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# Attachment Styles and Somatic Symptoms in Divorced Women: The Mediating Role of Anxiety and Depression

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## Introduction

The family, as a social and emotional unit, shapes human personality and provides a foundation for intimate interpersonal relationships (Davoudi-Monfared et al., 2023; Razazan, 2025; Sarhammami et al., 2024). Love is among the most fundamental reasons guiding men and women toward marriage and partnership (Li et al., 2020). In other words, family is the primary nucleus of any society, a center for maintaining psychological well-being and mental health (Buka et al., 2022), and the origin of human emotions and the most intimate interpersonal

## ABSTRACT

**Objective:** This study investigates the structural relationships between adult attachment styles and somatic symptoms, with anxiety and depression as potential mediators, among recently divorced women. To examine whether anxiety and depression mediate the relationship between attachment styles (secure, avoidant, ambivalent) and somatic symptoms in divorced women.

**Methods and Materials:** A correlational study using structural equation modeling (SEM) was conducted. The sample included 426 divorced women in Tehran, separated within the last three years, selected via convenience sampling. Participants completed the Beck Anxiety Inventory, Beck Depression Inventory, Collins and Read Attachment Styles Questionnaire, and Takata and Sakata Psychosomatic Complaints Questionnaire. Data were analyzed using SPSS (v26) and AMOS software.

**Findings:** Secure attachment negatively correlated with somatic symptoms, anxiety, and depression, while avoidant and ambivalent attachment styles showed significant positive associations. SEM results indicated a good model fit (RMSEA = 0.057; CFI = 0.855), supporting the hypothesis that anxiety and depression significantly mediate the relationship between insecure attachment styles and somatic symptoms.

**Conclusion:** Insecure attachment styles, particularly ambivalent attachment, increase vulnerability to somatic symptoms through elevated anxiety and depression. The findings highlight the psychological roots of somatic complaints and suggest the importance of addressing attachment patterns and emotional health in interventions for divorced women.

**Keywords:** Attachment Styles, Anxiety, Depression, Somatic Symptoms, Divorce.

interactions (Lysova et al., 2022). A healthy and successful marriage plays a fundamental role in forming a healthy family, which is the foundation of societal health. Therefore, successful marriage serves as a determinant criterion for a healthy family (Kiani et al., 2021). Thus, marriage is a challenging institution and is not merely a matter concerning two individuals; rather, it is an important event related to both family and society (Salari et al., 2012).

The family is society's most essential institution, formed through marriage. Married life and marriage often start with a beautiful outlook for couples; however,

after a while, due to differences between husband and wife originating from growth and upbringing in separate environments and insufficient understanding of each other's psychological and personality traits, problems arise, creating an unpleasant image of marriage that could lead to divorce (Ecker et al., 2019; Zaorska, 2023). Divorce creates a complicated situation, profoundly affecting social and economic relationships as well as the mental processes of couples. Even for the most capable individuals, divorce represents a significant challenge. Divorce especially places women under considerable psychological stress, with lasting effects that can linger for a long time (Van Loenen et al., 2022). Researchers found that women who had been married for a long time encountered homelessness, financial difficulties, and even mental health issues upon divorce, as separation could feel akin to death for them. Another critical aspect influencing this topic is attachment style (Li et al., 2020).

According to Bowlby (1973), many forms of neurosis and personality disorders result from a child's deprivation of quality caregiving or instability in the child's relationship with their attachment figure. For example, Stroebe et al. (2006) found in their study on the relationship between insecure avoidant attachment style and somatization disorder that individuals with this attachment style are reluctant to express emotions, fail to regulate their emotions adequately, and employ inappropriate disclosure patterns when coping. Such individuals are not aware of underlying anxiety or anger associated with their behaviors, and consequently, cannot handle these emotions appropriately. Due to insufficient coping skills, unresolved emotions may manifest physically through bodily symptoms and physical complaints lacking any identifiable organic causes. Human health is consistently influenced by both physical and psychological factors. In recent decades, new disorders categorized as psychosomatic disorders, influenced by emotional and psychological factors, have emerged (Shabbah et al., 2016).

According to the revised version of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR, 2022), individuals with somatic symptoms typically exhibit multiple, current, and physical symptoms that are distressing or significantly disrupt daily life. Occasionally, only one severe symptom (usually pain) is present. Symptoms may be specific (e.g., pain localized in one area of the body) or relatively

nonspecific (e.g., fatigue). Symptoms may sometimes represent normal bodily sensations or discomfort; although these sensations typically do not signify a serious illness. Physical symptoms lacking clear medical explanations alone are insufficient to meet the criteria for this disorder. The patient's suffering is genuine (not feigned), whether medically explained or not. Somatization is a widespread phenomenon across all societies. Overall, it is estimated that about 20% to 80% of general practitioners' patients complain of physical symptoms with no clear medical cause, and comparative studies report an increasing trend despite improved healthcare facilities (Giannotta, 2022).

Additionally, 40% to 50% of patients with nonspecific physical complaints experience anxiety. Anxiety is the most common response to stressors. It can be viewed as an adaptive and normal response to threats, preparing the organism for fight-or-flight. Individuals with anxiety disorders become overwhelmed by chronic and intense anxiety feelings that become so powerful that they are unable to perform daily activities. Anxiety disorders are among the most prevalent mental disorders. Studying anxiety disorders provides an excellent opportunity to understand the relationship between nature and nurture in the etiology of psychological disorders (Sadock et al., 2022). Anxiety is an issue that nearly all people face today to varying degrees. Every individual experiences anxiety during their lifetime. Anxiety is part of the human condition, as documented throughout the arts and literature of all ages. The widespread nature of psychological stress in our society arises from the diverse lifestyles people adopt and the problems they face. Differences exist even in how people express their anxiety (Dalglish et al., 2020; Van Loenen et al., 2022).

Research indicates there is consistently a relationship between anxiety and depression (Kupfer, 2022). Major depressive disorder (MDD) is a mental illness characterized primarily by depressed mood across various situations, low self-esteem, and loss of interest in activities usually considered enjoyable, lasting at least two weeks (Sagone et al., 2023). Depression is a prevalent illness of our age, increasingly affecting not only Iranian society but also populations globally. Although depression is common and debilitating, it is still viewed negatively in society, often prompting individuals to deny depressive feelings or attribute them solely to environmental stressors. Major depressive disorder,

with widespread prevalence ranging from approximately 5%–12% among men and 10%–25% among women, has long been regarded as the "common cold" of psychological disorders (Sadock et al., 2022).

Given the notable statistics on anxiety and depression among students (Ramazani et al., 2020), limited research on mediating variables such as attachment styles and somatic disorders, and the aforementioned considerations, the central question of the present study is: Do anxiety and depression mediate the relationship between attachment style and somatic symptoms?

## Methods and Materials

### *Study Design and Participants*

This research employed a correlational design using structural equation modeling (SEM) to examine the mediating role of anxiety and depression in the relationship between attachment styles and somatic symptoms. The study is classified as basic (theoretical) research, utilizing quantitative methods to explore psychological constructs and their interactions.

The target population comprised all divorced women residing in Tehran who had experienced legal separation within the past three years. Using a convenience sampling method, 426 participants were recruited. Inclusion criteria included being legally divorced, aged between 20 and 55, and having sufficient literacy to complete self-report questionnaires. Participants provided informed consent, and confidentiality was assured.

### *Instruments*

**Beck Anxiety Inventory (BAI):** This self-report inventory consists of 21 items designed by Beck to measure anxiety severity. Each item reflects one symptom of anxiety rated on a 4-point scale, with total scores ranging from 0 to 63, where higher scores indicate greater anxiety. Beck classifies scores from 0–9 as normal anxiety, 10–18 as mild to moderate anxiety, 19–29 as moderate to severe anxiety, and 30–63 as severe anxiety. Internal consistency for this scale has been reported at 0.92, and test-retest reliability at 0.75. The scale shows a significant correlation (0.75) with the revised Hamilton Anxiety Rating Scale and a weak correlation with the revised Hamilton Depression Scale.

Kazemi (2003) confirmed the scale's discriminant validity, indicating that it effectively distinguishes anxious individuals from those who are normal. Additionally, Cronbach's alpha coefficient reported for reliability was 0.78 (Ranjbari et al., 2019).

**Beck Depression Inventory (BDI):** This self-report questionnaire, also designed by Beck, contains 21 items aimed at measuring depression severity. Each item reflects one symptom of depression, rated on a 4-point scale. Scores range from 0 to 63, with higher scores indicating greater depression severity. Beck classifies scores as follows: 0–9 no depression, 10–18 mild to moderate depression, 19–29 moderate to severe depression, and 30–63 severe depression. In its original culture, concurrent validity is reported at 0.79, and test-retest reliability at 0.67. In Iran, internal consistency reliability using Cronbach's alpha was reported at 0.84, and the split-half reliability coefficient (based on odd and even items) was reported at 0.70. Goodarzi (2002) stated that the validity of the BDI is consistent with the results reported by Hojjat, Shapour, and Mehryar for the 13-item version (Firouz et al., 2023).

**Collins and Read Attachment Style Questionnaire (ASQ):** This scale comprises a self-assessment of relationship-forming skills and self-descriptions of individuals' attachment patterns toward close attachment figures. It includes 18 items measured on a five-point Likert scale (from 1 = "does not describe me at all" to 5 = "completely describes me"). Factor analysis revealed three subscales: (1) Dependency (secure attachment), assessing an individual's trust in others; (2) Closeness (avoidant attachment), measuring comfort regarding intimacy and emotional closeness; and (3) Anxiety (ambivalent attachment), assessing fear related to relationships. The questionnaire can be administered individually or in groups. The test-retest reliability coefficient of this questionnaire was reported as 0.97 in a sample of 105 young adults (male and female) from Tehran. The validity of the questionnaire was also reported as satisfactory (Sadri Damirchi et al., 2018).

**Takata and Sakata Psychosomatic Complaints Questionnaire:** This scale was developed by Takata and Sakata (2004) to measure psychosomatic complaints among Japanese adolescents. It consists of 30 items with a single-factor structure. Each item is scored from 0 ("never") to 3 ("frequently"). The total score ranges from 0 to 90. The Cronbach's alpha coefficient obtained by the

developers across three administrations ranged between 0.90 and 0.93. Construct validity for the scale, assessed by factor analysis, was reported as acceptable. All items in this questionnaire have direct (positive) scoring. Regarding the Persian version, Nader Hajloo conducted a study on students at Mohaghegh Ardabili University in the first semester of the academic year 2011-2012. Factor analysis confirmed a single-factor structure consistent with the original developers' findings. The identified factor explained 33.10% of variance, closely matching the determination coefficient obtained by Takata and Sakata. Therefore, the construct validity of the Psychosomatic Complaints Scale among Iranian students is considered acceptable. Concurrent validity of the scale was found to be 0.68, indicating good validity. Additionally, students who frequently visited the university counseling center scored significantly higher on this scale compared to other students, suggesting the scale's effectiveness in quickly identifying students' psychosomatic complaints. Reliability coefficients for the studied scale were reported to be acceptable (Shabbah et al., 2016).

### Data Analysis

Data analysis in this study was performed using SPSS software (version 26). Both descriptive and inferential statistical methods were employed to examine the distribution of characteristics within the studied population. In the descriptive section, tables, charts, means, and standard deviations were used, whereas structural equation modeling (SEM) was conducted in the inferential section using Amos statistical software. Initially, data integrity and likelihood were assessed, and outliers were identified. Next, the normality of variable distributions was tested using the Kolmogorov-Smirnov test. Subsequently, model fit indices were evaluated. Ultimately, the overall model fit was assessed using NFI, CFI, and the Chi-square to degrees of freedom ratio. Path coefficients were also analyzed to determine relationships within the model.

### Findings and Results

In inferential analyses, before testing the model fit, relationships among the research variables were first examined. For this purpose, Pearson correlation coefficients between the research variables and the criterion variable were calculated and reported in a correlation matrix.

**Table 1**

*Descriptive Statistics of Research Variables*

Variable	Min	Max	Mean	Std. Error	Std. Deviation	Skewness	Kurtosis
Somatic Symptoms	30	94	51.87	0.73	15.03	0.55	-0.44
Secure Attachment	12	30	22.02	0.18	3.72	-0.25	-0.29
Avoidant Attachment	10	29	18.96	0.18	3.66	-0.005	-0.18
Ambivalent Attachment	6	30	15.08	0.29	6.02	0.22	0.85
Anxiety	27	66	51.97	0.29	5.96	-0.43	0.65
Depression	21	82	31.45	0.53	11.03	1.51	2.51

Based on the results presented in Table 2, a significant negative correlation was observed between somatic symptoms and secure attachment ( $r = -0.34$ ,  $p < 0.01$ ), indicating that higher scores in somatic symptoms were associated with lower scores in secure attachment. Additionally, significant positive correlations were found between somatic symptoms and avoidant attachment ( $r$

$= 0.38$ ), ambivalent attachment ( $r = 0.47$ ), anxiety ( $r = 0.58$ ), and depression ( $r = 0.69$ ) ( $p < 0.01$  for all). In other words, higher scores on somatic symptoms were accompanied by higher scores on avoidant and ambivalent attachment styles, as well as higher anxiety and depression.

**Table 2***Pairwise Correlation Coefficients Between Variables*

	1	2	3	4	5	6
1. Somatic Symptoms	1					
2. Secure Attachment	-0.338**	1				
3. Avoidant Attachment	0.375**	-0.342**	1			
4. Ambivalent Attachment	0.473**	-0.378**	0.566**	1		
5. Anxiety	0.576**	-0.228**	0.376**	0.462**	1	
6. Depression	0.689**	-0.314**	0.417**	0.542**	0.474**	1

(\*\* Indicates significance at the 0.01 level)

Correlations between anxiety, depression, and attachment styles were also significant and aligned with expectations. For example, anxiety and depression showed significant negative correlations with secure attachment ( $r = -0.23$  and  $r = -0.31$ , respectively;  $p < 0.01$ ), whereas their correlations with avoidant attachment were positive and significant ( $r = 0.38$  and  $r = 0.42$ , respectively;  $p < 0.01$ ). Moreover, significant positive correlations were found between anxiety and depression and ambivalent attachment ( $r = 0.46$  and  $r = 0.54$ , respectively;  $p < 0.01$ ).

To examine the research hypothesis, the proposed structural model's fit was assessed using structural equation modeling. The initial hypothesized model is depicted in Figure 1.

The Maximum Likelihood Estimation (MLE) method was employed for estimating and testing the complete model, aiming to identify parameter estimates that maximize the likelihood of fitting the observed data to the proposed model.

Data normality was examined using skewness and kurtosis indices. Skewness values ranged between -1.93 and 1.98, and kurtosis ranged between -1.31 and 2.89. Values within  $\pm 2$  for skewness and  $\pm 3$  for kurtosis indicate data normality. Mahalanobis distance was used

to detect outliers. The ratio of this statistic to degrees of freedom for samples larger than 200 should be less than 4. In the current sample, this condition was met, with the largest obtained value being 0.10 ( $119.25 \div 1165$ ). Thus, no participant data were considered outliers, and analyses included all participants.

In the initial hypothesized model, endogenous observed variables included total anxiety and depression scores, questionnaire items related to attachment styles, and somatic symptoms. Additionally, endogenous latent variables were somatic symptoms indicators, whereas exogenous latent variables comprised errors and three attachment styles: secure, avoidant, and ambivalent. In total, the model contained 105 variables—50 observed, 55 latent, 54 exogenous, and 51 endogenous. A total of 1275 parameters were estimated, with 107 non-redundant elements in the observed matrix, resulting in 1168 degrees of freedom.

Model evaluation (after removing adaptive emotion regulation strategies) was performed using absolute fit indices (CMIN/df, RMSEA), relative fit indices (NFI, CFI, IFI), and parsimonious indices (PNFI, PCFI). According to Kline (2010), recommended values are: Chi-square/df  $< 5$ , NFI, CFI, IFI  $> 0.90$ , RMSEA  $< 0.08$  and PNFI, PCFI  $> 0.50$ .

**Table 3***Model Fit Indices (Initial Model)*

Absolute Indices	Value	Relative Indices	Value	Parsimonious Indices	Value
Chi-square/df	2.903	CFI	0.733	PNFI	0.614
RMSEA	0.067	IFI	0.734	PCFI	0.698
		NFI	0.644		

As the initial model could be improved, modification indices were reviewed. Establishing covariance between ambivalent and avoidant attachment, e80 and e81, and ambivalent attachment with e114 (errors for

disturbance, anticipation, emotional and physical neglect) showed the highest improvement. The model was re-run with these modifications, estimating 1275 parameters, resulting in 1165 degrees of freedom.

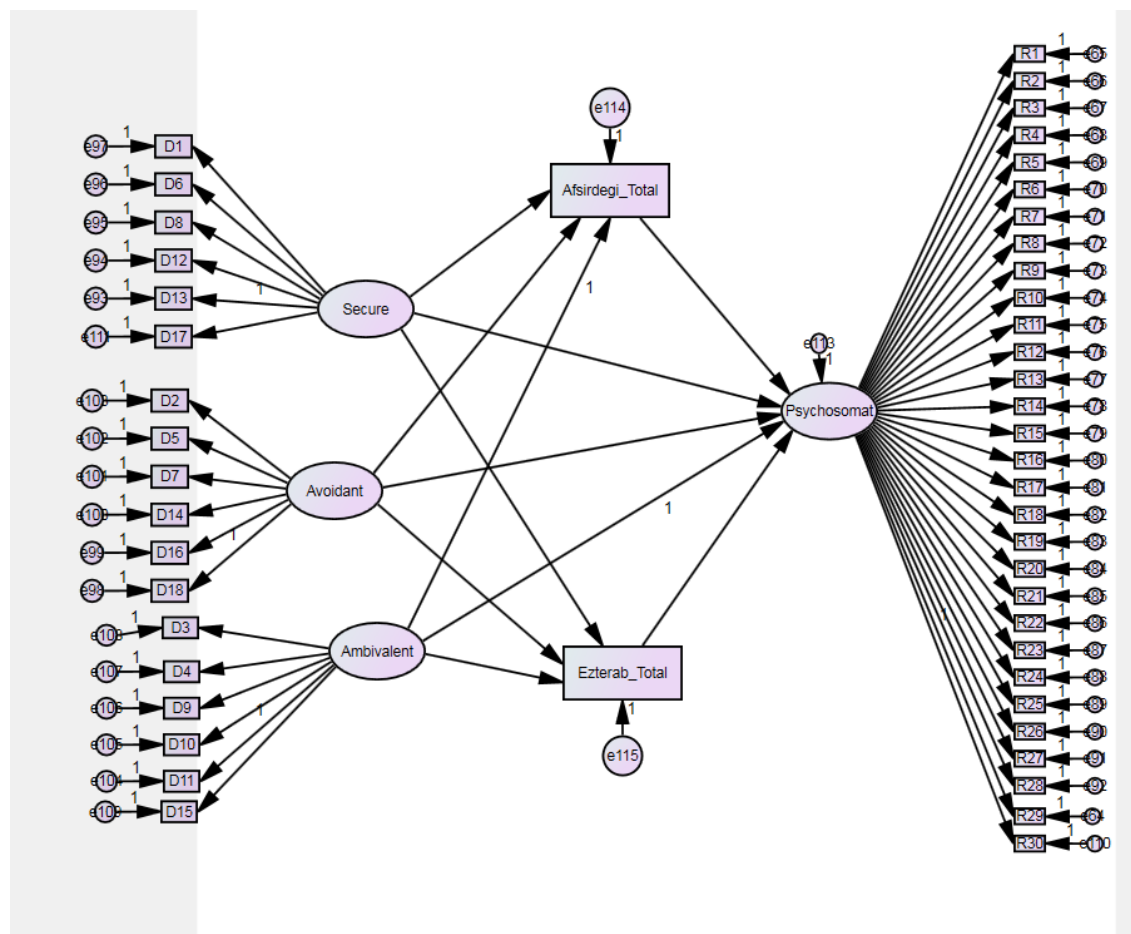


**Table 4***Model Fit Indices (Revised Model)*

Absolute Indices	Value	Relative Indices	Value	Parsimonious Indices	Value
Chi-square/df	2.391	CFI	0.855	PNFI	0.673
RMSEA	0.057	IFI	0.856	PCFI	0.766
		NFI	0.738		

As shown in Table 4, based on the recommended criteria, the fit indices indicate an acceptable and good fit

for the revised model, reflecting a satisfactory overall model structure.

**Figure 1***Hypothesized Structural Model*

## Discussion and Conclusion

Based on the findings of the present study, as previously stated, the goodness-of-fit indices indicate that the overall model has an acceptable fit, confirming the structural relationship between attachment styles, mediated by anxiety and depression, and somatic symptoms among divorced women. Consistent with

these results, Firouz et al. (2023) conducted research examining the relationship between depression severity and demographic characteristics in patients with atopic dermatitis (Firouz et al., 2023). Their findings revealed that 22.4% of patients experienced mild depression, 13.2% moderate depression, and 2.6% severe depression. Similarly, findings by Ranjbari Tohid et al. (2019), who aimed to predict anxiety and depression symptoms based on attachment injuries, demonstrated a

significant positive relationship between avoidant and ambivalent attachment styles and symptoms of anxiety and depression, highlighting the predictive capability of attachment injuries for these symptoms (Ranjbari et al., 2019). Additionally, Sadri Damirchi et al. (2018) investigated the relationship between attachment styles and depression, anxiety, and stress among students. They found no significant relationship between secure and avoidant attachment styles and these psychological symptoms; however, a significant positive correlation was observed between ambivalent attachment style and the students' depression, anxiety, and stress levels (Sadri Damirchi et al., 2018).

In explaining these findings, it should be noted that attachment could be considered a fundamental element of the child's schemas about human nature, gradually focused on caregivers. According to Bowlby, attachment patterns are broadly categorized into secure and insecure attachment, further specifying three attachment styles: secure, insecure-avoidant, and insecure-ambivalent. Attachment refers to a regulatory system presumed to exist within individuals. Its primary function is to regulate behaviors aimed at approaching and maintaining contact with a distinct, supportive individual known as an attachment figure. The ultimate psychological goal of this system is to establish a sense of security for the dependent individual. According to Bowlby, attachment in humans is established during a sensitive developmental period (Dadsetan, 2022). Consequently, insecure attachment styles appear to create vulnerability toward experiencing somatic symptoms. Conversely, secure attachment may serve as a protective factor against such symptoms.

Moreover, disorders such as depression and anxiety could function as intervening and mediating factors in this relationship. Specifically, divorced women, already vulnerable due to the experience of separation, may face numerous challenges if they exhibit insecure attachment styles combined with elevated anxiety and depression. One prominent manifestation of these difficulties could be somatic symptoms. Considering that somatic symptoms lack a physiological origin and are influenced by psychological factors, anxiety and depression might significantly contribute to their development. From the researcher's perspective, individuals with insecure attachment styles could experience intensified anxiety

and depression, further increasing their vulnerability to somatic symptoms.

Finally, it is crucial to acknowledge that the current research was conducted among divorced women in Tehran; therefore, caution must be exercised when generalizing these findings to other populations. It is recommended that future research replicate this study across different populations. Additionally, counselors and psychotherapists are advised to pay special attention to attachment styles alongside anxiety and depression when treating somatic symptoms.

Insecure attachment styles, particularly ambivalent attachment, increase vulnerability to somatic symptoms through elevated anxiety and depression. The findings highlight the psychological roots of somatic complaints and suggest the importance of addressing attachment patterns and emotional health in interventions for divorced women.

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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. The study protocol was reviewed and approved by the Ethics Committee of Shahid Bahonar University of Kerman.

#### 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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