

# The Relationship between Attachment Lifestyle with Depression and Life Expectancy

<sup>1</sup>Mohammad Khledian , <sup>2</sup>Sohrab Hassan Pour, <sup>3</sup>Zainab Khaikhah, <sup>4</sup>Sedigheh Ghalandari

<sup>1</sup> Faculty of psychology department of Payame Noor University, PO BOX 19395 - 3697 , Tehran, I.R. of Iran.

<sup>2</sup>Management and academic member of Ghorveh Branch Islamic Azad University Ghorveh, Iran.

<sup>3</sup>Student PhD of Clinical Psychology, Allameh Tabatabaei University, Tehran, I.R. of Iran

<sup>4</sup>Clinical psychology, Core Counseling Therapist Education District 5, Tehran, I.R. of Iran

<sup>1</sup>mohamad\_khledian22@yahoo.com

## Abstract

The purpose of the present study is to investigate the relationship between attachment lifestyles with depression and life expectancy of the students. The participant in this study included all the male and female students of different fields in Islamic Azad University of Ghorveh in 1389-90. A Sample consisting of 100 individuals were selected using simple random sampling method. Measuring instrument was adult attachment scale, Beck Depression Inventory and Schneider life expectancy Test. The Pearson Correlation Coefficient and multivariate regression was used to analyze data. The results showed that there is significant negative relationships between students' secure attachment styles and depression and there is a significant positive relationship between students' attachment style and life expectancy. Also, there is a positive significant relationship between insecure (avoidant) attachment style and insecure (anxious-ambivalent) with students' depression and there is a significant negative relationship between the two kinds of attachment styles and life expectancy.

**Keywords:** attachment styles, depression, life expectancy.

## 1. Introduction

Attachment styles are of intrapersonal sources that can adjust stress and inability levels in adverse conditions and it also causes negative effects of stress looks pale. According to various studies, attachment style is important predictor in mental health (Linley & Joseph, 2004).

In evolutionary psychology, the emotional relationship between infant and mother is called attachment. Attachment begins in infancy and it is stable over time (Bowlby, 1969). Bowlby discovered the process of forming and breaking the emotional ties. He particularly has discussed exciting attachment of infants to their first caregivers and their exciting distress at the time of their separation (Bowlby, 1969, 1973, 1980). Attachment theory sees humans as a social creature that has the capacity communicate with other humans. Bowlby believes that attachment in child-parent relationship can be transmitted to adult romance relationship and it can affects cognition, emotion and behavior in life. Any damage to attachment relationship can lead to subsequent damage and risks. According to this, security can be described as the core of attachment system in relationships. A secure relationship is established with someone who we are attached ( Bowlby, 1982). The way someone is attached to his or her mother can affects the way he or she is attached to others during his or her life span (Lugo & Hershy, 1979). What determines attachment feelings in adults is that it is based on feeling of safety, feeling of being needed, and feeling the power of generosity. And lack of them leads to loneliness and anxiety (Feeney & Noller, 1991). Hazan & Shavar (1987) founded adult attachment based on Bowlby attachment theory. They have described adult attachment in forms:

- a) Internal representations or patterns that direct interpersonal behavior and information processing.
- b) Specific strategies and practices that people use for their own security. Generally, based on the conducted results on infancy attachment styles (Inzoreth et al, 1978), Hazan & Shaver (1987) offered adult attachment styles in three classes:
  - **Secure:** Secure individuals are comfortable in establishing intimate relationships. They tend to depend on others for support and they are sure that others like them. Attachment figures describe themselves as warm people. They have a positive image of themselves and have positive expectations of others.
  - **Anxious:** Ambivalent: these individuals have intense desire to establish close relationships. But they are also worrying of being rejected. They consider their acceptance on the part of others as a prerequisite to feel good. These people have a negative effect of themselves and they have negative effects towards others.

- **Avoidant:** In these people's point of views the worthwhile matter is self-reliance. When it is likely to be rejected by others, they maintain a positive image of themselves by denial. Avoidant individuals have negative expectations of and negative attitudes toward others.

Psychodynamic theories focus on the emotions and reaction to new situations based on what has already happened in life and background and relationship with others. Among personal relationships that one has the most attachment to during his or her infancy; relationship with mother is usually more emphasized, so it is one of the historical backgrounds of depressive disorder. In early childhood relationships, the initial lack is expelled from consciousness realm because it causes stress. The rejected privation continues to make influence and when it is stimulated with an important process, represents itself as real depression (Rickman, 2008, translated by Firuz Bakht, 2008). Beck defined clinical (one-polar) depression as a kind of disorder that includes changes in five areas: emotional, motivated, behavioral, cognitive, and physical. Depression is a state that indicates sadness, tension and impatience. In diagnosis area it encompasses a wide variety of mood disorders with multiple branches. The basic and core features of depression is lack of tendency toward daily enjoyable activities such as association, fun, exercise, food and sexual desire. Inability to gain pleasure has an influential and dynamics state and its intensity depends on the number of symptoms and degree of influence (Kaplan & Sadocks, 2007). When certain persons are faced with an obstacle, they will experience a kind of depression in which feeling of being abandoned, defect and memories of damaging separations will be retrieved again. Depression due to being abandoned can be observed in adolescence and their background shows the lack of appropriate attention in maternal care (Mansor & Dadsetan, 2008). According to Crook et al., (1981), the attitudes of depressed people towards themselves can be attributed to poor relationship with parents in infancy. This relationship includes rejection by parents, being punished, negative evaluation on the part of parents, being deprived of parental affection and creating feelings of guilt and anxiety in children by parents (Alavi & Afroz, 2001). Hope is a person's ability to create ways toward ideal objects and to stimulate motivation to make use of these ways. Hope is powerful when it includes valued objects and in spite of challenging obstacles but resolvable, it is possible to be achieved in long-time. When hope is achieved, it becomes assets (Navabi Nejad, 1997).

The hope theory which was introduced by Schneider (1991), is a combined theory based on object that was the expanded form of the traditional one-dimensional model and for the first time make it possible to measure the hope variable in a reliable way. The theory says that hope is not a passive sense that only happens in the dark times of life, but it is a cognitive process by which seek their goals (Kheyr Khah, 2010). Hopeful adults have a distinct psychological profile (Schneider et al., 2000). In their lives, they experience set-backs as others, but they have developed the belief that they can be adapted to challenges and they can cope with adversity. They adapt a continuous positive inner dialogue include sentences such as "I can do it", "I will never give up" and so on. They will experience negative emotions with low intensity when they are facing obstacles in achieving their worthwhile goals. It might be because when they are facing with problem, they will create alternative routes to achieve their goals or they flexibly will choose more accessible goals. People who have less hope, when are faced with unresolvable obstacles, their emotions follow a fairly predictable sequence of hope to anger, anger to despair, and despair to apathy. People with high level of hope, when are faced with problem in adolescence, they tend to divide major issues into small, clear and manageable issues (Snyder & Lopes, 2007). It is assumed that hopefulness is necessary in all aspects of life. Hope means to believe having better feelings in the future. Hope by its penetrating force can stimulate one's activity to acquire new experiences and it can create new forces (Darrold, 2010). Hope is considered as one of the human resources in dealing with problems and even incurable disease (Doussard-Roosevelt et al, 2003). Also, hope can be described as a healing, multi-dimensional, dynamic and powerful factor and has an important role in privation adaptability (Harper, 2004). Snyder (2006) concluded that there is a significant correlation between high hopefulness and positive emotions with low levels of hopefulness and negative emotions. Low level of hopefulness predicts depression symptoms which are independent of diagnosis symptoms and other coping skills. What that determines adult attachment is that it is based on feeling of safety, feeling of being needed, power of generosity and lack of them causes the feeling of loneliness and anxiety (Feeny & Noller, 1991). Cassidy & Shaver (2008), in explaining the relationship between attachment style and mental health point out that creating feeling of safety in an individual is the outcome of secure attachment process and creating the feeling of fear in person is the consequence of unsafe attachment. Roberts et al., (1996), in explaining this relationship believe that the psychological consequence of unsafe attachment in stressful condition is anxiety and depression and in this condition the psychological consequence of safe attachment style is mental peace. People with safe attachment have high level of confidence and satisfaction and low level of conflict. While people with ambivalent attachment are described with lack of balance in the emotions and more conflicts and people with avoidant attachment are described with low satisfaction and intimacy (Collins et al, 2002). Safford (2002) showed that it is more likely that people with safe attachment experience anxiety and depression. The result of Lali, Abedi (2008) study showed that types of parental mistreatment in infancy relate to depression, emotional abuse (23%), physical abuse (27%), sexual abuse (32%) can explain adults' depression who went to counseling

centers in Isfahan. The result of Taheri et al., (2012), titled relationship between attachment style and life expectancy in mothers with mental retardation sons showed that there is a positive significant correlation between safe attachment style and life expectancy; and there is a negative significant correlation between unsafe (ambivalent and avoidant) and life expectancy. The results of studies by Ramezani et al.,(2007), Lopez et al.,(2001), Wei et al., (2003), Feldman and Snyder (2005) showed that there is a positive significant correlation between safe attachment style and life expectancy and there is a negative significant correlation between unsafe attachment styles(ambivalent and avoidant).

The present study has investigated the relationship between attachment styles with depression and life expectancy in Islamic Azad University of Ghorveh in the school year 2011-2012 and based on the achievements, some suggestions have been provided for parents, student assistant, university officials in order to aware them of the relationship between attachment styles and depression and life expectancy to arrange and shape behavior in an intelligibly form to help to minimize the problems of higher education system and direct students and members of society toward a healthier and more developed life and tried to develop talents and train skillful workforce.

## 2. Methodology

In this research, the relationship between attachment styles and depression and life expectancy has been investigated based on adult attachment questionnaire of Hazan & Shaver, Beck depression questionnaire and Snyder hope questionnaire.

Adult attachment questionnaire (AAQ): this scale was made in 1987 using Hazan & Shaver attachment test material and was normalized in the case of Tehran University students. This questionnaire consists of two parts: in the first part, three attachment styles, safe, unsafe, ambivalent distinguished based on 21 questions in Likert scale of five degrees (none=1, low=2, average=3, great=4, very great=5). Cronbach's alpha coefficient of questions relate to each scale, safe, unsafe, and ambivalent scales studied by Besharat, were %74,%72,%72 respectively in the case of a 240-person student sample. The second part a subject determines its attachment style by selecting one option from the three options describe three kinds of attachment. Correlation coefficient between subjects' scores on the two parts of questionnaire was %85 and %87 for female and male subjects respectively (Besharat et al, 2006).

Beck depression questionnaire (BDI-II): the revised depression form of Beck (BDI-II) is a self-reporting 21-point questionnaire that is designed for evaluating depression. Each question has four options. And the score of statements varies between zero to three. Participants have to mark an option that is more consistent with their current status. The overall score is from zero to 63. The questionnaire designers consider the score 10 and above as mild depression and they also consider the score 20 and above as average depression. Beck et al investigated the revised form and pointed out that this device shows the presence and severity of depressive symptoms in patients and normal population as well as adolescents and adults. Internal consistency of the device was reported 0/73 to 0/92 with average of 0/86 and the coefficient alpha was reported 0/86 for patients and 0/8 for non-patients. In a study on 125 students at Tehran University and Allameh Tabatabai University to investigate final validation BDI-II, the results of the study indicated the average total number 9/79 and standard deviation 7/96 and Cronbach'alpha0/78 and retest reliability of 0/73 after two-week interval(Hasani, 2008).

Hopefulness questionnaire which was designed by Snyder et al (1991) for measuring hopefulness has 12 statements and is performed in self-assessment form. From these statements, four statements are used for measuring factor thought, four statements are used for measuring strategic thought and four statements are distractors. So, the questionnaire measures the two subscales: factor and strategy. Moderate validity and reliability of the instrument was reported 91%. Internal consistency of total test is 0/74 to 0/84 and test-retest reliability is 0/80 and during the periods more than 8 to 10 weeks it is also higher than this value (Snyder & Lopez, 2007). Moreover, there are a lot of data about simultaneous reliability of hope questionnaire and the cases it can predict. For example, this questionnaire with regard to optimism, is expected to achieve the goal and self-esteem is correlated %50 to %60 (Snyder, 2002). Correlation of this questionnaire with respect to Beck frustration questionnaire is equals to 0/51 and it is equals to 0/42 with respect to depression questionnaire that indicate the reliability and validity of the questionnaire (Khey Khah, 2010).

Statistical community of the study includes all the female and male students of different disciplines of Islamic Azad University of Ghorve in 2011-2012. 100 individuals were selected using simple random sampling method. Questionnaires distributed between them and the results were collected. It should be noted that all questionnaires were completed. And according to research topic (studying the relationship between attachment styles with depression and life expectancy) and with respect to its goal, the research is of the field kind and since it investigate the relationship between variables, it is of the correlation type.

### 3. Results

**Table 1.** Means, and standard deviations of depression, life expectancy and predictive variables

Variable	Mean	SD
1. Secure	23.70	8.24
2. Unsafe(Avoidant)	24.27	11.20
3. .Unsafe(ambivalent -anxious-ambivalent)	21.45	9.17
4. Depression	19.11	7.33
5. Life Expectancy	21.23	8.94

**Table 2.** The Correlation of Depression and Life Expectancy with Attachment Lifestyles

Variables	1	2	3	4	5	Sig.
1. Secure	1	-.173	-.213*	-.304**	274/0	0.001
2. Unsafe(Avoidant)	-.173	1	.564**	.250*	209/0-	0.001
3. Unsafe(ambivalent -anxious-ambivalent)	-.213*	.564**	1	.252*	214/0-	0.001
4. Depression	-.304**	*.250/0	*.252/0	1	311/0-	0.001
5. Life Expectancy	274/0	209/0-	214/0-	311/0-	1	0.001

N=100

P&lt;0.05

Table 1 shows the statistical indicators including mean and standard deviation of the scores of safe attachment, unsafe (avoidant) attachment, anxious-ambivalent unsafe attachment, depression, and life expectancy.

According to table 2, and with emphasis on the correlation coefficient and with respect to significance level, it can be proposed that there is an inverse and significant relationship between safe attachment and depression and there is a positive significant relationship between students' safe attachment and life expectancy. According to table 2 and with emphasize on correlation coefficient and with respect to significance level, it can be proposed that there is a positive significant relationship between the scores of unsafe (avoidant) attachment and unsafe (anxious-ambivalent) attachment and depression. There is also a negative significant relationship between the students' scores of unsafe (avoidant) attachment and unsafe (anxious-ambivalent) attachment and life expectancy. Table 2 results indicate negative correlation between safe attachment style with unsafe (avoidant) attachment style and unsafe (anxious-ambivalent) attachment. Also the results in table 2 shows that there is a positive and significant relationship between unsafe (avoidant) attachment styles and unsafe (anxious-ambivalent) attachment and there is also a negative and significant relationship between depression and life expectancy.

**Table 3.** Regression Analysis to predict Depression Based on Attachment Lifestyle

Variables	B	$\beta$	T
1. Secure	-.466	-.255	-2.628
2. Unsafe(Avoidant)	.283	.138	1.203
3. .Unsafe(ambivalent -anxious-ambivalent)	.207	.120	1.033

(N=100)

 $R^2=0.142$ 

P&lt;0.05

According to table 3 and multivariable regression coefficient with simultaneous entry method and also the obtained regression coefficient, it can be proposed that there is significant positive relationship between unsafe (avoidant) attachment and unsafe (anxious-ambivalent) attachment with depression in  $\alpha=0/05$  and there is also a negative significant relationship safe attachment and depression in level  $\alpha=0/05$ . Thus, depression increases as unsafe (avoidant) attachment and unsafe (anxious-avoidant) attachment increase and when they decrease, depression also decrease. On the other hand, when safe attachment increases, depression will decrease and vice versa. Hence the above regression equation is explained as follows:

Depression in university students = 0.138 Unsafe (Avoidant) + 0.120Unsafe (ambivalent -anxious-ambivalent) – 0.255 Secure attachment.

**Table 4.** Regression Analysis to Predict Life Expectancy Based on Attachment Lifestyle

Variables	B	$\beta$	T
1.Secure	0.425	0.221	2.34
2.Unsafe(Avoidant)	-0.462	-0.244	2.540
3.Unsafe(ambivalent -anxious-ambivalent)	-0.502	-0.248	3.357

(N=100)  $R^2=0.194$   $P<0.05$

According to table 4 and multivariable regression coefficient with simultaneous entry method, it can be proposed that there is a negative significant relationship between unsafe (avoidant) attachment unsafe (anxious-ambivalent) and life expectancy in the level  $\alpha=0.05$  and there is also positive significant relationship between safe attachment and life expectancy in the level  $\alpha=0.05$ . So, When unsafe (avoidant) attachment and unsafe (anxious-ambivalent) increase life expectancy decreases and when they decrease life expectancy increases. On the other hand when secure attachment increases life expectancy increases, too and when it decreases, life expectancy decreases, too. Thus, the above regression equation is explained as follows:

Life Expectancy in university students = 0.221 (Secure Attachment) – 0.248Unsafe (anxious-ambivalent) –0.244 Unsafe (avoidant).

#### 4. Discussion

The results showed that there is a negative significant relationship between students' safe attachment style and depression in level  $\alpha=0.05$ . In one sense, when students' safe attachment level increase, their depression decrease. This finding is consistent with Bowlby (1982), Roberts et al (1996), Collins et al (2002), Cassidy & Shaver (2008) and also other research (Hasanvand, 2011).

The results show that there is a positive significant relationship between avoidant unsafe attachment style and anxious-ambivalent unsafe attachment style and depression among students. In one words, when avoidant unsafe attachment style and anxious-ambivalent unsafe attachment style increase, depression level will also increase. This is consistent with Roberts et al (1996), Collins et al (2002), Safford (2002), Cassidy & shaver (2008), Lali & Abedi (2008).

The research background and previous experimental results indicate mental disorders differences in both groups with avoidant unsafe attachment style and anxious-ambivalent unsafe attachment style. For example, Besharat et al (2007) concluded that people with anxious- ambivalent unsafe attachment suffer more from dependent personality, histrionic, obsessive-compulsive, taking action-aggressive disorders. However, those with unsecure avoidant attachment style suffer more from paranoid personality disorder. So it can be concluded that confidence in themselves and others and realistic expectations of yourselves and others, is consider as one of the characteristics of secure attachment style. They lead to individuals' adaptability reinforcement (Ranjbar Noshery, 2010) and this in turn will lead to spirit reinforcement. People with unsecure and ambivalent attachment style are not able to find a supporting social network in the new environment due to insecurity in interpersonal relationship and having anxiety. So it is likely that they suffer from incompatibility and depression. It should be said that emotional relations governing families and attachment styles play an important role in people' socialization process and extroversion. Of course we can refer to Freud's psychoanalytic theory that has paid special attention to initial experience of a child with respect to his/her emotional relationship with his/her parents. The theory says that some adult personality traits are the results of unresolved and unconscious conflicts in infancy period. For example, attachment that is one of the stabilized personal traits of oral stage, these people feel insecure in their personal relationships and thus, they have fractured and high discrepant relationships which are dolorous. So they are feeling weak and ineffective and they are subject to depression (Rickman, Firuzbakht translation, 1999). There is no doubt that social skills and adaptability quality have a significant role in people's lives. The studies show that child who before entering the second year of life were securely attached, were more prepared to face new experiences and relationships. Since stressful life situations cannot be eliminated and basically life is not possible and ideal without stress and relaxation, most studies aim at improving people's skills, abilities and potentials against stress and relaxation. Accepting this point reveals the importance of attachment and its relationship with social skills and preventing isolation and loneliness and lack of depression. If attachment quality is related to social skills specially depression, training mothers and informing them of this fact is the responsibility of education practitioners.

The results also show that there is a significant positive relationship between the scores of secure attachment and life expectancy at level ( $\alpha= 0.05$ ). When students' level of secure attachment style increases, their life expectancy will also increases. This is consistent with the research results of Taheri et al (2012), Ramezani et al (2007), Lopez et al(2001), Vey et al(2003), Feldman &

Snyder(2005). Also, the results show that there is a negative significant relationship between insecure (anxious- ambivalent) attachment and life expectancy at the level ( $\alpha= 0.05$ ). In one words, when students' anxious-ambivalent insecure attachment increase, their life expectancy decrease. This is consistent with Taheri et al (1391), Ramezani et al (2007), Lopez et al (2001), Vey et al (2003), Felman & Snyder (2005).

Thus, when the attachment style of an individual is a secure one, the recognition pattern opposite to affection is used to reduce negative emotions (the best way to review positive information) and the new situation leads to more compatibility (McLaughlin & Greenberger, 1998). Also, in these conditions, one is not alone and rely on others support and is able to represent his/her emotions. According to characteristics of people with secure attachment style, this individual considers him/herself as a person who is deserved to receive love, kindness and life. The image he/she has made of others is a reliable one. Therefore, life expectancy will not turn to disappointment and frustration (Mikulincer & Pereg, 2004). On the other hand, people with insecure and anxious-ambivalent feel themselves alone and think that they will not receive others support (McLaughlin & Greenberger, 1998). Because they consider themselves as a person who is not deserves to receive love and affection. They consider the world and bystanders as insecure and painful place and individuals that do not welcome them with open arms so life expectancy reduces in them (Mikulincer & Pereg, 2004).

Lack of access to IQ and the exact economic and cultural state and their effect on attachment style and depression and life expectancy and lack of knowledge about how much they enjoy of appropriate and principled education and also the lack of enough and documentary access regarding to students' emotional problems. There has not been done any research in this regard in Islamic Azad University, Ghorveh. And according to Kurdish language and culture, the research can lead to future research in this regard. The research provides an opportunity to pay more attention to the urban students and it make it possible to become familiar with the students' level of attachment styles, depression and life expectancy. It also contributes to recognizing the effect of attachment styles on reducing depression and increasing life expectancy and direct students so that they are able to use perception capacity and reduce emotional disorders. As a result, direct them toward wellness and clear purpose. If the expected results being obtained, it can be a good guide to all clinicians, consultants, students' affairs, parents, professors, and students and lead them toward development and disorder reduction. It is proposed that workshops and classes be held by respected academic authorities through academic consultants and psychologists to inform parents and families of the effect of attachment styles on depression and anxiety. They should also continuously make effort to aware parents of the problems relate to insecure ambivalent attachment style using new methods and reducing them via better planning and conducting professional and group counseling in an emotional-intellectual style. According to the research results, it is proposed that the relationship between attachment styles with other aspects of mental health including anxiety, personality disorders, frustration be investigated so that disorders relate to each groups be identified. Future research will used additional variables as basic and predictor variables in such a way that the depression criterion variable to be explained and described. It proposed that researches examine the issue in other universities and other areas.

## 5. Acknowledgements

The researchers appreciate all officials of Islamic Azad University, Ghorveh branch, and all the students who participated in filling out the questionnaires.

## 6. References

1. Ainsworth, M. D., Blehar, M.C, Waters, E., & Wall, S (1978). Pattern of attachment: A psychological study of the strange situation. Tilsdale, N. J: Elbaum .
2. Alavi. M., & Afrooz, Q.A. (1380). Investigating *the Causes of Depression in Teenagers* Monthly Peivand magazine, vol 260.
3. Besharat, M.A., Karimi. K., & Rahiminejad, A. (2006). The studying of relationship between attachment style and personality phase. J Psychology and cultural science; 36(1&2): 37 - 55.
4. Besharat, M.A., Qafuri, B., & Rostami, R. (2007). *Comparing Attachment Styles in Patients with Drug Abuse Disorders and Non-infected Individuals* Medical Research. Fall 2007, 3(31):265-271.
5. Bowlby, J. (1969). Attachment and loss. Voll Attachment, London the Hogarth press and the institute of psycho- Analysis.
6. Bowlby, J. (1982). Attachment and loss. 2nd ed. New York: Basic Books: 54-5.
7. Bowlby,j. (1973). attachment and loss ,vol1-2-separation,anxiety-Yand angel. New York. Basic book
8. Bowlby,j. (1980). attachment and lossoadhesand depression. New York. Basic book.
9. Cassidy, J., & Shaver, P.R. (2008). Handbook of attachment: Theory, research and clinical applications. New York, London:

Guilford; 101-200.

10. Collins, N.L., Cooper, L., Albino, A., & Allard, L. (2002). Psychosocial vulnerability from adolescence to adulthood: A prospective study of attachment style differences in relationship functioning and partner choice. *J Peers*; 70(6): 965-1007.
11. Darrodi, H. (2010). [Part of couple's therapy group hoping to increase the marital satisfaction of married couples and addicts]. M.Sc. Dissertation. Tehran: Tehran University of Social Welfare and Rehabilitation Sciences: 12-15.
12. Doussard-Roosevelt, J.A., Joe, C.M., Bazhenova, O.V., & Porges, S.W. (2003). Mother-child interaction in autistic and no autistic children: Characteristics of maternal approach behaviors and child social responses. *J Dev Psychopathol*; 15(2): 277-95.
13. Feeney, J.A., & Noller, p. (1991). Attachment Lifestyle predictor of adult Romantic Relationship. *Journal of child psychology and psychiatry*. Vol.58, 282 – 297.
14. Feldman, B.D., & Snyder, C.R. (2005). Hope and the meaningful life: theoretical and empirical associations between goal-directed thinking and life meaning. *J Soc Clin Psychol*; 24(3): 401-21.
15. Greenberger, E., & McLaughlin, C.S. (1998). Attachment, coping and explanatory style in late adolescent. *J Youth Adolesc*; 27: 121-39.
16. Harper, M. (2004). Evidence-based effective practices with older adults. *J Couns Dev*; 82(2): 36-42.
17. Hasani, F. (1387). *Comparison of the Effectiveness of Internal Couple Therapy Behavioral-Cognitive and Emotion-based on Depression, Anxiety, Disappointment and Sexual Satisfaction in infertile men*, Ph.D. dissertation, Azad University, Science & Research Unit.
18. Hassanvand, B. (2011). Study of relationship between attachment style and depression. MA thesis in cultured psychology course, Islamic free university sciences and researches Tehran Unit.
19. Hazan, C., & Shaver, P. (1987). Conceptualizing romantic love as an attachment process, *Journal of Personality and Social Psychology*, 52,511-524.
20. Kaplan, H., & Sadock, B. (2007). Synopsis of psychiatry. Eighth edition. Baltimore; Williams & Wilkins.
21. Kheir Khah, Z. (2010). *Investigating Effectiveness of Cognitive- Behavioral Group Therapy on Reducing Depression and Increasing Hopefulness Among the Wives of Martyrs in Tehran* M.A. Thesis. Azad University, Tehran Branch
22. Lali, M., & Abedi, A. (2008). *Examining the Relationship Between the Kind of Parents' incorrect Behaviors with Children and the Rate of Depression in Adulthood in Patients Attending in Counseling Center in Isfahan*. Isfahan University.
23. Linley, P.A., & Joseph, S. (2004). Positive change following trauma and adversity: A review. *J Trauma Stress*; 17: 11-21.
24. Lopez, F.G., Mauricio, A.M., Gormley, B., Simko, T., & Berger, E. (2001). Adult attachment orientations and college students' distress. *J Couns Dev* 2001; 79: 459-64.
25. Lugo, J.O. Q., & Hershey, C.L. (1979). Human Development Macmillan publishing.
26. Mansour, M., & Dadsetan, P. (2008). Genetic psychology (volume 1 and 2); Tehran: Rushed publication.
27. Navabi Nejad, Sh. (1997). *Marriage Counseling and Family Therapy*, Tehran, Parents and Teachers Association (PTA) press.
28. Pereg, D., & Mikulincer, M. (2004). Attachment style and the regulation of negative affect. *Pers Soc Psychol Bull*; 30: 67-80.
29. Ramezani, V., Shams Esfandabadi, H., Tahmasebi, Sh. (2007). [Emotional consequences of attachment styles]. *Journal of research in psychological health*; 1(1): 38-47.
30. Ranjbar Noshari, F. (2010). *The Relationship between Anxiety and Attachment Style Psychological Adjustment in Students*; *Journal of Contemporary Psychology*, Special Edition (5); 390-391.
31. Rickman, R. (2008). *Theories of Personality (Ninth Edition)*; translated by Mehrdad Firuzbakht; Tehran; Arasbaran press (the date of publication in original language 2008)
32. Roberts, J.E., Gotlib, I.H., & Kassel, J.D. (1996). Adult attachment security and symptoms of depression: The mediating roles of dysfunctional attitudes and low self-esteem. *J Peers Soc Psycho*; 59: 981-6.
33. Safford, S.M. (2002). The relationship of attachment style and cognitive style to depression, anxiety and negative affectivity. Ph.D. Dissertation. Temple University; 12-46.
34. Snyder, C. R., Ilardi, H., & Stephen, S., Cheavens, J., Michael Scott, T., Yamhure, L., & Simpson, S. (2000). The role of hope in cognitive behavior therapies. *Cognitive therapy and Research*, 24 (6), 747-762.

35. Snyder, C. R., Lopez, S.J. (2007). *Positive psychology: the scientific and practical explorations of human strengths*. New York, sage publication Inc.
36. Snyder, C.R. (200). *Hope theory: Rainbows in the mind*. *Psycho Inc*; 13: 249-75.
37. Snyder, C.R., Harris, C., Anderson, J.R., Holleran, S.A., Irving, S.A., Sigmon, S., & et al. (1991). *The will and the ways: Development and validation of an individual-differences measure of hope*. *J Pers Soc Psychol*; 60 (4): 570-85.
38. Snyder, M. (2006). *The discursive proportion of hope: a qualitative analysis of cancer patients speech, qualitative health research*; 12(2).
39. Taheri, M., Pour Mohammad Reza Tajrishi, M., & Soltani Bahram, S. (2012). *The Relationship between Attachment Lifestyle and Life Expectancy of Mothers with Trainable Mentally Retarded Sons*. *Journal of Mental Health*. 14(1), 24 – 35.
40. Wei, M., Heppner, P.P., & Mallinckrodt, B. (2003). *Perceived coping as a mediator between attachment and psychological distress*. *J Couns Psychol*; 50: 438-47.