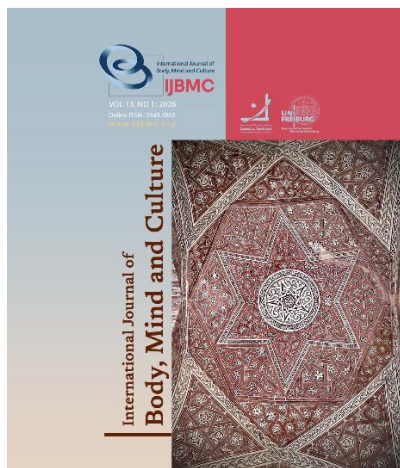


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1 Department of Psychology, Kho.C., Islamic Azad University, Khomeinshahr, Iran.  
2 Department of Psychology, Kho.C., Islamic Azad University, Khomeinshahr, Iran.

Corresponding author email address:  
milad.abedi@iaukhsh.ac.ir



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# Effectiveness of Contextual Schema Therapy on Differentiation of Self, Attachment Styles, and Alexithymia in Married Women With Symptoms of Generalized Anxiety Disorder

Ali. Mohammadi Idoghmishi<sup>1</sup>, Milad. Abedi Ghelich Gheshlaghi<sup>2\*</sup> 

## ABSTRACT

**Objective:** This study aimed to examine the effectiveness of contextual schema therapy on differentiation of self, attachment styles, and alexithymia in married women with Generalized Anxiety Disorder in Isfahan.

**Methods and Materials:** The present study was quasi-experimental research with a pretest-posttest design and a control group. The statistical population consisted of married women aged 20 to 45 with Generalized Anxiety Disorder in the city of Isfahan. From this population, 30 participants were selected purposively and randomly assigned to either the experimental group or the control group. The experimental group received contextual schema therapy intervention in 7 sessions of 90 minutes each, while the control group received no intervention. The research instruments included the standard Differentiation of Self Inventory by Skowron and Friedlander (1998), the Attachment Style Questionnaire by Collins and Read (1996), the Toronto Alexithymia Scale (1985), and the Generalized Anxiety Disorder Questionnaire by Spitzer (2006). Data were analyzed using multivariate analysis of covariance (MANCOVA).

**Findings:** The results showed that contextual schema therapy had a significant effect on increasing differentiation of self ( $P < 0.001$ ,  $\eta^2 = 0.84$ ), improving secure attachment style ( $P < 0.001$ ,  $\eta^2 = 0.70$ ), reducing avoidant ( $\eta^2 = 0.56$ ) and anxious attachment styles ( $\eta^2 = 0.75$ ), and also decreasing alexithymia ( $P < 0.001$ ,  $\eta^2 = 0.85$ ) in the experimental group compared with the control group.

**Conclusion:** Contextual schema therapy, through modifying maladaptive schemas and strengthening the healthy adult mode, effectively improved differentiation of self, attachment styles, and alexithymia in married women with Generalized Anxiety Disorder.

**Keywords:** Generalized Anxiety Disorder, Schema Therapy, Object Attachment, Emotions, Marriage.

## Introduction

In recent years, Generalized Anxiety Disorder (GAD) has been one of the most common psychological disorders, associated with persistent and unfounded worries, severe anxiety, and reduced quality of life. According to the DSM-5-TR, this disorder is characterized by excessive anxiety and worry about several issues for at least 6 months, which is difficult to control. In this regard, various therapeutic models have been used to reduce anxiety symptoms and improve the psychological condition of individuals affected by this disorder. One of these models is contextual schema therapy, which has proven particularly effective in the treatment of anxiety disorders and emotional dysfunction (Razzaghi et al., 2025). Contextual schema therapy focuses on identifying and changing inefficient mental patterns and helps individuals, through cognitive and experiential techniques, to identify their limiting and maladaptive beliefs and modify them effectively (Basile et al., 2024).

Based on concepts from cognitive psychology and schema theory, this therapy examines and modifies behavioral and mental patterns formed during childhood and seeks to improve the relationship between the individual and the surrounding environment (Hood et al., 2025). By using this approach, individuals become more aware of their thoughts and feelings and are able to confront them in healthier ways. Particularly in Generalized Anxiety Disorder, where chronic and sudden worries lead to distress and reduced daily functioning, this therapy helps individuals break out of negative thought cycles and increase their ability to cope with stress and anxiety (Papola et al., 2024). In this regard, experiential techniques such as imagery and cognitive restructuring, as well as the use of cognitive and behavioral methods, are highly effective in correcting mental patterns and changing attitudes. Contextual schema therapy, by focusing on strengthening coping skills and increasing differentiation of self, can help improve quality of life and reduce anxiety symptoms in individuals (Yu et al., 2025).

Differentiation of self is one of the fundamental concepts in psychology, referring to the individual's ability to distinguish their feelings, thoughts, and behaviors from those of others. This concept is particularly important in the context of social

interactions and interpersonal relationships, as it helps individuals maintain an independent identity in their relationships, especially emotional ones, and prevents excessive dependence on others (Tkemaladze, 2026). Individuals with high differentiation of self are able to respond independently to challenging situations and make their own decisions autonomously. This characteristic allows them to identify their feelings and needs more clearly and respond more healthily to environmental changes and social pressures (Mehri et al., 2011). In contrast, individuals with low differentiation of self usually experience excessive dependency in their relationships and greater emotional dysfunction. These individuals may become emotionally dependent on others and may be unable to manage their emotions independently (Lössllein & Henneke, 2025). Low differentiation of self can manifest in forms such as anxiety, depression, and other psychological problems. In various studies, low differentiation of self has been identified as a predictive factor in the emergence of anxiety disorders and emotional dysfunction (Wilfahrt & Delgoffe, 2024). This issue is especially evident in individuals with Generalized Anxiety Disorder, as this group may face particular challenges in managing their emotions. Therefore, examining the role of differentiation of self in reducing anxiety symptoms in individuals with Generalized Anxiety Disorder is of great importance (Rostami et al., 2024).

Attachment styles also refer to the patterns of an individual's relationships with others, especially during childhood and adulthood. These styles, which are formed as a result of early interactions with parents or primary caregivers, have profound effects on how interpersonal relationships are formed and maintained in adulthood. Secure and insecure attachment styles can greatly affect the way individuals interact with others and their ability to manage stress and anxiety (Motevasselian & Jafari Kadijani, 2025; Shayegh et al., 2025). A secure attachment style enables individuals to experience a sense of safety and support from their relationships in stressful situations and to cope effectively with challenges and anxiety. In this style, individuals are able to establish close and supportive relationships and are more resilient in the face of psychological and social pressures (Bijani & Hashemi, 2023). On the other hand, insecure attachment styles, especially anxious attachment, may make individuals more vulnerable when faced with

stressful situations and everyday anxieties. Individuals with an anxious attachment style usually experience excessive worries about their relationships, and these worries can intensify anxiety and concerns in their social and personal relationships (Mahdavi et al.).

In individuals with Generalized Anxiety Disorder, emotional dysfunction may increase the severity of anxiety symptoms and intensify problems in personal and social relationships. Especially in situations where the individual cannot properly identify their emotions, they are likely to develop excessive worries in response to social or family problems (Seyed et al., 2025). Research has shown that individuals with greater emotional dysfunction are more prone to general anxiety, social anxiety, and even depression. On the other hand, improving emotional dysfunction and strengthening the individual's ability to identify and manage emotions can significantly help reduce anxiety symptoms (Williams et al., 2024). Enhancing emotional skills such as the ability to regulate emotions and reducing emotional dysfunction can be effective in the treatment of anxiety disorders, especially in women with Generalized Anxiety Disorder. Improving these skills helps individuals establish healthier and more stable personal relationships and, consequently, improves their quality of life (Iwakabe et al., 2023). Individuals with higher differentiation of self are able to separate their emotions and thoughts from those of others and act independently of others' emotional dysfunction (Strongman, 1995).

This characteristic, especially in interpersonal relationships, particularly among women with Generalized Anxiety Disorder who may tend toward excessive dependency and unfounded worries, can lead to reduced emotional dysfunction and increased ability to manage anxiety. Similarly, individuals with a secure attachment style are able to establish more balanced relationships and demonstrate greater resilience in stressful situations. These individuals usually benefit from healthier psychological and social resources for coping with stress, and consequently experience less anxiety. In this regard, contextual schema therapy, as a cognitive-experiential intervention, can effectively identify and change mental patterns and emotional dysfunction. Through various techniques such as imagery, experiential methods, and modification of limiting cognitions, this therapy helps individuals increase their differentiation of self, modify their

attachment style, and reduce their emotional dysfunction (Meghana & Simon, 2024). In this way, contextual schema therapy can contribute to improving these three variables and ultimately reducing anxiety symptoms. Specifically, improvement in these three aspects can lead to increased quality of life and reduced persistent worries and anxieties in women with Generalized Anxiety Disorder. Ultimately, this intervention not only helps improve the psychological and emotional condition of women with anxiety but also contributes to the enhancement of their social and personal relationships (Lin et al., 2025).

Various studies have shown that contextual schema therapy can be effective in the treatment of anxiety disorders. In particular, in studies focusing on the emotional and psychological dysfunction affected by this treatment, it was observed that contextual schema therapy can effectively transform insecure attachment styles into secure ones and increase individuals' differentiation of self. In other words, this therapy helps individuals identify their maladaptive patterns and limiting thoughts and, consequently, improve their ability to interact better with their emotions and with others (Mahmoudi et al.). Other investigations have also shown that this therapy can reduce emotional dysfunction resulting from the inability to identify and manage emotions. In this way, individuals become able to manage their anxieties more effectively. In addition, other studies emphasize that increasing differentiation of self and modifying attachment styles can significantly reduce anxiety symptoms and create considerable improvement in individuals' mental health, especially in women facing anxiety-related problems (Lin et al., 2025). The main issue of the present study is whether contextual schema therapy can improve differentiation of self, attachment styles, and emotional dysfunction in married women with Generalized Anxiety Disorder, and how these changes can lead to reduced anxiety and improved quality of life in these individuals.

## Methods and Materials

### *Study Design*

This study was applied in nature and quasi-experimental in design, employing a pretest-posttest format with a control group. The statistical population of

this study included all married women aged 20 to 45 years with symptoms of Generalized Anxiety Disorder in the city of Isfahan whose diagnosis had been confirmed by psychiatrists or clinical psychologists. The sampling method used in this study was purposive; thus, from a population of 60 eligible women, 30 individuals were selected as the sample size. The selected participants were chosen based on the study inclusion criteria, including having received a diagnosis of Generalized Anxiety Disorder based on a DSM-5-TR-based clinical interview by a clinical psychologist or psychiatrist, obtaining a score of 16 or higher on the Generalized Anxiety Disorder Questionnaire by Spitzer et al., (2006), no substance abuse, no use of psychiatric medications, no acute or chronic mental disorders (as confirmed by a psychiatrist or clinical psychologist), no acute or chronic physical illness, being married, being within the age range of 20 to 45 years, having at least a high school diploma, and not receiving simultaneous psychological treatments (based on demographic information). The 30-member sample was then randomly assigned into two groups of 15 (experimental group and control group). The exclusion criteria included lack of cooperation or unwillingness to continue participating in the sessions, failure to complete the assignments presented during the sessions, and absence from more than two treatment sessions. Given the study design and the use of a control group and intervention, 30 participants were considered as the final sample size in order to preserve the reliability of statistical analyses such as analysis of covariance (ANCOVA). Also, taking into account the probability attrition rate of 10 to 15 percent, this sample size had sufficient statistical adequacy for conducting the study.

#### *Instruments*

##### *The Standard Differentiation of Self Questionnaire (Skowron & Friedlander, 1998)*

The Differentiation of Self Questionnaire was developed by Skowron & Friedlander (1998) and revised in 2003 by Skowron and Smith. This instrument, consisting of 46 items, assesses the level of individuals' differentiation of self in interpersonal relationships, especially in relation to the family of origin. The main focus of this questionnaire is the individual's ability to maintain a balance between dependence and independence in close relationships (Skowron & Friedlander, 1998). This questionnaire includes one total

score (differentiation of self) and four subscales, each measuring one aspect of differentiation of self: Emotional Reactivity; I Position; Emotional Cutoff and Fusion with Others. The questionnaire is scored on the basis of a 6-point Likert scale, and the minimum total score is 46 while the maximum is 276. High scores on this questionnaire indicate a high level of differentiation of self and the individual's ability to maintain psychological-emotional independence in interpersonal relationships. Low scores indicate a low level of differentiation of self, excessive dependence on others, high emotional reactivity, and weakness in emotional control (Skowron & Friedlander, 1998). Also, Skowron & Friedlander (1998) compared the construct validity coefficients of this instrument in a study with 313 American students using the State-Trait Anxiety Questionnaire, and the following coefficients were obtained: total scale: -0.64 ( $P < 0.001$ ); fusion with others: -0.16; I position: -0.51 ( $P < 0.001$ ); emotional cutoff: -0.55 ( $P < 0.001$ ); and emotional reactivity: -0.58 ( $P < 0.001$ ). rajabi & karjo (2012) also reported that the convergent validity coefficients of this questionnaire with self-esteem, except for the fusion with others component, were significant.

##### **Revised Adult Attachment Scale (RAAS) (Collins, 1996)**

The Adult Attachment Questionnaire was developed by Collins (1996) and is a revised version of the Adult Attachment Scale. This instrument assesses individuals' attachment styles in intimate relationships and includes 18 items scored on a 5-point Likert scale. Responses on this scale range from "not at all characteristic of me" (1) to "completely characteristic of me" (5). This questionnaire has three subscales, each of which evaluates key concepts of adult attachment: Depend (D), Close (C), and Anxiety (A). The Anxiety subscale (A) corresponds to anxious-ambivalent attachment. The Close subscale (C) is a bipolar construct that places secure and avoidant attachment at two ends of a continuum. The Depend subscale (D) is considered almost in contrast with avoidant attachment (Feeney & Noller, 1996; as cited in Pakdaman et al., 2016). Each item is scored on a 5-point Likert continuum from 1 (strongly disagree) to 5 (strongly agree).

The score for each subscale is calculated through the mean score of its related items. A high score in secure attachment indicates comfort in establishing close

relationships with others. A high score in avoidant attachment indicates discomfort with intimacy and a tendency toward excessive independence. A high score in anxious-ambivalent attachment indicates worry about being abandoned and a strong need for reassurance from others. (Collins, 1996, as cited in Pakdaman et al., 2016) showed that these three subscales remained stable over a 2-month period and even over 8 months, indicating appropriate construct validity. (Collins, 1996, as cited in Pakdaman et al., 2016) reported Cronbach's alpha coefficients for each subscale as follows: secure attachment: 0.82; avoidant attachment: 0.80; and anxious-ambivalent attachment: 0.83. Also, Pakdaman et al., (2016) study showed that this test had a test-retest reliability of 0.95, indicating a very high reliability of the questionnaire. Given that Cronbach's alpha exceeded 0.80 in all cases, it can be concluded that this questionnaire has high reliability.

#### *The Standard Toronto Alexithymia Questionnaire (Rieffe et al., 2006)*

The Toronto Alexithymia Questionnaire for children and adolescents was adapted from the original adult alexithymia questionnaire and was developed by Rieffe et al. (2006). This questionnaire contains 20 items answered on a five-point Likert scale (completely, somewhat, and not at all) and evaluates three factors: difficulty identifying feelings, difficulty describing feelings, and externally oriented thinking. The Cronbach's alpha coefficient of this scale was obtained as 0.75. The correlation coefficient of the subscales of this test with the psychological symptoms checklist has been reported from 0.07 to 0.48 (Rieffe et al., 2006). The results of Pearson's correlation coefficient showed that there was a significant correlation between participants' scores on the total alexithymia scale and emotional intelligence ( $P < 0.001$ ,  $r = -0.80$ ), psychological well-being ( $P < 0.001$ ,  $r = -0.78$ ), and psychological distress ( $P < 0.001$ ,  $r = -0.44$ ). The correlation coefficients between the alexithymia subscales and the above variables were also significant. The results of confirmatory factor

analysis also confirmed the existence of the three factors of difficulty identifying feelings, difficulty describing feelings, and externally oriented thinking in the three Persian versions of the alexithymia scale. Abolghasemi & Bonab (2012), in a study, found the correlation of the alexithymia scale with the psychological abuse scale ( $r = -0.34$ ) and psychological neglect ( $r = -0.20$ ) to be significant ( $p < 0.01$ ). The researcher obtained the reliability of the questionnaire using Cronbach's alpha coefficient as 0.83.

#### *The Standard Generalized Anxiety Disorder Questionnaire (Spitzer et al., 2006)*

The Generalized Anxiety Disorder Questionnaire was developed by Spitzer et al., (2006) to assess the level of generalized anxiety in individuals. This questionnaire contains 7 items that are scored based on a 4-point Likert scale. Items such as "feeling afraid as if something awful might happen" are among the statements used to assess this disorder in the questionnaire. This questionnaire examines the severity of symptoms of Generalized Anxiety Disorder and includes one general factor that evaluates the individual's anxiety. The 7 items of the questionnaire measure symptoms of chronic anxiety and excessive worry. Each questionnaire item is scored on a 4-point Likert scale (0 = never to 3 = nearly every day). The total score obtained from the 7 items indicates the severity of the individual's anxiety. The total score of the questionnaire ranges from 0 to 21. Scores of 0 to 4: minimal or no anxiety; 5 to 9: mild anxiety; 10 to 14: moderate anxiety; and 15 to 21: severe anxiety. Higher scores indicate a higher level of generalized anxiety in the individual and may suggest the need for further clinical evaluation.

#### *Schema Therapy Protocol*

The experimental group underwent contextual schema therapy training in 7 sessions of 90 minutes each based on the treatment protocol of Roediger et al., (2021), delivered in a group format, while the control group received no intervention.

**Table 1***Contextual schema therapy training*

Session	Content
<b>Session One</b>	Establishing a therapeutic relationship, assessment, preparing a list of problems, case conceptualization based on the schema therapy approach, psychoeducation about the contextual schema therapy model, explanation about modes and the mode model, presenting a descriptive diagram of modes and the dimensional mode map
<b>Session Two</b>	Reviewing behaviors related to differentiation of self and emotional expression, linking childhood developmental roots to current problems, reviewing life history, identifying maladaptive patterns and problematic behavioral cycles, increasing awareness of maladaptive thoughts
<b>Session Three</b>	Presenting the rationale for experiential techniques, imagery exercises, imagery of important life events, detailed description of problematic behaviors, self-observation, and revising problem conceptualization
<b>Session Four</b>	Teaching coping modes, using the chair technique, assessing coping styles, strengthening the healthy adult mode through the two-chair technique, preparing a daily dialogue notebook to record the negative beliefs of the inner critic mode and the responses of the healthy adult mode
<b>Session Five</b>	Teaching experiential methods and imagery exercises, relaxation, creating motivation for change, encouraging health-related behaviors, activation, small steps for successful change, using the daily dialogue notebook
<b>Session Six</b>	Role-playing, overcoming potential barriers, strengthening new behaviors, dialogue among modes, designing a behavioral experiment, practicing future-oriented mental imagery, completing the behavioral activation or role-playing form
<b>Session Seven</b>	Reviewing previous material, answering questions, appreciation and thanks, conducting the posttest

*Data Analysis*

In the descriptive statistics section, the mean and standard deviation of the data were calculated in order to provide an overall picture of the dispersion and central tendency of the data. Subsequently, analysis of covariance (ANCOVA) was used for inferential statistics. Before conducting this analysis, the statistical assumptions were examined; for this purpose, the Kolmogorov-Smirnov test was used to assess the normality of data distribution, Levene's test was used to assess the homogeneity of group variances, and the homogeneity of regression slopes test was conducted to ensure the existence of interaction between the independent variable and the covariate variable.

*Ethical Considerations*

In the study entitled "The Effectiveness of Contextual Schema Therapy on Differentiation of Self, Attachment Styles, and Emotional Dysfunction in Married Women with Symptoms of Generalized Anxiety Disorder in Isfahan," adherence to ethical principles was fully mandatory. First, it had to be ensured that all participants provided written informed consent after receiving complete information about the purpose, methods, benefits, and possible risks of the study. Maintaining the confidentiality of personal information and collected data was of particular importance, and the necessary measures had to be taken to protect participants' privacy. Participants also had the right to withdraw from participation in the study at any time without any discrimination. The researchers were obliged to minimize any possible psychological or physical harm and, in the event of problems, to provide appropriate supportive solutions. In addition, the study

had to be conducted without conflict of interest, and all results had to be reported transparently and honestly. Finally, ethical approval was obtained from the relevant committees, and all stages of the study were conducted in accordance with the ethical and legal standards of the country. This study was reviewed and approved at Islamic Azad University, Khomeinishahr Branch, with the ethics code IR.IAU.KHSH.REC.1404.155.

*Findings and Results*

Among the married women with symptoms of Generalized Anxiety Disorder studied in the experimental group, 5 individuals (33.3%) were in the age group under 25 years, 7 individuals (46.7%) were in the age group between 25 and 40 years, and 3 individuals (20%) were in the age group over 40 years. Among the married women with symptoms of Generalized Anxiety Disorder studied in the control group, 6 individuals (40%) were in the age group under 25 years, 7 individuals (46.7%) were in the age group between 25 and 40 years, and 2 individuals (13.3%) were in the age group over 40 years. Also, among the married women with symptoms of Generalized Anxiety Disorder studied in the experimental group, 8 individuals (53.3%) had a diploma level of education, 3 individuals (20%) had an associate degree, 2 individuals (13.3%) had a bachelor's degree, 1 individual (6.7%) had a master's degree, and 1 individual (6.7%) had a doctoral degree. Among the married women with symptoms of Generalized Anxiety Disorder studied in the control group, 7 individuals (46.7%) had a diploma level of education, 1 individual (6.7%) had an associate degree, 2 individuals (13.3%)

had a bachelor's degree, 3 individuals (20%) had a master's degree, and 2 individuals (13.3%) had a doctoral degree.

**Table 2**

*Descriptive indices related to the study variables in the control and experimental groups*

Variables		Control		Experimental	
		Pretest	Posttest	Pretest	Posttest
Differentiation of self	Mean	159.6	158.13	158.86	175.28
	SD	13.01	12.97	14.98	14.11
Secure attachment style	Mean	10.86	11.80	10.40	15.60
	SD	2.81	2.53	2.13	3.18
Avoidant attachment style	Mean	12.53	12.67	13.33	9.66
	SD	2.41	2.32	2.82	2.32
Ambivalent (anxious) attachment style	Mean	14.66	15.06	15.07	8.46
	SD	4.87	4.33	5.02	3.48
Alexithymia	Mean	57.80	56.46	58.87	42.00
	SD	6.62	5.99	7.16	5.46

According to the results, the significance level for the main study variables in the two stages of pretest and posttest in the control and experimental groups was greater than 0.05; therefore, the assumption of normality of the data related to the main study variables based on the Kolmogorov-Smirnov test was established. The results indicate that the equality of variances between the experimental and control groups was established for the variables of differentiation of self, secure attachment

styles, avoidant attachment styles, ambivalent (anxious) attachment styles, and alexithymia ( $\text{sig.} \geq 0.05$ ), and the significance level was greater than 0.05. The value of Box's M statistic for the assumption of homogeneity of the variance-covariance matrices in Table (4-8) was obtained as (Box's M = 8.339, F = 0.447, and P > 0.05). Since its significance level was 0.965 and greater than 0.05, the homogeneity of the variance-covariance matrices was accepted.

**Table 3**

*Results of multivariate analysis of covariance (MANCOVA)*

Test Name	Value	F Test	Significance Level	Eta Squared
Pillai's Trace	0.863	25.777	P < 0.001	0.863
Wilks' Lambda	0.037	25.777	P < 0.001	0.863
Hotelling's Trace	25.994	25.777	P < 0.001	0.863
Roy's Largest Root	25.994	25.777	P < 0.001	0.863

As shown in Table 3, by controlling for the pretest, the significance levels of all tests indicate that there is a significant difference between the experimental and control groups in at least one of the dependent variables (level of differentiation of self, secure attachment style, avoidant attachment style, ambivalent/anxious attachment style, and alexithymia) (P < 0.001 and F = 25.777). To determine for which variable(s) the difference existed between the two groups, five separate univariate analyses of covariance were conducted for

each of the dependent variables within the MANCOVA, the results of which are presented in Table (4-10). According to the eta value in Table (4-9), the effect size or difference was 0.86, meaning that 86% of the individual differences in posttest scores related to (level of differentiation of self, secure attachment style, avoidant attachment style, ambivalent/anxious attachment style, and alexithymia) were due to the training based on contextual schema therapy.

**Table 4***Results of one-way analysis of covariance within MANCOVA*

Variable	Source of variation	SS	df	MS	F	P	Eta squared
<b>Differentiation of self</b>	Pretest	2882.165	1	2882.165	36.802	0.001	0.615
	Group	11320.044	1	11320.044	144.544	0.001	0.843
	Error	1801.263	23	78.316			
<b>Secure attachment styles</b>	Pretest	146.505	1	146.505	53.600	0.001	0.700
	Group	153.085	1	153.085	56.007	0.001	0.709
	Error	62.866	23	2.733			
<b>Avoidant attachment styles</b>	Pretest	75.498	1	75.498	27.438	0.001	0.544
	Group	78.605	1	78.605	28.567	0.001	0.554
	Error	63.287	23	2.852			
<b>Ambivalent (anxious) attachment styles</b>	Pretest	172.335	1	172.335	50.446	0.001	0.687
	Group	228.960	1	228.960	67.021	0.001	0.745
	Error	78.574	23	3.416			
<b>Alexithymia</b>	Pretest	645.789	1	645.789	82.796	0.001	0.783
	Group	1843.3784	1	1843.3784	236.337	0.001	0.851
	Error	179.395	23	7.800			

According to the results obtained from Table 4, it can be observed that, with pretest scores controlled, a significant difference was found between the experimental and control groups of married women with symptoms of Generalized Anxiety Disorder in terms of (differentiation of self, secure attachment style, avoidant attachment style, ambivalent/anxious attachment style, and alexithymia): (differentiation of self,  $P < 0.001$  and  $F = 144.544$ ), (secure attachment style,  $P < 0.001$  and  $F = 56.007$ ), (avoidant attachment style,  $P < 0.001$  and  $F = 28.567$ ), (ambivalent/anxious attachment style,  $P < 0.001$  and  $F = 67.021$ ), and (alexithymia,  $P < 0.001$  and  $F = 236.337$ ). Therefore, a significant difference was observed between the two experimental and control groups at the posttest stage after training based on contextual schema therapy. In other words, the independent variable (contextual schema therapy) had an effect on the dependent variables (differentiation of self, secure attachment style, avoidant attachment style, ambivalent/anxious attachment style, and alexithymia) in the studied married women with symptoms of Generalized Anxiety Disorder. Considering the eta squared values for the variables of (differentiation of self, secure attachment style, avoidant attachment style, ambivalent/anxious attachment style, and alexithymia), which were 0.843, 0.709, 0.554, 0.745, and 0.851, respectively, it can be concluded that 84% of the changes in the differentiation of self variable, 71% of the changes in the secure attachment style variable, 55% of the changes in the avoidant attachment style variable, 75% of the changes in the ambivalent/anxious attachment style variable, and 85% of the changes in the alexithymia

variable in the posttest stage were caused by the effect of the contextual schema therapy intervention and training.

### Discussion and Conclusion

The results showed that contextual schema therapy was effective on differentiation of self, attachment styles, and alexithymia in married women with symptoms of Generalized Anxiety Disorder in the city of Isfahan.

The results of the multivariate analysis of covariance (MANCOVA) presented indicate the significant effect of contextual schema therapy on the variables of differentiation of self, attachment styles (secure, avoidant, and anxious), and alexithymia in married women with Generalized Anxiety Disorder in Isfahan. The findings of this study are consistent with the studies of (Montazeri et al., 2014; Razzaghi et al., 2025; Roediger et al., 2021; Vakili & Hosseini, 2020).

The effectiveness of contextual schema therapy on the variables of differentiation of self, attachment styles, and alexithymia in married women with Generalized Anxiety Disorder can be attributed to the comprehensive and multidimensional structure of this therapeutic approach, which focuses on identifying and reconstructing early maladaptive schemas and the modes associated with them. The therapeutic protocol of this study consisted of seven 90-minute sessions that used various techniques such as mental imagery, mode dialogues (such as the two-chair technique), and strengthening the healthy adult mode. These techniques helped the clients identify their maladaptive cognitive and emotional patterns and, through processing past experiences and strengthening

coping skills, achieve improvement in psychological variables. For example, the mental imagery technique enabled clients to reconstruct childhood experiences related to insecure attachments, which led to a reduction in anxious and avoidant attachment styles and movement toward secure attachment. From the perspective of the theoretical foundations of Chapter Two, the concept of differentiation of self Sharp & Dawes (2001) is defined as the individual's ability to maintain an independent identity in close relationships. Contextual schema therapy, through teaching self-observation and strengthening the healthy adult mode, helped clients distinguish their emotional and cognitive boundaries from those of others, which led to increased differentiation of self and reduced unhealthy emotional dependencies. Also, attachment theory Levy et al., (2011) states that insecure attachment styles, such as anxious or avoidant attachment, can lead to anxiety and interpersonal problems. Experiential techniques such as role-playing and mode dialogues in this protocol helped clients identify and modify insecure attachment patterns, which was associated with an increase in secure attachment style and a reduction in anxiety. Regarding alexithymia, the theoretical foundations of Šago & Babić (2019) define alexithymia as difficulty in regulating and managing emotions. Relaxation and self-monitoring techniques in the treatment sessions enabled clients to improve their ability to identify and express their feelings, which led to a reduction in alexithymia and, consequently, a reduction in the severity of symptoms of Generalized Anxiety Disorder. This alignment between the therapeutic protocol and the theoretical foundations indicates the strong and targeted effect of contextual schema therapy on improving the mental health of married women with Generalized Anxiety Disorder, because this approach addressed not only surface-level problems but also the deep psychological roots of this disorder.

The study sample was limited to married women aged 20 to 45 years in the city of Isfahan, which may reduce the generalizability of the results to other age groups, genders, or geographical regions. The use of purposive sampling may have led to bias in the selection of participants. The relatively small sample size (at least 30 participants in each group) may have affected the statistical power of some analyses. Variables such as the level of social support or life stressors may have affected

the results and were not fully controlled. It is suggested that future studies be conducted with a long-term follow-up phase (6 months to one year) to examine the stability of the effects of contextual schema therapy. Repetition of the study with more diverse samples in terms of gender, age, marital status, and geographical regions is recommended in order to increase the generalizability of the results. Comparing the effectiveness of contextual schema therapy with other therapeutic approaches such as cognitive-behavioral therapy or acceptance and commitment therapy is also recommended. Studying the effect of variables such as social support, life stressors, or personality traits on the effectiveness of schema therapy is suggested. Combining contextual schema therapy with other interventions such as mindfulness or emotion-based therapies to examine combined effects is also recommended. Furthermore, contextual schema therapy can be used as an effective intervention in counseling centers and psychological clinics for the treatment of married women with Generalized Anxiety Disorder.

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#### Declaration of Interest

The authors of this article declared no conflict of interest.

#### Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Ethical considerations in this study were that participation was entirely optional.

#### Transparency of Data

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

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## Authors' Contributions

All authors equally contribute to this study.

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