



A Developing a Romantic Attachment Model in Human Immunodeficiency Virus Positive Married Women

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ABSTRACT

Objective: Many women living with HIV are in long-term relationships where both partners are HIV-positive, presenting unique relational and emotional challenges. This study aimed to develop a conceptual model of romantic attachment in HIV-positive women.

Method: This study employing a qualitative research design based on the grounded theory approach. The patients' views on romantic attachment were investigated by conducting the study explored participants' perspectives through semi-structured interviews conducted with 14 female participants. Using HIV-positive women.

Results: Data analysis using open coding resulted in yielded 57 initial codes, while using axial coding produced which were subsequently organized into 21 main categories (recognizing the spouse's through axial coding (understanding the characteristics, giving freedom of one's partner, granting autonomy to the spouse partner, fulfilling the spouse's wishes partner's desires and needs, coordination in raising children, paying attention alignment in child-rearing practices, attentiveness to the spouse, trusting the spouse partner, trust, creating a positive atmosphere, interest in affection toward the spouse, marital partner, commitment, Having to marriage, presence or not having children...). The concept of romantic attachment was elicited absence of children, cultural background of the family of origin, respecting the family of origin, fear of the future, nurturing the couple's relationship, shared family management, support for personal growth, hope for the future, the realization of shared goals, promotion of health, marital adjustment, and sexual satisfaction). Romantic attachment emerged as a central category in the analysis.

Conclusions: The findings of this study showed indicate that romantic attachment is a multidimensional phenomenon that can be used in working construct, encompassing various emotional, cognitive, and behavioral dimensions. This construct holds significant potential for application in therapeutic work with couples and improving their interpersonal interactions.

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Introduction

According to the latest estimates, approximately 44,105 individuals are currently living with HIV in Iran. The data from the National HIV Electronic Data Management System indicate a portion of these individuals had been identified, registered, and reported by the end of December 2024; with women accounting for nearly 20% of the identified cases (Ministry of Health and Medical Education of Iran, 2025). Most people living with HIV cohabit with partners for some time. While studies often focus on partners' caregiving roles, many HIV-positive individuals remain healthy for years. Thus, psychological impacts on partners may start before physical care is needed and persist afterward. In Iran, women infected by their husbands face additional stigma and psychological challenges affecting their well-being (Sadati et al., 2019). One of the factors affecting the mental health and interpersonal relationships of HIV-positive people is their attachment style (Martins et al., 2022; Labonté et al., 2022; Davis et al., 2021; Farias et al., 2020; Crockett & Turan, 2018). Attachment style may be associated with the increased probability of people's vulnerability to the spread of acquired immunodeficiency syndrome (AIDS) (Schumann & Moura, 2015).

The ability to form and maintain interpersonal relationships can be explained by attachment theory (Bowlby, 1988). Childhood experiences related to the forms of important attachments early in a person's life create internal working models that later affect their capacity to create and maintain satisfying relationships in adulthood (Bowlby, 1988). In addition, there is evidence that attachment is an important factor in adjustment to failure in interpersonal relationships (Bowlby, 1980; Parkes & Weiss, 1983), especially for HIV-positive individuals, many of whom have lost friends and loved ones to AIDS (Gluhoski et al., 1997; Odets, 1995). Attachment theory remains a foundational framework for understanding familial and romantic relationships, offering both conceptual clarity and clinical guidance for practitioners. Adult attachment theory, in particular, provides critical insights into secure and insecure relational patterns within couples and serves as a basis for therapeutic interventions (Mikulincer & Shaver, 2016). Contemporary research emphasizes that adult romantic relationships function as attachment bonds, wherein partners actively seek proximity, emotional comfort, and a sense of security from one another. This reciprocal emotional attunement enhances psychological safety and contributes to greater relational stability and harmony (Mikulincer & Shaver, 2016). The first study to conceptualize romantic relationships in the context of attachment found a significant relationship between childhood and adult attachment: "The best predictor of adult attachment type was respondents' perception of the quality of their relationship with each parent and parents' relationship with each other" (Hazan & Shaver, 1987). Attachment relationships are distinct from other types of adult relationships in that they foster a profound sense of security and belonging. In the absence of such attachment bonds, individuals often experience feelings of loneliness and psychological unrest. Unlike relationships primarily centered on guidance, companionship,

sexual fulfillment, shared interests, mutual activities, perceived competence, or instrumental support, attachment relationships are characterized by emotional dependence and the need for closeness and reassurance, especially in times of distress. (Ainsworth, 1985, 1991; Weiss, 1974, 1982).

Studies have demonstrated that both avoidant and anxious attachment styles are significantly associated with lower levels of relationship satisfaction (Arianfar et al., 2022; Lee et al., 2020). Moreover, features of these attachment styles are frequently observed in individuals with borderline personality disorder, suggesting a strong link between insecure attachment and emotional dysregulation (Smith & South, 2020). Studies have also addressed the impact of attachment styles in families where one of the partners is involved in a chronic disease. The findings have revealed that anxious attachment in caregivers of patients with cancer leads to increased anxiety and depression (Petricone-Westwood et al., 2022). Similar patterns have been observed in families affected by HIV, where attachment style significantly influences psychological well-being and interpersonal dynamics (Martins et al., 2022; Labonté et al., 2022; Davis et al., 2021). Moreover, women exhibiting avoidant or anxious attachment tendencies may be particularly vulnerable to the psychological consequences of medical treatment, especially concerning body image concerns and changes in sexual activity (Favez & Cairo Notari, 2021). More broadly, both secure and insecure attachment patterns between patients and their partners are associated with varying levels of fear regarding disease recurrence (Petricone-Westwood et al., 2022). These attachment dynamics also influence key psychological outcomes such as depression, self-efficacy, emotional flexibility (Berlouis, 2020), and overall adaptability during or following traumatic experiences (Borelli et al., 2019). Studies have shown that emotionally supportive romantic relationships serve as a protective factor, buffering the psychological and social burdens associated with HIV and enhancing treatment adherence and well-being (Gutin et al., 2023). Research by Turan et al. (2018) indicates that insecure attachment especially avoidant styles-is associated with suboptimal adherence to antiretroviral therapy and poorer health outcomes in women living with HIV. Similarly, Rahmat and Rahmat (2022) found that spousal intimacy was positively correlated with treatment adherence, emphasizing the significance of emotional closeness in managing chronic illness.

In a broader sociocultural context, Logie et al. (2019) identified diverse relational profiles among women living with HIV, highlighting that emotional intimacy and egalitarian relationship dynamics are linked to greater relationship satisfaction. Recent research highlights that women living with HIV are often in long-term seroconcordant relationships, where both partners are HIV-positive. These relationships come with unique emotional and relational dynamics that can significantly influence treatment adherence and psychological

well-being. In a study conducted in South Africa, seroconcordant couples reported stronger emotional bonds and greater support for each other in navigating the challenges of living with HIV, including better access to healthcare and improved ART adherence (Joseph Davey et al., 2020). Several studies have also examined the influence of attachment styles on various adjustment outcomes, including psychological distress, marital adjustment, coping with social stigma, and perceived social support (Martins et al., 2022; Davis et al., 2021; Crockett & Turan, 2018).

Examining attachment in HIV-positive individuals can provide counselors and psychologists with valuable insights into the formation of attachment bonds, the underlying and intervening factors that influence them, the strategies used to express attachment, and the potential consequences of these dynamics. This knowledge is also beneficial for healthcare teams involved in the care of HIV-positive patients, as fostering strong marital bonds and secure romantic attachments can significantly enhance patients' psychological well-being, which in turn may positively impact their physical health. A key area of interest involves understanding how HIV-positive women have sustained their marital relationships despite facing substantial physical and psychological challenges. Accordingly, this study seeks to explore the following research questions:

- What are the characteristics of romantic attachment among women living with HIV?
- What are the causes of romantic attachment?
- What are the consequences for people's lives?

Method

The grounded theory was used in this study to develop the model of romantic attachment in HIV-positive women. Grounded theory is generally referred to as an inductive research process that leads to the systematic development of a theoretical model to explain behavioral patterns and processes in social settings related to the studied phenomenon (Corbin & Strauss, 2014). The main phenomenon addressed in the study was the romantic attachment in HIV-positive women. In grounded theory, instead of introducing a set of theoretical ideas or presuppositions to guide data collection and analysis, the building blocks of the emerging theory are generated through the process of simultaneous data collection and analysis. Data collection and analysis continue until the data saturation point and the developed theory is not challenged by new and potentially contradictory data collected (Glaser & Strauss, 1967).

The participants in this study were HIV-positive women who regularly attended the Behavioral Diseases Counseling Center in Bandar-e Mahshahr, located in southern Iran, for medical examinations and who reported experiences of attachment within their marital relationships. A total of 14 women were selected using theoretical sampling. Inclusion criteria required that both the women and their husbands be HIV-positive and that the participants demonstrate evidence of attachment in their marital lives.

Table 1. Participants' characteristics

Participant	Gender	Age	Education	Occupation	Marriage duration	Number of children
1	Female	34	High school	Housewife	3	0
2	Female	37	Middle school	Housewife	17	3
3	Female	36	Middle school	Housewife	20	2
4	Female	45	High school	Teacher	22	1
5	Female	23	Diploma	Tailor	1	1
6	Female	35	Middle school	Housewife	17	2
7	Female	37	Associate degree	Dental assistant	2	0
8	Female	31	Middle school	Housewife	12	2
9	Female	26	Middle school	Tailor	5	1
10	Female	30	High school	Housewife	7	0
11	Female	41	Middle school	Housewife	22	0
12	Female	40	Bachelor's degree	Teacher	8	2
13	Female	32	High school	Housewife	5	0
14	Female	35	Bachelor's degree	Employee	6	0

The study protocol was approved by the Ethics Committee of Shahid Chamran University of Ahvaz. Participation was voluntary, and no financial compensation was provided. The participants were fully informed about the research objectives and procedures, and informed consent was obtained from each individual. The researchers took appropriate measures to ensure the confidentiality of participants' data. Personal identifiers, including names and other sensitive information, were not recorded, and all interviews were conducted in a private setting to protect the participants' privacy.

The data in this study were analyzed using conventional qualitative content analysis. Following the interviews, the content was initially handwritten and repeatedly reviewed to ensure familiarity with the data. The text was then transcribed verbatim, and the transcripts were meticulously checked multiple times for accuracy. The data were segmented into meaning units—statements or paragraphs relevant to the core concepts—which were reviewed repeatedly. Each meaning unit was then assigned a code, and the codes were grouped based on conceptual similarity. A progressive reduction of data occurred across all units and categories. Ultimately, the codes were organized into broader, overarching categories.

In grounded theory research, validation is an integral component of the research process (Creswell, 2002). To ensure the trustworthiness of the data, researchers have identified four key criteria: credibility, transferability, dependability, and confirmability (Sikolia, Biros, Mason, & Weiser, 2013). In this study, efforts were made to gain an in-depth understanding of the phenomenon under investigation by establishing a close rapport with the participants during the interviews. The researcher exercised great care throughout the data collection, transcription, and analysis processes. To enhance credibility, the participants were allowed to review the interview notes for accuracy (member checking). Maximum variation sampling

was employed to ensure diversity among participants in terms of demographic characteristics, thereby improving the transferability of the findings. Each interview transcript was thoroughly rewritten and analyzed, with the researcher consistently revisiting the data, codes, themes, and categories. These elements were also reviewed by the research supervisor to strengthen dependability. Moreover, the participants were asked to reflect not only on their own interviews but also on the preceding ones, contributing to the iterative validation of the data. Upon completion of the analysis, a paradigm was developed by integrating the extracted themes and categories. In some instances, this led to further revision and re-coding of the data. To establish confirmability, peer checking was conducted by other researchers to determine whether the findings accurately reflected the data in line with grounded theory methodology. The data were reviewed multiple times to ensure that the final themes and categories were firmly grounded in the participants' narratives.

Results

The themes that emerged from the analysis of the individual narratives of the participants were divided into 21 categories including understanding the characteristics of one's partner, granting autonomy to the partner, fulfilling the spouse's wishes and needs, coordinating in raising children, attentiveness to the partner, mutual trust, creating a positive atmosphere, affection toward the partner, marital commitment, presence or absence of children, cultural influences of the family of origin, respect for the family of origin, fear of the future, caring for the marital relationship, collaborative family management, contributing to personal growth, hope for the future, the realization of couple's goals, health development, marital adjustment, and sexual satisfaction, as shown in Table 2 along with examples of the participants' statements. Besides, the conceptual model of romantic attachment in HIV women is presented in Figure 1.

1. Causal conditions

1.1. Understanding the characteristics of one's partner

Women may make errors when comparing their own characteristics with those of their spouses, as they tend to have greater self-awareness and often hold the belief that their thoughts and behaviors are superior to those of their partners. This inaccurate perception can lead each partner to view it as their inherent right to impose their beliefs and viewpoints on the other, which in turn contributes to conflict within the marital relationship. Gaining adequate knowledge of one's partner can significantly influence the couple's behavior and foster emotional attachment. As one participant (P2) remarked: *"I know him well. He's quiet in social gatherings. Sometimes I ask him to go and talk to people, but he refuses and says he's fine with it. He's a calm person"*.

Table 2. Axial and open coding of the data

Axial coding	Open coding
Understanding the characteristics of one's partner	Understanding the characteristics of one's partner, and respecting the spouse's characteristics
Granting autonomy to the partner	The feeling of personal freedom, women being free in financial decisions, freedom in pursuing personal interests and recreation, freedom in social settings, freedom in choosing a job
Fulfilling the spouse's wishes and needs	Fulfilling the spouse's needs and desires, fulfilling the spouse's basic needs and desires, providing for the financial needs of the spouse/couple, satisfying the spouse's sexual needs
Alignment in child-rearing practices	Positive interaction with children, cooperation in fulfilling roles, alignment in child-rearing practices, communicating with children, accepting responsibility for children, and supporting the spouse in taking care of children
Attentiveness to the partner	Attentiveness to the partner, paying attention to the physical conditions of the spouse, attentiveness to the partner's wishes, attentiveness to the partner's moods, performing caring behaviors by the spouse, paying attention and taking care of the spouse
Mutual trust	Mutual trust in the social settings, mutual trust, building trust by the spouse
Creating a positive atmosphere	Creating a positive atmosphere at home
Affection toward the partner	The formation of love and liking, paying attention to the changes in the appearance of the spouse, creating interest and dependence over time, shared interests, love at first sight, longing for the spouse, and getting to know each other before marriage.
Marital commitment	Commitment to marriage, loyalty to married life, the couple's commitment to a joint life, the feeling of security in the marital relationship, commitment to the spouse
Having or not having children	Desire to have a child, interest in having a child, dedication to personal growth with the birth of a child
Cultural influences of the family of origin	Restrictions on the verbal expression of love, restrictions on the wife's presence in social settings
Respect for the family of origin	Respecting the spouse's family, respecting the spouse's family, helping the spouse's family
Fear of the future	Fear of the future
Caring for the marital relationship	Maintaining marital boundaries, sharing the emotional suggestions of others with the spouse, preventing the increase in conflicts, not frequently talking about the spouse's mistakes, believing in the inevitability of marital conflicts and repairing the relationship, the spouse's efforts in solving family problems, believing in the normality of the problem
Collaborative family management	Financial management by the wife, talking about conflicts, couple's financial cooperation
Contributing to personal growth	Helping the growth of the spouse
Hope for the future	Hope to have a child, hope to have a child in the future.
The realization of the couple's goals	Shared financial goals
Health development	The effect of marriage on improving the couple's health

1.2. Granting autonomy to the partner

The women who participated in this study identified the sense of freedom as a key factor contributing to their romantic attachment. They emphasized that their husbands did not impose restrictions on them and allowed them to uphold their values independently. This autonomy in decision-making and daily activities was perceived as a significant contributor to emotional closeness in their marital relationships. For instance, one participant (P1) stated, "I

go wherever I like; I visit relatives and go shopping without any objection from my husband". Another participant (P8) shared, *"I wasn't allowed to go out when I lived in my father's house. Now I go to my children's school, buy clothes, and visit the health center"*. Similarly, participant 12 remarked, *"I had a job before marriage, and after marriage, my husband had no problem with it. He left the decision to me"*.

2. Contextual conditions

2.1. Fulfilling the spouse's wishes and needs

All human beings have fundamental needs that must be fulfilled to achieve a satisfactory quality of life. Among these, the fulfillment of emotional needs is a central motivation for both men and women in choosing to marry. Marriage serves as a supportive context in which emotional needs can be met. However, the satisfaction of these emotional needs often depends on the fulfillment of more basic needs, such as adequate food, clothing, and financial security. When these foundational needs are addressed, couples are better positioned to attend to each other's emotional well-being. For example, one participant (P1) stated: *"My husband provides me with everything I need in life. No matter what I ask for, he doesn't say no. He gets me whatever I want-clothes, household items. If I ask for money, he gives it to me"*. Another participant (P2) remarked: *"My husband doesn't ask me to do anything-I do it myself. I cook good food for him"*.

2.2. Alignment in child-rearing practices

Raising a child can catalyze fostering a romantic and emotionally connected marital relationship. One key reason couples choose to have and raise children is the pursuit of shared goals related to childrearing. Engaging in discussions about parenting allows couples to develop a unified perspective on various aspects of raising their children, which can enhance mutual understanding and cooperation. For instance, one participant (P2) stated: *"My husband has a very good relationship with my disabled daughter. I get along better with my son because he is very young and spends most of his time with me. My husband takes the children out and to the park"*. Another participant (P3) noted: *"He agrees with me about raising the children"*.

2.3. Attentiveness to the partner

Attentiveness to one's partner, including awareness of their emotions, concerns, and moods, plays a significant role in fostering romantic attachment. This form of emotional attunement enhances marital satisfaction, particularly for women, by reinforcing the sense that their experiences and perspectives are valued. When individuals feel seen, cared for, and understood by their spouses, they also experience a sense of personal worth and emotional security. The act of expressing concern and receiving a caring response provides a feeling of having a safe and supportive presence nearby-an essential component of secure attachment. As one participant (P1) expressed: *"I go crazy from the morning when he goes to the store until he gets home. When he comes, I feel relieved. He calls me from work to ask if I've eaten"*.

lunch. If I miss him, I call and ask him to come home soon". Another participant (P3) stated: *"He does housework for me. Now that I am pregnant, he makes sure I eat and sleep well"*. Similarly, participant 5 noted: *"I wake up every time he's in pain. I try to make sure he doesn't get sick. He feels really terrible when he's ill"*.

2.4. Mutual trust

Trust is one of the most essential and desirable elements in any close, intimate relationship. Alongside commitment and love, it forms the foundation of an ideal partnership. Trust between spouses' fosters peace of mind and emotional security, allowing each partner to feel respected and valued. When trust is present, individuals experience greater freedom and confidence in their relationship, reducing the likelihood of conflict and insecurity. For example, one participant (P2) stated: *"My husband is not suspicious. When I go out, he doesn't ask where I'm going. Sometimes I want to tell him, but he says he trusts me"*. Another participant (P4) remarked: *"He doesn't care if I go somewhere with twenty single men. He even says he wouldn't mind if I stayed overnight at a garrison"*.

2.5. Creating a positive atmosphere

The existence of a negative atmosphere within the family can hinder personal growth and strain interpersonal relationships. A supportive and optimistic environment enables couples to overcome life's challenges more effectively and maintain emotional resilience during difficult times. As one participant (P6) stated: *"After the illness, the situation became a bit tough, but I tried to make the family happy"*.

2.6. Affection toward the partner

Love and affection are fundamental, universal human needs that contribute to personal fulfillment, emotional well-being, and the development of healthy, creative relationships. The absence of love and emotional connection can lead to dissatisfaction and relational breakdown. Despite differences in race, culture, or religion, all individuals share a basic need for emotional expressions of love, kindness, and companionship within intimate relationships. The participants in this study highlighted affection as a central element of their marital attachment. For example, participant 6 noted: *"The fact that my husband helps me with the housework and allows me to buy anything I need means he loves me"*. Participant 10 expressed a deep emotional bond, stating: *"I had a feeling of longing, dependence, and little by little I realized that I love him. I saw that I could not leave him. I have many things in common with him"*.

2.7. Marital commitment

Commitment is a fundamental component of marital stability and one of the most significant factors contributing to the longevity and strength of family relationships. A strong sense of commitment fosters emotional security, reinforces trust, and encourages partners to

remain devoted to their marital responsibilities, even during times of hardship. This sense of dedication creates a stable environment in which both partners can feel supported and valued. Participant 13 stated: *"It's not about my disease. Whether I live with my husband for a day or a year, I feel confident and secure. I don't seek refuge elsewhere because I have found my support"*. Similarly, participant 14 emphasized the moral dimension of commitment: *"Morality is very important to me. We see a lot of cheating and unfaithfulness in the community, but when I see that my husband is committed to our marital life, how can I not love my life?"*

3. Intervening conditions

3.1. Having or not having children

The presence or absence of children emerged as an intervening factor influencing emotional attachment in marital relationships. In this study, some women expressed a strong desire for children, viewing parenthood as a source of fulfillment and deeper connection with their spouse. Conversely, others who already had children reported that the demands of childcare created strain in their marital relationships by reducing the time and energy available for their partners. For instance, participant 1 stated: *"I am just waiting for a child to come into our life"*. Similarly, participant 9 noted: *"I would like to have children again. Having a single child is not enough"*. In contrast, participant 6 shared the challenges associated with parenthood: *"As the children grew up, I didn't feel like continuing my studies"*.

3.2. Cultural influences of the family of origin

From birth, individuals are immersed in the cultural environment of their family of origin. The customs, routines, and behavioral patterns within the family shape the individual in both direct and indirect ways. Parental behaviors, along with those of other close family members, are transmitted to the child through daily interactions and socialization processes. The prevailing culture within the family significantly influences the development of the child's behavior and interpersonal skills. Notably, the teachings and emotional dynamics within the family of origin have lasting effects, particularly on future marital relationships. As a result, individuals' relational patterns are often deeply shaped by their early familial experiences. One participant stated: *"My husband says that he has never seen his father call his mother 'darling' or express affection in such ways. He doesn't know how to do that and can't verbalize such feelings"*.

3.3. Respecting the family of origin

In Iranian culture, respect for the family is a deeply rooted and widely cherished value. The participants in this study emphasized that a wife's respect for her husband's family plays a significant role in fostering a strong and emotionally fulfilling marital relationship. One participant stated: *"His family is very good to me... My sister-in-law is like my own sister. I respect them, and they respect me as well"*. Another participant highlighted her husband's

respectful and supportive attitude toward her own family: *“My husband respects my family... I have a sister who is divorced, and he gives her a monthly allowance. Even though I never ask him to, he does it on his own”*.

3.4. Fear of the future

HIV-positive women frequently experience anxiety about the future and the potential consequences of their illness, particularly regarding the well-being of their children. As one participant (Participant 12) expressed: *“We take our medicines, but we always fear that if something happens to us, what will happen to the children without us?”*.

4. Action and interaction strategies

4.1. Caring for the marital relationship

Successfully confronting and managing daily challenges is an essential part of life. All individuals encounter problems that require thoughtful and constructive solutions. Within the context of marriage, the ability to navigate difficulties with mutual understanding and discretion plays a critical role in maintaining a healthy relationship. As one participant (Participant 7) stated: *“I don't tell my family about my life issues because they get upset, and because these are our problems, not theirs”*. Another participant (Participant 3) suggested: *“If we argue, I go to another room, and then he comes and makes peace. Because I know that if I stay there, we might get into a fierce fight”*.

4.2. Collaborative family management

Shared responsibility in areas such as financial management and major decision-making can foster closeness between spouses, promote mutual respect and trust, and reinforce each partner's sense of value within the relationship. The participants emphasized that joint participation in managing family affairs strengthens the marital bond. One participant (Participant 3) stated: *“He gives all the money to me and has entrusted all financial matters to me. He trusts me. He doesn't ask what happened to the money or what I did with it. I'm in charge of managing our finances. If there is a problem, we try to solve it together”*.

4.3. Contributing to personal growth

Achieving personal growth and self-fulfillment is often a challenging and demanding journey. However, romantic attachment and emotional support within a marital relationship can serve as powerful motivators in this process. Participants in the study highlighted the role of spousal encouragement in fostering individual development. As one participant (Participant 6) stated: *“When we got married, I had only completed primary school and had stopped studying. He suggested that I could continue my education if I wanted to, and I eventually completed middle school”*.

5. Outcomes

5.1. Hope for the future:

Several participants identified hope as a crucial motivating factor in sustaining their lives and coping with the challenges of living with HIV. On one hand, they expressed hope for a cure; on the other, in recognition of the absence of a definitive treatment, they developed a heightened appreciation for life and sought to live meaningfully despite their diagnosis. This dual perspective appeared to enhance their resilience and sense of purpose. As one participant (Participant 13) stated: *“I just ask God to give me a child. I hope that I can fight this disease and try to have a child”*.

5.2. Fulfilling marital goals

The attainment of shared goals was perceived by the participants as a key outcome of romantic attachment within marriage. Romantic bonds often inspire couples to envision a joint future, prompting them to engage in collaborative planning and effort toward common aspirations. This sense of shared purpose not only strengthens the emotional connection but also reinforces mutual commitment. As one participant (Participant 2) stated: *“Both he and I are saving money for our future”*.

5.3. Health growth

For HIV-positive women, improvements in physical health were perceived as a positive outcome of a marital relationship characterized by romantic attachment. The participants reported that emotional support and stability within their marriage contributed to better health management and overall well-being. As one participant (Participant 1) explained: *“The physical condition of both of us has improved compared to before marriage. Before marriage, our immune system was weak”*.

5.4. Marital adjustment

Marital adjustment is a critical factor in ensuring the stability and continuity of married life. It involves changes in behaviors, expectations, and routines as partners adapt to their new roles and responsibilities. One participant (Participant 5) stated: *“He is home on time and he doesn't hang out with his friends like he did when he was single, especially since we had a child and he became a father”*. Similarly, another participant (Participant 7) noted: *“Well, we have got married and things are different. We have to spend time with each other. It's different from when we were single. I try to spend less time resting so that I can manage the housekeeping. He also hangs out less with his friends”*.

5.5. Sexual satisfaction

Sexual satisfaction is a central aspect of marital life and is closely linked to overall relationship happiness and stability. Sexual adjustment and mutual fulfillment are often cited as key contributors to partners' emotional well-being. The participants in this study identified sexual satisfaction as an important outcome of romantic attachment within their marriages. As one participant (Participant 8) stated: *“He cared about me in our sexual relationships, and I*

do everything for him". Another participant (Participant 14) stated: "I will do anything to satisfy his needs. I will do whatever he wants when we have sex, even if I don't want to do it"

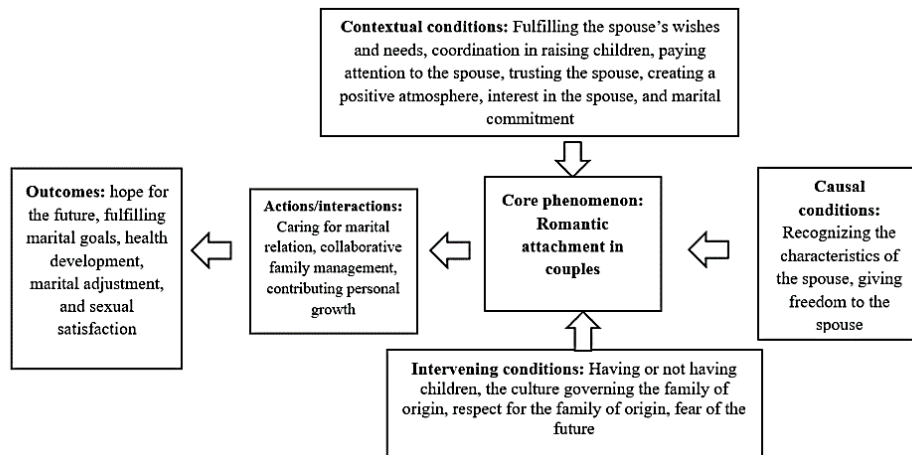


Figure 1. The paradigmatic model of romantic attachment in HIV-positive women

Discussion & Conclusion

The data obtained from interviews with HIV-positive women in this study revealed that, over time, the participants developed a deeper understanding of their partners' characteristics. This growing awareness often led to self-reflection and personal change, ultimately contributing to the formation of romantic attachment. Among the identified factors, the personality traits of the spouse played a significant role. Supporting this finding, Banerjee and Basu (2013) investigated personality factors, attachment styles, and coping strategies among couples with varying marital quality, and found that one key contributor to romantic attachment in women was the perception of personal freedom—such as the freedom to pursue education and maintain social relationships. Similarly, Vaziri (2015) emphasized the role of satisfying basic psychological needs—including freedom, recreation, and survival—in sustaining marital relationships. When partners are attuned to each other's needs and actively work to meet them, they foster the conditions necessary for emotional attachment. The participants in this study echoed this insight, highlighting the importance of meeting each other's basic needs—financial, emotional, and otherwise—as a crucial component of marital satisfaction. In line with this, Reeves (2010) noted that fulfilling such needs reduces conflict and plays a vital role in strengthening marital bonds. Furthermore, the significance of financial stability was underscored by Higginbotham and Felix (2009), who found that while material sufficiency (i.e., having enough money to meet essential needs) predicted marital satisfaction among women, it did not necessarily correlate with marital instability. Another theme that emerged from the participants' narratives was parenting. The shared responsibility of raising children, and the sense of accountability it instills, was seen as a powerful factor reinforcing romantic attachment between spouses. Cummings and O'Reilly (1997) emphasized that collaborative

alliance within marriage fosters not only marital satisfaction but also a positive parent-child relationship. A key aspect of such collaboration is attentiveness to one's partner, which includes being mindful of their physical well-being, emotional states, and financial circumstances. In line with this, Rowshani et al. (2015) found that such attentiveness leads to greater emotional security and relaxation for women within marriage. According to attachment theory, partner responsiveness, and emotional availability are essential for nurturing empathy and care in romantic relationships (Shaver, Mikulincer, & Cassidy, 2019). Trust, consistently highlighted by participants in this study, emerged as a foundational element of romantic attachment and a pillar for maintaining family cohesion. This finding is supported by prior research (Safiri & Mirzamohammadi, 2005; Kordi et al., 2017), which similarly underscores the role of trust in sustaining marital bonds. The participants also referred to the creation of a *positive atmosphere*-defined as an environment filled with emotional positivity and mutual support-as a contributor to marital harmony. Doohan et al. (2009) found that when couples foster positive interactions, they are more likely to recall positive shared experiences, thereby reinforcing emotional connection. This view is echoed in the work of Shaver et al. (1988), Feeney (2008), and Galinha et al. (2014), all of whom highlighted the reinforcing effect of positive emotional climates on romantic attachment. Another core component identified by the participants was marital commitment, which they defined as remaining faithful to one's spouse despite challenges such as illness or financial hardship. This strong sense of commitment was perceived as essential to sustaining attachment and marital stability. Previous studies confirm the beneficial role of commitment in relationship longevity and satisfaction (Givertz et al., 2016; Carandang & Guda, 2015; McCray, 2015). However, the data also revealed childlessness as a significant negative intervening factor. Among HIV-positive women, the inability to conceive led to feelings of frustration and distress, suggesting that the absence of children may weaken perceived marital fulfillment in this context.

For HIV-positive couples, the presence of children often serves as a motivating factor for continuing life and sustaining hope. However, the absence of children may lead to despair and discouragement, as confirmed by previous studies (Khalajinia et al., 2016; D'Auria et al., 2006). Interestingly, in the current study, while having children was viewed as a source of meaning and continuity, it was also identified as a negative intervening factor. Participants reported that parenthood, particularly the demands of raising children, could hinder personal development, decrease spousal attention, and reduce time spent together as a couple. Ahmadi Faraz et al. (2014) similarly noted that the birth of a child often impacts women's personal growth more significantly than men's. Parenting behaviors and early family experiences were also highlighted as formative influences on adult romantic relationships. According to Powdthavee and Vignoles (2008), individual behaviors often mirror those of one's parents. The quality of childhood relationships with parents-especially the presence or absence of

secure attachment has been shown to shape intimacy, dependence, independence, and commitment in future relationships (Sabatelli & Bartle-Haring, 2003). Halford et al. (2003) emphasized that communication patterns developed in childhood interactions with parents are later replicated in marital relationships, contributing to the development of effective communication skills. Likewise, research has shown that individuals often acquire conflict-resolution strategies and intimacy-maintenance behaviors by modeling their parents' relational dynamics (Booth & Amato, 2001; Bradbury & Karney, 2004; Shaver & Mikulincer, 2005). These findings suggest that parental behavior plays a critical role in shaping the capacity for romantic attachment in adulthood. Several studies have confirmed that a healthy and respectful relationship with one's family of origin is a key predictor of marital success (Hatami Varzehne, 2015; Safaei, 2016; Ekhtiari Amiri, 2017; Jahan Alikhah, 2017, as cited in Salari Zare et al., 2019). In the context of HIV-positive couples, persistent concern about illness and the uncertainty of the future serve as ongoing stressors and can act as intervening variables affecting the quality of the marital relationship. DeMatteo et al. (2002) examined the psychological toll of chronic illness and its connection to ongoing worry. In response to such stress, effective relationship maintenance-including skills such as emotional regulation, empathy, and constructive communication-is critical for marital satisfaction. Attachment styles and family boundaries further influence relationship dynamics. Kenny and Donaldson (1991) found that anxious attachment is often associated with blurred family boundaries. In contrast, Fullinwider-Bush and Jacobvitz (1993) emphasized the importance of establishing clear generational boundaries between parents and children. Similarly, Zerach et al. (2015) demonstrated a link between boundary management, attachment style, and marital adjustment. Additional studies have supported the role of collaborative family management-shared decision-making and mutual financial planning-as a contributor to marital harmony (Ingram, 2010; Conradi et al., 2018; Verschoor et al., 2019).

Personal growth refers to the continuation of one's individual goals, interests, and talent development even after marriage. In this context, women emphasized the importance of realizing their aspirations alongside their marital responsibilities. According to Harris (2006), in a committed family, members not only contribute to the comfort and well-being of the household but also support one another's growth and self-actualization. The widespread availability of antiretroviral therapy has significantly reduced HIV-related mortality and extended the life expectancy of individuals living with HIV (Eisele et al., 2009; Malani, 2016), offering renewed motivation for patients to continue striving toward personal and shared life goals. Hall (1994) identified four primary sources of hope among HIV-positive individuals: belief in miracles, religious faith, employment, and social support from family and friends. Participants in this study echoed these sources of motivation, noting that pursuing

individual ambitions with the support of a spouse contributed to a greater sense of meaning and resilience. Importantly, many women also referred to jointly defined goals that fostered emotional intimacy and strengthened their marital bonds. Achieving shared marital goals—such as financial planning, raising children, or building a stable home—was described as a key contributor to happiness and life satisfaction (Rabin, 2002; Grundland, 2016). Romantic attachment and emotional intimacy between HIV-positive spouses not only facilitated mutual goal-setting but also had positive implications for physical and psychological health. Hays et al. (2000) emphasized the strong link between emotional well-being and health status in HIV-positive individuals, highlighting the role of intimate relationships as protective factors. The association between marital adjustment and romantic attachment has been widely documented (Özmen & Atik, 2010; Young et al., 2017; Hosseini-Hosseini Abad et al., 2018). Furthermore, various studies have explored the impact of different attachment styles on relational dynamics and sexual satisfaction within couples (Gewirtz-Meydan & Finzi-Dottan, 2018; Eklund & Hjelm, 2018). These findings suggest that secure romantic bonds are essential not only for the stability of marital relationships but also for fostering personal growth and well-being in individuals living with chronic conditions such as HIV.

One of the primary limitations of this study was to find HIV-positive women who were willing to attend the interviews and share their experiences. Another limitation was the scarcity of existing qualitative studies specifically focused on romantic attachment among HIV-positive individuals. Besides, the potential for social desirability bias must be acknowledged. Given the tendency of individuals to present themselves in a favorable light—particularly in public or formal settings—some participants may have offered overly positive responses to portray their lives or relationships more optimistically than they truly were. In light of these limitations, future studies can be designed to include larger and more diverse samples across various ethnic and cultural groups to enhance the generalizability of the findings. Furthermore, implementing the model proposed in this study as an educational or intervention program and evaluating its effects in the form of longitudinal studies could also offer valuable insights into strengthening couple dynamics among HIV-positive populations.

The romantic attachment model proposed in this study introduces novel assumptions about the nature of attachment and systematically identifies key elements that contribute to enhancing romantic attachment and marital satisfaction. This model offers a meaningful contribution to the existing literature in the field of family therapy by conceptualizing romantic attachment as a multifaceted phenomenon shaped by social, familial, and individual factors. The findings from this study have practical implications for preventing marital breakdown and fostering stronger emotional bonds between partners. Furthermore, the insights gained can inform the development of educational, therapeutic, and clinical

interventions aimed at improving marital relationships and promoting romantic attachment, particularly among vulnerable populations such as HIV-positive couples.

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CRediT authorship contribution statement

First author: Contributed to the conceptualization and design of the study, data collection, and writing of the manuscript. Second author: Provided the initial idea for this study, conducted data analysis and interpretation, and contributed to the writing of the manuscript. Third author: Contributed to the writing of the manuscript and data analysis and interpretation. Fourth author: Contributed to the conceptualization and design of the study, data collection, and data analysis. Fifth author: Contributed to the writing of the interpretation.

Declaration of Generative AI and AI-assisted technologies in the writing process

This study employed AI (Open AI GPT-5) in translation of article to native English.

Conflict of interest

The authors declared no conflicts of interest in this study.

Ethical Considerations

The researchers informed all participants about the objectives of the study by telling them about the study design and assuring them of their anonymity and the confidentiality of their data, as well as their ability to withdraw their participation at any time; following this, informed consent was obtained from all participants. The time of the interview was determined by the participants. This research was approved by the Ethics Committee of Shahid Chamran University of Ahvaz (code of ethics: EE/98.24.3.57587/scu.ac.ir).

Data availability

All the data used to conduct this study are available in the main text of the article.

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