



# ATTACHWELL: A CONCEPTUAL MODEL INTEGRATING ATTACHMENT-BASED WELLNESS IN PUBLIC HEALTH THROUGH A SYSTEMATIC LITERATURE REVIEW

## *AttachWell: Model Kesejahteraan Berbasis Keterikatan Dalam Konteks Kesehatan Masyarakat Melalui Tinjauan Literatur Sistematis*

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### ABSTRACT

**Background:** Attachment theory provides a framework for understanding relational influences on wellness. This manuscript examines its application across public health initiatives, integrating attachment principles with SAMHSA's eight wellness domains. **Purpose:** The objectives are to demonstrate how secure attachment supports well-being across domains and introduce the AttachWell Model for applying attachment-informed strategies within public health. **Methods:** A conceptual synthesis of 78 peer-reviewed studies published between 2000 and 2024 was conducted. Studies were selected based on relevance to attachment and wellness outcomes, and quality was assessed using the MMAT. **Results:** Evidence is strongest for emotional, intellectual, and social wellness domains, with preliminary support for physical and spiritual domains. Evidence is limited to occupational, financial, and environmental domains, highlighting research gaps. The synthesis shows secure attachment promotes resilience, emotion regulation, and social connectedness. **Conclusion:** The AttachWell Model advances theory by positioning secure attachment as a structural determinant of wellness. Implementation pathways include interventions, policy initiatives, and evaluation strategies. The model provides a framework for integrating attachment-informed strategies into public health practice, though further empirical validation is required.

**Keywords:** attachment theory, well-being, interpersonal relationships, public health, wellness

### ABSTRAK

**Latar Belakang:** Teori keterikatan menyediakan kerangka untuk memahami pengaruh relasional pada kesejahteraan individu dan komunitas. Naskah ini mengkaji penerapannya dalam inisiatif kesehatan masyarakat, mengintegrasikan prinsip keterikatan dengan domain kesejahteraan SAMHSA. **Tujuan:** Menunjukkan bagaimana keterikatan aman mendukung kesejahteraan dan memperkenalkan Model AttachWell untuk menerapkan strategi berbasis keterikatan dalam kesehatan masyarakat. **Metode:** Sintesis konseptual dari 78 studi peer-review dilakukan. Studi dipilih berdasarkan relevansi dengan hasil keterikatan dan kesejahteraan, dinilai menggunakan MMAT. **Hasil:** Bukti terkuat untuk domain kesejahteraan emosional, intelektual, dan sosial, dengan dukungan awal untuk domain fisik dan spiritual. Bukti terbatas untuk domain pekerjaan, keuangan, dan lingkungan. Sintesis menunjukkan keterikatan aman mempromosikan ketahanan, regulasi emosi, dan keterhubungan sosial. **Kesimpulan:** Model AttachWell memajukan teori dengan memposisikan keterikatan aman sebagai penentu kesejahteraan holistik. Jalur implementasinya mencakup intervensi, kebijakan, dan strategi evaluasi. Model ini menyediakan kerangka berbasis bukti untuk mengintegrasikan strategi keterikatan ke dalam praktik kesehatan masyarakat.

**Kata Kunci:** teori keterikatan, kesejahteraan, hubungan interpersonal, kesehatan masyarakat

## INTRODUCTION

Since its inception in 1948, the World Health Organization (WHO) has emphasized on a broad understanding of health, framing it as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (WHO, 2024). Over the years, public health efforts have moved society closer to that ambitious vision. Vaccination campaigns, sanitation improvements, nutrition programs, and injury-prevention initiatives have all played a role in reducing infectious disease and extending life expectancy (CDC, 1999; Cutler & Miller, 2005; Lee *et al.*, 2022; Schneider, 2020; Oman, 2023). These achievements, though uneven across regions, have unquestionably changed the trajectory of global health.

Meanwhile, there remains an unfinished piece of the puzzle: the emotional and relational side of well-being. Mental disorders affect approximately 970 million people worldwide, roughly one in seven, making conditions like anxiety and depression almost as familiar as the common cold (WHO, 2022; Institute for Health Metrics and Evaluation (IHME), 2021). Collectively, such disorders account for about 5% of global disability-adjusted life years (DALYs), ranking them among the most pressing health burdens of our time (GBD 2019 Mental Disorders Collaborators, 2022). Moreover, forecasts suggest that depression alone becomes the leading cause of disability by 2030 (Vos *et al.*, 2020). Problems related to substance misuse are also widespread, reaching nearly a fifth of adult men and more than one in ten adult women (Grant *et al.*, 2016). Adolescents are similarly affected: while illicit drug use among U.S. eighth graders dipped slightly from 2023 to 2024, marijuana and alcohol remain stubbornly common (National Institute on Drug Abuse, 2024). Taken together, these

patterns point to an unmet dimension of health conditions that conventional public health frameworks have not managed to capture.

Currently, most health programs still emphasize behavior change—eat better, exercise more, quit smoking—or focus narrowly on providing access to medical services. These are important, but they often sidestep the role of relationships and emotional security as bedrock contributors to well-being. When relational health is overlooked, individuals and communities face long-term consequences: diminished resilience, difficulties regulating emotions, frayed social networks, and, ultimately, higher risks for chronic disease and rising healthcare costs.

Attachment theory, first outlined by John Bowlby (1969), offers a useful way of thinking about this problem. Bowlby argued that early caregiving relationships set the stage for the way people manage emotions, build resilience, and perceive themselves and others. Secure attachment tends to encourage adaptability and healthy relationships; insecure attachment, on the other hand, is linked to heightened vulnerability to mental illness, chronic disease, and unstable relationships (Bowlby, 1988; Bretherton & Munholland, 2016; Zhang *et al.*, 2022). Despite its robust evidence base, attachment theory has mostly been confined to clinical and developmental fields, rarely making its way into large-scale public health initiatives. Wellness frameworks such as the Substance Abuse and Mental Health Services Administration’s (SAMHSA) eight dimensions of wellness take a broader view, yet these frameworks rarely treat relational health as a central organizing principle.

This study aims to 1) bring together scholarship on attachment theory and wellness, showing how it connects across SAMHSA’s eight wellness domains, 2) to

present the AttachWell Model, a framework that integrates attachment principles into public health practice, 3) to compare this model with other wellness approaches, illustrating how it better addresses relational determinants of health while aligning with WHO and UN goals.

The AttachWell Model adds novelties both in theory and practice. On the theoretical side, it reframes wellness by positioning attachment as a foundation rather than an afterthought. On the practical side, it offers a tool that can be adapted across cultures and developmental stages, making it useful for wellness promotion, prevention work, and community interventions. By bridging clinical insights into public health systems, the model highlights relational health as a missing determinant that deserves serious attention. In conclusion, while decades of research link secure attachment to resilience, healthier behaviors, and stronger communities, mainstream public health has yet to make meaningful use of that knowledge. This paper responds to that gap by introducing the AttachWell Model as a step toward embedding attachment theory within wellness promotion and disease prevention.

## **METHOD**

### **Study Design**

This study employed a systematic literature review with conceptual synthesis elements, following the PRISMA 2020 guidelines for transparent identification, screening, and inclusion of studies. The goal was to locate and evaluate research that integrates attachment theory with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Eight Dimensions of Wellness framework (emotional, environmental, financial, intellectual, occupational, physical, social, and spiritual well-being).

### **Eligibility Criteria**

Literature reviews were eligible if they (a) explicitly examined attachment theory in the context of promoting public or mental health, (b) targeted one or more of SAMHSA's wellness domains, (c) were published between 2000 and 2024 in peer-reviewed English-language journals or recognized public health sources, and (d) employed empirical designs (quantitative, qualitative, or mixed methods). The year 2000 was chosen as the starting point to examine contemporary applications of attachment theory in health promotion and prevention. Although foundational theoretical development occurred between the 1960s and 1990s, integration into public health became prominent primarily in the 21st century.

The exclusion criteria were as follows: (a) studies focusing solely on clinical applications ( $n = 39$ ); (b) studies lacking explicit reference to attachment theory ( $n = 22$ ); (c) studies not published in English ( $n = 12$ ); (d) studies published before 2000 ( $n = 13$ ); (e) studies primarily addressing child custody or forensic issues ( $n = 4$ ); and (f) studies classified as grey literature, including dissertations, theses, conference proceedings, or non-peer-reviewed reports. The decision to exclude grey literature was made to ensure methodological rigor, by creating a potential bias toward formally published research.

### **Search Strategy**

Literature searches were conducted across PsycINFO, PsycArticles, PubMed, and Scopus, with Google Scholar used only as a supplementary source to identify potentially overlooked references. Boolean operators and controlled vocabulary (including MeSH terms) were applied, with year filters set to 2000–2024. Search terms included combinations of “attachment

theory” AND “public health,” “SAMHSA wellness domains” AND “mental health,” “attachment-informed care,” “trauma-informed care,” “social connection,” “community health,” and “well-being.” Manual backward reference searches were also conducted on included articles to capture additional studies. The final search was completed in August 2024.

### Screening and Selection

All records were imported into citation management software. Titles and abstracts were screened independently by the author, followed by full-text review for articles meeting eligibility criteria. The selection process was detailed in the PRISMA flow diagram (Figure 1).

### Data Extraction and Quality Assessment

A standardized extraction form was used to collect study details, including

author(s), publication year, country, study design, participant characteristics, targeted wellness domains, attachment constructs (e.g., secure base, emotional regulation, relationship dynamics), public health initiative/context (e.g., prevention, resilience-building), and reported outcomes. Methodological quality was assessed using the Mixed Methods Appraisal Tool (MMAT) to ensure consistency across diverse study designs.

### Synthesis of Results

Given the heterogeneity of included studies, results were synthesized using narrative and thematic synthesis rather than meta-analysis. Findings were grouped thematically according to wellness domains and types of attachment-informed interventions, with cross-comparison across quantitative and qualitative studies.

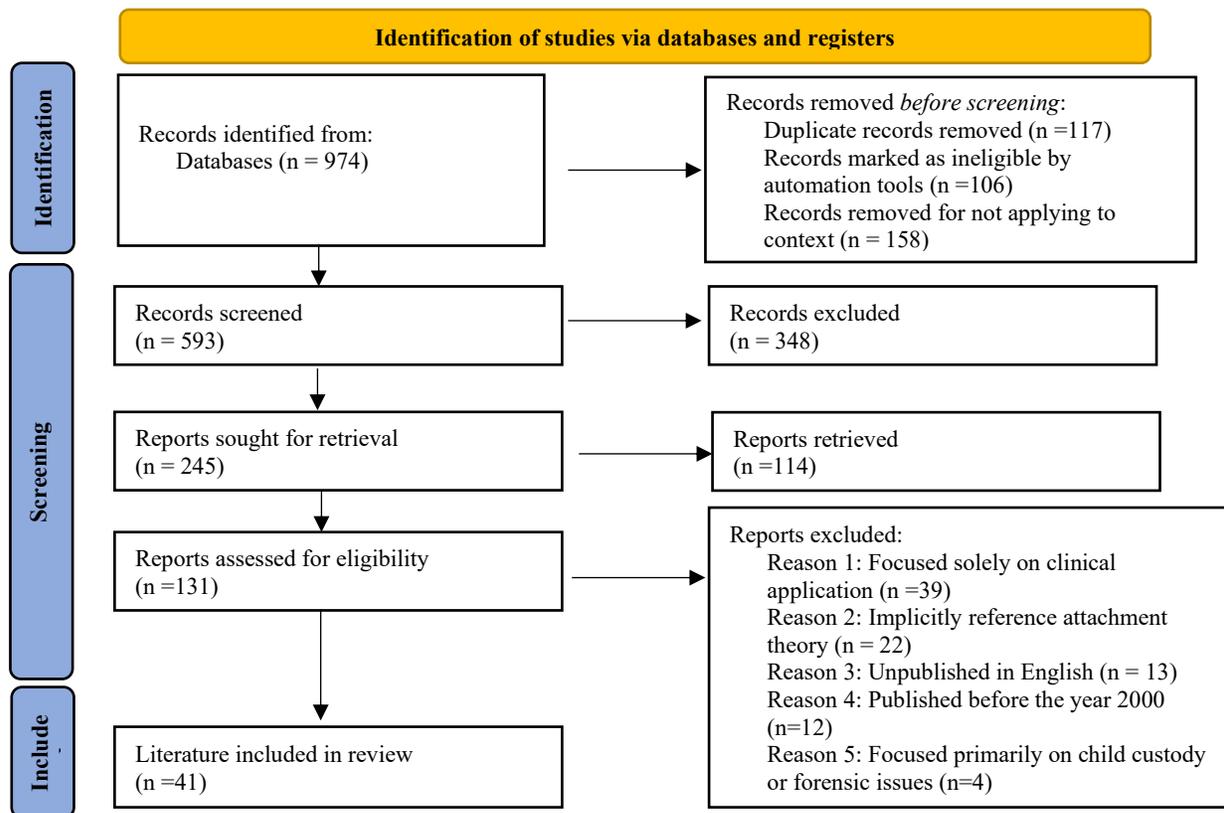


Figure 1. PRISMA Flow Diagram

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## RESULT

A total of 41 studies were included in the synthesis. Evidence for attachment integration across wellness domains varied in strength. Emotional wellness was well-established (15, 37%), with attachment principles consistently supporting emotional regulation, coping, and resilience through programs such as Nurse-Family Partnership, Circle of Security, and Triple P, as well as global initiatives like WHO & UNICEF's Helping Adolescents Thrive Initiative. Intellectual wellness was also well-established (5, 12%), demonstrating that early caregiving and attachment support cognitive development and learning engagement, as seen in programs like Head Start, PBIS, and UNICEF Early Moments Matter. Social wellness was well-established (5, 12%), highlighting the role of secure attachment in social support, connectedness, and stress buffering, with evidence from social prescribing and community health initiatives.

Physical wellness showed emerging evidence (8, 20%), linking secure attachment to healthier behaviors and chronic illness management, with interventions addressing family stability, nutrition, and stress reduction. Spiritual wellness also demonstrated emerging evidence (2, 5%), connecting attachment to spiritual beliefs, coping, and resilience through initiatives such as NAMI FaithNet and Georgetown Faith & Global Health collaborations.

Evidence was more limited for environmental wellness (3, 7%), occupational wellness (1, 2%), and financial wellness (2, 5%). These domains highlighted attachment-informed strategies in community design, workplace practices, and financial programs, but research remained scarce, signaling the need for further study.

Secure attachment consistently demonstrated positive effects on emotional, cognitive, and social outcomes. For example, programs such as Nurse-Family Partnership and Circle of Security enhanced parent-child emotional regulation, while social prescribing initiatives strengthened community support networks (Powell *et al.*, 2009; Adar *et al.*, 2022). Physical and spiritual wellness showed emerging evidence, with interventions promoting health behaviors and spiritual resilience demonstrating preliminary benefits. Occupational, financial, and environmental domains were underrepresented, indicating areas for future research.

Cross-domain integration suggested that secure attachment functions as a core mechanism mediating resilience, emotion regulation, and social connectedness. Interventions leveraging attachment principles across multiple domains can create synergistic effects, but practical implementation requires attention to cultural norms, resource availability, and fidelity of program delivery. Conceptually, these findings supported the AttachWell Model's positioning of secure attachment as a foundational determinant for multi-level public health interventions. The following table displayed the results.

**Table 1.** Attachment Integration Across the Eight Dimensions of Wellness: Strength of Evidence and Key Examples

Wellness Domain	Attachment Integration & Strength of Evidence	Examples / Key Findings	References
Emotional Wellness	Well-established: attachment principles consistently support emotional regulation, coping, and resilience.	Nurse-Family Partnership, Circle of Security, and Triple P programs enhanced secure attachment and emotional well-being. Global initiatives like WHO & UNICEF’s Helping Adolescents Thrive Initiative promoted resilience and emotional regulation.	Shirvanian & Michael, 2017; WHO & UNICEF, 2021
Physical Wellness	Emerging evidence: secure attachment linked to healthier behaviors and chronic illness management, though studies are fewer.	Programs addressing family stability, nutrition, and stress reduction improved health outcomes. WHO’s mhGAP expanded access to mental and neurological care.	Platts <i>et al.</i> , 2023; WHO, 2022
Intellectual Wellness	Well-established: early caregiving and attachment support cognitive development and learning engagement.	Head Start, PBIS, and UNICEF Early Moments Matter programs enhanced cognitive and socioemotional growth. Mindfulness and educational interventions in schools and workplaces supported lifelong learning.	Bowlby, 1969/1982; WHO, 2013; UNICEF, 2020; UNESCO, 2023
Environmental Wellness	Limited evidence: research is emerging on attachment and community/environmental design.	Urban parks, green schoolyards, and neighborhood revitalization supported secure attachments. WHO’s World Mental Health Report emphasizes safe, supportive environments.	Brubaker, 2020; Cities Connecting Children to Nature, 2020; WHO, 2022
Occupational Wellness	Limited evidence: attachment-informed workplace strategies show promise but are underexplored.	Supportive leadership, reflective supervision, and trauma-informed practices improved well-being. WHO Special Initiative for Mental Health guided workplace mental health strategies.	Berry & Danquah, 2016; WHO, 2021
Social Wellness	Well-established: secure attachment underpins social support and connectedness, buffering stress.	Social prescribing, community health workers, and Commit to Connect strengthen social networks. COVID-19 studies highlighted protective effects for insecurely attached individuals.	Adar <i>et al.</i> , 2022; WHO, 2024; UN, 2015; CDC, 2023
Financial Wellness	Limited evidence: attachment-informed financial programs are scarce, highlighting need for further research.	Couple-focused interventions enhanced decision-making and relational stability. Global economic initiative like Universal Health Coverage mitigated financial stress.	Li <i>et al.</i> , 2025; Saxey <i>et al.</i> , 2023; WHO Universal Health Coverage, 2023
Spiritual Wellness	Emerging evidence: attachment relates to spiritual beliefs, coping, and resilience.	NAMI FaithNet, Georgetown Faith & Global Health Initiative, and WHO collaborations integrated attachment-informed spiritual care.	Saad <i>et al.</i> , 2019; Xu, 2016; WHO, 2021; Global Network for Spirituality and Health, 2022

## DISCUSSION

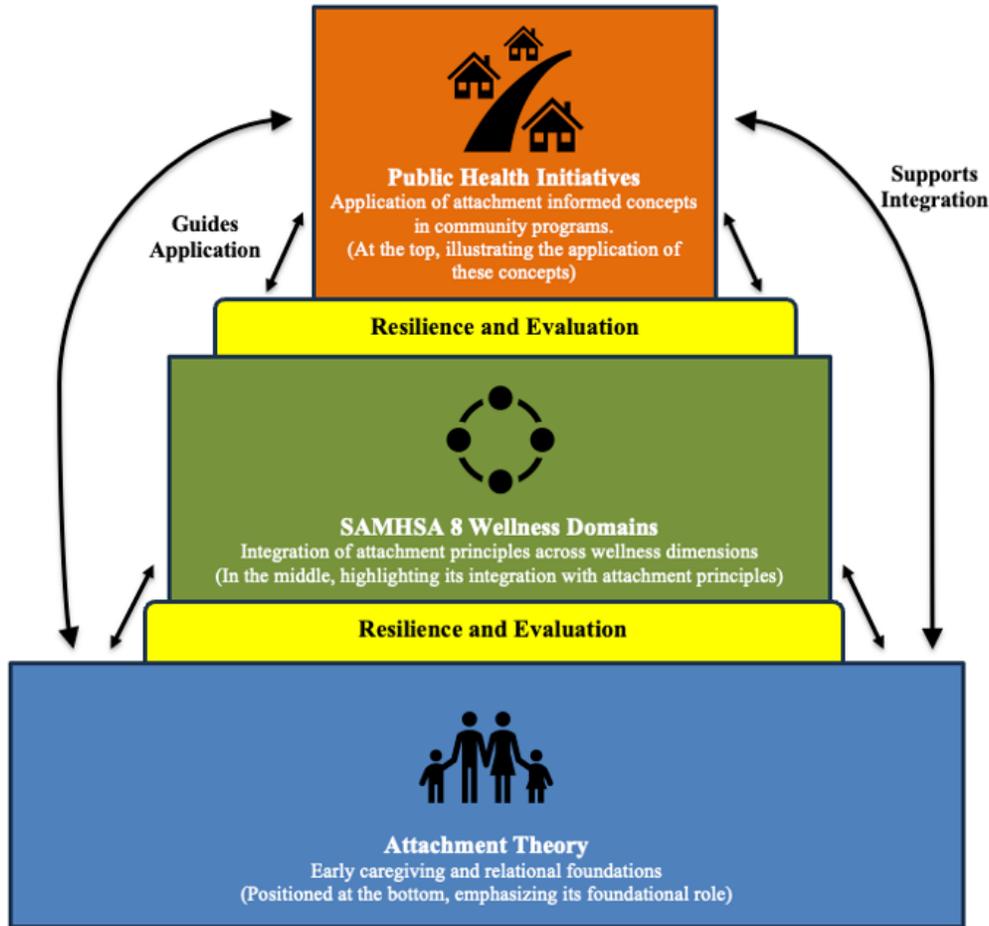
### Attachment-Informed Wellness Integration for Public Health Initiatives

The AttachWell Model represents a novel framework for integrating attachment

theory into public health initiatives, extending its application beyond clinical and therapeutic contexts to structural, population-level wellness. Unlike existing approaches that primarily focus on individual treatment, the model explicitly links secure attachment

to the eight wellness domains identified by SAMHSA (2016), highlighting relational health as a core mechanism influencing emotional, cognitive, social, and behavioral outcomes across communities. This conceptual expansion underscores both

theoretical and practical contributions: theoretically, it clarifies how attachment functions as a cross-domain integrative process; practically, it provides a structured pathway for designing attachment-informed public health interventions.



**Figure 2.** The AttachWell Model: This hierarchical model demonstrated how attachment theory serves as the foundation for integrating the SAMHSA 8 Wellness Domains into public health initiatives.

### Foundational Stratum: Core Principles of Attachment Theory

The AttachWell Model is predicated on the fundamental principles of attachment theory (Bowlby, 1969/1982; Mikulincer & Shaver, 2016). Secure attachment is proposed as a mechanism that fosters resilience, thereby facilitating positive health outcomes. Conversely, insecure attachment is associated with an increased vulnerability to

psychological and social challenges (Zhang *et al.*, 2022; Bureau *et al.*, 2025). The incorporation of culturally and contextually sensitive adaptations is pivotal in the model, as it underscores the variability in attachment expression and the necessity of aligning interventions with community norms and resources. This approach contributes to the advancement of public health conceptualizations by establishing relational

security as a structural determinant of well-being.

### **Intermediate Layer: Mechanisms Across Wellness Domains**

The model serves as a conduit for the principles of attachment by means of SAMHSA's eight wellness domains, with each domain signifying a discrete entry point for interventions informed by the principles of attachment. For instance, emotional wellness interventions target parent-child dyads and school-based socio-emotional programs (e.g., Nurse-Family Partnership, Circle of Security), while social wellness programs strengthen community networks through social prescribing and peer-support initiatives (Adar *et al.*, 2022; WHO, 2024). The model delineates pathways through which secure attachment facilitates adaptive emotion regulation, cognitive engagement, and social reciprocity, thereby exemplifying both domain-specific and cross-domain effects. The present study emphasizes the importance of early intervention, as evidenced by empirical findings that demonstrate the efficacy of attachment support in early life in reducing the likelihood of subsequent mental health challenges.

### **Top-Level Implementation Strategies**

At the systemic level, the AttachWell Model operationalizes three complementary strategies: The provision of early support for caregivers and families constitutes the initial element of the proposed framework. The second element pertains to the implementation of relational programs within educational institutions and communities. The third element encompasses the implementation of policies that promote the delivery of services in accordance with principles of attachment-informed care. Each strategy is meticulously designed to reinforce the others. Early interventions are known to strengthen foundational relationships,

educational programs are known to scale attachment-informed practices, and supportive policies ensure sustainability and fidelity (WHO & UNICEF, 2021; Berry & Danquah, 2016). The model's adaptive feedback loop integrates monitoring and evaluation data, including longitudinal tracking of attachment security and wellness outcomes, to iteratively refine interventions. This approach demonstrates an evidence-informed strategy, as opposed to a normative prescription.

### **Resilience as an Integrative Mechanism**

Resilience is framed as the central the present study sought to establish a mediating construct that would link secure attachment with multidimensional wellness. Based on a mechanistic perspective, the establishment of secure relationships has been demonstrated to facilitate emotion regulation, stress buffering, and community cohesion, thereby enhancing adaptive functioning across various domains of well-being (Zitzman *et al.*, 2024; Khan, 2024). This perspective situates attachment not merely as an individual trait but as a systemic factor capable of influencing population-level health outcomes. Current research provides evidence supporting this correlation. Empirical studies have demonstrated that attachment-informed programs engender quantifiable enhancements in psychological well-being, social connectedness, and health behaviors.

### **Clinical and Policy Implications**

The AttachWell Model provides actionable guidance for public health practitioners and policymakers. At the individual level, validated measures (e.g., Adult Scale of Parental Attachment–Short Form; Michael & Snow, 2019) can inform intervention tailoring, while at the community and policy levels, attachment-informed strategies can structure programs to improve relational and systemic functioning.

The model underscores the prerequisites for implementation, including adequate infrastructure, cross-sector coordination, and cultural adaptation. These elements are imperative for ensuring fidelity, scalability, and sustainability.

### Limitations and Future Directions

Several limitations warrant consideration. There are notable gaps in the extant literature concerning specific domains of wellness, including financial, occupational, and environmental wellness. This underscores the necessity for targeted empirical research in these areas. A significant proportion of extant attachment research is predicated on self-report and retrospective methodologies, underscoring the necessity of longitudinal and mixed methods designs to elucidate intricate relational dynamics. The translation of attachment-informed interventions to systemic public health outcomes necessitates a meticulous evaluation of implementation fidelity and resource capacity. Finally, while the model delineates theoretically supported causal pathways linking attachment to resilience and wellness, empirical validation at the population level remains limited. It is imperative that future research investigate domain-specific mechanisms, cross-domain interactions, and the effectiveness of the model in diverse cultural and resource contexts.

This review was conducted by a single researcher, which may introduce risks of selection and interpretive bias. To address these risks, a structured extraction form, explicit inclusion and exclusion criteria, and the MMAT were applied consistently. The study's limitations included the potential for publication bias, the exclusion of gray literature, and the restriction to English-language publications, which may underrepresent research conducted in non-English-speaking contexts. In addition,

although attachment theory has robust historical underpinnings, its incorporation into public health was still in its nascent stages. This has resulted in significant lacunae in the financial, intellectual, and occupational wellness domains.

### CONCLUSION AND SUGGESTION

The AttachWell Model proposes a novel framework for integrating attachment theory into public health by establishing a link between relational security and the eight wellness domains identified by SAMHSA. In contrast to earlier attachment-based methods that concentrated predominantly on clinical or family-level interventions, AttachWell unambiguously encompasses multi-level implementation, encompassing individual, organizational, and community strategies, with the objective of promoting emotional, social, cognitive, and behavioral outcomes.

Preliminary evidence from programs such as Nurse-Family Partnership, Circle of Security, and social prescribing initiatives suggests that attachment-informed approaches can enhance resilience, emotion regulation, and social connectedness (Shirvanian & Michael, 2016; WHO & UNICEF, 2021; Adar *et al.*, 2022). However, empirical validation remains limited at the population level, particularly in the domains of financial, occupational, and environmental wellness. Furthermore, the presence of variability in community resources, cultural norms, and systemic capacity gives rise to practical challenges in terms of implementation and scalability.

Implementation of the AttachWell framework involves three interrelated pathways: (1) targeted interventions, including early caregiver support and school-based relational programs; (2) policy initiatives that integrate attachment-informed practices into public health infrastructure; and (3) research and evaluation strategies to

monitor effectiveness, adapt interventions, and address gaps in evidence. Cross-sector collaboration is essential, but it requires careful coordination, sufficient resources, and culturally informed adaptation to overcome barriers to fidelity and sustainability.

Recommendations for future application include:

1. **Rigorous Evaluation:** Conduct longitudinal and mixed-methods studies to examine causal relationships between attachment-informed interventions and population-level wellness outcomes.
2. **Address Evidence Gaps:** Prioritize development and testing of interventions in under-researched domains, including financial, occupational, and environmental wellness.
3. **Cross-Sector Coordination:** Establish mechanisms for collaboration among clinicians, public health practitioners, educators, and policymakers, while critically assessing potential barriers such as limited infrastructure, funding constraints, and cultural variability.
4. **Policy Integration:** Align attachment-informed approaches with public health policy and funding structures to enhance feasibility, scalability, and long-term sustainability.

By elucidating intervention, policy, and research pathways, and critically addressing limitations, the AttachWell Model offers a structured, theoretically grounded, and empirically informed framework for advancing attachment-based strategies in public health. Although further validation is required, this approach offers practical guidance for leveraging relational security to promote holistic wellness at both the individual and community levels.

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## AUTHOR CONTRIBUTION

Dr. Tony Michael is the sole author of this article and is responsible for writing and conceptualizing the manuscript.

## CONFLICT OF INTEREST

The author declares there are no conflicts of interest.

## DECLARATION OF ARTIFICIAL INTELLIGENCE (AI)

The author acknowledges the use of ChatGPT and Grammarly for language refinement and clarity enhancement in preparing this manuscript. All AI-assisted input was reviewed and edited by the author, who takes full responsibility for the final content.

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