewness	Kurtosis	
Psychological Well-being Scale	Self-acceptance	10,83	3,61	2,60	-,642	-,152
	Personal growth	11,11	3,70	2,55	-,525	-,640
	Purpose in life	10,72	3,57	1,73	-,309	1,310
	Positive relations with other	10,49	3,50	2,43	,010	-1,058
	Environmental mastery	8,56	2,85	3,19	-,392	-1,164
	Autonomy	11,13	3,71	1,75	-,515	1,311
	Total	62,84	3,49	9,71	-,456	-,418

Min.:minimal value, Mak.: Maximum value, \bar{X} :Mean, ss: Standard deviation

When Table 2 was examined, Psychological Well-being Scale self-acceptance mean score was 10.83; personal growth average score of 11.11; the purpose in life mean score was 10.72; the mean score of establishing positive relationships with other was 10.49; the environmental mastery mean score was 8.56; The average autonomy score was 11.13 and the scale total score average was 62.84. When the values obtained by dividing the mean by the

number of items in the scale were examined, the personal growth and autonomy with chronic diseases were the highest, and the environmental mastery levels were the lowest. When the skewness and kurtosis values were examined, it was seen that the scale scores generally approached the normal distribution. However, it was seen that only God Perception Scale conditional God scores were markedly sharpened and skewed to the left.

To examine the predictive effects of the demographic characteristics (gender, age, marital status, financial situation, graduation status, place where they spend most of their life), the emotional states they described, their God attachment styles and their perception of God, on the psychological well-being of individuals with chronic disease. Multiple regression analysis was performed. The results were presented in Table 3.

Table 3. Examination of the variables that predict the psychological well-being levels of individuals with chronic diseases

Model	B	Standard Error	β	t	p	R	R ²
<i>Regression 1 (Dependent variable: Self-acceptance)</i>							
Invariant	5,339	1,745		3,060	,002		
Loving God	,131	,023	,370	5,579	,000		
Mood (anxious)	-2,140	,288	-,402	-7,442	,000		
Anxious attachment to God	-,119	,023	-,247	-5,226	,000		
Age	,059	,017	,146	3,498	,001		
Mood (uneasy)	-2,115	,455	-,224	-4,644	,000	0,76	0,58
Mood (pessimistic)	-1,081	,377	-,121	-2,864	,004		
Conditional God	,090	,033	,146	2,717	,007		
Monthly income (We generally meet my needs)	-,612	,276	-,094	-2,219	,027		
Educational status (high school)	,475	,223	,090	2,129	,034		
					F(9, 293)=45,444; p = 0,000		
<i>Regression 2 (Dependent variable: Personal Growth)</i>							
Invariant	2,005	1,571		1,276	,203		
Loving God	,203	,022	,587	9,237	,000		
Anxious attachment to God	-,138	,023	-,291	-6,082	,000		
Educational status (high school)	,709	,211	,138	3,364	,001		
Conditional God	,161	,033	,266	4,941	,000	0,77	0,59
Avoidant attachment to God	,132	,032	,167	4,055	,000		
Mood (anxious)	-1,024	,249	-,196	-4,112	,000		
Mood (uneasy)	-1,130	,416	-,122	-2,715	,007		
					F(7, 295)=60,179; p = 0,000		
<i>Regression 3 (Dependent variable: Purpose in Life)</i>							
Invariant	10,153	,859		11,823	,000		
Anxious attachment to God	-,046	,019	-,141	-2,408	,017	0,21	0,04
Secure attachment to God	,021	,010	,121	2,065	,040		
					F(2, 300)=6,853; p = 0,001		
<i>Regression 4 (Dependent variable: Positive Relations with Other)</i>							
Invariant	11,459	,941		12,182	,000	0,45	0,20

Anxious attachment to God	-,166	,028	-,366	-6,012	,000		
Loving God	,071	,019	,215	3,839	,000		
Educational status (undergraduate)	-,866	,350	-,142	-2,476	,014		
F(3, 299)=25,571; p = 0,000							
<i>Regression 5 (Dependent variable: Environmental Mastery)</i>							
Invariant	7,651	1,022		7,488	,000		
Loving God	,135	,021	,311	6,345	,000		
Mood (anxious)	-2,833	,318	-,433	-8,898	,000		
Mood (uneasy)	-2,934	,527	-,253	-5,563	,000		
Eğitim durumu (ortaokul)	-,761	,259	-,114	-2,933	,004	0,79	0,63
Anxious attachment to God	-,086	,023	-,144	-3,696	,000		
Mood (pessimistic)	-1,393	,432	-,126	-3,224	,001		
Place spent most of their life (village-town)	-,743	,320	-,088	-2,325	,021		
F(7, 295)=72,512; p = 0,000							
<i>Regression 6 (Dependent variable: Autonomy)</i>							
Invariant	12,997	,408		31,842	,000		
Anxious attachment to God	-,101	,020	-,311	-5,107	,000		
Educational status (undergraduate)	-,847	,269	-,193	-3,147	,002	0,32	0,10
Place spent most of their life (district)	,623	,210	,167	2,962	,003		
F(3, 299)=11,734; p = 0,000							
<i>Regression 7 (Dependent variable: Total Score)</i>							
Invariant	45,456	5,360		8,481	,000		
Loving God	,668	,080	,506	8,359	,000		
Anxious attachment to God	-,604	,084	-,334	-7,213	,000		
Mood (anxious)	-4,783	,921	-,240	-5,195	,000		
Educational status (high school)	3,745	1,028	,190	3,642	,000		
Conditional God	,392	,118	,169	3,332	,001	0,79	0,63
Mood (uneasy)	-4,553	1,545	-,129	-2,947	,003		
Place spent most of their life (village-town)	-2,540	,986	-,099	-2,576	,010		
Educational status (secondary school)	2,159	1,043	,106	2,069	,039		
F(8, 294)=62,412; p = 0,000							

When the results of the first regression model given in Table 3 were examined, the multiple regression model was completed in nine stages. In other words, nine predictor variables were included in the regression equation. The 0.01 level of the F value for the regression equations was statistically significant ($F(9, 293)=45,444; p<0.01$). The variables that were significant predictors of psychological well-being self-acceptance dimension scores were loving God, mood (anxious), anxious attachment to God, age, mood (uneasy), mood (pessimistic), conditional God, monthly income (generally we meet my needs) and educational status (high school). The independent variables included in the model as predictors explained 58% of the change in psychological well-being self-acceptance

dimension scores. When the standardized regression coefficients (β) were examined, it was understood that the variable with the most important share in the explained variance was the anxious mood. It was seen that the regression coefficient from the loving God to the dimension of self-acceptance was 0.131. Accordingly, it can be said that a one-unit increase in the loving God dimension scores caused an increase of 0.131 units in the self-acceptance dimension scores. It was determined that the regression coefficient from the mood (anxious) variable to the self-acceptance dimension was -2,140. Accordingly, it can be said that the self-acceptance scores of the participants with mood (anxious) were 2,140 units less than the other participants. It was determined that the regression coefficient from the anxious attachment to God to the self-acceptance was -0.119. Accordingly, it can be said that a one-unit increase in the anxious attachment to God dimension scores caused a 0.119-unit decrease in the self-acceptance dimension scores. The regression coefficient from the age variable to the self-acceptance dimension was 0.059. Accordingly, it can be said that a one-unit increase in the age of the participants caused an increase of 0.059 units in the self-acceptance dimension scores. It was determined that the regression coefficient from the mood (uneasy) variable to the self-acceptance dimension was -2,115. Accordingly, it can be said that the self-acceptance dimension scores of the participants whose mood (uneasy) were 2,115 units less than the other participants. The regression coefficient from the mood (pessimistic) variable to the self-acceptance dimension was -1.081. Accordingly, the self-acceptance dimension scores of the participants with mood (pessimistic) were 1,081 units less than the other participants. It was determined that the regression coefficient from conditional God to self-acceptance dimension was 0.090. Accordingly, it can be said that a one-unit increase in the participants' conditional God scores caused an increase of 0.090 units in their self-acceptance dimension scores.

When the results of the second regression model given in Table 3 were examined, the multiple regression model was completed in seven stages. In other words, seven predictor variables were included in the regression equation. The 0.01 level of the F value for the regression equations was statistically significant ($F(7, 295)=60,179; p<0.01$). The variables that were significant predictors personal growth dimension scores of psychological well-being were loving God, anxious attachment to God, educational status (high school), conditional God, avoidance attachment to God, mood (anxious), and mood (uneasy). The independent variables included in the model as predictors explained 59% of the change in personal

growth scores on the psychological well-being . When the standardized regression coefficients (β) were examined, it was understood that the most important variable in the explained variance was the loving God. It was seen that the regression coefficient from the loving God to the dimension of personal growth was 0.203. Accordingly, it can be said that a one-unit increase in the loving God dimension scores caused an increase of 0.203 units in the personal growth dimension scores. It was determined that the regression coefficient from the anxious attachment to God to the dimension of personal growth was -0.138. Accordingly, it can be said that a one-unit increase in the anxious attachment to God caused a 0.138-unit decrease in the personal growth dimension scores. It was seen that the regression coefficient from the conditional God dimension to the personal growth dimension was 0.161. Accordingly, it can be said that a one-unit increase in the conditional God dimension scores caused an increase of 0.161 units in the personal growth dimension scores. It was determined that the regression coefficient from the avoidant attachment to God dimension to the personal growth dimension was 0.132. Accordingly, it can be said that a one-unit increase in avoidant attachment to God dimension scores caused an increase of 0.132 units in personal growth dimension scores. It was determined that the regression coefficient from the mood (anxious) variable to the personal growth dimension was -1,024. Accordingly, the personal growth dimension scores of the participants with mood (anxious) were 1.024 units less than the other participants. It was determined that the regression coefficient from mood (uneasy) variable to the individual development dimension was -1,130. According to this, the personal growth dimension scores of the participants whose mood (uneasy) were 1,130 units less than the other participants.

When the results of the third regression model given in Table 3 are examined, the multiple regression model was completed in two stages. In other words, two predictor variables were included in the regression equation. The F value of the regression equations was statistically significant at the 0.01 level ($F(2, 300)=6.853; p<0.01$). The variables that were significant predictors of purpose in life dimension scores of psychological well-being were determined as the anxious and secure attachment to God. The independent variables included in the model as predictors explain 4% of the change in the purpose in life dimension scores of psychological well-being, . When the standardized regression coefficients (β) were examined, it was understood that the predictor variables included in the regression equation have approximately the same share in the explained variance. It was

determined that the regression coefficient from the anxious attachment to God to the dimension of the purpose in life was -0.046. Accordingly, it can be said that a one-unit increase in the anxious attachment to God scores caused a decrease of 0.046 units in the purpose in life dimension scores. It was determined that the regression coefficient from the secure attachment to God dimension to the dimension of the purpose in life was 0.021. Accordingly, it can be said that a one-unit increase in the scores of the secure attachment to God dimension caused a decrease of 0.021 units in the scores of the purpose of life dimension.

When the results of the fourth regression model given in Table 3 are examined, the multiple regression model was completed in three stages. In other words, three predictor variables were included in the regression equation. The 0.01 level of the F value for the regression equations was statistically significant ($F(3, 299)=25.571; p<0.01$). The variables that were significant predictors of positive relations with other dimensions scores of psychological well-being were determined as the anxious attachment to God, loving God and educational status (undergraduate). The independent variables included in the model as predictors explain 63% of the change in the scores of positive relations with others. When the standardized regression coefficients (β) were examined, it was understood that the most important variable in the explained variance was the anxious attachment style to God. The regression coefficient from the anxious attachment to God dimension to the dimension of positive relationships with others was -0.166. Accordingly, it can be said that a one-unit increase in the anxious attachment to God dimension scores caused a 0.166-unit decrease in the scores of positive relationships with other. The regression coefficient from the loving God dimension to the dimension of positive relationships with other was 0.071. Also, a one-unit increase in the scores of the loving God dimension caused an increase of 0.071 units in the scores of positive relationships with other.

When the results of the fifth regression model given in Table 3 were examined, the multiple regression model was completed in seven stages. In other words, seven predictor variables were included in the regression equation. The F value of the regression equations was statistically significant at the 0.01 level ($F(7, 295)=72.512; p<0.01$). The variables that were significant predictors of environmental mastery dimensions of psychological well-being were determined as the loving God, mood (anxious), mood (uneasy), educational status (secondary school), anxious attachment to God dimension, mood (pessimistic), and place

spent most of their life (village- town). The independent variables included in the model as predictors explained 63% of the change in environmental mastery scores of psychological well-being. When the standardized regression coefficients (β) were examined, it was understood that the variable with the most important share in the explained variance was mood (anxious). It was seen that the regression coefficient from the loving God to the dimension of environmental mastery was 0.135. Accordingly, it can be said that a one-unit increase in the loving God dimension scores caused an increase of 0.135 units in the environmental mastery dimension scores. The regression coefficient from the mood (anxious) variable to the environmental mastery dimension was 2.833. Accordingly, the environmental mastery dimension scores of the participants with mood (anxious) were 2,833 units less than the other participants. It was determined that the regression coefficient from the mood (uneasy) variable to the environmental mastery dimension was -2,934. Accordingly, the environmental mastery dimension scores of the participants whose mood (uneasy) were 2,934 units less than the other participants. The regression coefficient from the anxious attachment to God dimension to the environmental mastery dimension was -0.086. Accordingly, it can be said that a one-unit increase in the anxious attachment to God dimension scores caused a 0.086-unit decrease in the environmental mastery dimension scores. It was determined that the regression coefficient from the mood (pessimistic) variable to the environmental mastery dimension was -1.393. Accordingly, the environmental mastery dimension scores of the participants with mood (pessimistic) were 1,393 units less than the other participants.

When the results of the sixth regression model given in Table 3 were examined, the multiple regression model was completed in three stages. In other words, three predictor variables were included in the regression equation. The F value of the regression equations was statistically significant at the 0.01 level ($F(3, 299)=11.734; p<0.01$). The variables that were significant predictors of the scores of the autonomy dimension of psychological well-being were determined as the anxious attachment to God, educational status (undergraduate), and the place spent most of their life (district). The independent variables included in the model as predictors explained 10% of the change in the scores of the autonomy dimension of psychological well-being. When the standardized regression coefficients (β) were examined, it was understood that the most important variable in the explained variance was the anxious attachment style to God. The regression coefficient from the anxiety dimension of

attachment to God to the dimension of autonomy was -0.101. Accordingly, it can be said that a one-unit increase in the scores of anxiety attachment to God caused a 0.101-unit decrease in the autonomy dimension scores.

When the results of the seventh regression model given in Table 3 are examined, the multiple regression model was completed in eight stages, in other words, eight predictor variables were included in the regression equation. The 0.01 level of the F value for the regression equations was statistically significant ($F(8, 294)=62.412; p<0.01$). Variables that were significant predictors of psychological well-being scale scores were loving God, anxious attachment to God dimension, emotional state (anxious), education status (secondary school), graduation status (high school), place spent most of their life (village town), conditional God and mood (uneasy). The independent variables included in the model as predictors explained 63% of the change in psychological well-being scale scores. When the standardized regression coefficients (β) were examined, it was understood that the most important variable in the explained variance was the loving God. It was determined that the regression coefficient from the loving God dimension to psychological well-being was 0.668. Accordingly, it can be said that a one-unit increase in the scores of the loving God dimension caused an increase of 0.668 units in the scores of the psychological well-being scale. The regression coefficient from the anxious attachment to God to psychological well-being was -0.604. Accordingly, it can be said that a one-unit increase in the scores of the anxious of attachment to God caused a 0.604-unit decrease in the scores on the psychological well-being scale. The regression coefficient from the mood (anxious) variable to psychological well-being was -4,783. Accordingly, the psychological well-being scale scores of the participants with mood (anxious) were 4,783 units lower than the other participants. The regression coefficient from educational status (high school) to psychological well-being was 3,745. Accordingly, the psychological well-being scale scores of the high school graduates were 3,745 units higher than the other participants. The regression coefficient from the conditional God dimension to psychological well-being was 0.392. Accordingly, it can be said that a one-unit increase in the conditional God dimension scores caused an increase of 0.392 units in the psychological well-being scale scores. The regression coefficient from the mood (uneasy) variable to psychological well-being was -4,553. The psychological well-being scale scores of the participants whose mood (unesy) are 4,553 units less than the other participants. It was determined that the regression coefficient from the place spent most of their life (village-

town) to psychological well-being was -2,540. Accordingly, the psychological well-being scale scores of the participants who spent most of their lives in the village-town were 2,540 units less than the other participants. The regression coefficient from educational status (secondary school) to psychological well-being was 2.159. Accordingly, the psychological well-being scale scores of the secondary school graduates were 2,159 units higher than the other participants.

Discussion and Conclusion

Human is a complex creature with more than one physical, psychological, social and spiritual structure.²¹ Changes and transformations in these structures may affect other structures and cause a holistic change and transformation. Consistent with a previous study in the literature, this study also shows a relationship between psychological well-being and spirituality and health.²² It has been found that the state of psychological well-being changes depending on the imagination created for God.²³ The loving God or the perception of God as a being that can be loved is the variable that best predicts psychological well-being. The findings in the literature suggest that when the loving God score increases, the psychological health score also increases. There is a positive relationship between mental health and a positive God image and a negative relationship with a negative God-image.²⁴ Individuals who love God envision God as compassionate and helpful. Because they trust in God, they believe that they will get help from God in every situation.²⁵ Individuals who develop positive mental representations of themselves and others also develop positive mental representations of God. They believe God is a loving and helpful being and envision God as a higher self than their own.²⁶ Self-perception is related to self-acceptance, autonomy and individual development. Individuals with a positive self-perception attach importance to their personal development, the decisions of others are also important to them, but they

²¹ Mustafa Koç. "Ruh Sağlığı İle Dini Başa Çıkma Metodu Olarak Dua Ve İbadet Fenomeni Arasındaki İlişki Üzerine Psikolojik Bir Yaklaşım", *EKEV Akademi Dergisi*, 9/24, (2005), 12.

²² Agnieszka Bożek, Pawel F. Nowak, Mateusz Blukacz. "The Relationship Between Spirituality, Health-Related Behavior, and Psychological Well-Being", *Frontiers in Psychology*, 11, (2020), 8-9.

²³ Nuran E. Korkmaz, "Tanrı'ya Bağlanma Ve Psikolojik İyi Olma". *Toplum Bilimleri Dergisi*, 6 (12), (2012), 102; Matt Bradshaw, Blake Victor Kent. "Prayer, Attachment to God, and Changes in Psychological Well-Being in Later Life", *Journal of Aging and Health*, (2017), 1

²⁴ Ali Akbar Haddadi Koohsar, Bagher Ghobary Bonab, "Relation Between Quality of Image of God and Mental Health in College Students", *Procedia - Social and Behavioral Sciences*, 29, (2011), 249.

²⁵ Ines Testoni, et al. "The Implicit Image of God: God as Reality and Psychological Well-Being", *Journal for the Scientific Study of Religion*, 55/1, (2016), 174.

²⁶ Lee A. Kirkpatrick, *Attachment, Evolution, and the Psychology of Religion*, 109.

make the final decisions themselves²⁷ and these people accept themselves as they are. These people trust others just as they trust themselves. Therefore, secure attachment develops in these individuals. In anxious attachment, this situation is reversed. Anxiously-attached individuals have a low positive self-perception and a high negative self-perception.²⁸ For this reason, the psychological state of the anxiously attached individual is expected to be low. The data obtained in this study also support this situation. It is seen that when the anxious attachment score increases, psychological well-being decreases.

Another variable that affects psychological well-being is mood. Psychological well-being varies depending on whether the individual is stressed or not.²⁹ It is expected that individuals who are in a positive mood have high psychological well-being. Individuals who are in a negative mood are expected to have low psychological well-being. It can be said that the research data partially meet this expectation. It is seen that there is a negative relationship between being anxious³⁰ and restless and general psychological well-being, and there is also a negative relationship between pessimism and self-acceptance, and environmental dominance.

This study is consistent with some studies in terms of its findings on the relationship between perception of God, attachment to God, emotional state and psychological well-being.³¹ The anxiety levels of individuals with chronic diseases are higher than other emotional states. This condition can be associated with the disease. Because of their chronic diseases, patients may need to use drugs for life or be hospitalized because their vital values deteriorate in the acute period which may worry them. Anxiety experienced during the

²⁷ Nebi Sümer, Derya Güngör: "Yetişkin Bağlanma Stilleri Ölçeklerinin Türk Örneklemini Üzerinde Psikometrik Değerlendirmesi ve Kültürlerarası Bir Karşılaştırma", *Türk Psikoloji Dergisi*, 14/43, (1999), 75.

²⁸ K. Bartholmew, & L.M. Horowitz, "Attachment Styles among Young Adults: A Test of a Four-Category Model", *Journal of Personality and Social Psychology*, 62/2, (1991), 227.

²⁹ Aydan Ermiş, Egemen Ermiş, Osman İmamaoğlu. "Psychological Well-Being And Its Effect On Perceived Stress In University Students During The Coronavirus Process", *The Online Journal of Recreation and Sports*, 11/4, (2022), 14.

³⁰ M. Nagaraj, "Anxiety and Psychological Well-Being Among Adult and Old Age", *The International Journal of Indian Psychology*, 4/3, (2017), 194.

³¹ Zaimah Lutfia Ningrum, Fitri Ayu Kusumaningrum, "The Relationship between Attachment to God and Students' Psychological Well-Being", *Proceedings of the 3rd Borobudur International Symposium on Humanities and Social Science* (2021); Nuran E. Korkmaz, "Tanrı'ya Bağlanma Ve Psikolojik İyi Olma"; Fatma Sağlam Demirkan, "Yetişkin Kronik Hastalarda Allah'a Bağlanma, Duygu Durumu Ve Yaşam Memnuniyeti İlişkisi". *Kilis 7 Aralık Üniversitesi İlahiyat Fakültesi Dergisi*, 7/1, (2020); Ali Akbar Haddadi Koohsar, Bagher Ghobary Bonab, "Relation between quality of image of God and mental health in college students", *Procedia - Social and Behavioral Sciences*, 29, (2011).

illness affects their psychological health negatively.³² However, the positive relationship between having a God image and a secure attachment to God and psychological well-being,³³ and the positive relationship between religiosity and psychological well-being³⁴ strengthen the view that religion has an enhancing role in psychological health. Emotional state has a more decisive role in determining psychological well-being than the perception of God and the way of attachment to God. However, considering the strong relationship between emotional states and the perception of God and the ways of attachment to God, the effect of God perception and attachment styles on psychological well-being brings to mind the idea that it occurs through emotions. Since the sample group of this study consisted of Muslim individuals in general, it can be said that the results obtained in the study represent the relationship between the Islamic belief in God perception and attachment styles to God and psychological well-being. Therefore, it is believed that this study, by demonstrating the relationship between patients' perception of God, their emotional states, their attachment to God, and their psychological health, may contribute to spiritual counseling and guidance services in the field of healthcare in our country.

Proposal:

This study measured the relationship between psychological well-being and perception of God, attachment to God and emotions. A further experimental study can be conducted to measure the effects of God perception and God attachment styles on psychological well-being, or a phenomenological study can be conducted to examine the God-conceptions of individuals with chronic diseases and their relationships with God.

In this study, variables predicting psychological well-being were examined, further study, it can also be researched whether the same variables predict different aspects of mental health, such as happiness, depression, and anxiety disorders.

³² Ülku Özdemir, Sultan Taşçı, “Kronik Hastalıklarda Psikososyal Sorunlar Ve Bakım”, *Erciyes Üniversitesi Sağlık Bilimleri Fakültesi Dergisi*, 1/ 1 (2013), 60-64.

³³ Nuran E. Korkmaz, “Tanrı’ya Bağlanma Ve Psikolojik İyi Olma”, 102; Fatma Sağlam Demirkan, “Yetişkin Kronik Hastalarda Allah’a Bağlanma, Duygu Durumu Ve Yaşam Memnuniyeti İlişkisi”, 472.

³⁴ Necmi Karşlı, İlahiyat Fakültesi Öğrencilerinde Psikolojik İyi Oluş ve Dindarlık, *Dokuz Eylül Üniversitesi İlahiyat Fakültesi Dergisi*, 53, (2021); David M. Njus & Alexandra Scharmer, “Evidence that God Attachment Makes a Unique Contribution to Psychological Well-Being”, *The International Journal for the Psychology of Religion*, 30/3, (2020), 1.

References / Kaynakça

- Akın, Ahmet. "Psikolojik İyi Olma Ölçekleri (PİOÖ): Geçerlilik ve Güvenirlilik Çalışması, Kuram ve Uygulamada". *Eğitim Bilimleri Dergisi*, 8/3, (2008), 721-750.
- Akın, Ahmet et.al. "The Validity and Reliability of the Turkish Version of the Religious Activities Scale". Paper presented at the 2nd International Conference on Ethics Education, Ankara, May 21-23, (2014).
- Aydan Ermiş, Egemen Ermiş. Osman İmamaoğlu. "Psychological Well-Being And Its Effect On Perceived Stress in University Students During The Coronavirus Process". *The Online Journal of Recreation and Sports*, 11/4, (2022), 10-21.
- Bartholmew, K.- Horowitz, L.M. "Attachment Styles Among Young Adults: A Test of a Four-Category Model". *Journal of Personality and Social Psychology*, 62/2, (1991), 226-44.
- Baytemir Kemal. "Ergenlikte Ebeveyn ve Akarana Bağlanma ile Öznel İyi Oluş Arasındaki İlişkide Kişilerarası Yeterliğin Aracılığı". *Eğitim ve Bilim Dergisi*, 41/186, (2016), 69-91.
- Beck, Richard - McDonald Angie. "Attachment to God: The Attachment to God Inventory, Test of Working Model Correspondence, and Exploration of Faith Group Differences". *Journal of Psychology and Theology*, 32/2, (2004), 92-103.
- Berber Çelik, Çiğdem. "Bağlanma Stilleri, Psikolojik İyi Oluş ve Sosyal Güvende Hissetme: Aralarındaki İlişki Ne?". *Bayburt Eğitim Fakültesi Dergisi*, 13/25, (2018), 27-40
- Bożek, Agnieszka- Nowak Pawel F. - Blukacz Mateusz. "The Relationship Between Spirituality, Health-Related Behavior, and Psychological Well-Being". *Frontiers in Psychology*, 11, (2020), 1-13.
- Bowlby, John. *Bağlanma*, çev. Tuğrul Veli Soylu. İstanbul: Pinhan Yay. 2012.
- Bradshaw, Matt- Kent, Blake Victor. "Prayer, Attachment to God, and Changes in Psychological Well-Being in Later Life". *Journal of Aging and Health*, (2017), 1–25.
- Calvo, Vincenzo, et al., "Attachment and well-being: Mediatory roles of mindfulness, psychological inflexibility, and resilience". *Current Psychology*, 41, (2022), 2966–2979.
- Cevizci, Ahmet. *Felsefe Sözlüğü*, 3. Basım. İstanbul: Paradigma Yayınları, 1999.
- Çalık, Bağrıyanık, Burcu, et al. "Sağlıklı Ebeveyn- Bebek Bağlanması", *Eurasian Journal of Health Science*, 3/2, 2020, 40-47.
- Encyclopaedia Britannica, "Aristippus: Greek philosopher", Accessing 20 November 2022: <https://www.britannica.com/biography/Aristippus>.
- Ermiş, Aydan, Egemen Ermiş, Osman İmamaoğlu. "Psychological Well-Being And Its Effect On Perceived Stress In University Students During The Coronavirus Process". *The Online Journal of Recreation and Sports*, 11/4, (2022), 10-21.
- Karşlı, Necmi, "İlahiyat Fakültesi Öğrencilerinde Psikolojik İyi Oluş ve Dindarlık". *Dokuz Eylül Üniversitesi İlahiyat Fakültesi Dergisi*, 53, (2021), 165-194.
- Kirkpatrick, Lee A. *Attachment, Evolution, and the Psychology of Religion*. New York&London: Guilford Press, 2005.
- Koç, Mustafa. "Ruh Sağlığı İle Dini Başa Çıkma Metodu Olarak Dua Ve İbadet Fenomeni Arasındaki İlişki Üzerine Psikolojik Bir Yaklaşım". *EKEV Akademi Dergisi*, 9/24, (2005), 11-32.
- Korkmaz, Nuran E. "Tanrı'ya Bağlanma Ve Psikolojik İyi Olma". *Toplum Bilimleri Dergisi*, 6/12, (2012), 95-112.
- Koohsar, Ali Akbar Haddadi- Bonab, Bagher Ghobary. "Relation Between Quality of Image of God and Mental Health in College Students". *Procedia - Social and Behavioral Sciences*, 29, (2011), 247-251.

- McDonald Angie- Beck Richard- Norsworthy Larry, "Attachment to God and Parents: Testing the Correspondence vs. Compensation Hypotheses". *Journal of Psychology and Christianity*, 24/1, 2005, 21-28.
- Marrero-Quevedo, Rosario J., Pedro J. Blanco-Hernández, Juan A. Hernández-Cabrera, "Adult Attachment and Psychological Well-Being: The Mediating Role of Personality". *Journal of Adult Development*, 26, 2019, 41-56.
- Nagaraj, M. "Anxiety and Psychological Well-Being Among Adult and Old Age". *The International Journal of Indian Psychology*, 4/3, (2017), 190-195.
- Njus, David M.- Scharmer, Alexandra. "Evidence that God Attachment Makes a Unique Contribution to Psychological Well-Being". *The International Journal for the Psychology of Religion*, 30/3, (2020), 1-24.
- Ningrum, Zaimah Lutfia, Fitri Ayu Kusumaningrum, "The Relationship between Attachment to God and Students' Psychological Well-Being", *Proceedings of the 3rd Borobudur International Symposium on Humanities and Social Science* (2021), 403-408.
- Özdemir, Ülkü, Sultan Taşçı, Kronik Hastalıklarda Psikososyal Sorunlar Ve Bakım, *Erciyes Üniversitesi Sağlık Bilimleri Fakültesi Dergisi*, 1/ 1 (2013), 57-72.
- Roothman Brett- Kirsten Doret K.- Wissing Marie P. "Gender Differences In Aspects Of Psychological Wellbeing, *South African Journal Of Psychology*, 33/4, (2003), 212-218.
- Ryff, Carol D., Singer, Burton. "Psychological Well-Being: Meaning, Measurement, and Implications for Psychotherapy Research". *Psychotherapy and Psychosomatics*, 65/1, (1996), 14-23.
- Ryff, Carol D. "Happiness is Everything, or Is It? Explorations On The Meaning Of Psychological Wellbeing". *Journal of Personality and Social Psychology*, 57, (1989), 1069-1081.
- Ryff, Carol D., Burton H. Singer, "Know Thyself and Become What You Are: A Eudaimonic Approach to Psychological Well-being", *Journal of Happiness Studies*, 9, (2008), 13-39.
- Sağlam Demirkan, Fatma. "Yetişkin Kronik Hastalarda Allah'a Bağlanma, Duygu Durumu Ve Yaşam Memnuniyeti İlişkisi". *Kilis 7 Aralık Üniversitesi İlahiyat Fakültesi Dergisi*, 7/1, (2020), 449-482.
- Sirgy, M. Joseph. *The Psychology of Quality of Life: Hedonic Well-Being, Life Satisfaction, and Eudaimonia*, 2. Edition. New York & London: Springer, 2012.
- Skirbekk Gunnar- Gilje Nils. *Felsefe Tarihi*, çev. Emrullah Akbaş, Şule Mutlu, İstanbul: İstanbul Üniversite Kitabevi.
- Sümer, Nebi- Güngör, Derya: "Yetişkin Bağlanma Stilleri Ölçeklerinin Türk Örneklemini Üzerinde Psikometrik Değerlendirmesi ve Kültürlerarası Bir Karşılaştırma" *Türk Psikoloji Dergisi*, 14/43, (1999), 71-106.
- Subaşı, Hacer. *Üniversite Öğrencilerinin Tanrı İle İlişkilerinin Bağlanma Kuramı Açısından Değerlendirilmesi*. İstanbul: Marmara Üniversitesi, Sosyal Bilimler Enstitüsü, Yüksek Lisan Tezi, 2012.
- Testoni, Ines, et al. "The Implicit Image of God: God as Reality and Psychological Well-Being". *Journal for the Scientific Study of Religion*, 55/1, (2016), 174. 174-184.