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Obsessive–Compulsive Disorder: Associations with Attachment Styles and Psychological Resilience in a Greek Adult Sample

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Abstract

Introduction: Obsessive–Compulsive Disorder (OCD) is a chronic psychiatric disorder with significant implications for functioning and quality of life. Beyond cognitive and biological approaches, contemporary theoretical perspectives emphasize the role of interpersonal factors and protective mechanisms in understanding the psychopathology of OCD. The present study aimed to investigate the relationship between attachment styles and psychological resilience and their association with obsessive–compulsive symptomatology in an adult Greek population. It was hypothesized that insecure attachment styles (avoidant and fearful), but not secure attachment, would be associated with higher levels of obsessive–compulsive symptoms, and that insecure attachment styles and lower psychological resilience would significantly predict obsessive–compulsive symptom levels.

Method: The sample consisted of 109 adults (74 women, 35 men) who completed the Experiences in Close Relationships–Revised Scale (ECR-R), the Obsessive–Compulsive Inventory–Revised (OCI-R), and the Connor–Davidson Resilience Scale (CD-RISC). Data were analyzed using analyses of variance and multiple linear regression analyses.

Results: The findings indicated that insecure attachment styles (avoidant and fearful) were associated with higher levels of obsessive–compulsive symptoms. Moreover, both insecure attachment styles and reduced psychological resilience emerged as statistically significant predictors of obsessive–compulsive symptom levels.

Conclusions: The results underscore the importance of interpersonal attachment patterns and psychological resilience in the understanding and clinical treatment of OCD, highlighting the need for comprehensive therapeutic interventions that incorporate these factors.

Keywords

obsessive-compulsive disorder, attachment styles, psychological resilience, close relationships, Greek population

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Introduction

Obsessive–compulsive disorder (OCD) is a chronic and often debilitating psychiatric disorder characterized by the presence of obsessions and/or compulsions that cause intense psychological distress and significant functional impairment (American Psychiatric Association [APA], 2015). Obsessions are defined as recurrent, persistent thoughts, urges, or images that are experienced as intrusive and unwanted, while compulsions refer to repetitive behaviors or mental acts performed to reduce anxiety or prevent a feared event, without being realistically connected to it (Abramowitz, Taylor, & McKay, 2009).

OCD affects approximately 1–3% of the general population worldwide and is associated with a substantial burden on quality of life, social functioning, and occupational performance (Brock et al., 2024). Although biological and cognitive approaches have contributed significantly to the understanding of the disorder, increasing research attention has been directed toward developmental and interpersonal factors involved in both the onset and maintenance of OCD (Mikulincer & Shaver, 2012).

One of the most influential theoretical frameworks for understanding emotion regulation and anxiety-related disorders is attachment theory. According to Bowlby (1988), attachment is an innate behavioral system aimed at maintaining proximity to significant caregivers in situations of threat or distress. Early interactions with caregivers contribute to the development of internal working models of attachment, comprising cognitive and emotional representations of the self and others, which subsequently guide interpersonal relationships across the lifespan (Bretherton, 1985).

In adulthood, attachment styles are commonly conceptualized along the dimensions of attachment anxiety and attachment avoidance (Hazan & Shaver, 1987; Fraley & Shaver, 2000). The interaction of these dimensions gives rise to secure and insecure attachment styles, including avoidant and fearful attachment (Bartholomew & Horowitz, 1991). Insecure attachment styles have been associated with difficulties in emotion regulation, heightened stress sensitivity, and reliance on maladaptive coping strategies, characteristics frequently observed in OCD (Doron et al., 2012; Melli et al., 2016).

Empirical evidence further suggests that individuals with OCD are more likely to exhibit insecure attachment patterns compared to the general population. These attachment-related vulnerabilities may be linked to core features of the disorder, such as an increased need for control, intolerance of uncertainty, and heightened fear of loss or rejection (Doron & Kyrios, 2005; Mikulincer & Shaver, 2012).

In addition to vulnerability factors, recent research has emphasized the role of protective mechanisms, particularly psychological resilience. Psychological resilience refers to an individual's capacity to adapt effectively and recover from stress, adversity, or traumatic experiences (Connor & Davidson, 2003). Individuals with higher levels of resilience demonstrate greater flexibility in emotion regulation, more effective stress management, and a reduced risk of developing psychopathology (Windle, 2011).

Within the context of OCD, psychological resilience appears to function as a protective factor, with studies indicating that higher resilience is associated with lower symptom severity and improved psychosocial functioning (Hu et al., 2015; Zakiei et al., 2017). Moreover, resilience may mediate the relationship between insecure attachment and psychopathology by enhancing the individual's ability to tolerate distress and manage intrusive thoughts without resorting to compulsive behaviors (Masten & Tellegen, 2012).

Despite growing international research interest, studies examining the combined roles of attachment styles and psychological resilience in relation to obsessive–compulsive symptomatology within the Greek population remain limited. The present study seeks to address this gap by investigating the associations between insecure attachment styles, psychological resilience, and levels of obsessive–compulsive symptoms in an adult Greek sample.

Method

Participants

Participants were recruited through convenience sampling within Greece, to complete a battery of questionnaires via an online survey hosted on social media platforms (e.g. Facebook). A total of 111 adults were initially recruited. Two participants were classified as having an anxious attachment style; however, this group comprised an extremely small number of cases and, in accordance with methodological recommendations regarding minimum group size, was excluded from the analyses. The final sample consisted of 109 participants of whom 74 were women (67.9%) and 35 were men (32.1%).

With regard to attachment style, 40 participants (36.7%) were classified as having a secure attachment style, whereas the remaining were classified as insecure (avoidant and fearful). The demographic characteristics of the sample are summarized in Table 1.

Table 1. Participants Demographic and Screening Outcomes

Variables	n	%
Gender		
Female	74	67,9
Male	35	32,1
Marital Status		
Single	39	35,8
Married	40	36,7
In a relationship	30	27,5
OCD diagnosis		
Yes	1	0,9
No	108	99,1

Note: Percentages are calculated based on the total sample (N = 109)

Materials

Four self-report instruments were used to collect data. The demographic form consisted of a self-designed questionnaire recording demographic data, with four questions regarding gender, age, marital status, and the existence or absence of a medical diagnosis of OCD.

The Experiences in Close Relationships-Revised (ECR-R) was administrated to measure the dimensions of attachment in adulthood (Fraley, Waller, & Brennan, 2000). This tool consists of 36 self-report statements, which are rated on a 7-point Likert scale from 1(strongly disagree) to 7 (strongly agree). It consists of two dimensions: 1) Attachment anxiety, which reflects the fear of rejection and abandonment, and 2) Attachment avoidance, which refers to discomfort with emotional closeness and dependence. Higher scores on each dimension indicate a greater degree of anxiety or avoidance, respectively. The combination of the two dimensions allows participants to be categorized into attachment styles (secure, avoidant, fearful) (Bartholomew & Horowitz, 1991). The ECR-R has demonstrated high reliability and validity in international and Greek samples.

The Obsessive Compulsive Inventory–Revised (OCI-R) (Foa et al., 2002) is a 18-item questionnaire demonstrated to access obsessive-compulsive symptoms. Responses are rated on a 5-point Likert scale ranging from 0 (not at all) to 4 (very much). The scale captures six dimensions of OCD: washing, checking, order/symmetry, preoccupations, hoarding, and neutralization. The total score is derived from the sum of the individual scores, with higher values indicating greater severity of obsessive-compulsive symptoms. The OCI-R has demonstrated high diagnostic accuracy in both clinical and non-clinical populations.

The Connor Davidson-Resilience Scale (CD-RISC) was administrated to measure psychological resilience (Connor & Davidson, 2003). It is a 25-item questionnaire, responses are rated on a 5-point Likert scale from 0 (not at all true) to 4 (completely true), ranging from 0 to 100, with higher scores indicating greater psychological resilience. The scale assesses adaptability, stress resistance, and positive coping with adversity and has been proven psychometrically reliable in numerous studies.

Procedure

Data was collected through online survey generated on Google Forms and distributed via social media (e.g. Facebook). The questionnaires took approximately 15 minutes to complete.

When participants accessed the form, they were presented first with the Information sheet, the consent form and a briefing statement; all developed in compliance with the British Psychological Society (BPS) ethical guidelines. Participants were informed about the study's aim, their voluntary participation, their ability to withdraw within two weeks of participation and the measures in place to ensure data anonymity and confidentiality. Contact information from the researcher and supervisor was also provided. To enable anonymous tracking, participants were requested to generate a unique identifier by adding the first letter of their name and surname and the last two digits of their birth year. The sequence of the four questionnaires was presented as follows: first the demographic data form, second the ECR-R, third the OCI-R and lastly the CD-RISC. Upon completion, participants were presenting with a debriefing message that reaffirmed their ethical rights and offered final study contact details.

Data Analysis

Descriptive statistics were used to summarize demographic variables, including gender, marital status, and medical diagnosis. Data were analyzed using IBM SPSS Statistics. A one-way analysis of variance (ANOVA) was conducted to examine differences in obsessive–compulsive symptom levels across attachment styles. In addition, multiple linear regression analyses were performed to investigate the predictive role of insecure attachment styles and psychological resilience on obsessive–compulsive symptom levels.

Results

Table 2 presents the means and standard deviations of scores on the Obsessive–Compulsive Disorder (OCD) and Resilience scales by attachment style. Participants with a secure attachment style reported, on average, lower levels of obsessive–compulsive symptoms (M = 13.55, SD = 7.74) and higher levels of resilience (M = 73.35, SD = 13.39). Participants with an avoidant attachment style reported higher levels of OCD symptoms (M = 19.95, SD = 11.07) and lower resilience (M = 70.00, SD = 11.26). Finally, participants with a fearful attachment style reported the highest levels of OCD symptoms (M = 25.53, SD = 15.54) and the lowest levels of resilience (M = 60.78, SD = 13.96). Overall, the findings indicate that higher levels of obsessive–compulsive symptomatology are associated with lower resilience, particularly among individuals with insecure attachment styles.

Table 2. Means and Standard Deviations of OCD and Resilience Scores by Attachment Style

Attachment Style	OCD – M	OCD – SD	Resilience – M	Resilience – SD
Secure	13.55	7.74	73.35	13.39
Avoidant	19.95	11.07	70.00	11.26
Fearful	25.53	15.54	60.78	13.96
Total	19.24	12.48	68.52	13.79

A one-way analysis of variance (ANOVA) was conducted to investigate differences in obsessive–compulsive symptom levels across attachment styles. The analysis revealed a statistically significant effect of attachment style on OCD symptom levels, $F(2, 106) = 9.61$, $p < .001$. Levene's test for homogeneity of variances was statistically significant ($p < .001$), indicating a violation of the assumption of equal variances. Given the unequal group sizes, the Games–Howell post hoc test was applied.

The Games–Howell post hoc analysis indicated that individuals with a secure attachment style reported significantly lower levels of OCD symptoms compared to individuals with an avoidant attachment style (*Mdiff* = 6.40, p = .013) and a fearful attachment style (*Mdiff* = 11.98, p = .001). No statistically significant difference was observed between the avoidant and fearful attachment styles (p = .216). These findings support the first hypothesis of the study, according to which insecure attachment styles are associated with higher levels of obsessive–compulsive symptoms compared to the secure attachment style.

To investigate the predictive role of attachment styles and psychological resilience on OCD symptom levels, a multiple linear regression analysis was conducted. The overall model was statistically significant, $F(3, 105) = 12.62$, $p < .001$, and explained 26.5% of the variance in OCD symptoms ($R^2 = .265$, adjusted $R^2 = .244$). Specifically, the avoidant attachment style significantly predicted higher levels of OCD symptoms (B = 5.30, t = 2.13, p = .036), while the fearful attachment style also showed a statistically significant positive effect (B = 7.85, t = 2.84, p = .005). In contrast, resilience was negatively associated with OCD symptom levels (B = −0.33, t = −3.09, p < .001), indicating a protective role.

Discussion

The aim of the present study was to investigate the relationship between attachment styles, resilience, and obsessive–compulsive symptoms in a Greek adult sample. The findings largely support the research hypotheses and contribute to the understanding of Obsessive–Compulsive Disorder (OCD) within an interpersonal and developmental framework.

Initially, the results indicated that participants with insecure attachment styles (avoidant and fearful) reported significantly higher levels of obsessive–compulsive symptoms compared to those with a secure attachment style. This finding is consistent with previous studies highlighting the association between insecure attachment and increased anxiety, dysfunctional emotion regulation strategies, and obsessive–compulsive behaviors (Doron & Kyrios, 2005; Mikulincer & Shaver, 2012). Individuals with insecure attachment tend to experience a heightened need for control and reduced tolerance for uncertainty, characteristics that are central to obsessive–compulsive disorder (Melli et al., 2016).

It is particularly noteworthy that participants with a fearful attachment style reported the highest levels of obsessive–compulsive symptoms. The fearful attachment style is characterized by negative internal working models of both the self and others, which may intensify perceptions of threat, fear of rejection, and difficulties in trusting others. These characteristics may, in turn, contribute to increased compulsive symptoms as a means of coping with anxiety (Bartholomew & Horowitz, 1991).

At the same time, the results highlighted the important role of resilience. Lower levels of resilience were associated with higher levels of OCD symptoms, whereas resilience emerged as a negative predictor of obsessive–compulsive symptomatology. This finding is consistent with previous research indicating that resilience functions as a protective factor against psychopathology by enhancing adaptive emotion regulation and effective stress management (Connor & Davidson, 2003; Windle, 2011). In the context of OCD, reduced resilience may limit an individual's capacity to manage intrusive thoughts without resorting to compulsive behaviors (Hu et al., 2015).

Multiple linear regression analyses indicated that both insecure attachment styles and resilience are significant predictors of obsessive–compulsive symptom levels, explaining a substantial proportion of the variance in symptomatology. These findings support the view of Obsessive–Compulsive Disorder (OCD) as a condition that cannot be explained solely by cognitive or biological mechanisms, but is substantially influenced by developmental experiences and interpersonal patterns (Mikulincer & Shaver, 2012).

This study has several limitations that should be considered when interpreting the findings. First, the cross-sectional design does not allow for causal conclusions regarding the relationships between attachment styles, resilience, and obsessive–compulsive symptoms. Second, the use of self-report instruments may have introduced response bias or socially desirable responding. Third, the sample was drawn from the general population rather than from a clinical population with diagnosed Obsessive–Compulsive Disorder (OCD), which limits the generalizability of the findings to clinical samples.

Despite these limitations, the findings have important clinical implications. The identification of insecure attachment styles as risk factors for increased obsessive–compulsive symptomatology highlights the need to incorporate interventions focusing on interpersonal relationships and attachment patterns into the treatment of OCD. Interventions grounded in attachment theory, as well as approaches aimed at enhancing emotion regulation, may improve the effectiveness of established cognitive–behavioral therapies.

Furthermore, strengthening resilience through psycho educational programs and therapeutic interventions may have a protective effect by reducing symptom severity and improving the overall psychosocial adjustment of individuals with Obsessive–Compulsive Disorder (OCD).

Future research could examine the relationships between attachment styles, resilience, and OCD longitudinally in order to clarify potential causal mechanisms. In addition, investigating additional factors, such as childhood traumatic experiences, personality characteristics, and family environment, could further enrich our understanding of the disorder. Finally, conducting studies in clinical samples would allow for greater generalization of the findings to populations with diagnosed OCD.

References

Abramowitz, J. S., Taylor, S., & McKay, D. (2009). Obsessive-compulsive disorder. *The Lancet*, *374*(9688), 491–499. https://doi.org/10.1016/S0140-6736(09)60240-3

Aburn, G., Gott, M., & Hoare, K. (2016). What is resilience? An Integrative Review of the empirical literature. *Journal of Advanced Nursing*, *72*(5), 980–1000. https://doi.org/10.1111/jan.12888

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. N. (1978). *Patterns of attachment: A psychological study of the strange situation* (Classic edition). Routledge, Taylor & Francis Group. https://doi.org/10.4324/9780203758045

Ainsworth, M. D. S., & Marvin, R. S. (1995). On the Shaping of Attachment Theory and Research: An Interview with Mary D. S. Ainsworth (Fall 1994). *Monographs of the Society for Research in Child Development*, *60*(2/3), 3–21. https://doi.org/10.2307/1166167

American Psychological Association. (χ.χ.). *Resilience*. Https://Www.Apa.Org. Ανακτήθηκε 18 Φεβρουάριος 2025, από https://www.apa.org/topics/resilience

American Psychiatric Association. (2015). *Διαγνωστικά Κριτήρια DSM-5*. Ιατρικές Εκδόσεις Λίτσας.

Asad, S., & Dawood, S. (2015). Attachment Orientation, Obsessive Beliefs, and Symptom Severity in Patients with Obsessive Compulsive Disorder. *Pakistan Journal of Psychological Research*, *30*, 207–223.

Bartholomew, K., & Horowitz, L. M. (1991). Attachment styles among young adults: A test of a four-category model. *Journal of Personality and Social Psychology*, *61*(2), 226–244. https://doi.org/10.1037/0022-3514.61.2.226

Bonab, B. G., & Koohsar, A. A. H. (2011). Relation Between Quality of Attachment and Psychological Symptoms in College Students. *Procedia - Social and Behavioral Sciences*, *30*, 197–201. https://doi.org/10.1016/j.sbspro.2011.10.039

Bowlby, J. (1957). An ethological approach to research in child development. *British Journal of Medical Psychology*, *30*, 230–240. https://doi.org/10.1111/j.2044-8341.1957.tb01202.x

Bowlby, J. (1969). *Attachment and loss* (2nd ed). Basic Books.

Bowlby, J. (1988). *A secure base. Clinical applications of attachment theory.* Routledge.

British Psychological Society. (2021). *Ethics guidelines for internet-mediated research*. BPS. https://www.bps.org.uk/guideline/ethics-guidelines-internet-mediated-research

British Psychological Society. (2021, Δεκέμβριος). *Code of Ethics and Conduct*. https://doi.org/10.53841/bpsrep.2021.inf94

Brazelton, T., & Yogman, M. (1986). Discovery of An Insecure Disorganized Disoriented Attachment Pattern Main Solomon 1986 | PDF | Attachment Theory | Interpersonal Relationships. Στο *Scribd*. Alex Bublishing. https://www.scribd.com/document/253355881/Discovery-of-an-Insecure-Disorganized-Disoriented-Attachment-Pattern-Main-Solomon-1986

Bretherton, I. (1985). Attachment Theory: Retrospect and Prospect. *Monographs of the Society for Research in Child Development*, *50*, 3–35. https://doi.org/10.2307/3333824

Brock, H., Rizvi, A., & Hany, M. (2024). Obsessive-Compulsive Disorder. Στο *StatPearls*. StatPearls Publishing. http://www.ncbi.nlm.nih.gov/books/NBK553162/

Calamari, J. E., Wiegartz, P. S., & Janeck, A. S. (1999). Obsessive–compulsive disorder subgroups: A symptom-based clustering approach. *Behaviour Research and Therapy*, *37*(2), 113–125. https://doi.org/10.1016/S0005-7967(98)00135-1

Cambell, L., & Marshall, T. (2011). Anxious Attachment and Relationship Processes: An Interactionist Perspective. *Journal of Personality*, *79*(6), 1219–1250. https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1467-6494.2011.00723.x

Cohen, J. (2013). *Statistical Power Analysis for the Behavioral Sciences* (2ο έκδ.). Routledge. https://doi.org/10.4324/9780203771587

Connor, K., & Davidson, J. (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC). *Depression and anxiety*, *18*, 76–82. https://doi.org/10.1002/da.10113

Craparo, G., Magnano, P., Zapparrata, M. V., Gori, A., Costanzo, G., Pace, U., & Pellerone, M. (2018). *Coping, attachment style and resilience: The mediating role of alexithymia*.

Doron, G., & Kyrios, M. (2005). Obsessive Compulsive Disorder: A review of possible specific internal representations within a broader cognitive theory. *ResearchGate*. https://doi.org/10.1016/j.cpr.2005.02.002

Doron, G., Moulding, R., Kyrios, M., Nedeljkovic, M., & Mikulincer, M. (2009). Adult attachment insecurities are related to obsessive compulsive phenomena. *Journal of Social and Clinical Psychology*, *28*(8), 1022–1049. https://doi.org/10.1521/jscp.2009.28.8.1022

Doron, G., Moulding, R., Nedeljkovic, M., Kyrios, M., Mikulincer, M., & Sar-El, D. (2012). Adult attachment insecurities are associated with obsessive compulsive disorder. *Psychology and Psychotherapy*, *85*(2), 163–178. https://doi.org/10.1111/j.2044-8341.2011.02028.x

Dozier, M., Stovall-McClough, C., & Albus, K. (2008). Attachment and psychopathology in adulthood. Στο *Handbook of Attachment: Theory, Research, and Clinical Applications: τ. Vol. 19*.

Fergus, S., & Zimmerman, M. (2005). Fergus S, Zimmerman MA. Adolescent resilience: A framework for understanding healthy development in the face of risk. *Annual review of public health*, *26*, 399–419. https://doi.org/10.1146/annurev.publhealth.26.021304.144357

Fornaro, M., Gabrielli, F., Albano, C., Fornaro, S., Rizzato, S., Mattei, C., Solano, P., Vinciguerra, V., & Fornaro, P. (2009). Obsessive-compulsive disorder and related disorders: A comprehensive survey. *Annals of General Psychiatry*, *8*, 13. https://doi.org/10.1186/1744-859X-8-13

Fraley, C., Waller, N., & Brennan, K. (2000). An Item Response Theory Analysis of Self-Report Measures of Adult Attachment. *ResearchGate*, *78*(2), 350–365. https://doi.org/10.1037/0022-3514.78.2.350

Fraley, R. C., & Shaver, P. R. (2000). Adult Romantic Attachment: Theoretical Developments, Emerging Controversies, and Unanswered Questions. *Review of General Psychology*, *4*(2), 132–154. https://doi.org/10.1037/1089-2680.4.2.132

Freud, S. (2016). *Τοτεμ και Ταμπού*. ΝΙΚΑΣ. https://www.politeianet.gr/books/9789602962459-freud-sigmund-nikas-totem-kai-tampou-262788

Freud, S. (2017). *Αναστολή, Σύμπτωμα και Άγχος*. ΝΙΚΑΣ.

Hamilton, C. (2000). Continuity and Discontinuity of Attachment from Infancy through Adolescence. *Child development*, *71*, 690–694. https://doi.org/10.1111/1467-8624.00177

Hazan, C., & Shaver, P. (1987). *Romantic Love Conceptualized as an Attachment Process*. *52*(3), 511–524. https://doi.org/10.4324/9781351153683-17

Herrman, H., Stewart, D., Diaz-Granados, N., Berger, E., Jackson, B., & Yuen, T. (2011). What is Resilience? *Canadian Journal of Psychiatry*, *56*(5), 258–265. https://journals.sagepub.com/doi/abs/10.1177/070674371105600504

Hodny, F., Prasko, J., Ociskova, M., Vanek, J., Holubova, M., Sollar, T., & Nesnidal, V. (2021). *Attachment in patients with an obsessive compulsive disorder*.

Hu, T., Zhang, D., & Wang, J. (2015). A meta-analysis of the trait resilience and mental health. *Personality and Individual Differences*, *76*, 18–27. https://doi.org/10.1016/j.paid.2014.11.039

Li, T., & Chan, D. K. (2012). How anxious and avoidant attachment affect romantic relationship quality differently: A meta- analytic review. *European Journal of Social Psychology*, *42*(4), 406–419. https://doi.org/10.1002/ejsp.1842

Luthar, S., Cicchetti, D., & Becker, B. (2003). Research on Resilience: Response to Commentaries. *Child Development*, *71*, 573–575. https://doi.org/10.1111/1467-8624.00168

Main, M., & Solomon, J. (1990). Procedures for identifying infants as disorganized/disoriented during the Ainsworth Strange Situation. Στο *Attachment in the preschool years: Theory, research, and intervention* (σσ. 121–160). The University of Chicago Press.

Masten, A. S., & Tellegen, A. (2012). Resilience in developmental psychopathology: Contributions of the Project Competence Longitudinal Study. *Development and Psychopathology*, *24*(2), 345–361. https://doi.org/10.1017/S095457941200003X

Mikulincer, M., Birnbaum, G., Woddis, D., & Nachmias, O. (2000). Stress and accessibility of proximity-related thoughts: Exploring the normative and intraindividual components of attachment theory. *Journal of Personality and Social Psychology*, *78*(3), 509–523. https://doi.org/10.1037/0022-3514.78.3.509

Mikulincer, M., Dolev, T., & Shaver, P. R. (2004). Attachment-Related Strategies During Thought Suppression: Ironic Rebounds and Vulnerable Self-Representations. *Journal of Personality and Social Psychology*, *87*(6), 940–956. https://doi.org/10.1037/0022-3514.87.6.940

Mikulincer, M., & Florian, V. (1998). The relationship between adult attachment styles and emotional and cognitive reactions to stressful events. Στο *Attachment theory and close relationships* (σσ. 143–165). The Guilford Press.

Ong, A., Bergeman, C., Bisconti, T., & Wallace, K. (2006). Psychological Resilience, Positive Emotions, and Successful Adaptation to Stress in Later Life | Request PDF. *ResearchGate*, *91*(4), 730–749. https://doi.org/10.1037/0022-3514.91.4.730

Pitman, R. K. (1987). Pierre Janet on obsessive-compulsive disorder (1903). Review and commentary. *Archives of General Psychiatry*, *44*(3), 226–232. https://doi.org/10.1001/archpsyc.1987.01800150032005

Rice, K. G., & Lopez, F. G. (2004). Maladaptive Perfectionism, Adult Attachment, and Self-Esteem in College Students. *Journal of College Counseling*, *7*(2), 118–128. https://doi.org/10.1002/j.2161-1882.2004.tb00243.x

Rostami, M., Nezam Abad, A. N., Shirkhani, M., & Sadeghi, A. (2023, Μάρτιος 1). *Predicting the severity of obsessive-compulsive symptoms based on attachment styles: The mediating role of health anxiety*. https://openurl.ebsco.com/contentitem/gcd:166919451?sid=ebsco:plink:crawler&id=ebsco:gcd:166919451

Rutter, M. (1999). Resilience concepts and findings: Implications for family therapy. *Journal of Family Therapy*, *21*(2), 119–144. https://doi.org/10.1111/1467-6427.00108

Rutter, M. (2012). Resilience as a dynamic concept. *Development and Psychopathology*, *24*(2), 335–344. https://doi.org/10.1017/S0954579412000028

Skapinakis, P., Bellos, S., Koupidis, S., Grammatikopoulos, I., Theodorakis, P. N., & Mavreas, V. (2013). Prevalence and sociodemographic associations of common mental disorders in a nationally representative sample of the general population of Greece. *BMC Psychiatry*, *13*(1), 163. https://doi.org/10.1186/1471-244X-13-163

Sookman, D., Pinard, G., & Beauchemin, N. (1994). Multidimensional schematic restructuring treatment for obsessions: Theory and practice. *Journal of Cognitive Psychotherapy*, *8*(3), 175–194.

Stein, D. J., Costa, D. L. C., Lochner, C., Miguel, E. C., Reddy, Y. C. J., Shavitt, R. G., van den Heuvel, O. A., & Simpson, H. B. (2019). Obsessive–compulsive disorder. *Nature Reviews Disease Primers*, *5*(1), 1–21. https://doi.org/10.1038/s41572-019-0102-3

Storch, E. A., Geffken, G., & Murphy, T. K. (2007). *Hanbook of Child and Adolescent Obesessive Compulsive Disorder*. LEA.

Windle, G. (2011). What is resilience? A review and concept analysis. *Reviews in Clinical Gerontology*, *21*(2), 152–169. https://doi.org/10.1017/S0959259810000420

Zakiei, A., Alikhani, M., Farnia, V., Khkian, Z., Shakeri, J., & Golshani, S. (2017). Attachment Style and Resiliency in Patients with Obsessive-Compulsive Personality Disorder. *Korean Journal of Family Medicine*, *38*(1), 34–39. https://doi.org/10.4082/kjfm.2017.38.1.34