

## Moderating Role of Tawakkul in Anxious Attachment to God and Depression

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### Abstract

The present study aimed at exploring the moderating role of tawakkul in the relationship of anxious attachment to God and depression among Muslim adults. A sample of 350 Muslim adults was purposively chosen for the present study. Tawakkul was measured through Tawakkul Scale (Gondal et al., 2022), anxious attachment to God was measured through Urdu version of anxious attachment subscale of the Attachment to God Scale (Noureen, 2017), and depression was measured through Urdu version of depression subscale of DASS-21 (Aslam, 2018). Results indicated that tawakkul significantly moderated the relationship between anxious attachment to God and depression such that their relationship became stronger when level of tawakkul was low. Higher levels of tawakkul decreased the likelihood of developing depression. Limitations and suggestions for future research have also been discussed.

**Keywords:** tawakkul, anxious attachment to God, depression

### Introduction and Literature Review

Religion and religious beliefs have great importance in people's lives. It is ever-present and extremely important aspect of humans' collective heritage. People are surrounded by religious references in their whole life: birth is celebrated in a religious manner, marriages are solemnized by clergy and the end of life is also carried upon in a religious way. Attachment to God can be perceived as a relationship with that figure that can provide safety and security (Kirkpatrick, 1992). It was further proposed that people seek refuge towards God in distressed and negative situations and believers perceive God as a secure base and haven of safety. This attachment to God can be positive (secure) or negative (insecure).

Rowatt and Kirkpatrick (2002) identified two divisions of insecure attachment to God; anxious attachment to God and avoidance attachment to God. Individuals with anxious attachment experience apprehension of probable neglect by God, bitterness at perceived insufficiency of God's affection, unresponsiveness at time of stress and fear about one's relationship with God. The focus of the present study is on anxious attachment to God. Kirkpatrick and Shaver (1992) suggested that anxious attachment to God leads to lower one's satisfaction with life and increase the probability of developing physical and psychological

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diseases (specially anxiety and depression). In another study, it was found that negative emotional states are predicted by anxious attachment to God (Rowatt & Kirkpatrick, 2002). Similar results have also been found in recent studies. Freeze and DiTommaso (2015) found that anxious attachment to God lead to emotional distress.

Tawakkul is a fundamental and core significance in the Islamic faith system. There are numerous verses in the Holy Quran in which the word 'tawakkul' has been used. Tawakkul in Allah-the Exalted is a great desirable quality that is liked by Islamic religion. It is an essential component for belief and Islam desires that its believers should develop tawakkul to get closer to the creator. This is because nothing can be done without the will of God and reliance on Him and seeking His help is highly appreciated (Al-Munajjid, 2017). Islam defines tawakkul as having trust, dependence and reliance on God only. In psychology, Gondal et al (2022) defined tawakkul as having faith in God along with putting positive efforts to achieve one's goals in addition to unconditionally accepting God's will. Moreover, annihilating one's own will has been regarded as the highest degree of tawakkul (Gondal, et al 2022).

It is commonly seen in daily routine life that people develop trust and reliance with their closely and positively attached relatives/friends. Similarly, tawakkul would be possible only when individuals are positively (in other words, securely) attached with God. Alternatively, if individuals have negative attachment with God (anxious attachment), then they would be unable to keep positive expectations towards God or put trust in Him. Hence, anxious attachment to God is negatively related to tawakkul. Research has also validated this point that tawakkul has significant negative association with anxious attachment to God (Gondal, et al 2022).

Depression is a common and serious psychological illness. It is a negative mood state characterized by sadness and/or loss/lack of interest in daily routine life activities which were once considered interesting by the individual (APA, 2013). It also affects individual's nutrition and sleep patterns. Moreover, loss of concentration and tiredness are also common. Symptom of depression varies from mild to severe levels and individual daily functioning is also adversely influenced. Severe conditions can lead to suicide (APA, 2013). Religiousness and putting trust in Allah could be one of the effective ways to ameliorate depression. Results of another empirical study found that strong faith (tawakkul) and high trust in God were linked with a lower degree of depression, and greater personal contentment (Rosmarin, et al., 2009). Another research found that religion has strong positive relationship with mental health and well-being and negative relationship with anxiety and depression (Ismail & Desmukh, 2012).

Alternatively, anxious attachment is positively related to depression. This is because anxious attachment to God involves negative feelings and perceptions related to God. In the time of negative and stressful events, the perceived unresponsiveness from God and insufficiency of God's affection will promote negative emotional states in the individual, particularly depression. Research has also demonstrated this link. Kirkpatrick and Shaver (1992) proposed that individuals with anxious attachment to God undergo higher levels of physical or psychological illness (particularly depression). Freeze and DiTommaso (2015) found that anxious attachment to God leads to emotional distress.

Although previous literature gives evidence for the relationship between anxious attachment to God and depression, between anxious attachment and tawakkul, and between tawakkul and depression (as discussed previously), no previous study has identified how anxious attachment to God, tawakkul, and depression may have parsimoniously been integrated in a single conceptual framework. It can be inferred from that literature evidence is available that low tawakkul will lead to more proneness towards depression and high tawakkul reduces depression; i.e. tawakkul acts as a shield from depression. Moreover, anxious attachment to God will be related to low levels of tawakkul and low anxious attachment (secure attachment)

will be related to high levels of tawakkul. This dynamic interplay of tawakkul between anxious attachment to God and depression suggests its moderating role.

### **Rationale of study**

This study is significance in the sense that it empirically gave additions to the literature by expressing the particular moderating role of tawakkul in the relationship between acting mechanisms of anxious attachment to God and depression. Thus, the present study contributes to theory development and also arise important implications for clinical and counselling psychotherapy fields.

### **Objectives**

The present research was intended to keep in view the following objectives

1. To identify the relationship between anxious attachment to God, depression and Tawakkul.
2. To measure the effect of anxious attachment to God on depression.
3. To check the moderating role of Tawakkul on the relationship between anxious attachment to God and depression.

### **Hypotheses**

The following hypotheses were proposed

1. There would be significant relationship between anxious attachment to God, depression and Tawakkul.
2. Tawakkul will play significant moderating role between the relationship of anxious attachment to God and depression.

## **Materials and Methods**

### **Participants**

The size of the sample was decided by undertaking power analysis through G\* Power 3.0 (Faul et al., 2007). The analyses revealed that for multiple regression analyses based on three predictors with  $\alpha = .05$ , power of .95, a small effect size of  $f^2 = .05$  could reliably be assessed with  $N = 340$ . Based upon power analysis where small effect sizes could be reliably detected with approximately 340 participants, the sample of the present study comprised 350 Muslim adults; aged 25 and above ( $M = 31.92$ ,  $S.D = 8.72$ ). A purposive sampling technique was used to collect data. All the participants were Muslims, including both men and women. The minimum education of participants was of matriculation level. The demographic distribution of the participants has been given in Table 1.

### **Instruments**

In the present study, the following instruments were used.

#### ***Tawakkul Scale***

Tawakkul Scale (Gondal, et al. 2022) had 24 items with 7-point Likert response format, ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). It had four dimensions. There was negative item. Scoring was done by addition of each response. Higher score depicted higher level of tawakkul. Score can range from 24 to 168. Cronbach's alpha reliability coefficient was .95

#### ***Urdu version of Depression subscale of DASS-21***

Urdu version of depression subscale of DASS-21 (Aslam and Kamal, 2018) was used to assess depression. This subscale has 7 items with 4-point Likert type response format; ranging from 0 (*did not apply to me at all*) to 3 (*applied to me very much or most of the time*).

Scores for depression are calculated by summing the scores on each of the item. There is no negative item in the sub-scale. Reliability for stress subscale was .83 (Aslam, 2018).

### **Urdu version of anxious attachment subscale of Attachment to God Scale**

Urdu version of anxious attachment subscale of Attachment to God Scale (Noureen, 2017) was used to check the type of attachment to God of the participants. Response format is Likert-type 5-point rating scale with 1 to 5. Score for anxious attachment is obtained by adding each response. Higher score indicated high degree of anxious attachment style. Cronbach's reliability coefficient for anxious dimension was .80 (Noureen, 2017).

### **Procedure**

After selection of topic, the scales were finalized and permission was taken from the authors of scale. Informed consent and demographic form were constructed with the help supervisor and final draft of questionnaire form was composed. Then, all the participants were approached personally and given the questionnaire to get the responses. They were told that their responses will be useful for methodical knowledge; however, they have the right to withdraw. Informed consent was also taken and it was assured that their information would only be used for research purpose and full confidentiality would be maintained. Participants were requested to give their true response. Data was collected from a sample of 350 participants. The data was entered in IBM-SPSS-22 and psychometric properties and correlation was checked. Outliers were identified and then removed from the sheet. The data was analyzed through different operations. Results were written in tabular and descriptive forms and then these results were discussed.

### **Results**

Reliability analysis, tests for normality, and correlation analysis were carried out using SPSS version 26. The variables of present study were subjected to moderation analyses using PROCESS macro for the IBM SPSS.

**Table 1**

*Frequency and Percentage of Participants (N = 350)*

Demographic variables	<i>f</i>	(%)
Gender		
Male	102	29.1
Female	248	70.9
Family system		
Nuclear	250	71.4
Joint	100	28.6
Residence		
Urban	281	80.3
Rural	69	19.7
Marital Status		
Single/Unmarried	226	64.6
Married	124	35.4
Education		
Matriculation or below	3	0.9
Intermediate	7	2.0
Bachelor	40	11.4
Masters	300	85.7

Age 31.92 years (*M*) 8.72 years (*SD*)

Note. *f* = frequency; % = percentage; *M* = mean; *S.D* = standard deviation

Table 1 shows the distribution of various demographic characteristics such as gender, family system, residential background, marital status, and educational qualification of the participants of the present study in terms of frequency and percentage. It also reports the mean and standard deviation of age of the participants in years.

**Table 2**

*Descriptive Statistics, Alpha Reliability Coefficient, and Univariate Normality of Scales in Study and their correlation matrix (N = 350)*

Scales	<i>M</i>	<i>SD</i>	$\alpha$	<i>Sk</i> <sup>a</sup>	<i>Ku</i> <sup>b</sup>	AnATG	<i>Twkl</i>	<i>Depress</i>
An.ATG	7.18	2.37	.53	-.16	-.69	..	-.15**	.34***
Twkl	142.56	23.16	.95	-1.95	5.74		..	-.24***
Depression	12.70	4.19	.83	.84	-.06			..

Note. *Twkl.* = Tawakkul; An. ATG = Anxious attachment to God

\*\*\**p* < .001, \*\**p* < .01

<sup>a</sup> Standard error = .13; <sup>b</sup> standard error = .26

Table 2 shows the psychometric properties and correlation matrix of scales used in the present study. The alpha reliability coefficients of all the scales were > .80 except anxious attachment to God. The values of skewness and kurtosis of all scales are within the acceptable range, which provide evidence for the univariate normality of the focal measures of the present study. Anxious attachment has significant negative relationship with tawakkul and has significant positive relationship with depression. Tawakkul has significant negative relationship with depression.

Table 3 shows the moderating effect of tawakkul in the relationship of anxious attachment to God with depression. Model 1 was specified in the PROCESS macro for SPSS for the analysis of the moderating effect of tawakkul. Findings indicated that tawakkul weakened the positive relationship between anxious attachment to God and depression as this relationship became weak at high levels of tawakkul (see Figure 1). The moderation model explained 41% variance ( $F(3, 346) = 23.28, p = .000$ ) in depression.

**Table 3**

*Moderating Role of Tawakkul in the Relationship of Anxious Attachment to God with Depression (N = 350)*

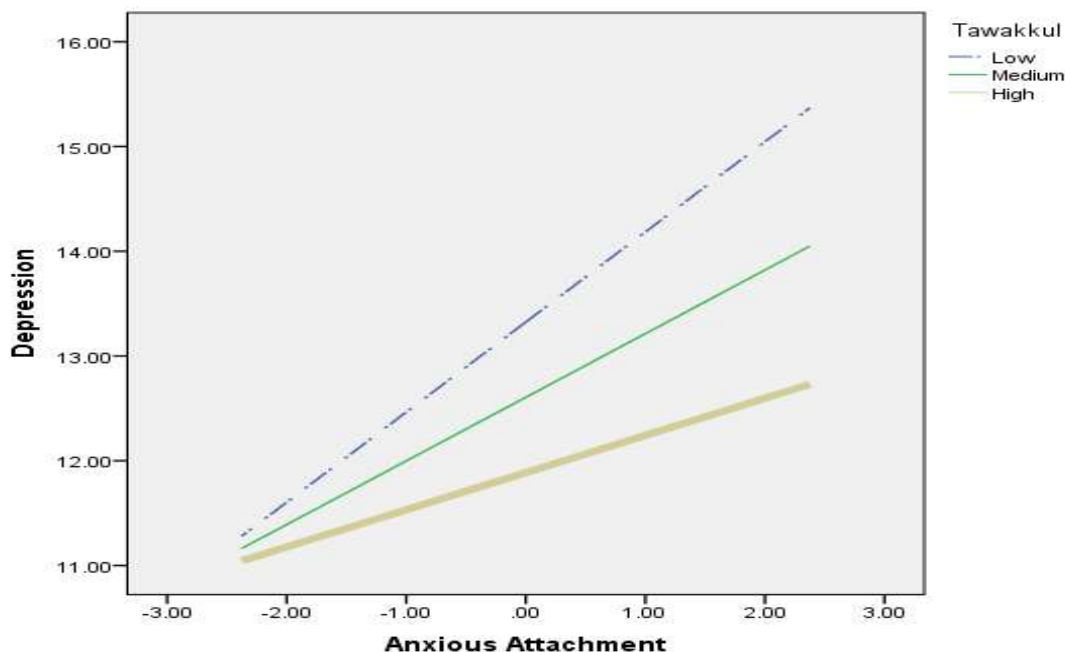
Effects	<i>B</i>	<i>LL</i>	<i>UL</i>	<i>R</i> <sup>2</sup>
Anxious Attachment → Depression	.61***	.43	.79	
Tawakkul → Depression	-.03***	-.05	-.01	.41***
Anxious Attachment x Tawakkul → Depression	-.01*	-.02	-.01	
Conditional Effects				
Low Tawakkul	.86***	.54	1.17	
Medium Tawakkul	.60***	.43	.78	
High Tawakkul	.35**	.11	.60	

\**p* < .05, \*\**p* < .01, \*\*\**p* < .001

Figure 1 indicates that the tawakkul weakened the positive relationship between anxious attachment to God and depression. This suggested that anxious attachment has least positive effect on depression on individuals who have higher degree of tawakkul. Thus, tawakkul may act as a shield from depression and they are saved from developing depression irrespective of the fact that they are having anxious attachment to God.

**Figure 1**

*Moderating Role of Tawakkul between Anxious Attachment to God and Depression*



## Discussion

The present study postulated that anxious attachment to God would be positively related to depression. Results of the study supported this hypothesis. Anxious attachment to God is significantly positively related to depression (see Table 1). The reason for this is that anxious attachment to God involves negative feelings and perceptions of God. The perceived insensitivity from God and insufficiency of God's affection will promote negative emotional states in the individual, particularly depression. Previous research has also supported this link. Freeze and DiTommaso (2015) found that anxious attachment to God leads to emotional distress; that can lead to depression.

Results of the present study also supported the 2<sup>nd</sup> hypothesis. Tawakkul was negatively related to depression (see Table 1). It can be easily justified through the fact that tawakkul involves strong belief in Allah along with satisfaction over Allah's will. The negative emotional state emerges from negative thoughts, emotions, beliefs, and cognitions. But in tawakkul, an individual has the belief that everything that happened in the past was good for him/her; and everything that will happen in future would also be good for him/her because everything is done by Allah and Allah is the most merciful. Hence, there is no space left for negative thoughts; therefore, depression might not emerge. Results of an empirical study found that strong faith (tawakkul) and high trust in God were negatively linked with anxiety and depression, and might lead to greater personal contentment (Rosmarin, et al. 2009).

The third hypothesis postulated that tawakkul will moderate between anxious attachment and depression. Results of the study supported this hypothesis. It was found that

when level of tawakkul is low, the relationship between anxious attachment and depression becomes strongly positive. On the other hand, when level of Tawakkul is high, the relationship between anxious attachment and depression becomes very weak (see Table 2 and Figure 1). The reason for this result lies in the fact that Tawakkul acts to shield the individual from negative emotional states. Tawakkul involves positive beliefs and expectation from God, positive efforts, and unconditional acceptance of Allah's will. These factors of tawakkul, irrespective of the individual's type of attachment to God, enable an individual to remain satisfied in all the circumstances of life. This satisfaction and strong positive belief in God saves the individual from developing any negative emotional symptom like sadness, hopelessness, loss of interest in life etc. Hence, Tawakkul protects an individual from depression and this is the reason that when Tawakkul is high, anxious attachment is unable to develop the symptoms of depression. Alternatively, when level of Tawakkul is low, the individual has no positive expectation from God and no unconditional acceptance of God's will, hence, there will be no shield from the consequences of anxious attachment to God and the individual will likely to develop depressive symptoms. Although no direct literature is available to support these moderation results; however, studying the link of variables individually also give a clear picture. For example, Ismail and Desmukh (2012) found that religion has negative relationship with depression. Hence, whenever Tawakkul is high, the individual gets saved from developing negative symptoms like depression; even a negative attachment to God will not end up in developing depression when the shield of Tawakkul is present.

### **Conclusion**

The study's conclusion emphasizes the significance of tawakkul in safeguarding individuals against negative emotional disorders, particularly depression. According to the findings, not only does individual tawakkul play a crucial role in preventing depression, but its interactive effects also hold significance. When an individual's level of tawakkul is high, regardless of whether they are anxiously attached to God or not, they are less likely to experience depression. This suggests that a strong sense of trust in a higher power can serve as a protective factor against depressive symptoms. Conversely, the study highlights that when tawakkul is low, individuals who are anxiously attached to God are more prone to developing depression. This implies that when individuals lack trust and reliance on God, their anxious attachment to the divine may exacerbate feelings of depression. Overall, the research underscores the complex interplay between tawakkul, attachment to God, and depression. It suggests that cultivating a sense of trust and reliance on a higher power can potentially mitigate the risk of experiencing depressive symptoms, highlighting the importance of spiritual beliefs and practices in mental health outcomes.

### **Limitations and Suggestions**

The present study used cross sectional research. Although potentially significant relationships were identified, cause and effect relation cannot be inferred without follow-up experimental research or longitudinal research exploring proposed causal mechanisms over time. It might be checked through longitudinal research that whether the participants' tawakkul remains the same over time with respect to attachment to God or there might be some fluctuations in its levels. The study took only anxious attachment to God; other types of attachments like secure and avoidance were not included in the study. Hence, future researchers may include all these types of attachments to explore their effects on tawakkul and depression. The reliability of anxious attachment to God was moderate as compared to other measures of the study. Hence, caution should be taken in the interpretation of results of this scale.

### **Implications**

In the field of clinical psychology, tawakkul should be incorporated in clinical therapy as it reduces depression. Clinicians should strengthen the belief system of patients along with encouraging them to put positive efforts. Clinicians should incorporate in the patients about how to be satisfied over Allah's will. Tawakkul should be put in one's every aspect of life because it reduces the /negativity caused by different factors. Thus, inclusion of tawakkul in therapies may prove very beneficial in the treatment of different mental health issues, particularly depression. Tawakkul finds another implication in cognitive behavioural therapies such as CBT and REBT. These therapies work on patients' cognitions, emotions, and beliefs to cure the problems. Clinicians can incorporate tawakkul in these therapies by strengthening their beliefs in Allah. This positive belief can help changing the negative beliefs; ultimately changing the patient's thoughts and behaviours, and saving the person from depression.

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**Author's Contribution:** Muhammad Usama Gondal ( literature, data collection, data entry ) Adnan Adil (Conceptualization ,write up, and analysis), and Anam Yousaf (statistical analyses and proof reading).

## References

- Al-Munajjid, M. S. (2017). *Reliance on Allaah*. Riyadh: Zad Group.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5<sup>th</sup> ed.). <https://doi.org/10.1176/appi.books.9780890425596.dsm05>
- Aslam, N. (2018). *Understanding trauma and growth in an integrative psychosocial framework among flood affected individuals* [Unpublished doctoral dissertation] Quaid-i-Azam University, Islamabad.
- Faul, F., Erdfelder, E., Lang, A. G., & Buchner, A. (2007). G\* Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods*, 39(2), 175-191.
- Freeze, T. A., & DiTommaso, E. (2015). Attachment to God and church family: Predictors of spiritual and psychological well-being. *Journal of Psychology and Christianity*, 34(1), 60–72.
- Gondal, M. U., Adil, A., Yasin, G., & Shujja, S. (2022). Development and validation of Tawakkul Scale for Muslim adults in Pakistan. *Journal of Religion and Health* 61(4), 3470–3491. <https://doi.org/10.1007/s10943-021-01449-6>
- Kirkpatrick, L. A. (1992). An attachment-theory approach psychology of religion. *The International Journal for the Psychology of Religion*, 2(1), 3-28. [https://doi.org/10.1207/s15327582ijpr0201\\_2](https://doi.org/10.1207/s15327582ijpr0201_2)
- Kirkpatrick, L. A., & Shaver, P. R. (1992). An attachment-theoretical approach to romantic love and religious beliefs. *Personality and Social Psychology Bulletin*, 18, 513-522. <https://doi.org/10.1177/0146167292183002>
- Ismail, Z. & Desmukh, S. (2012). Religiosity and psychological well-being. *International Journal of Business and Social Science*, 3(11). <https://www.researchgate.com>



- Noureen, S. (2017). *Relationship between religiosity and psychopathological symptomology: Role of God imagery and afterlife belief among university students*. Unpublished Masters Thesis, University of Sargodha, Pakistan.
- Rosmarin, D. Pargament, K. I., & Mahoney, A. (2009). The role of religiousness in anxiety, depression, and happiness in Jewish community sample: A preliminary investigation *Mental Health Religion and Culture*, 12(2), 97-113. <https://doi.org/10.1080/13674670802321933>
- Rowatt, W. C. & Kirkpatrick, L. A. (2002). Two dimensions of attachment to God and their relation to affect, religiosity and personality constructs. *Journal for the Scientific Study of Religion*, 41, 637-651. <https://doi.org/10.1111/1468-5906.00143>