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Developing a Causal Model of Social Well-Being in HIV Patients Based on Attachment Styles with the Mediating Role of Self-Compassion

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A B S T R A C T

Objective: This research aimed to develop a causal model of social well-being based on attachment styles with the mediating role of self-compassion in HIV patients.

Methods and Materials: The study employed a cross-sectional, correlational research design. The study population consisted of 400 HIV patients visiting behavioral counseling centers in Alborz province in 2021, selected through convenient and voluntary sampling. Instruments used included the Social Well-Being Scale (Keyes, 1998), Attachment Styles (Hazan & Shaver, 1987), and Self-Compassion (Neff, 2003). Data were analyzed using SPSS-V25 and Smart PLS software, and Structural Equation Modeling was employed to test the research hypotheses.

Findings: The findings indicated that the model had an appropriate fit. Results showed that secure attachment style has a direct effect on the social well-being of HIV patients. Avoidant attachment style also directly affects the social well-being of these patients. Ambivalent attachment style directly impacts the social well-being of HIV patients. Secure attachment style, mediated by self-compassion, indirectly affects the social well-being of HIV patients. Similarly, avoidant attachment style, mediated by self-compassion, has an indirect effect on their social well-being. Ambivalent attachment style, through self-compassion, indirectly affects the social well-being of HIV patients.

Conclusion: Thus, attention to these variables aids researchers and therapists in prevention and designing more appropriate treatments.

Keywords: *Social Well-Being, Attachment Styles, Self-Compassion, HIV.*

1. Introduction

C

hronic diseases pose a risk to human health and challenge various aspects of human life (Agorastos & Chrousos, 2022). Currently, one of the most significant chronic diseases threatening human health is Acquired Immune Deficiency Syndrome (AIDS), caused by the Human Immunodeficiency Virus (HIV); this is not just a health problem but also a social and cultural dilemma that leads to economic issues (Owusu, 2019). AIDS was first reported in the United States in 1981 among homosexual men and later recognized as Acquired Immune Deficiency Syndrome (AIDS). AIDS is the deadliest infectious disease and the fourth leading cause of death globally, and undoubtedly, the emergence of AIDS is the greatest disaster for human society after World War II. This emerging disease in many countries is rooted in injection drug use, unemployment, poverty, and prostitution and is a major barrier to community development, putting most of the active and productive population at risk (Negesa et al., 2017). According to the path of spread, treatment, and care of AIDS, it can be said that this disease involves generations, such that not only is the disease transmitted among spouses but also among their children (Barin, 2022). On one hand, individuals with AIDS endure physical problems as a dysfunction in their body and health. On the other hand, they face social issues, including employment, discrimination, legal limitations, negative societal attitudes, and most importantly, their social well-being is at risk, affecting their families (Wahyuni, 2019).

The low level of social well-being in HIV patients hinders them from appropriately interacting with others, leading to social isolation. This isolation, in turn, reduces social participation, social cohesion, social flourishing, social acceptance, and so forth. As a result, people's hope and motivation towards society fade, they perceive their role in societal progress as insignificant, and thus, lose their sense of social responsibility and efficacy (Samaram, 2010). When individuals in society can interact with each other easily and without stress and maintain stable relationships, they more easily achieve their goals, which also positively impacts other aspects of their health. In this context, having social skills significantly enhances the quality of relationships (Rezaei & Noghani Dokht Bahmani, 2018). According to Keyes, individuals involved in community social activities feel more social cohesion and participation compared to those who are not involved. He also believes that the higher the trust and sense of security among community members, the greater their social well-being (Keyes & Shapiro, 2004).

In general, there are many issues affecting HIV patients and their life processes, one of which is related to reducing stress in patients, namely attachment styles. Attachment is defined as a deep and enduring biological, psychological, and social situation based on the relationship between a child and their caregivers in the early years of life (Farias et al., 2020). Bowlby states that a specific and unbroken bond in attachment with a specific person is essential for healthy and non-pathological development, and the experience of safety in a child forms the foundation of healthy psychological and mental action (Capuano, 2020). When parents are supportive and reliable, secure attachment forms in children. However, if parents are rejecting, insecure attachment develops. It seems that attachment styles observed in childhood are reflected in adult stress coping strategies, with individuals with insecure attachment being more prone to psychological problems compared to those with secure attachment (Mastropaolo et al., 2020). Individuals with secure attachment possess a greater sense of self-efficacy, thus researchers believe that secure attachment style is closely related to psychological health (Morel & Papouchis, 2015). Among HIV individuals, their attachment styles in relation to others are significant factors. Attachment directly affects the quality of relationships in HIV-positive individuals, potentially playing a significant role in adapting better to AIDS through its impact on social support capabilities. Furthermore, attachment styles can facilitate better adaptation to the disease in other ways (Fontanesi et al., 2020).

Self-compassion is another variable of interest in this research. Compassion is defined as experiencing the impact of others' suffering in a way that makes one's own problems and suffering more bearable. It also means being patient and kind towards others and having a non-judgmental understanding in relation to them. Moreover, it includes the recognition that life experiences and problems are common to other people as well (Neff, 2003; Neff, 2009, 2016). Self-compassion is defined as a three-component construct consisting of kindness towards oneself versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification (Gerber et al., 2015; Mesbahi et al., 2020). Self-compassion leads to an individual caring for themselves, gaining awareness, having a non-judgmental attitude towards their inadequacies and failures, and accepting that their experiences are part of the common human experience (Neff, 2016; Pepping et al., 2015). Self-compassion appears to be a mechanism of action in various types of therapies (Campagna, 2022). HIV patients enduring suffering from their illness need self-compassion to be kind to themselves during tough times, see hardships as part of

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the natural human process, and have a balanced awareness of these difficulties. Therefore, when a patient treats themselves in this way, they reach a state of inner peace that allows them to stand against hardships and significantly improve their quality of life. Hence, when individuals soothe and comfort themselves in difficult life situations, it can be said that they are not diminishing their quality of life with harsh self-criticism and undesirable self-judgment (Gerber et al., 2015). Research by Kinman and Grant (2020) also showed that self-judgment, feelings of isolation, and rumination in individuals lacking self-compassion directly lead to decreased mental health (Kinman & Grant, 2020). Given that research on the quality of life of these patients is limited and there has been no study predicting a causal model of social well-being based on attachment styles with the mediating role of self-compassion in the country, this research seeks to answer the question of whether a causal model of social well-being based on attachment styles with the mediating role of self-compassion is empirically viable.

2. Methods and Materials

2.1. Study Design and Participants

The current study employed a descriptive-correlational method for data collection through Structural Equation Modeling (SEM). The study population comprised all HIV patients who visited behavioral counseling centers in Alborz province during a six-month period (from October 2021 to March 2022), totaling approximately 1,000 individuals. For precaution and considering potential dropouts, the sample size was increased to 400. The sampling method in this research was convenient and voluntary.

2.2. Measures

2.2.1. Social Well-Being

The Social Well-Being Questionnaire by Keyes (1998) consists of 20 questions and 5 components: social flourishing (items 1, 2, 3, 4), social coherence (5, 6, 7), social integration (8, 9, 10), social acceptance (11, 12, 13, 14, 15), and social contribution (16, 17, 18, 19, 20). Its aim is to measure the level of social well-being (social coherence, integration, contribution, and acceptance). The questionnaire uses a Likert scale (1 = strongly disagree, 5 = strongly agree) and items (1, 6, 13, 14, 15, 17, 18, 19, 20) are reverse scored. Keyes (1998) validated the five-dimensional model of this questionnaire in two studies with samples of 373 and 2,887 individuals in the USA, using factor analysis. The questionnaire's reliability, assessed through Cronbach's alpha, was found acceptable in these studies (Keyes & Shapiro, 2004). In Iran, Heidari and Ghanaie (2008) standardized the questionnaire on 632 students at Islamic Azad University, Central Tehran Branch. Their research indicated a Cronbach's alpha reliability of 83% and confirmed the five-factor structure with some item modifications in the student population (Heidari & Ghanaie, 2008).

2.2.2. Attachment Styles

Hazan and Shaver's Attachment Styles (1987): The Attachment Styles Scale, designed by Hazan and Shaver in 1987, comprises 36 questions (Hazan & Shaver, 1987). In Iran, a 15-item version of this scale was developed for use among students at the University of Tehran, measuring three attachment styles: avoidant, secure, and ambivalent (Doust Mohammadi, 2010). The scale uses a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree), with 5 items allocated for each attachment style. Higher scores indicate stronger attachment in each style. Hazan and Shaver (1987), cited in Hazan and Shaver (1994), reported the reliability of this questionnaire through test-retest and Cronbach's alpha methods as 87% (Hazan & Shaver, 1994). In Iran, researchers found good internal consistency for the subscales of secure, avoidant, and ambivalent attachment in a sample of 1,480 students (860 females and 620 males) (Campagna, 2022).

2.2.3. Self-Compassion

The 26-item Self-Compassion Scale (long form) by Neff (2003) encompasses 6 two-sided factors: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification. Respondents rate items on a 5-point Likert scale (1 = almost never, 5 = almost always). Scoring involves reversing certain items. The total score, with higher scores indicating greater self-compassion, is calculated by averaging the scores of all items. Neff (2003) validated the factor structure and divergent and convergent validity of the scale in an initial study with 391 undergraduate students, finding satisfactory Cronbach's alpha values for the subscales. In a second study with 232 students, test-retest reliability was also reported (Neff, 2003). In a study by Khosravi, Sadeghi, and Yabandeh (2013) on 619 students, the scale's factor structure was confirmed in the Iranian sample, with Cronbach's alpha

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values indicating good internal consistency for the subscales (Khosravi et al., 2013).

2.3. *Data analysis*

The data obtained from the questionnaires was analyzed using SPSS V25 and Smart PLS software. Additionally, Structural Equation Modeling was utilized for testing the research hypotheses.

3. Findings and Results

In Table 1, the descriptive statistics indices related to the variables of the study are displayed.

Table 1

The Results of Descriptive Statistics

Variable	Component	Score	Standard Deviation	Skewness	Kurtosis
Social Well-being	Social Flourishing	12.98	3.44	-0.07	-0.31
	Social Coherence	9.57	2.86	0.10	-0.580
	Social Integration	9.68	2.70	0.07	-0.41
	Social Acceptance	15.37	4.26	0.17	-0.27
	Social Participation	16.77	4.20	-0.05	-0.14
Attachment Styles	Avoidant Attachment Style	16.40	3.58	-0.06	0.50
	Secure Attachment Style	15.97	3.96	0.03	0.18
	Ambivalent Attachment Style	16.14	3.91	-0.01	0.13
Self-Compassion	Self-Kindness	16.01	3.99	0.18	0.05
	Self-Judgment	15.63	4.27	0.14	-0.13
	Common Humanity	12.75	3.28	-0.16	0.37
	Isolation	12.06	3.51	0.24	0.00
	Mindfulness	12.11	3.53	0.02	-0.15
	Over-Identification	12.37	3.46	-0.04	-0.20

The information in Table 1 shows statistical characteristics such as mean, standard deviation, skewness, and kurtosis for the research variables. Additionally, considering the values of skewness and kurtosis, which fall within a reasonable range for assuming normality of the data, it can be postulated and accepted that the data are normally distributed. Figure 1 displays the overall model of the research along with the coefficients of direct effect (t-value).

Table 2

Direct Effects

Path (From)		Path (To)	Path Coefficient	t-Statistic	Result
Secure Attachment Style	→	Self-Compassion	0.723	15.861	Confirmed
Self-Compassion	→	Social Well-being	0.595	5.755	Confirmed
Secure Attachment Style	→	Social Well-being	0.317	3.108	Confirmed
Avoidant Attachment Style	→	Self-Compassion	-0.726	11.655	Confirmed
Self-Compassion	→	Social Well-being	0.687	9.769	Confirmed
Avoidant Attachment Style	→	Social Well-being	-0.188	2.111	Confirmed
Ambivalent Attachment Style	→	Self-Compassion	-0.737	16.355	Confirmed
Self-Compassion	→	Social Well-being	0.561	5.108	Confirmed
Ambivalent Attachment Style	→	Social Well-being	-0.365	3.988	Confirmed

Figure 1

Final Model with Direct Effects

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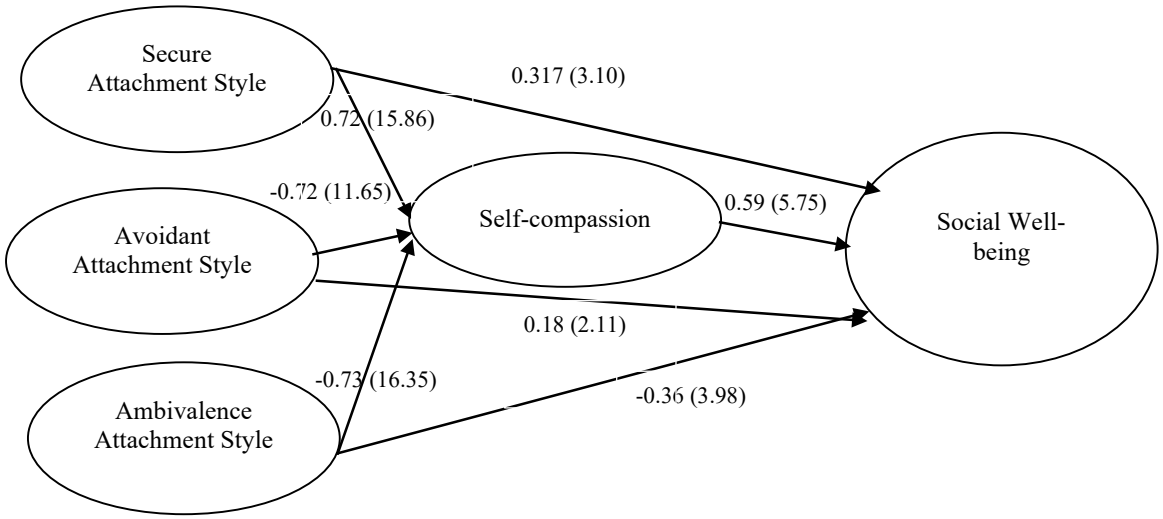

As shown in Table 2, the t-statistic values between the variables are greater than 1.96, therefore, the hypothesis under consideration is confirmed. To examine the direct and indirect effects of independent variables on the dependent variable, it is necessary to present total, direct, and indirect effects for the endogenous variable in the model, which are observable in Table 3.

Table 3

Indirect and Total Effects

Independent Variable	Dependent Variable	Direct Effect	Indirect Effect	Total Effect
Secure Attachment Style	Self-Compassion	0.723	---	0.723
Self-Compassion	Social Well-being	0.595	---	0.595
Secure Attachment Style	Social Well-being	0.317	0.430 = 0.595 * 0.723	0.747
Avoidant Attachment Style	Self-Compassion	-0.726	---	-0.726
Self-Compassion	Social Well-being	0.687	---	0.687
Avoidant Attachment Style	Social Well-being	-0.188	0.499- = 0.687 * -0.726	-0.687
Ambivalent Attachment Style	Self-Compassion	-0.737	---	-0.737
Self-Compassion	Social Well-being	0.561	---	0.561
Ambivalent Attachment Style	Social Well-being	-0.365	0.413- = 0.561 * -0.737	-0.778

As can be seen in Table 3: The indirect effect of the secure attachment style through self-compassion on social well-being is 0.747. Also, the indirect effect of the avoidant attachment style through self-compassion on social well-being is -0.687. Finally, the indirect effect of the ambivalent attachment style through self-compassion on social well-being is -0.778.

4. Discussion and Conclusion

The present research aimed to develop a causal model of social well-being in HIV patients based on attachment styles with the mediating role of self-compassion. The results showed that the secure attachment style indirectly affects social well-being in HIV patients through self-compassion, with an effect size of 0.747. These findings align with several studies (Bigdeli et al., 2013; Kafetsios & Sideridis, 2006) examining the relationship between attachment styles and components of social well-being. Research by Asgharnejad and Danesh (2005) showed that individuals with a secure attachment style have fewer interpersonal problems and higher levels of self-compassion compared to those with avoidant and ambivalent styles (Asgharinezhad &

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Danesh, 2005). Studies also indicate that attachment styles can significantly impact compassion and individuals' well-being (Mikulincer & Florian, 2003). Over three decades, attachment theory has been a diverse and productive framework for studying the dynamics of close relationships. In recent years, significant studies on adult attachment have emerged, attempting to understand the nature of relationships and the consequences of feeling secure in adult relationships. While initially, most research focused on the pathological effects of insecure attachment on human functioning, contemporary researchers have increasingly adopted a positive perspective, examining the role of secure adult relationships in healthy behaviors and adaptability in life. With the influence of positive psychology, the relationship of secure adult attachment with positive constructs such as hope, optimism, positive affect, parenting and caregiving competence, altruistic behavior, compassion, and social well-being has been examined. Overall, emerging findings suggest that secure adult attachment can be an important construct in the structure of growth and development in positive psychology. Based on the results obtained, there is a relationship between secure attachment style and social well-being, mediated by self-compassion. Meaning, individuals with a secure attachment style have a positive self-view, feel continuous growth, find their lives purposeful and meaningful, have the ability for empathy and establishing warm and close relationships, feel environmental control and manage the environment, and perceive themselves as independent and capable in the face of social pressures (Farias et al., 2020; Fontanesi et al., 2020). The current study's findings highlight the importance of addressing the social well-being of HIV patients. In fact, improving the interpersonal relationships of these patients and their self-compassion affects their social well-being, which in itself can prevent behavioral and psychological problems and facilitate the acceptance of family and social responsibilities.

The results showed that the avoidant attachment style indirectly affects the social well-being of HIV patients through self-compassion, with an effect size of -0.311. These findings corroborate with research by Rajabi and Moghaddam (2015) (Rajabi & Maghami, 2015), demonstrating a negative relationship between avoidant and anxious attachment styles and self-compassion. In essence, individuals with higher levels of attachment regulation and adaptability report experiencing higher levels of social well-being and greater self-compassion (Pepping et al., 2015). When a person reflects on their personal weaknesses and examines them, their self-compassion supports them against anxious self-evaluation, and individuals with a secure attachment style have a more positive view of themselves, focusing on their ability to improve conditions. Due to their psychological security, they can regulate emotions effectively when facing life's challenges and view life's emotions and problems as part of nature. An individual's ability to regulate emotions, self-transcendence, and empathy all require secure attachment. The way people treat themselves reflects how their attachment figures have treated them. Individuals with high levels of anxious and avoidant attachment are less self-compassionate, indicating difficulty in developing kindness and forgiveness towards themselves. Moreover, individuals with higher levels of avoidant attachment are likely more self-critical (akin to an internal working model) and feel burdened by their personal distresses. Therefore, they tend to dislike themselves, exaggerate their negative experiences as unique to them, and get overwhelmed by painful thoughts and feelings (low levels of self-compassion and social well-being).

The results also showed that the ambivalent attachment style indirectly affects the social well-being of HIV patients through self-compassion, with an effect size of -0.778. These results are consistent with previous findings (Mesbahi et al., 2020; Mohammadi et al., 2021). Patients with an ambivalent attachment style, due to inappropriate interactions with parents during childhood, are unable to treat themselves with compassion. These individuals struggle with regulating and expressing their emotions, lack verbal, imaginative, communicative, and problem-solving skills, and are unable to establish close and intimate relationships. Ambivalently attached individuals have a positive view of themselves but a negative view of others and may hold beliefs that distance them from others, believing more in the existence of danger in situations than in self-confidence. They cannot trust others, so when a relationship ends, they are not upset. Such individuals lack the ability to empathize, place themselves in another's shoes, have low self-compassion, and experience less social well-being . Therefore, based on the findings of this study and existing explanations, as the ambivalent attachment style increases in HIV patients, their ability for self-compassion decreases, consequently reducing their social well-being. Humans are inherently social beings and need to interact with the surrounding world and others for continued survival and physical and mental health. Individuals alienated and distant from the group try to become active and join the group, but due to lacking sufficient social skills, they fail, leading to maladjustment,

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psychological harm, and unethical behaviors. When faced with unempathetic and provocative responses from others, due to the inability to accurately recognize their own and others' emotions and respond appropriately to emotional states – a necessary skill for successful social interaction and well-being and adaptability with others – they become distressed, confused, their stress intensifies, and since they lack effective strategies to cope with these conditions and understand others' emotions, they become anxious when faced with emotional situations, pressures, and crises, leading to more behavioral problems manifesting as antisocial and unethical behaviors. It can be said that patients with an ambivalent attachment style, when confronted with their own and others' emotions, lack sufficient compassion, due to lacking necessary skills, fail to respond appropriately, and often become entangled, ultimately resulting in maladjustment and social harm, reducing their social well-being.

5. Limitations & Suggestions

During the research execution, some participants did not return the questionnaires for various reasons. Data were collected through self-report. The research design was descriptive and correlational, making causal interpretation of the results infeasible. Due to time constraints, conducting a longitudinal study was not possible. Based on the results of this study and considering the role of the researched variables, it is recommended to increase the social well-being of HIV patients through various educational programs that facilitate their understanding of the impacts of attachment, close relationships, and self-compassion on social well-being.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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None.

Authors' Contributions

Mona Mojtahedi played a pivotal role in data collection, analysis, and manuscript preparation. Iraj Safaei Rad contributed to the study's design, data analysis, and manuscript development. Hooshang Jadidi actively participated in data collection, analysis, and manuscript writing. Maryam Akbari was involved in data collection, analysis, and interpretation, and also contributed to manuscript drafting and revision.

References

Agorastos, A., & Chrousos, G. P. (2022). The neuroendocrinology of stress: the stress-related continuum of chronic disease development. *Molecular Psychiatry*, *27*(1), 502-513. https://doi.org/10.1038/s41380-021-01224-9

Asgharinezhad, M., & Danesh, E. (2005). The relationship between attachment styles and the level of happiness and agreement in marital issues in married female university students. *Journal of Counseling News and Research*, *4*(14), 69-90. https://www.magiran.com/paper/p382917

Bigdeli, I., Najafy, M., & Rostami, M. (2013). The Relation of Attachment Styles, Emotion Regulation, and Resilience to Well-being among Students of Medical Sciences [Original research article]. *Iranian Journal of Medical Education*, *13*(9), 721-729. http://ijme.mui.ac.ir/article-1-2694-en.html

Campagna, D. L. (2022). *The Impacts of Internalized Homonegativity, Shame and Self-Compassion on Quality of Recovery in Gay, Bisexual and Queer Males in Addiction Recovery* Alliant International University]. https://search.proquest.com/openview/a604460ae38e8c5f377ad61804280808/1?pq-origsite=gscholar&cbl=18750&diss=y

Capuano, A. (2020). *Finding attachment style character strengths through positive art therapy* Notre Dame de Namur University]. https://www.proquest.com/openview/c0c8bbc2c6878b9abab659282d71c3b4/1?pq-origsite=gscholar&cbl=18750&diss=y

Farias, O. d. O., Alexandre, H. d. O., Lima, I. C. V. d., Galvão, M. T. G., Hanley-Dafoe, R., & Santos, V. d. F. (2020). Attachment styles of People Living with HIV/AIDS. *Ciência & Saúde Coletiva*, *25*, 495-504. https://doi.org/10.1590/1413-81232020252.11852018

Fontanesi, L., D'Urso, G., Panzeri, M., & Pace, U. (2020). The Role of Attachment Style in Predicting Emotional Abuse and Sexual Coercion in Gay and Lesbian People: An Explorative Study. *Sexuality & Culture*, *24*(3), 504-515. https://doi.org/10.1007/s12119-019-09643-1

Gerber, Z., Tolmacz, R., & Doron, Y. (2015). Self-compassion and forms of concern for others. *Personality and individual*

JAYPS Adolescent and Youth Psychological Studies E-ISSN: 2981-2526

differences, *86*, 394-400. https://doi.org/10.1016/j.paid.2015.06.052

Hazan, C., & Shaver, P. R. (1994). Deeper into attachment theory. *Psychological Inquiry*, *5*(1), 68-79. https://doi.org/10.1207/s15327965pli0501_15

Heidari, G., & Ghanaie, Z. (2008). Normization of social well-being questionnaire. *Thought and Behavior Quarterly in Clinical Psychology*, *2*(7), 31-. https://www.magiran.com/paper/585745

Kafetsios, K., & Sideridis, G. D. (2006). Attachment, Social Support and Well-being in Young and Older Adults. *Journal of Health Psychology*, *11*(6), 863-875. https://doi.org/10.1177/1359105306069084

Keyes, C. L. M., & Shapiro, A. D. (2004). Social Well-Being in the United States: A Descriptive Epidemiology. In *How healthy are we?: A national study of well-being at midlife.* (pp. 350-372). The University of Chicago Press. https://psycnet.apa.org/record/2004-00121-012

Khosravi, S., Sadeghi, M., & Yabande, M. (2013). Psychometric Properties of Self-Compassion Scale(SCS). *Psychological Methods and Models*, *4*(13), 47-59. https://jpmm.marvdasht.iau.ir/article_339_2132a0f22ef98488519d4d9328f82c76.pdf

Kinman, G., & Grant, L. (2020). Emotional demands, compassion and mental health in social workers. *Occupational Medicine*, *70*(2), 89-94. https://doi.org/10.1093/occmed/kqz144

Mastropaolo, C., Carrasco, B., Breslow, A. S., & Gagnon, G. J. (2020). Security amidst stigma: Exploring HIV and sexual minority stressors through an attachment-based psychotherapy group. *Psychotherapy*, *57*(1), 29-34. https://doi.org/10.1037/pst0000264

Mesbahi, M., Rahimi, G., & Irannejad, E. (2020). The mediating role of self-compassion in the relationship between attachment styles and self-control [Research]. *Rooyesh-e-Ravanshenasi Journal(RRJ)*, *8*(11), 9-18. http://frooyesh.ir/article-1-1630-en.html

Mikulincer, M., & Florian, V. (2003). Attachment style and affect regulation: Implications for coping with stress and mental health. *Blackwell handbook of social psychology: Interpersonal processes*, 535-557. https://onlinelibrary.wiley.com/doi/pdf/10.1002/9780470998557#page=541

Mohammadi, S., Soltanabadi, S., Adibi, M., Noori, M., & Davazdahemami, M. h. (2021). Invetigating the relationship attachment styles and and psychological well-being in orphan and parenting adolescents: The mediating role of self-compassion and self-differentiation [Research]. *Rooyesh-e-Ravanshenasi Journal(RRJ)*, *10*(6), 151-160. http://frooyesh.ir/article-1-2721-en.html

Morel, K., & Papouchis, N. (2015). The Role of Attachment and Reflective Functioning in Emotion Regulation. *Journal of the American Psychoanalytic Association*, *63*(4), NP15-NP20. https://doi.org/10.1177/0003065115602447

Neff, K. (2003). Self-Compassion: An Alternative Conceptualization of a Healthy Attitude Toward Oneself. *Self and identity*, *2*(2), 85-101. https://doi.org/10.1080/15298860309032

Neff, K. D. (2009). The Role of Self-Compassion in Development: A Healthier Way to Relate to Oneself. *Human development*, *52*(4), 211-214. https://doi.org/10.1159/000215071

Neff, K. D. (2016). The Self-Compassion Scale is a Valid and Theoretically Coherent Measure of Self-Compassion. *Mindfulness*, *7*(1), 264-274. https://doi.org/10.1007/s12671-015-0479-3

Negesa, L., Demeke, E., & Mekonnin, W. (2017). Adherence to antiretroviral therapy and factors affecting among people living with HIV/AIDS and taking antiretroviral therapy, Dire Dawa Town, Eastern Ethiopia. *J Infect Dis Treat*, *3*(1), 5. https://doi.org/10.21767/2472-1093.100032

Owusu, A. Y. (2019). Social contexts of living with HIV/AIDS in the eastern region of Ghana. *Istanbul University Journal of Sociology*, *39*(2), 425-454. http://dx.doi.org/10.26650/SJ.2019.39.2.0109

Pepping, C. A., Davis, P. J., O'Donovan, A., & Pal, J. (2015). Individual Differences in Self-Compassion: The Role of Attachment and Experiences of Parenting in Childhood. *Self and identity*, *14*(1), 104-117. https://doi.org/10.1080/15298868.2014.955050

Rajabi, G., & Maghami, E. (2015). Self-compassion As Mediator Between Attachment Dimensions With Mental Well-being: A Path Analysis Model. *Health Psychology*, *4*(16), 79-96. https://hpj.journals.pnu.ac.ir/article_3113_cc8f291c10a1b82a8b96ad0b1e4faa21.pdf

Rezaei, O., & Noghani Dokht Bahmani, M. (2018). The Social Well-being of University Students and Factors Affecting it. *Ferdowsi University of Mashhad Journal of Social Sciences*, *14*(2), 31-56. https://doi.org/10.22067/jss.v14i2.15383

Samaram, E. (2010). Investigating the relationship between social health and social security with an emphasis on the community-oriented police approach. *Social Order Quarterly*, *1*(1), 9-. https://www.magiran.com/paper/690456

Wahyuni, A. (2019). Faktor-faktor yang Mempengaruhi Perubahan Perilaku Pasien HIV/AIDS. *Human Care Journal*, *1*(2). https://doi.org/10.32883/hcj.v1i2.5

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