**Prediction of postpartum depression: Rumination, attachment style and forgiveness**

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**Abstract: Objectives:** The purpose of the present study was to determine the multiple relationships between rumination, attachment style and forgiveness with the appearance and severity of postpartum depression in Isfahan in 2012-13. **Method:** It was a descriptive research with multiple correlation method. The statistical population of the study was 225 8-9 month pregnant women referring to women & Birth offices in Isfahan who were selected according to random sampling method. In order to gather the data the questionnaires of rumination attachments style, forgiveness and depression were applied. The research data were analyzed through Pearson Correlation Coefficient and stepwise multiple regression. **Results:** The results indicated that all predictive varieties significantly related to criterion variables and among predictive variables it was just the variable of rumination which can predict the expression and severity of depression signs. **Conclusion:** According to the research results it can be concluded that although each of the variables of rumination attachment style and forgiveness relates to the appearance and severity of depression symptoms of recently delivered women, with the presence of rumination besides other variables, just the rumination is able to predict the depression in recently delivered women and the treatment of rumination can be on of the best method to cure depression.

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**1. Introduction**

Postpartum depression, mental disorders is one of the most serious problems for the mother, child and family studies; he makes up 5 to 40 percent have reported prevalence of the disorder (1). Postpartum depression is a combination of five of the symptoms of major depression and a broken physiological regulation depression is characterized by depressed mood or loss of interest or pleasure in at least one of them is active (2). Postpartum depression affects all aspects of quality of life has a significant negative effect on mothers, mothers who suffer from postpartum depression that interfere with social activities, the performance of individual to your housekeeping functions 3,4. It seems timely action against this disorder will have a better prognosis and reduce harmful for the mother and family and community (5). The exact cause of this disorder is unknown, but in addition to biological factors, several studies, the most common factors associated with the disorder, factors such as maternal age, unplanned pregnancy, job status, and income instability, and the crisis over the past year before the birth of marital discord reported (7, 6). The medication is recommended for patients with a history of depressive disorder in the past have had their lives and psychological problems in patients who have had no prenatal care and supportive care to help couples be better (8, 9). In this study it was assumed rumination may be associated with postpartum depression.

One of the etiology of mental patterns and emotional disorders, especially depression recurrence is essential rumination is rumination is a general term that refers to several kind of thinking and often as persistent thoughts, spinning and depressive mood is low, it is recognized that the answer (10). Studies based on cognitive models of depression and rumination of negative cognitive styles as risk factors have been identified (11, 12) and rumination as a cognitive component of depression are noted (13). Depression is a significant bias toward negative information in line with their assessment of the negative bias in those patients who are more rumination becomes stronger (14). Research shows that rumination Reply with boring experience, the longer and more severe periods of depressed mood, and the champ, people thinking negatively biased than others, and these people tend to have poorer problem-solving ability (10).

Another variable in this study was assumed attachment styles were associated with postpartum depression. Catastrophic breakdown and lack of secure attachment in childhood prevents loneliness and depressions are significantly related (15). Attachment is a deep emotional bond with certain people in our lives that we can make when we interact with them, and enjoy the relaxed feel to them in times of stress near the (15). Bowlby and Ainsworth strange situation using the method classifies individuals into one of three groups: secure attachment, insecure-avoidant attachment, anxious ambivalent insecure attachment (15). Secure attachment is positively associated with properties including intimacy, satisfaction and trust, attachment avoidance with lower levels of intimacy, commitment, and avoid the gray, double-Oriented attachment anxiety and concern about relations with excitement, uncertainty and helplessness is associated (16, 17, and 18). Bifalkeou et al. have explained the research to realize insecure attachment styles and depression in women insecure attachment is associated with lower social class position and social context more negatively correlated (19) Katherine and colleagues at the research is to realize people who have a secure attachment the stress of life events on depression are milder levels (20). The study also found attachment styles were significantly correlated with loneliness and depression (21).

Forgiveness was another variable in this study was to examine the correlates of postpartum depression. Forgiveness is the overcoming of incentives (such as revenge or counting) and emotions (fear, sadness, grief, and anger) and positive emotions (empathy, gratitude, thanks) to the self, to others, condition (22). Forgiveness, empowerment-oriented personality is a positive approach (23). Forgiveness and psychological well-being and adjustment (24) and lack of forgiveness is associated with increased depression (25, 24). The research found that attachment Hibard person sympathize with him and his ruminative behavior and willingness to forgive is associated with lower satisfaction and higher levels of depression, he is associated (26). Lawler - Raw and colleagues argue that forgiveness of others with stress, mental health, mental health and depression are negatively correlated They believe that forgiveness of others, social support, religiosity, achievement, mastery of the environment, a positive relationship between the others, having a purpose in life, personal growth, self-acceptance, gender and age, linked up well with high self-esteem and self-respect are directly related (27). Review of research suggests that the tendency to forgive others with sympathy, thank (28) The interest-based practice (29) positive affect (30) cut the anger and hostility (24) reduce rumination about rape (31), increased social support (27) mental health (32) sexual satisfaction (32, 27), positive behavior with negative emotions (30) rumination (34), lower social support, coping ability, less (35) anxiety (36) and depression (33, 27) in relation is negative.

This was the answer to the question whether rumination and forgiveness of attachment styles have a significant relationship with postpartum depression? And which of these variables are strong predictors of postpartum depression?

**Method:**

Considering that the aim of this study is to investigate the multiple relationships between rumination, forgiveness attachment style and symptoms of postpartum depression in new mothers were causing, therefore, descriptive and multiple correlation method was used.

**The population and sample**

The study sample consisted of all pregnant women in eight- and nine -month- old practice of gynecologic city were attending. Sample included 150 women who nine months in Isfahan, sampling study randomized phase, attachment and forgiveness in 8 or 9 months pregnant and postpartum depression questionnaire was administered 2 to 4 weeks and then Predicting the relationship between the criterion variables were calculated. In this study, the Beck Depression self administered questionnaire rumination Yousefi, attachment, and forgiveness Collins and Reid Thompson was used. Questionnaire that included demographic questions such as name, age, education, occupation, age, husbands, wife, spouse's education, marriage, sex, birth and type of delivery was assessed.

**Beck Depression Inventory (BDI-II)**

Beck Depression Inventory, was developed first in 1961 by Beck and colleagues, and was published in 1971 and revised in 1978. The revised Beck Depression Inventory Beck Depression Inventory-Second Edition, which has been developed to measure the severity of depression (37). Form Revised Beck Depression Inventory compared to the original form is consistent with the DSM-IV.The questionnaire consisted of 21 questions and somatic, cognitive and behavioral measures of depression. 2 of the emotion, cognition Article 11, 2 of overt behavior, 5 females and 1 physical symptoms of depression such as semiotics is devoted to the individual, to varying degrees from mild to very severe depression to determine the read each question is 0 to 3, so that total scores range from zero to 63.

Psychometric studies conducted on the second edition of this survey show that it has good reliability and validity, Beck, Estiri and Brown (37) Internal consistency of the instrument 0.73 to 0.92 with a mean of 0.86 and the coefficient alpha for patients 0.86 non-patient group and 0.81 were reported. Also Dobson and Mohammadkhani (38) alpha coefficient of 0.92 for outpatients and 0.93 for the students and coefficient within a week to 0.93 are obtained. In this study, the internal consistency was assessed by Cronbach review concludes (α = 0.90) obtained.

**Yousefi's Rumination Questionnaire (2007)**

The questionnaire consists of 38 items and 5 subscales head grapplemove (12 questions) - self-deprecation (10 items) - Mark rumination circuit (7 items) - introspection (4 items), and rumination on depression outcomes (5 items) It is. The test of the validity and internal consistency (93%) is appropriate. Cronbach's alpha 0.92 and reliability is 0.78.The questionnaire was developed and validated in 1386 by Youssef and internal consistency coefficients 0.93 coefficients for the total scale and subscales among 93% to 60% to 78%, indicating good reliability and internal consistency reliability of the questionnaire (39). In this study, the internal consistency was assessed by Cronbach survey result obtained (α =0.95).

**Colinzorid's Attachment Inventory (1990) (RAAS)**

The scale includes a self-assessment of their skills, building relationships and forming relationships attachment style and includes a description of 18 words from the mark on a five-degree scale (Likert) the approval or opposition to the words is the expression.The questionnaire consists of three subscales, each subscale consists of 6 questions and 3 subscales include: Closeness, dependency and anxiety. Near the scale, participants rate the emotional intimacy with other measures, the scale dependence, relying on subjects' confidence and to show others and the anxiety subscale of the rate of expulsion of the person concerned will be assessed. To obtain scores for each subscale scores together and phrases related to the number of expressions (6) divide. Participants based on the results obtained in one of three groups: secure attachment, avoidant and fit.

Secure attachment: Individuals who score below the scale of their near and above-average dependence and anxiety subscale is below average.

Anxious attachment style: People who score below average on the scale of intimacy and attachment anxiety scale is above average.

Avoidant attachment style: People who score low on all three subscales.

The reliability of this test for each of the three sub-scale near-dependence and anxiety, respectively, 0.68, 0.71 and 0.52 is reported. Collins and Reid (40) have shown that under measures of closeness, dependency and anxiety remained stable between 2 to 8 months.

According to the alpha values ​​in all cases equal to or more than 0.80 is obtained reliability is high. In this study, the internal consistency was assessed by Cronbach survey result (α =0.70) obtained.

**Thompson et al.'s Forgiveness Inventory (2005)**

18-item questionnaire to assess forgiveness of Thompson et al (41), which contains three subscales of self-forgiveness, forgiveness of others and forgiveness position was used. Each subscale consists of six items that the 7-degree scale (1 completely disagree to strongly agree 7) will be answered.Alpha the questionnaire, 0.76 to 0.83 of the oscillation has been reported. Alpha reliability coefficient of the questionnaire for forgiveness by forgiving others subscale 0.5 for forgiveness 0.65 and situations for donating 0.52 is reported. This study, the internal consistency of this questionnaire was assessed by Cronbach result (α = 0.83) obtained.

**Method of data analysis:**

The data of this study was to examine both descriptive and inferential statistics. Descriptive level descriptive indicators and standard deviation were reported. To evaluate the association between rumination, and forgiveness attachment with postpartum depression Pearson's correlation coefficient was used to predict new cause depression in women, according to the criterion variables, regression analysis Login conducted. Statistical analysis of the survey was analyzed using SPSS software.

**Results:**

A descriptive index such as mean and standard deviation of the variables in Table 1 is obtained.

**Table 1:** Mean and standard deviation of variables

|  |  |  |
| --- | --- | --- |
| variables | Mean | standard deviation |
| Postpartum Depression | 25.06 | 5.25 |
| Mental Rumination | 39.31 | 13.62 |
| Secure attachment | 21.41 | 3.46 |
| Avoidant attachment style | 20.84 | 3.54 |
| Anxious attachment style | 13.45 | 3.54 |
| Forgiveness | 61.93 | 17.71 |

To investigate the hypothesis (between rumination, and forgiveness of attachment styles with postpartum depression, there is a significant relationship) Pearson correlation test was used to analyze the result in Table 2 is obtained.

**Table 2:** Correlation coefficients between rumination, and forgiveness of attachment styles with postpartum depression

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Predictor variables | depression | Mental Rumination | Secure attachment | Avoidant attachment style | Anxious attachment style | Forgiveness |
| Depression | 1 | 0.376 | -0.053 | -0.110 | 0.147 | -0.317 |
| Mental Rumination |  | 1 | -0.060 | 0.280 | 0.219 | 0.540 |
| Secure attachment |  |  | 1 | 0.528 | -0.232 | -0.239 |
| Avoidant attachment style |  |  |  | 1 | -0.395 | -0.324 |
| Anxious attachment style |  |  |  |  | 1 | 0.296 |
| Forgiveness |  |  |  |  |  | 1 |

The results in Table 2 show that between rumination, attachment anxiety, and forgiveness with postpartum depression are related (-p<0.05, -p<0.01). The hypothesis for the relationship between rumination, attachment anxiety, and forgiveness is confirms with postpartum depression but refused to be secure and insecure attachment styles. Rumination and anxious attachment style is related to positive and negative for forgiveness and to predict postpartum depression through Mental Rumination, attachment anxiety, and forgiveness regression analysis was used.

Table 3: regression analysis to predict log-natal depression based on rumination, attachment anxiety, and forgiveness

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| step | Variables entered into the equation | regression coefficient | Square regression | Net share | F | *df* 1 | *df* 2 | Sig. |
| 11 | Mental Rumination | 0.376 | 0.141 | 0.141 | 23.85 | 1 | 145 | 0.000 |

As can be seen in Table 3, the variables rumination with a regression coefficient of 0.376 was entered into the regression equation to predict 1.14% of the variance in depression among women is the new generation (p<0.000).

Table 4 shows analysis of variance to assess the significance of the contribution of rumination in predicting postpartum depression.

Table 4: Analysis of variance to assess the contribution of Mental Rumination in the significance of postpartum depression

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Variable | No. | Sum of Square | *df* | Mean square | F | Sig. |
| Mental Rumination | Regression | 568.88 | 1 | 568.88 | 23.15 | 0.000 |
| remaining | 3457.56 | 145 | 23.84 |  |  |
| Total | 4026.44 | 146 |  |

As can be seen a significant share of the forecast is reliable (p <0.000).

Table (5) shows the coefficients of the regression equation to predict postpartum depression Mental Rumination.

Table 5: Crude and standardized regression coefficients for the prediction of postpartum depression on rumination

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Variable | Raw coefficients (B) | Standard error | Beta coefficient | T | Sig. |
| Constant | 19.36 | 1.23 | - | 15.69 | 0.000 |
| Mental Rumination | 0.145 | 0.030 | 0.376 | 4.88 | 0.000 |

As shown in Table (5) is obvious, crude and standardized coefficients based on the prediction of postpartum depression and Mental Rumination are provided statistically significant.

**Discussion and conclusions:**

The relationship between rumination, and forgiveness of attachment styles with postpartum depression were examined. Statistical results showed that between Mental Rumination and depression in the postpartum period there is a significant positive relationship to the hypothesis was confirmed. The findings of the association between depression and Mental Rumination with findings from research Khosravi et al (42), Joseph et al (43), Azargoon and colleagues (44), Bagheri et al (45), Phili et al (46), Dargahyan et al. (47), Lankianou et al. (48), Farrell (49) were aligned.

In explaining the relationship between Mental Rumination and depression can say that the Mental Rumination and persistent thoughts that are spinning around a subject's response to the low spin (10). So with the help of schemas to enable continuity of depressed mood, depressed construction and maintain their cause, and prevent more adaptive coping strategies and be more active. and the Wales Matthews (1996-1994) based on METACOGNITIVE perspective, RUMINATION as the answer to thought their functions are introduced. This model suggests that positive and negative beliefs about Mental Rumination are involved in the development and maintenance of depression. Positive beliefs about the use of rumination as a coping strategy that helps to maintain, when people fail to achieve the goals they sign these thoughts or potentially damaging it can detect depression and anxiety related to a negative assessment experience, when rumination is also dangerous to assessment leads to anxiety and depression as a sign of failure or disappointment that helps. According to this view rumination should not be regarded as an independent process environments start and end of rumination is related to situational factors and personal factors and rumination, a process that is inefficient manner of emotion-focused coping strategy that can lead to depression (10).

On the other hand, Haksma Naln response styles theory says Mental Rumination as a response to negative mood and thoughts that people take into consideration when you are experiencing depression and grief. Mental Rumination is a treat, and ultimately prevent the formation of an intellectual ruminant lose social support. On the progress of the target, tester and Martin made Mental Rumination as they Zaigernik theory. According Zaigernik information to complete unfinished tasks, completed tasks over the data remains in memory. From this point of view, the constant Mental Rumination necessarily tends to think more and more about the goals that have not been achieved. So, the frustration of the purpose and objectives of Mental Rumination is considered. According to this view, when people can use to achieve the goals of the left hemisphere looking for alternative ways to get the search to work right hemisphere more than the champ, more pessimism, sadness, grief, self-assessment more and more negative and less inclined to act is related to (10).

The meta-theory, theory, theory of light response and the durability of improvements aimed Mental Rumination and depressive symptoms would begin. The results of the study on the relationship between Mental Rumination and depression show that the relationship between Mental Rumination and depression in the postpartum period is matched with the theoretical bases.

The statistical results showed that postpartum depression has a significant positive relationship with an anxious attachment style. The findings indicate that attachment anxiety predicting postpartum depression.

The findings of the association between depression and avoidant attachment style with findings from research was consistent with Bifalkou et al (19), Catherine et al (20), Arouzkan (21), Zare Asghari (50), Jahanbakhsh et al (51) Liu et al (52). In explaining the relationship between attachment anxiety and depression overview of the features will be useful for people with anxious attachment style. Their main characteristics of doubt, conflict, hostility, frustration, confusion, and impulsiveness, making them vulnerable to conflict, conflict, distress and maladaptive behaviors in stressful situations and social relations gives (53). People with insecure attachment style anxiety as well as features such as lack of trust, lack of sense of security, fear of intimacy and commitment, and lack of positive emotional relationships are with others. People with this type of attachment due to the inability and lack the flexibility to respond well to adverse situations with behavioral problems and psychological is significant.

These behaviors, stress, anxiety, emotional instability, irregular outer expression and help-seeking behavior show too (54). Due to the mentioned features for people with insecure attachment styles expected that these higher levels of anxiety in the context of interpersonal relationship problems, mood, emotional support and experience, this would be expected that problems can provide context postpartum depression in women.

Statistical results showed a negative relationship between forgiveness with postpartum depression have significant meaning, so this hypothesis was confirmed. Findings on the association between depression and forgiveness with research findings Tess et al. (24), cross (25) Farrell (49), Eun Seol (55), consistent with findings Hybard (26). In explaining the negative relationship between forgiveness and depression can be said of the four stages of forgiveness of injuries - hatred - healing and reconciliation and return the other one is probably forgive the person who made ​​him deeply behind this process has reached the stage of healing and reconciliation process and return the other one managed to leave behind (56). Persons giving the positive characteristics such as self-regulation, high adaptability, empathy, and adaptability have (57). So far forgiveness can lead to improved quality of relationships, giving people with a complete understanding of forgiveness and its components (cognitive, affective and behavioral) that can feed the negative thoughts about someone trespassing Mental Rumination may be released and thus may experience less depression, giving the non-threatening communication events, the negative emotional and behavioral react and are prone to depression (58).

**Conclusion:**

The results of this study indicate that although there is a relationship between all predictor variables and the criterion variable, but the regression analysis for variables predicting depressive Mental Rumination showed. So, ruminative thinking style and giving people more anxious attachment style to predict gloom.So it seems to improve depressive thinking through the teaching style, they will be removed from ruminative and given the power of Mental Rumination than other variables seem to think that the style of the new generation of women to be modified attachment and forgiveness is better and will lead to improvement in depression. The study has some limitations encountered in this study is no exception, the source information from other sources, such as research groups and unable to parents, spouses and those around him to gather information to use. There is a time limit, if you have more time questionnaires were distributed in the first phase before pregnancy, maternal depression, we can control it. It is suggested that future research on effective treatment methods to reduce Mental Rumination new generation of women is examined. In future studies, the effect of using problem-solving coping strategies in reducing Mental Rumination new generation of women to study. In future research, better treatment effective in reducing the symptoms of postpartum depression is studied. Because the data source in this study was the only one recommended for future studies of other information sources to collect the data get help.

**References:**

* + 1. Iles, J. slad, p. & spiby, H. postraumatic stress and postpartum depression in couples after child birth: The role of partner support and attachment. Journal of Anniety Dis. 2011, 25(4): 520-530.
    2. Tannous, L. Gigante, L.P. Fuchs, B.S. & Busnello. postnatal depression in southern Brazil :prevalence and its demographic and socioeconomic determinants. B Mc psychiatry. 2008. 8(1): 22-28.
    3. Wewernik,A.Honig,A.Heres,M.H.& wennink, J. psychiatric disorder in pregnant and puerperd women, Ned Tijdschr Geneeskd. 2006. 150(6): 294-298.
    4. Postmontier, B. Functional status outcome in mother with and without potpartum depreion. Journal of Medicine women' health. 2008. 53(4): 310-318.
    5. Kaplan,H.J.& sadoc,B.J. Kaplan and sadoc's comprehensive tent book of psychiatry philadelphia lippincott williams and wilkins. 2005, p,2308-2311.
    6. Kendall, K. A new paradigm for depression in new and anti inflammatory treatments protect maternal health. International Breastfeeding Journal. 2007. (2): 1-15.
    7. Wissart,J.parshad, O. & kulkarni, S. prevalenco of pre-and pastpartum depression in Jamaican women: BMC pregnany child birth. 2005. 5.15.
    8. Suri, M.D. & Altshuler, M.D. postpartum depression Advances in recognition and treatment, focus. 2010. (10): 15-21.
    9. Whisman, M.D. Davila, J. & Goodman, S.H. Relationship adjustment, depression,and anxiety during pregnancy and the postpartum period. Journal family psychological. 2011. 25(3): 375-383.
    10. Papageorgiou, c. & wells, a. Depressive rumination: Theory a treatment, translated by: Z, yousefi. F.bahrami. & M. barekatain, Isfahan: shahr-e-ad. 2004.
    11. L0, c.s.l. Ho, s.m.y.& H0llon, s.d. The effects of rumination and negative cognitive style on depression: a meciation analysis. Behvior Rec there. 2008. 46: 487-495
    12. Roelofs,j. Huibers,m.peeters,f.&Arnts,a. Effects of neuroticism on depression and anniety: rumination as a possible mediator. Journal pers individual differences, 2008. 44: 574-584.
    13. Hyde,js.Huibers,m.&Abramson,l.y. The Abcs of depression: integrating effective, biological and cognitive models to explain the emergence of the gender difference in depression.Journal psycolo rev. 2008. 115: 291-313.
    14. Donaldson, c. Lam, d. & Matews, a. Rumination and attention in major depression. Bhav res there. 2007. 45: 2664-2678.
    15. Berk, l. Devolopment through the lifespan, translated by: y, sayed mohammadi, tehran: shahr-e-ab: 2007. 597p
    16. Olderbak, s & figueredo,a.j. predicting romantic relationship satisfaction from life history strategy. Journal of personality and Individual differences. 2009. 46: 604-610.
    17. Kachadourian, l.k. Fincham, f & Davila,j. The tendency to forgive in dating and married couples: The role of attachment and relationship satisfaction. personal relationships. 2004. 11: 373-393.
    18. lopez,f.& gormley,b. Stability and change in adult attachment style over the first year colleg transition: Relation to self-confidence, coping and distress patterns. Journal of counseling psycology. 2002. 49: 355-364.
    19. Bifulco, A. Figueiredo, B. Guedency, N. Gorman, L.L, Hayes, S. Muzik, M. Glatigny, E. Valoriani, V. Kammerer, M.H & Henshaw, C.A.(). Maternal attachment style and depression associated with childbirth, preliminary results from a European and us cross – cultural study. The British Journal of psychiatry. 2004. 184: 31-37.
    20. Kathryn, A.B. Roberts, L.E. Morgan, A.B. Kelly, T.B & Jeffrey, A.C. A propective investigation of the impact of attachment style on stress generation among clinically depressed individuals. Behavior Reserch and Therapy. 2007. 45, 179- 188.
    21. Erozcan, A. The attachment styles bases of loneliness and depression. International journal of psychology and Gounselling. 2011. 3(9): 186- 193.
    22. Worthingtor. (2006). Hand book of forgivness.
    23. Kashdan. T.B. Julian. T, Merritt. K, Uswatte.G. Social anxiety and posttraumatic stress in combat veterans: relations to well - being and character Strengths. Behavior Research and Therapy. 2006. 4: 561- 583.
    24. Tse, W. S & yip, T.H.J. Relationship among dispositional forgivness of others interpersonal adjustment and psychological well – being implication for interpersonal theory of depression. personality and individual differences. 2009. 46(3): 365- 368.
    25. Krause. Factors predicting interpersonal forgiveness: The relationship Between forgiveness and health. Thesis The facalty of school of professional psychology pacific university: 2009.
    26. Hibbard, K.C. Relationship Between Attachment and depression: Mediafing factor. Thesis The college of Art and sciences of the university of Dayton: 2011.
    27. Lawler- Raow, K.A. Piferi, R.L. The forgiving personality: describing a life well lived. Personality and Individual Differences. 2006.41: 1009- 1020.
    28. Emmones, r.a. & Mccullough, m.e. The psycology of gratitude. oxford university press, inc. 2004.
    29. Alemand, m. Job, v. christen, s. & Keler,m. (2008). forgivness and action orientation. personality and individual differences. 2008, 45: 762-766.
    30. Tompson, l.y. Snyder, c.r. Hoffman, l. Michael, s.t. Rasmussen, h.n. & Bilings, l.s. Dispositional forgivness of self, others, and situations. Journal of personality. 2005, 73: 313-359.
    31. Yeseldyk, r. Mathson, k. & Anisman, h. Rumination: Bridging a gap between forgivness vengefulness, and psycological health. personality and individual difference. 2007. 42: 1573-1584.
    32. WORTHINGTON,E.L. five step to forgivness: the art and science of forgiving. New york: crown publishers. 2001.
    33. Brown,r.p. & philips,a. Letting bygones: futher evidence for the validity of the tendency to forgive scale. personality and individual difference. 2005. 38: 627-638.
    34. Mccullough,m.e.Bono,g.&Root,l.m. Rumination, emotion and forgivness:Threre longitudinal studies. Journal of personality and social psycology. 2007. 92: 490-505.
    35. Maltby,j.Day,l. & Barber, l..forgivness and mental health variables: Interpreting the relationship using an adaptational-continuum model of personality and coping. personality and individual differences. 2004. 3(7): 1629-1641.
    36. Orcutt,h.k. The propective relationship of interpersonal forgivness and psycologycal distress sympotoms among college women. Journal of counseling psycology. 2006. 53: 350-361.
    37. Beck, A. T. Brown, G. & Steer, R. A. Manual for the Beck Depression Inventory- II. San Antonio, TX: The Psychological Corporation (2000).
    38. Dobson, Stephen Keith Mohammadkhani translator licenses. Psychometric characteristics of questionnaires Beck - 2 in patients with major depressive disorder in partial remission. Rehabilitation. 8 (29), 80-86. In 2007.
    39. Yousefi, Z.Validation Factor Structure Reliability And Standadization oF Rumination Iventory On Isfahan University Students (2007).
    40. Collin s & Read. Adult Attachment Scale. retrieved form: www.gse.usi.edu/childcare/pdf/.../Adult%20 Attachment% Scale. pdf.1990.
    41. Y amhure Thompson, Laura; Snyder, C. R. (Rick), and Hoffman, Lesa, "Heartland Forgiveness Scale" Faculty Publications, Department of Psycholog y. Paper 452. (2005).
    42. Khosravi, M. Mehrabi, H& Azizy, M. Comparison of components of rumination in patients with depression, obsessive-compulsive and normal subjects. Academic Journal of Semnan University of Medical Sciences. 1387. 10(1): 65- 72. (persian)
    43. Yosefi, Z. Bahrami, F. & Mehrabi, H.A. Beginning and duration of depressive rumination. Journal of Behavioral Sciences. 1387. 2(1): 67- 73(persian)
    44. Azargon, H. Kajbaf, M. Molavi, H. & Abedi, M.Effectiveness of mindfulness training on reducing rumination and depression in university students. Scientific Journal - Journal of Research. 1388. 16(34): 13- 21(persian)
    45. Bagheri nejad, M. Salehi, J. & Tabatabaei, M. The relationship between rumination and depression in a sample of Iranian students. Studies of Psychology University of Ferdosi Mashhad. 1389. 11(1): 21- 38. (persian)
    46. Phili, A. Borjali, A. Sohrabi, F. & Farokhi, N. Comparative Effectiveness of Cognitive Therapy - Mindfulness-based cognitive behavioral therapy Tyzdl rumination on depression in infertile women. Brings knowledge, Journal of medical science Yasoj. 1391. 17(1): 14- 21. (persian)
    47. Dargahian, R. Mohamadkhani, SH. Hasani, J. & Shams, J. Efficacy of cognitive the improve and metacognitive beliefs, rumination and depressive symptoms, single parents. Journal of Clinical Psychology. 1390. 1(3): 82- 103. (persian)
    48. Lanciano, T. Curci, A. Kafetsios, K, Elia, L & Zammuner, V.L. Attachment and dysfunctional rumination: The mediating role of emotional intelligense abilities.
    49. Personality and individual differences. 2012. 53(6): 753- 75
    50. Farrell, J.E. Forgivness, mood, And Attachment style. Thesis The college of arts and sciences university of Dayton. 2010.
    51. Zarea asghari, M.The relationship between attachment styles and depressive state in students of Tehran. Thesis Alzahra University, Faculty of Education and Psychology. 1390. (persian)
    52. Jahanbakhsh, M. Amiri, SH. Bahadori, M. Molavi, H. & Jamshidi, A.The effectiveness of psychotherapy on depressive symptoms in girls with attachment problems. Behavioral Sciences Research. 1390. 9(4): 250- 259. (persian)
    53. Liu, Q. Nagata, T. Shono, M & Kitamora, T. The effects of adult attachment and life stress on daily depression: A sample of Japanese university students. Journal of clinical psychology. 2009. 65(7): 639-652.
    54. Evangelism, m. A. Goli, M and Ahmad, A.. A. (1382). Investigate the relationship between attachment style and interpersonal problems. Journal of Thought and Behavior, 8 (4), pages 74-81.
    55. Agrawal, H.R. Gunderson, J. Holmes, B.M. & Lyons-Ruth, K. Attachment styles with borderline patients: a review Harvard Review Psychiatry. 2004. 12(2): 94-104.
    56. Eun – Seol, K.(2011). Efeets of forgivness education for colleges student with insecure attachment to their mothers. The university of Wisconsin – Madison 2005, 12 H: 3175565
    57. Akbari, M. The relationship between self-confidence, self-efficacy, religiosity and forgiveness with distributive and procedural justice beliefs. MSc thesis, Sciences University Khorasgan Branch Faculty of Psychology and Educational. 1387. (persian)
    58. McCullough, M & Root, L.M. Forgivness as change In, E.L. worthington Jr. Editor, handbook of forgivness, Brunner-Routledege New york. 2005. 207-226pp.
    59. Tse, M. & cand-cheng, S. Depression reduces forgivness selectively as a function of relationship closeness and transgression, personality and individual difference. 2006. 40: 1133-1141.

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