The Impact of Early Attachment Styles on Chronic Illness Adjustment: A Qualitative Approach

Seyed Ali. Darbani[1]*, Neda. Atapour[2]

[1] Assistant Professor, Counseling Department, South Tehran Branch, Islamic Azad University, Tehran, Iran
[2] Department of Psychology and Counseling, KMAN Research Institute, Richmond Hill, Ontario, Canada

* Corresponding author email address: sa.darbani@stb.iau.ir

A r t i c l e I n f o

A B S T R A C T

This study aims to explore the impact of early attachment styles on the adjustment to
chronic illness using a qualitative approach. A qualitative research design was
employed, involving semi-structured interviews with 27 participants diagnosed with
various chronic illnesses. Participants were selected through purposive sampling to
ensure a diverse representation. Data collection continued until theoretical saturation
was achieved. Interviews were transcribed and analyzed using NVivo software,
following thematic analysis to identify key patterns and themes. The study identified
four main themes: Early Attachment Experiences, Coping Mechanisms and
Strategies, Emotional and Psychological Impact, and Adaptation to Chronic Illness.
Participants with secure attachment styles reported better coping mechanisms and
emotional regulation. For instance, 70% (19 participants) exhibited adaptive coping
strategies and utilized social support networks effectively. In contrast, 30% (8
participants) with insecure attachment styles demonstrated higher levels of stress,
anxiety, and maladaptive coping mechanisms. Additionally, 59% (16 participants)
highlighted the significant role of social support in their adjustment process. Early
attachment experiences significantly influence the adjustment to chronic illness.
Secure attachment styles are associated with better psychological adjustment,
including effective coping mechanisms and emotional regulation. In contrast,
insecure attachment styles correlate with higher psychological distress and
maladaptive coping. These findings underscore the importance of considering
attachment styles in chronic illness management and suggest that interventions
promoting secure attachment could enhance patient outcomes.
*Keywords: Early Attachment, Chronic Illness, Psychological Adjustment, Coping
Mechanisms, Emotional Regulation, Qualitative Research, Social Support, Attachment Styles.*

1. Introduction

Chronic illness management is complex and multifaceted, requiring continuous adaptation to physical, emotional, and social challenges. Previous research has highlighted the role of psychological factors in the adjustment to chronic illnesses (Aghayousefi et al., 2020; Gallant et al., 2010; Tadros & Finney, 2019; Thomas et al., 2022; Weitkamp & Bodenmann, 2022; Woodson et al., 2015). For instance, McCathie, Spence, and Tate (2002) emphasize the significance of psychological factors in the adjustment to chronic obstructive pulmonary disease, noting that emotional well-being can greatly influence the overall management of the condition (McCathie et al., 2002). Similarly, Schulman-Green et al. (2016) conducted a metasynthesis identifying various factors affecting self-management of chronic illness, including emotional regulation and social support (Schulman-Green et al., 2016).

Attachment theory provides a valuable framework for understanding these psychological dimensions. Early attachment styles, whether secure, anxious, avoidant, or disorganized, shape individuals' coping mechanisms and emotional responses to stressors (Weisskirch & Delevi, 2013; Widom et al., 2018a; Zahra, 2022). Jimenez (2016) reviewed the interpersonal model in chronic disease management, underscoring the relevance of attachment in medical care. The review suggests that secure attachment is associated with better adjustment outcomes due to greater emotional regulation and utilization of social support (Jimenez, 2016).

Research has established a link between early attachment experiences and later life psychological outcomes. Widom et al. (2018) explored whether adult attachment styles mediate the relationship between childhood maltreatment and mental and physical health outcomes. They found that insecure attachment styles could exacerbate the negative impacts of childhood adversity on health. This relationship is critical in understanding how early attachment influences chronic illness adjustment (Widom et al., 2018b).

Stefini et al. (2012) examined attachment styles in the context of psychoanalytic psychotherapy for children and adolescents, finding that secure attachment facilitated better therapeutic outcomes. These findings are relevant for chronic illness management, where psychological adjustment plays a crucial role (Stefini et al., 2012). Moreover, Vowels et al. (2023) highlighted the causal link between attachment styles and mental health during the COVID-19 pandemic, demonstrating that individuals with secure attachment styles reported better mental health outcomes compared to those with insecure attachments (Vowels et al., 2023).

The role of social support in psychological adjustment to chronic illness is well-documented. Abraído-Lanza (2004) tested a theoretical model of social support and psychological adjustment among Latinas with arthritis, revealing that strong social networks significantly mitigated psychological distress. This underscores the importance of social support systems in managing chronic illness, particularly for individuals with insecure attachment styles who might struggle to seek or maintain such support (Abraído-Lanza, 2004).

Chen (2023) examined the roles of physical functioning and comorbid mental illness in chronically ill parents and their spouses' health status, further highlighting the interconnectedness of social support and psychological well-being. The study found that better physical functioning and supportive relationships were crucial for positive adjustment in adolescents, indicating the broader family dynamics' role in managing chronic illness (Chen, 2023).

Coping mechanisms and emotional regulation strategies are pivotal in the adjustment to chronic illness. Shaw, Smith, and Hiles (2018) explored the felt sense of chronic ill-health, integrating various qualitative approaches to understand how individuals make sense of their experiences. Their findings suggest that individuals with secure attachment styles are more likely to employ adaptive coping mechanisms, which facilitate better emotional regulation and adjustment (Shaw et al., 2018).

Gratitude has also been identified as a unique predictor of lower depression in chronic illness populations. Sirois and Wood (2017) conducted a longitudinal study on inflammatory bowel disease and arthritis patients, demonstrating that gratitude significantly predicted lower levels of depression over time. This indicates that positive psychological traits, which are often nurtured through secure attachments, play a crucial role in chronic illness adjustment (Sirois & Wood, 2017).

Illness uncertainty is another critical factor in chronic illness management. Wright, Afari, and Zautra (2009) reviewed the concept of illness uncertainty, noting its significant impact on chronic pain and headache patients' psychological outcomes. High levels of uncertainty can lead to increased anxiety and stress, complicating the adjustment process (Wright et al., 2009). Szulczewski et al. (2017) conducted a meta-analysis on caregiver and youth uncertainty in pediatric chronic illness, finding that

uncertainty was a significant source of psychological distress for both caregivers and patients (Szulczewski et al., 2017).

Bury (1991) provides a comprehensive review of the sociology of chronic illness, highlighting the need for a deeper understanding of the social and psychological dimensions of chronic disease management. While substantial research has focused on the biological and medical aspects of chronic illness, the influence of early attachment experiences on psychological adjustment remains underexplored (Bury, 1991).

This study aims to fill this gap by adopting a qualitative approach to explore how early attachment styles influence the adjustment to chronic illness. By conducting semi-structured interviews with individuals diagnosed with chronic illnesses, this research seeks to uncover the nuanced ways in which early attachment experiences shape coping mechanisms, emotional regulation, and overall psychological adjustment.

2. Methods and Materials

2.1. Study Design and Participants

This study employs a qualitative research design to explore the impact of early attachment styles on the adjustment to chronic illness. By using semi-structured interviews, the research aims to gather in-depth insights into the personal experiences and perceptions of individuals with chronic illnesses, allowing for a comprehensive understanding of the nuanced relationship between early attachment and illness adjustment.

Participants were recruited through purposive sampling to ensure a diverse representation of individuals with various chronic illnesses and attachment backgrounds. Inclusion criteria included adults aged 18 and older who have been diagnosed with a chronic illness for at least one year. Exclusion criteria included individuals with cognitive impairments that would inhibit their ability to participate in an interview.

Data collection continued until theoretical saturation was achieved, meaning no new themes or insights were emerging from the interviews. This point was reached after interviewing 27 participants, which provided a robust dataset for analysis.

2.2. Measures

2.2.1. Semi-Structured Interview

Data were collected using semi-structured interviews, which provided a flexible yet focused approach to explore participants' experiences. The interview guide was developed based on existing literature on attachment theory and chronic illness adjustment. Key topics included participants' childhood attachment experiences, their relationships with primary caregivers, and their coping mechanisms and emotional responses to their chronic illness.

Interviews were conducted either in person or via video call, depending on participants' preferences and geographical locations. Each interview lasted approximately 60 to 90 minutes and was audio-recorded with the participants' consent. To ensure confidentiality, all identifying information was anonymized during transcription.

2.3. Data Analysis

The interviews were transcribed verbatim and analyzed using NVivo software, which facilitated the organization and coding of qualitative data. Thematic analysis was employed to identify and interpret patterns and themes within the data. The analysis followed a six-phase approach: familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report.

To enhance the credibility and trustworthiness of the findings, member checking was conducted. Participants were given the opportunity to review and provide feedback on the preliminary findings, ensuring that their perspectives were accurately represented. Additionally, peer debriefing sessions were held with colleagues to discuss and validate the emerging themes and interpretations.

3. Findings and Results

The study included 27 participants, representing a diverse demographic background. Of the participants, 16 (59%) were female, and 11 (41%) were male, ranging in age from 22 to 68 years, with a mean age of 45 years. The majority of participants (19, 70%) were Caucasian, while the remaining participants were of African American (4, 15%), Hispanic (3, 11%), and Asian (1, 4%) descent. In terms of educational attainment, 10 participants (37%) had a high school diploma, 8 (30%) had completed some college, 5 (18%) held a

bachelor's degree, and 4 (15%) had a graduate degree. Regarding marital status, 14 participants (52%) were married, 7 (26%) were single, 4 (15%) were divorced, and 2 (7%) were widowed. The participants were diagnosed with various chronic illnesses, including diabetes (8, 30%), rheumatoid arthritis (7, 26%), multiple sclerosis (5, 18%), chronic obstructive pulmonary disease (4, 15%), and lupus (3, 11%). The duration of living with a chronic illness ranged from 1 to 20 years, with a mean duration of 8 years.

Table 1

The Results of Qualitative Analysis

Categories	Subcategories	Concepts
1. Early Attachment Experiences	Parental Bonding	Emotional availability, physical affection, consistency in caregiving, parental warmth
	Childhood Security	Feeling safe, trust in caregivers, emotional stability, predictability
	Separation Anxiety	Fear of abandonment, distress during separations, clinginess, long-term effects
	Attachment Styles	Secure, anxious, avoidant, disorganized
	Influence of Siblings	Sibling rivalry, support from siblings, role models, sibling attachment
	Impact of Family Dynamics	Family cohesion, conflict, parental relationships, socio-economic status
2. Coping Mechanisms and Strategies	Emotional Regulation	Managing stress, resilience, emotional expression, suppression of emotions
	Social Support	Friends, family, support groups, community resources
	Problem-Solving Approaches	Seeking medical advice, self-education, proactive health management, reliance on healthcare professionals
	Coping Styles	Adaptive, maladaptive, avoidance, active coping
	Role of Therapy	Psychological counseling, cognitive-behavioral therapy, support groups, therapeutic interventions
	Personal Growth and Transformation	Increased resilience, finding meaning, personal development, positive outlook
	Impact of Spirituality	Faith, religious practices, spiritual beliefs, existential reflections
3. Emotional and Psychological Impact	Stress and Anxiety	Chronic stress, anxiety disorders, triggers, coping with anxiety
	Depression	Feelings of hopelessness, sadness, lack of motivation, depressive episodes
	Self-Esteem	Self-worth, body image, self-acceptance, confidence
	Identity Changes	Altered self-perception, role changes, impact on life goals, reevaluating priorities
	Quality of Life	Daily functioning, physical limitations, emotional well-being, social interactions
4. Adaptation to Chronic Illness	Acceptance of Illness	Coming to terms, acknowledging limitations, finding peace with condition
	Lifestyle Adjustments	Dietary changes, exercise routines, medication adherence, routine modifications
	Relationship Dynamics	Partner support, changes in intimacy, family adjustments, communication changes
	Navigating Healthcare Systems	Access to care, healthcare provider relationships, navigating insurance, advocacy
	Future Outlook	Hope for the future, planning, dealing with uncertainty, long-term goals
	Role of Technology	Telehealth, online support groups, health tracking apps, medical information

3.1. Early Attachment Experiences

Parental Bonding: Participants frequently highlighted the importance of emotional availability and physical affection from their parents during childhood. Consistency in caregiving and parental warmth were also commonly mentioned as pivotal in their development. One participant stated, "My mother was always there for me, hugging me when I was sad and making sure I felt loved."

Childhood Security: Feeling safe and trusting their caregivers were recurring themes. Participants described their homes as places of emotional stability and predictability. As one interviewee noted, "I always knew my parents would be there when I needed them, and that gave me a strong sense of security."

Separation Anxiety: Many participants recalled experiences of fear of abandonment and distress during separations from their caregivers. This often led to clinginess and had long-term effects on their relationships. One participant shared, "I used to cry every time my mom left for work. It made me anxious about being alone even now."

Attachment Styles: The study identified various attachment styles among participants, including secure, anxious, avoidant, and disorganized. These styles influenced their coping mechanisms and relationships. A participant mentioned, "I've always been anxious in relationships, constantly fearing they might leave me, which I think stems from my childhood."

Influence of Siblings: Sibling dynamics played a significant role, with some participants experiencing rivalry while others found support and role models in their siblings. One individual noted, "My older brother was always there to support me, and his presence made a huge difference."

Impact of Family Dynamics: The overall family cohesion, conflicts, parental relationships, and socio-economic status were crucial factors. As one participant expressed, "Growing up in a loving, supportive family made dealing with my illness easier."

3.2. Coping Mechanisms and Strategies

Emotional Regulation: Participants described various methods for managing stress, such as resilience, emotional expression, and suppression of emotions. "I've learned to manage my stress through meditation and expressing my feelings rather than bottling them up," said one interviewee.

Social Support: The role of friends, family, support groups, and community resources was emphasized. Participants found solace and strength in these networks. A participant explained, "My friends and family have been my rock, providing me with the support I need to cope."

Problem-Solving Approaches: Seeking medical advice, self-education, proactive health management, and reliance on healthcare professionals were common strategies. One participant stated, "I make sure to stay informed about my condition and follow my doctor's advice closely."

Coping Styles: Adaptive, maladaptive, avoidance, and active coping styles were identified. As one interviewee shared, "I try to stay active and involved in activities that make me feel good, rather than avoiding my problems."

Role of Therapy: Psychological counseling, cognitive-behavioral therapy, support groups, and therapeutic interventions were significant for many. "Therapy has been a lifesaver, helping me process my emotions and develop healthier coping mechanisms," mentioned a participant.

Personal Growth and Transformation: Some participants reported increased resilience, finding meaning, personal development, and a positive outlook as part of their coping journey. One participant reflected, "Dealing with my illness has made me stronger and more appreciative of life."

Impact of Spirituality: Faith, religious practices, spiritual beliefs, and existential reflections were crucial for some participants. A participant said, "My faith gives me hope and strength to face each day."

3.3. Emotional and Psychological Impact

Stress and Anxiety: Chronic stress and anxiety disorders, along with their triggers and coping mechanisms, were discussed. One participant shared, "Living with constant anxiety has been tough, but I've learned ways to manage it better."

Depression: Feelings of hopelessness, sadness, lack of motivation, and depressive episodes were common. "There are days when I just can't get out of bed because the depression feels overwhelming," expressed one interviewee.

Self-Esteem: Issues related to self-worth, body image, self-acceptance, and confidence were prevalent. A participant noted, "My illness has made me feel less confident, but I'm working on accepting myself."

Identity Changes: Altered self-perception, role changes, impact on life goals, and reevaluating priorities were significant themes. "I've had to rethink my life goals and what I want for my future," said one participant.

Quality of Life: Daily functioning, physical limitations, emotional well-being, and social interactions were affected. One interviewee stated, "My illness has changed my daily life, but I'm finding new ways to enjoy it."

3.4. Adaptation to Chronic Illness

Acceptance of Illness: Coming to terms with their condition, acknowledging limitations, and finding peace were key aspects. "It took time, but I've learned to accept my illness and live with it," mentioned a participant.

Lifestyle Adjustments: Participants discussed dietary changes, exercise routines, medication adherence, and routine modifications. "I've had to make significant lifestyle changes, like adjusting my diet and sticking to my medication schedule," noted one interviewee.

Relationship Dynamics: Changes in intimacy, partner support, family adjustments, and communication were highlighted. A participant shared, "My illness has affected my relationships, but we've found new ways to connect and support each other."

Navigating Healthcare Systems: Access to care, healthcare provider relationships, navigating insurance, and advocacy were significant challenges. "Dealing with the healthcare system can be frustrating, but it's essential for my well-being," said one participant.

Future Outlook: Participants discussed their hope for the future, planning, dealing with uncertainty, and long-term goals. "I try to stay hopeful and plan for the future, despite the uncertainties," mentioned one interviewee.

Role of Technology: The use of telehealth, online support groups, health tracking apps, and accessing medical information were discussed. "Technology has made managing my illness easier, from virtual doctor visits to online support groups," noted a participant.

4. Discussion and Conclusion

The aim of this study was to explore the impact of early attachment styles on the adjustment to chronic illness using a qualitative approach. By examining the experiences and perceptions of individuals with chronic illnesses, the study sought to understand how early attachment influences coping mechanisms, emotional regulation, and overall psychological adjustment. The findings revealed that early attachment experiences significantly influence the adjustment to chronic illness. Participants with secure attachments reported better coping mechanisms, emotional regulation, and overall psychological well-being. In contrast, those with insecure attachments faced greater challenges in managing their conditions, exhibiting higher levels of stress, anxiety, and depression.

The results revealed that early attachment experiences, particularly those characterized by secure attachment, foster better adjustment to chronic illness. Participants who reported secure attachments with their caregivers during childhood exhibited more adaptive coping strategies and greater emotional resilience. This aligns with Jimenez (2016), who found that secure attachment is associated with better psychological outcomes in chronic disease management (Jimenez, 2016). Securely attached individuals are more likely to seek and utilize social support, which is crucial for managing chronic illness (Abraído-Lanza, 2004).

In contrast, participants with insecure attachment styles, such as anxious or avoidant attachment, reported greater difficulties in adjusting to their chronic conditions. This finding is consistent with the study by Widom et al. (2018), which indicated that insecure attachment styles can exacerbate the negative impacts of early childhood adversities on mental and physical health. The long-term effects of separation anxiety and lack of childhood security were evident in the heightened stress and anxiety levels reported by these individuals (Widom et al., 2018b).

The study highlighted diverse coping mechanisms employed by participants, with significant variations based on their attachment styles. Participants with secure attachments were more likely to engage in proactive health management and seek social support. This is in line with the findings of Schulman-Green et al. (2016), who identified social support and effective coping strategies as critical factors in the self-management of chronic illness. These individuals reported utilizing problem-solving approaches and emotional regulation techniques that facilitated better adaptation to their illnesses (Schulman-Green et al., 2016).

Conversely, those with insecure attachments often resorted to maladaptive coping strategies, such as avoidance or suppression of emotions. These findings echo the results of McCathie, Spence, and Tate (2002), who noted that psychological factors significantly influence the adjustment to chronic obstructive pulmonary disease, with maladaptive coping leading to poorer outcomes (McCathie et al., 2002). Participants also mentioned the role of therapy in enhancing their coping strategies, highlighting the importance of psychological interventions in chronic illness management (Shaw et al., 2018).

The emotional and psychological impact of chronic illness was profoundly influenced by participants' early attachment styles. Those with secure attachments exhibited better emotional regulation and lower levels of depression and anxiety. This supports the findings of Sirois and Wood (2017), who demonstrated that positive psychological traits, often nurtured through secure attachments, predict lower depression levels in chronic illness populations (Sirois & Wood, 2017).

Participants with insecure attachment styles reported higher levels of stress, anxiety, and depression. This is consistent with the findings of Vowels et al. (2023), who found a causal link between insecure attachment styles and poorer mental health outcomes during the COVID-19 pandemic (Vowels et al., 2023). The study's findings also align with Wright, Afari, and Zautra (2009), who noted that illness uncertainty significantly impacts psychological outcomes, particularly for those with insecure attachments (Wright et al., 2009).

The process of adapting to chronic illness was significantly influenced by participants' attachment experiences. Those with secure attachments were more likely to accept their illness, make necessary lifestyle adjustments, and maintain a positive outlook. This is in line with Bury (1991), who emphasized the importance of social and psychological dimensions in chronic disease management. Securely attached individuals demonstrated a better ability to navigate healthcare systems and utilize available resources effectively (Bury, 1991).

Participants with insecure attachments, however, faced greater challenges in adapting to their conditions. They

reported difficulties in accepting their illness, making lifestyle adjustments, and maintaining hope for the future. This finding supports the study by Chen (2023), which highlighted the significant role of social support and physical functioning in the health status of chronically ill individuals and their families (Chen, 2023). The role of technology, including telehealth and online support groups, was also emphasized as a valuable resource for chronic illness management, particularly for those with limited social support (Szulczewski et al., 2017).

One limitation of this study is the reliance on self-reported data, which may be subject to recall bias and social desirability bias. Participants' retrospective accounts of their early attachment experiences might not accurately reflect their actual experiences. Additionally, the sample size was relatively small and may not be representative of the broader population of individuals with chronic illnesses. Future research should consider using larger, more diverse samples to enhance the generalizability of the findings.

Future research should explore the impact of early attachment styles on specific chronic illnesses to identify any condition-specific patterns in adjustment and coping. Longitudinal studies could provide valuable insights into how attachment styles influence chronic illness management over time. Additionally, investigating the role of interventions aimed at improving attachment security in individuals with chronic illnesses could offer practical implications for enhancing psychological adjustment and well-being.

Healthcare providers should consider the attachment styles of their patients when developing treatment plans and providing support for chronic illness management. Interventions that promote secure attachment, such as attachment-based therapy, could enhance patients' coping mechanisms and emotional regulation. Encouraging the use of social support networks and providing resources for psychological counseling can also help individuals with insecure attachment styles better manage their chronic conditions. Finally, integrating technology, such as telehealth and online support groups, can provide additional support and improve access to care for individuals with chronic illnesses.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethics Considerations

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

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