

# Effectiveness of group counseling based on schema therapy approach in the attachment styles of married housewives

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## Abstract

Attachment theory regards humans as social beings that possess the amazing capacity for communicating with others. What's more, enjoying intimate and intense relationship and affective attachment with significant others like parents, spouse, children is amongst the most crucial human needs. Hence, the research purpose is to carry out an investigation into the effectiveness of group counseling employing schema therapy approach in the attachment styles of married housewives. The research employs a semi-experimental method in two groups (control and experimental group) with pre-test, posttest and follow-up (one month) design. The sample was selected through multi-stage sampling. The attachment questionnaire was administered on all the women in the health house and those who had developed insecure-anxious and insecure-avoidant styles were identified and attended the interview, out of which a sample of 24 individuals was selected and randomly assigned to the experimental and control groups. In the pre-test stage the Revised Adult Attachment Scale was administered on the subjects who underwent eight 90-minute sessions of group counseling based on the schema therapy approach. The control group didn't receive any training. In the posttest stage the Revised Adult Attachment Scale was administered on both groups and one month later on the experimental group. The data were analyzed using descriptive statistics (frequency, percentage and mean) and inferential statistics (covariance and t-test). Results confirmed the hypotheses of the research and in-

dicated that group counseling based on the schema therapy approach was effective in the attachment styles of married housewives and changed their attachment styles into the secure one. The results proved to be relatively stable. With regard to the research results, it can be concluded that group counseling based on schema therapy can be used as an effective interventional method in altering the attachment styles specifically in married housewives.

**Keywords:** Schema Therapy Approach, Attachment Styles, Group Counseling.

## Introduction

Attachment theory regards human as social beings that possess the amazing capacity for communicating with others. Bowlby (1980) who advanced the theory of attachment, contends that the attachment in parent-child relationship extends into adult romantic relationship and influences the individual's cognition, emotions, and behavior in life. Any kind of deficiency in the emotional and sentimental attachment poses later vulnerability and potential risks (Bartholomew & Horowitz, 1991). For want of a better word, attachment is a strong emotional bond that everyone creates and forges with specific individuals in his/her life. Bowlby's theory holds that emotional attachment exchanges with caregivers (mother or surrogate mother) in the early years of life can lead to the creation of psychological patterns that forms the basis for most of the individuals' interpersonal relationships in adulthood (Halpern, 2004, cited in Gharacheh Daghi, 2006)

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The first one who is touched and seen by a new-born baby is mother. Infants emerge from the cozy and safe womb and try to redress the balance by getting tightened in the warm, comforting and protective embrace of the mother. Attachment theory's central tenet is that the primary drive in infants is to secure attachment to the mother. From interactions primarily with the mother, infants develop internalized images of the self, image of significant others, and set of transactions connecting these images or objects. Attachment theory emphasizes the importance of emotional closeness to others as an innate survival function from which infants develop information-processing capabilities and emotional responses intended to foster secure emotional bonds. From an attachment perspective, difficulties in intimate adult relationships may be viewed as stemming from underlying insecure or anxious models of attachment. Partners' dominant emotional experiences drive reciprocal feedback loops maintaining such behaviors as excessive clinging or avoidance (Ahmad Doust, 2010). When crises occur, individuals seek reassurance and care from those important to them. Interpersonal communication is intrinsic to this process, and individuals who cannot effectively ask for care, and consequently cannot obtain the physical and psychological care they need, will suffer as a result. When interpersonal support is insufficient or lacking during times of stress, individuals are less able to deal with crises and are more prone to develop psychiatric symptoms (Dadsetan, 2005).

Interpersonal psychotherapy also follows the biopsychosocial model of psychiatric illness, resting on the premise that psychiatric and interpersonal difficulties result from a combination of interpersonal and biological factors. Individuals with a genetic predisposition are more likely to become ill when stressed interpersonally. On this foundation rests the individual's temperament, personality traits, and early life experiences, which in turn are reflected in a particular attachment style. The attachment style may be more or less adaptive, and has effects on the person's current social support network and his or her ability to enlist the support of significant others. Interpersonal functioning is determined by the severity of current stressors in the context of this social support. Devoting considerable attention to individual and psychological characteristics such as attachment and schemas are of crucial importance in evaluating the interper-

sonal relationship such as family and marital relationship (Cooper, 2001). Bowlby presented an integrated model of emotional ties between parent - child and asserts that this attachment serves as a protective action. To establish a bond, the mother responds to the child's messages and devotes attention to his distress (Rahmani and Rostami, 2009). Attachment theory rests on the premise that people have an instinctual and biological drive to attach to one another.

Bowlby described three different types of attachment styles that drive interpersonal behavior. Secure attachment describes individuals who are able to both give and receive care, and are relatively secure that care will be provided when it is needed (Ainsworth, 1987). Because securely attached individuals are able to communicate their needs effectively, and because they are able to provide care for others, they typically have good social support networks (Papalia, 2002). Thus they are relatively protected from developing problems when faced with stressors and benefit more cognitive openness as compared to other individuals (Pines, 2005). Anxious ambivalent attachment, in contrast, is a style in which individuals behave as if they are never sure that their attachment needs will be met. Because of this, such individuals believe that care must be sought constantly. Such individuals often lack the capacity to care for others, since their concern about getting their own attachment needs met outweighs all other concerns. Consequently, they have a relatively poor social support network, which in combination with their difficulties in enlisting help; leave them quite vulnerable to interpersonal stressors. Individuals with anxious avoidant attachment typically behave as if care will not be provided by others in any circumstances. As a result, they avoid becoming close to others. The paucity of their social connections, along with their tendency to avoid asking for help during times of crises, leaves these individuals quite prone to difficulties. In essence, attachment theory states that those individuals with less secure attachments are more likely to develop psychiatric symptoms and interpersonal problems during times of stress. A persistent belief that care must be constantly demanded from others, or that care will not be provided by others, typically leads insecurely attached individuals to have more difficulty in asking for and maintaining social support during times of crisis.

Schemas begin in early childhood or adoles-

cence as reality-based representations of the child's environment. It has been our experience that individuals' schemas fairly accurately reflect the tone of their early environment. The dysfunctional nature of schemas usually becomes most apparent later in life, when patients continue to perpetuate their schemas in their interactions with other people even though their perceptions are no longer accurate. Early Maladaptive Schemas and the maladaptive ways in which patients learn to cope with them often underlie chronic Axis I symptoms, such as anxiety, depression, substance abuse, and psychosomatic disorders (Young, Klosko & Weishaar, 2003, cited in Hamid Pourvandouz). Schemas are dimensional, meaning they have different levels of severity and pervasiveness. The more severe the schema, the greater the number of situations that activate it. Toxic childhood experiences are the primary origin of early maladaptive schemas. The schemas that develop earliest and are the strongest typically originate in the nuclear family. To a large extent, the dynamics of a child's family are the dynamics of that child's entire early world.

Early Maladaptive Schemas interfere with this balance. Individuals in the grip of their schemas misinterpret new information that would correct the distortions that stem from these schemas. Instead, they assimilate new information that could disprove their schemas, distorting and discounting new evidence so that their schemas remain intact. Assimilation, therefore, overlaps with our concept of schema perpetuation. The function of therapy is to help patients accommodate new experiences that disprove their schemas, thereby promoting schema healing (Young, 1990).

Attachment theory, based on the work of Bowlby and Ainsworth (Ainsworth & Bowlby, 1991), had a significant impact on schema therapy, especially on the development of the Abandonment schema and on our conception of borderline personality disorder. Bowlby formulated attachment theory by drawing on ethology, systems, and psychoanalytic models. The main tenet is that human beings (and other animals) have an attachment instinct that aims at establishing a stable relationship with the mother (or other attachment figure). Bowlby's (1973) notion of internal working models overlaps with our notion of Early Maladaptive Schemas. Like schemas, an individual's internal working model is largely based on patterns of interaction between the infant and the mother (or other main attachment figure). If the mother acknowledges the

infant's need for protection, while simultaneously respecting the infant's need for independence, the child is likely to develop an internal working model of the self as worthy and competent. If the mother frequently spurns the infant's attempts to elicit protection or independence, then the child will construct an internal working model of the self as unworthy or incompetent. He noted that a large number of psychotherapy patients display patterns of insecure or disorganized attachment. One primary goal of psychotherapy is the reappraisal of inadequate, obsolete internal working models of relationships with attachment figures. Patients are likely to impose rigid working models of attachment relationships onto interactions with the therapist. A research on normal subjects indicated that maladaptive early schemas can predict the interpersonal maladjustment (Freeman, 1991). Another research demonstrated that there exists significant, negative relationship between maladaptive early schemas and secure attachment style (Andoz & Hamdi Pour, 2005). Abandonment schema, emotional inhibition schema and emotional deprivation endanger the secure attachment style (Ceccero, Nelson, & Gillie, 2004). Therefore, the research purpose is to carry out an investigation into the effectiveness of group counseling employing schema therapy approach in the attachment styles of married housewives.

## Methodology

The research employs a semi-experimental method in two groups (control and experimental group) with pre-test, posttest and follow-up (one month) design. The sample was selected through multi-stage sampling. The attachment questionnaire was administered on all the women in the health house and those who had developed insecure-anxious and insecure-avoidant styles were identified and attended the interview, out of which a sample of 24 individuals was selected and randomly assigned to the experimental and control groups. In the pre-test stage the Revised Adult Attachment Scale was administered on the subjects who underwent eight 90-minute sessions of group counseling based on the schema therapy approach. The control group didn't receive any training. In the post-test stage the Revised Adult Attachment Scale was administered on both groups and one month later on the experimental group. The data were analyzed using descriptive statistics (frequency, percentage

and mean) and inferential statistics (covariance and t-test).

**Table 1. Diagram of Research Design**

Follow-Up	Post test	Independent Variable	Pre test	Group
Ta2	Ta1	X	T <sub>b</sub>	Experimental
—	Ta1	—	T <sub>b</sub>	control

a: after; b: before

### Research Tool

The 18-item Adult Attachment Scale, developed by Collins & Read (1996) with a sample of undergraduate students and measures adult attachment style dimensions including comfort with closeness and intimacy (Close subscale), comfort with depending on others (Depend subscale), and worry about being rejected or unloved (Anxiety subscale). Each item is rated on a 5-point scale ranging from 1 = not at all characteristic to 5 = very characteristic. This scale was standardized by Pakdaman (2011) in Iran.

Collins & Read (1990) reported Cronbach's alpha coefficients of .81 for Close, .78 for Depend, and .85 for Anxiety. Test-retest correlations for a 2-month period were .68 for Close, .71 for Depend, and .52 for Anxiety. The scale authors defined attachment styles as follows: Secure = high scores on close and depend, low score on anxiety. Anxious = high score on anxiety, moderate scores on close and depend. Avoidant = low scores on close, depend, anxiety.

The CLOSE scale measures the extent to which a person is comfortable with closeness and intimacy. The DEPEND scale measures the extent to which a person feels he/she can depend on others to be available when needed. The ANXIETY subscale measures the extent to which a person is worried about being rejected or unloved.

**Table 2. Cronbach's Alpha Coefficients of Adult Attachment Scale Developed by Collins & Read**

No	Close	Depend	Anxiety
173	0.81	0.78	0.85
130	0.80	0.78	0.85
100	0.82	0.80	0.83

As observed in table 2, the test demonstrated reliability with coefficient alpha ( $\alpha = .80$ ) These

correlations are high and similarly indicate internal consistency. The test-retest reliabilities of the RAAS with 100 subjects were examined. Analyses of retesting after one month indicated good reliability (Pakdaman, 2001) and insignificant difference between test and retest mean raw scores. These results would support the stability of the scale over brief periods. In the present research, 30 women were randomly selected and filled out the questionnaire and the Cronbach's alpha equaled 0.83.

The sample was selected through multi-stage sampling. First stage: one borough was randomly selected from among 22 boroughs of Tehran city. Second stage: a health house was randomly selected from the chosen borough. Third stage: attachment questionnaire was administered on all the women aged 25-45 and those who had developed insecure attachment styles were identified and interviewed, out of which 24 individuals were randomly selected and assigned to the experimental and control groups. In the preliminary interviews, different features and benefits of group counseling and the specific goals and expectations of the training sessions were explained. The basic rules of the group such as the structure, number, place and date of sessions were clarified. The purpose of the preliminary interview was to facilitate and expedite the group process and selection of the most appropriate participants for each group.

### Methods of statistical analysis

The data were analyzed using descriptive statistics (frequency, percentage and mean) and inferential statistics (covariance and t-test).

### Results

As shown in table 3, there exists significant difference between the attachment styles of married women assigned to the experimental group in the pretest and post-test. However, no difference was observed between the attachment styles of married women assigned to the experimental group in post-test and follow-up. Moreover, no significant differences was observed between the attachment styles of married women in the control group prior and subsequent to the group counseling based on the schema therapy approach and the mean scores of these attachments are close to each other in the control group.

**Table 3: Statistical indices of attachment styles' subscales of married women's in the experimental and control groups prior and subsequent to the group counseling based on the schema therapy approach**

GROUP stage indices	EXPERIMENTAL GROUP						CONTROL GROUP			
	pretest		Post test		Follow-up		pretest		Post test	
components	mean	SD	mean	SD	mean	SD	mean	SD	mean	SD
close	2.79	0.16	3.04	0.25	2.99	0.18	2.72	0.21	2.68	0.21
depend	2.65	0.24	2.92	0.24	2.85	0.22	2.58	0.27	2.64	0.19
anxiety	3.08	0.17	2.90	0.17	2.94	0.16	3.15	0.17	3.13	0.13

### Data analysis

Levin test was employed to report the assumptions of variances' equality

**Table 4: Levin Test in Terms of the Assumptions of Variances' Equality**

variables	F coefficient	P coefficient
close	.320	.577
depend	.939	.343
anxiety	1.129	.300

As shown in table 4, the f value is not significant at 0.05; therefore, the assumption of variances' equality is confirmed. Hence, covariance analysis can be employed.

### First hypothesis

Group counseling based on schema therapy approach exerts effect on attachment styles (secure, avoidant and anxious). Results of covariance analysis are presented in the table below.

With regard to the data presented in table 5, it can be concluded that group counseling based on schema therapy exerts strong effects in changing married women's attachment styles. The effect size equals .514 for secure style, .453 for avoidant style and .540 for anxious style. These changes were statistically significant and close to the average based on Cohen's criterion ( $P < 0.05$ ). It can be concluded that group counseling based on schema therapy influences the women's attachment styles (secure, avoidant and anxious). Therefore, the first hypothesis is confirmed.

**Table 5. Between-Group Covariance Analysis of Attachment's Subscales**

index Source of change	SS	DF	MS	test F	P-value	ES	Power of the test
close	.667	1	.667	29.360	.000	-	-
group	.505	1	.505	22.219	.000	.514	.994
error	.477	21	.023				
depend	.637	1	.637	35.039	.000	-	-
error	.316	1	.316	17.363	.000	.453	.978
group	.382	21	.018				
anxiety	.335	1	.335	49.435	.000	-	-
error	.167	1	.167	24.662	.000	.540	.997
group	.142	21	.007				

### Second hypothesis

The effectiveness of group counseling based on schema therapy approach proved to be stable. T-test was used to compare the changes in married wom-

en's attachment styles in the follow-up and posttest stages.

Regarding the data presented in table 6 and based on the t static, the t ratio in secure style is

equal to 1.418, 1.159 in avoidant style and -1.915 in anxiety style. The obtained ratio in all the three styles is less than the critical value (2.20) with the degree of freedom which is 11. Therefore, the mean difference of individuals' attachment styles assigned

to the experimental group in pretest and post-test is not significant ( $P > .05$ ); hence, it can be concluded that the effectiveness of group counseling based on schema therapy approach is stable during time and the research hypothesis is confirmed.

**Table 6. T-test for the comparison of mean changes of attachment subscales in the experimental group in posttest and follow-up**

Subscales of Attachment	Stages Index	Post-Test Experimental Group		Follow-Up Experimental Group		T Ratio	Df	P-Value
		Mean	SD	Mean	SD			
Close		3.04	0.25	2.99	0.18	1.483	11	.166
Depend		2.92	0.24	2.85	0.22	1.159	11	.154
Anxiety		2.90	0.17	2.94	0.16	-1.915	11	.082

## Discussion

Results and findings of this comparative study was in line with some parts of the research results carried out in Iran by Hamidi (2004), Salavati (2007), Vakili (2007), Eslami Mehr (2008), Hamid Pour (2008), Mokhtari (2009), Yazdi (2009), Yousefi (2010) Amani et al (2011). Moreover, the results were also in harmony with the research findings carried out in other countries by Arntz and Weertman (1999), Coristine, Wellburn, Dagg et al (2000), Hoffart et al (2002), Arntz, Klokman, Siesweda (2005), Nordhal et al (2005), Kellojje and Young (2006) and Emel, Ramazan and Caskun (2011).

These researchers have indicated that group counseling based on schema therapy decrease the behavioral disorders of individuals who receive these kinds of trainings. Moreover, results of these studies indicate that group cognitive therapy can be employed to addresses distortions in the cognitive sets or schemata that individuals develop to organize and understand their experience. These distortions may effect social-cognitive, perceptual, and inferential processes and lead to such diverse phenomena as hallucinations or delusional beliefs. Thus, rather than confronting or interpreting a delusion, the form and content of that false percept or belief, this approach establishes a therapeutic alliance that increases the awareness and inconsistency of the belief. The goal is the replacement of the dysfunctional and maladaptive belief with one that is more evidence and reality based.

Hamidi (2004) and Yousefi (2010) asserted that cognitive approach can change the insecure attachment style into secure attachment style and this

intervention proves to be stable over time. Salavati (2007) indicated that schema therapy decreases the symptoms of borderline personality apart from impulsiveness and feelings of emptiness. Moreover, schema therapy moderated the maladaptive schemas. Findings of another study conducted by Vakili (2007) demonstrated that schema therapy can effectively change the semantic arena of patients and the effects are more significant as compared to cognitive-behavioral therapy. Eslami Mehr (2008) concluded that emotion-oriented couple therapy is effective in reducing the mean scores of anxiety and avoidance of individuals in the experimental group as compared to the control group.

According to Hamid Pour (2008), schema therapy could make great changes in terms of depression, self-esteem and improvement in five maladaptive schemas (emotional deprivation, abandonment, mistrust/abuse, failure and undeveloped self/enmeshment). Mokhtari (2009) demonstrated in his research that schema therapy decreases the symptoms of obsessive-compulsive disorder in married individuals. Yazdi (2009) indicated that interpersonal skills training are affective in changing the insecure attachment styles into secure attachment styles. Amani (2011) concluded in his research that attachment therapy was effective in the increase of secure attachment style and decrease of insecure attachment style. However, no therapeutic method was effective in decrease of ambivalent attachment style.

Arntz and Weertman employed the schema therapy protocol with emphasis on experimental techniques such as role playing and mental visualization and rewriting the childhood memories and

concluded that experimental techniques is more effective than the traditional methods in patients who have gone through traumatic formative experiences.

Coristine, Wellburn, Dagg et al (2000), investigated the changes of schemas on patients suffering from psychiatric disorders before and after a series of group counseling and found that individuals show significant difference in the schemas of vulnerability to harm/illness, social alienation, deficiency and shame. Overall this group suffered less psychological distress as compared to individuals who hadn't received any training. Hoffart et al (2002) conducted a study on the effects of schema therapy using the variables of empathy, self-concept, guided exploration and schematic beliefs. Results indicated that higher self-concept in the first session of therapy was related to greater decrease of schematic beliefs and psychological distress during the therapy. Moreover, higher empathy which was assessed by the therapist in the first session was related to greater decrease of distress during therapy.

Overall, researchers concluded that higher self-concept, greater empathy and larger self-exploration were effective in more significant decrease of emotional distress. Arntz, Klokman, Siesweda (2005), conducted a research in the experimental therapy of schemas on patients suffering from borderline disorder and results indicated its effectiveness. Nordhal et al (2005) conducted a research to assess the effectiveness of schemas' moderation in decrease of personality disorders and found that moderating the schemas can be a good predictor of decrease rate in such disorders. Kellojje and Young (2006) found out that schema therapy helps individuals be more emotionally stable, establish interpersonal relationship and have better feelings. Emel, Ramazan and Caskun (2011) concluded in their study that children with insecure attachment styles whose parents were provided with counseling established more secure attachment styles as compared to other children whose parents didn't receive any training in counseling.

## Conclusions

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With regard to the results of the present study, there seems to be vast and various aspects influencing the attachment styles of married women, one of which can be group counseling based on schema therapy which was the topic of our research. According to Bowlby (1969) attachment is strong emotional bond that everyone creates and forges

with specific individuals in his/her life. Bowlby's theory holds that emotional attachment exchanges with caregivers (mother or surrogate mother) in the early years of life can lead to the creation of psychological patterns that forms the basis for most of the individual's interpersonal relationships in adulthood. Mother's personality is of crucial importance in shaping and developing the child's personality. The infant and young child should experience a warm, intimate, and continuous relationship with his mother in which both find satisfaction and enjoyment, the lack of which may have significant and irreversible mental health consequences. Mother and child could provide each other with positive reinforcement experiences through their mutual attention, thereby learning to stay close together. This explanation would make it unnecessary to posit innate human characteristics fostering attachment. Attachment theory has been crucial in highlighting the importance of social relationships in dynamic rather than fixed terms. Lifelong disturbances in relationships with significant others are another hallmark of personality disorders. Schema therapy has proven useful in treating chronic depression and anxiety, difficult couple's problems, and long-standing difficulties in maintaining satisfying intimate relationships. It has also been helpful with criminal offenders and in preventing relapse among substance abusers.

Secure infants are more likely to become socially competent than their insecure peers. Relationships formed with peers influence the acquisition of social skills, intellectual development and the formation of social identity. Falling in love, making good friends, cementing the relationship with parents, spouse and children are of crucial importance. Studies show that individuals' attachment style can predict their differences in terms of psychological state, social dependence, social cognition, romantic and marital relationships, stress and emotion control, reaction to separation, efficacy in interpersonal relationship and schemas regarding oneself and others. Secure attachment style, benefits positive relational indices such as intimacy and satisfaction, whereas, low levels of commitment and intimacy are observed in ambivalent style. Secure attachment style help children socialize and adapt well. It also helps adults establish constructive and secure attachment with spouses. This issue can be observed in some of the interaction of couples such as satisfaction with the relationship, nurturing, sexual relationship, conflict and relational patterns,

stress and the strategies to cope with it (Khoushabi and Abouhamzeh, 2007)

Overall, it can be concluded that group counseling based on schema therapy is an effective method in the treatment of some of the psychological and psychiatric disorders. Therefore, it can be proposed as an effective treatment in decreasing the adults' and married women's suffering. In our research, group counseling based on schema therapy was effective in altering the attachment styles of married women aged 25 to 45. Hence, the results of this research can be employed to enhance women's, other family members' and the community's mental health.

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