

The Effectiveness of Mindfulness-Based Schema Therapy on Self-Focused Attention and Fear of Negative Evaluation in Men with Generalized Anxiety Disorder

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ABSTRACT

Purpose: The aim of the present study was to determine the effectiveness of mindfulness-based schema therapy on self-focused attention and fear of negative evaluation in men with generalized anxiety disorder (GAD).

Methods and Materials: This study employed a quasi-experimental research design with a pretest-posttest format including an experimental group and a control group. The statistical population consisted of all men with generalized anxiety disorder in western Tehran. From this population, 30 individuals were selected through convenience sampling and randomly assigned to the experimental (n = 15) and control (n = 15) groups. To measure the research variables, the Demographic Characteristics Questionnaire, the Attention Focus Questionnaire (Woody et al., 1997), and the Fear of Negative Evaluation Scale (Watson & Friend, 1969) were utilized. Data were analyzed using SPSS Version 27 and by conducting descriptive and inferential statistical tests, including multivariate and univariate analysis of covariance (MANCOVA and ANCOVA).

Findings: The results revealed that mindfulness-based schema therapy had a statistically significant effect on reducing self-focused attention and fear of negative evaluation in men with generalized anxiety disorder, with a confidence level of 99%.

Conclusion: Therefore, it can be concluded that mindfulness-based schema therapy is significantly effective in decreasing self-focused attention and reducing the intensity of fear of negative evaluation in men diagnosed with generalized anxiety disorder. Accordingly, this therapeutic approach can be considered an effective and beneficial intervention for the treatment of GAD.

Keywords: Mindfulness-based schema therapy, self-focused attention, fear of negative evaluation, generalized anxiety disorder.

1. Introduction

Anxiety is considered an inherent aspect of human life across all societies, as it is regarded as a natural and adaptive response to life's challenges (Gunther, 2024). This disorder manifests as a multidimensional and multifaceted phenomenon in physical, cognitive, emotional, and interpersonal forms. Studying anxiety is complex due to its intertwined symptoms, such as nervousness, restlessness, and distress, along with psychobiological responses originating in the brain and reflected in increased heart rate and muscle tension (Rubel et al., 2024). Generalized Anxiety Disorder (GAD) is one type of anxiety disorder that is strongly comorbid with other psychiatric conditions (J. Lei et al., 2024; W. X. Lei et al., 2024). According to diagnostic criteria, individuals who experience excessive anxiety and worry on most days for at least six months, and have difficulty controlling the worry accompanied by symptoms like irritability, muscle tension, fatigue, restlessness, and sleep disturbances, are diagnosed with GAD (Park et al., 2024).

Research shows that behavioral, emotional, biological, cognitive, interpersonal, and neurobiological factors—such as temperament, behavioral inhibition, negative affect, avoidance of negative events, a parental history of psychological disorders and maltreatment, childhood separation or detachment from parents, threat-related mental structures, life dissatisfaction, modeling and imitation, emotionally-biased information processing, and weak interpersonal skills—are among the major risk factors contributing to GAD (Oktay et al., 2024).

One crucial element associated with generalized anxiety is attentional focus. Woody (1996) proposed two types of attention styles: self-focused attention and externally focused attention. It has been shown that individuals with social phobia tend to increase self-focused attention and decrease externally focused attention in social situations (Leigh et al., 2021). Attention focus refers to one's mental concentration on a particular object and the ability to manage and direct attention toward desired goals and activities (Nanamori et al., 2023). In individuals with GAD, attentional focus is often directed toward worries and negative thoughts. This shift in attention results in a reduced ability to focus on daily tasks and activities, potentially fueling a cycle of worry and anxiety (Sarasso et al., 2022). Studies have demonstrated that people with GAD often suffer from attention regulation difficulties and are highly influenced by negative thoughts and worries. This not only

affects their quality of life but also negatively impacts their cognitive performance, decision-making, and social relationships (Meral & Vriends, 2022). Therefore, exploring the relationship between GAD and attentional focus represents an important area of research that may contribute to better understanding the disorder and developing effective treatment interventions (Noda et al., 2021).

Research has further identified fear of negative evaluation as a core cognitive construct underlying anxiety in individuals with GAD (Cooper & Brownell, 2020). Negative evaluation by others represents one of the greatest fears among individuals with GAD. This construct is defined as an excessive worry about anticipated interpersonal evaluations, where individuals with this fear experience high levels of anxiety in various situations and strive to avoid encounters they perceive as threatening (Ghadampour et al., 2019). In fact, higher levels of fear of negative evaluation are associated with greater anxiety (Geukens et al., 2023). Moreover, this fear prompts individuals to engage in safety behaviors to avoid criticism and negative assessments that may pose a problem for them (Hanifanisa, 2023). Since fear of negative evaluation, as a cognitive form of anxiety, is driven by the expectation of being judged negatively by others, it evokes concern and fear in the individual (Shin & Rodebaugh, 2023). This fear may be influenced by anxiety sensitivity and, in turn, contribute to the severity of GAD (Meyers, 2023). Previous studies have found that fear of negative evaluation is a strong predictor of GAD (Fredrick & Luebke, 2024; W. X. Lei et al., 2024).

A variety of training and supportive strategies are used to help individuals with GAD, among which psychoeducational interventions are prominent. Within psychoeducational approaches, third-wave behavioral therapies have gained attention for their relevance in addressing psychological and behavioral crises and have become widely applied in global academic centers (Talavyry & Bavi, 2023). Mindfulness-based schema therapy represents an emerging construct in third-wave psychological treatments that has recently drawn significant attention in treating various psychological disorders. Schema therapy focuses on deeply ingrained beliefs individuals hold about themselves and the world, shaped by childhood development. The early attachment patterns with caregivers influence subsequent emotional and psychological functioning (Zareei et al., 2024). Mindfulness-based schema therapy emphasizes cultivating compassion and kindness toward oneself and one's experiences, thereby increasing individuals' capacity to

tolerate unpleasant emotions and stressful affective states (Abdolsamad et al., 2023). A systematic review found that mindfulness-based therapies have a positive impact on reducing anxiety, depression, and fear (Safaeian et al., 2023). When individuals are affected by maladaptive schemas and modes, they are likely to exhibit impulsive and distressing automatic reactions. Their goal is often to escape from unpleasant emotional and somatic states. Mindfulness exercises, when integrated with schema therapy, assist individuals in entering a state of awareness that facilitates healthier behavioral responses (Ghayour et al., 2022).

Hayatipour et al. (2024) found that positive mindfulness therapy reduces internalized shame, anxiety, and emotion dysregulation in individuals with anxiety (Hayatipoor et al., 2024). Similarly, Raftarali Abadi and Shareh (2022) reported that schema therapy significantly reduces rumination, anxiety, and cognitive avoidance (Raftar Aliabadi & Shareh, 2022). Hosseini et al. (2022), in their study on mindfulness and emotional responses, revealed that emotions are directly influenced by mindfulness and that enhanced mindfulness leads to better emotional regulation and reduced anxiety (Hosseini et al., 2022). Farhadi et al. (2021) also concluded that interventions aimed at enhancing self-compassion and incorporating schema and mindfulness components may be particularly effective in addressing anxiety symptoms (Farhadi et al., 2021).

Accordingly, generalized anxiety disorder, as a prevalent psychological disorder, can profoundly impact multiple dimensions of an individual's personal and social life. One major consequence of this disorder is the disruption in attentional focus and negative self-evaluation. Individuals with GAD often struggle with excessive self-focus and negative self-appraisals, which can fuel ongoing cycles of worry and anxiety. This study emphasizes how mindfulness-based schema therapy can potentially improve self-focused attention and reduce fear of negative evaluation in men with GAD. Schema therapy enables individuals to identify and modify maladaptive cognitive and emotional patterns, while mindfulness promotes present-moment awareness and acceptance. Together, these approaches may synergistically enhance the quality of life for individuals with GAD. Despite advances in treating GAD, more research is still needed on the effectiveness of mindfulness-based and schema-based therapies. In particular, there remains a gap in the literature regarding their impact on self-focused attention and fear of negative evaluation. Moreover, further investigations are warranted to explore demographic and cultural differences in treatment response. Therefore, the central research

question of this study is: What is the effectiveness of mindfulness-based schema therapy on self-focused attention and fear of negative evaluation in men with generalized anxiety disorder?

2. Methods and Materials

2.1. Study Design and Participants

The present study employed a quasi-experimental design with a pretest-posttest format, including an experimental group and a control group. The statistical population consisted of all men diagnosed with Generalized Anxiety Disorder (GAD) who sought treatment at psychiatric clinics in western Tehran. Following clinical interviews and completion of case history forms, a diagnosis of GAD was established based on clinical assessment. From this population, 30 individuals who met the inclusion criteria and were willing to participate in the treatment program were selected through convenience sampling. Inclusion criteria included: residency in Tehran, approximately middle socioeconomic and cultural status, male gender between the ages of 25 and 45, at least a high school diploma, physical and mental health, and diagnosis of GAD confirmed by a psychiatrist based on the DSM-IV-TR criteria of the American Psychiatric Association. Exclusion criteria included: diagnosis of other psychological disorders such as major depression or bipolar disorder, presence of significant physical illness such as diabetes or heart disease, participation in other therapeutic interventions, divorced or widowed men, and individuals undergoing pharmacotherapy for any other physical or psychological condition. Participants were then purposefully assigned to either the experimental group ($n = 15$) or the control group ($n = 15$).

2.2. Measures

a) Generalized Anxiety Disorder Questionnaire: Developed by Spitzer et al. (2006), this questionnaire aims to provide a brief tool for diagnosing GAD and assessing clinical symptoms. It includes seven main items and one additional item assessing the degree to which the disorder interferes with individual, social, familial, and occupational functioning. Respondents rate each item using a 4-point scale (not at all, several days, more than half the days, nearly every day). The total score ranges from 0 to 21. Newman et al. (2002) reported high test-retest reliability and discriminant validity. In the Iranian validation study by Naeinian et al. (2011), the questionnaire showed acceptable

psychometric properties with a Cronbach's alpha of 0.85 and a test-retest reliability coefficient of 0.48 (Beheshtian et al., 2019; Vafadar et al., 2021). In the present study, Cronbach's alpha was 0.87.

b) Focus of Attention Questionnaire (1997): This 10-item scale assesses attentional focus across two dimensions: self-focused attention (items 1–5) and externally focused attention (items 6–10). Responses are rated on a 5-point Likert scale ranging from 1 (not at all true) to 5 (completely true). Scores for each dimension are calculated by summing relevant items; higher scores reflect greater attentional focus in that specific domain. Kheir et al. (2008) validated the scale in Iran using principal component analysis with varimax rotation, which showed that the two components explained 55.85% of the variance. They reported Cronbach's alpha coefficients of 0.75 for self-focused attention and 0.86 for externally focused attention (Ghadampour et al., 2019; Hashemi Nasratabad et al., 2017). In the present study, Cronbach's alpha values were 0.71 and 0.88, respectively.

c) Fear of Negative Evaluation Scale (FNES; Watson & Friend, 1969): This 12-item scale is designed to assess fear of being negatively judged by others, a key feature of social anxiety. Items are rated on a 5-point Likert scale ranging from “not at all true of me” (1) to “extremely true of me” (5). Items 2, 4, 7, and 10 are reverse scored. Total scores range from 12 to 60, with higher scores indicating greater fear of negative evaluation. The scale captures symptoms of anxiety and socially maladaptive behaviors that may lead to social rejection. In this study, the short form of the FNES was used. Validity was confirmed by a correlation of 0.96 with the original scale. Criterion validity was established through correlations with anxiety, avoidance, and emotional distress in response to negative evaluations (Jahanghabazi & Najarasl, 2024). In the present study, the Cronbach's alpha for internal consistency was 0.91. Previous studies reported internal consistency values of 0.90 and a four-week test-retest reliability of 0.75.

2.3. Intervention

The mindfulness-based schema therapy intervention followed a ten-session group format grounded in Young's

therapeutic model and adapted from the practical guidebook Mindfulness and Schema Therapy (Zirk & Hamidpour, 2015). In the first session, participants introduced themselves, reviewed group goals and rules, and engaged in initial mindfulness exercises focused on struggle awareness. The second session explored schemas and modes, their links to emotional triggers such as betrayal, and introduced body-scan mindfulness. The third session included brief body-scan meditation and emphasized the role of mindfulness in interrupting automatic schema-driven responses, with exercises extending to daily life awareness. In the fourth session, participants reflected on their schema awareness during the previous week and practiced open-space and pain-focused mindfulness. The fifth session involved breathing space practice, completion of the schema coping questionnaire, and exercises to recognize and mindfully engage with schemas. The sixth session further reinforced breathing space, promoted perspective-taking from the healthy adult and joyful child modes, and introduced acceptance practices toward self and others. The seventh session emphasized cognitive defusion from schemas—viewing them as thoughts, not facts—and practicing letting go. The eighth session continued feedback on schema awareness and taught self-care through the healthy adult and cognitive challenges to schemas. The ninth session focused on sustaining mindfulness orientation and integrating schema awareness into daily life. The final session consolidated progress by assessing awareness of schemas and modes, promoting ongoing monitoring, and practicing mindful compassion and hopeful future orientation under the guidance of the healthy adult mode.

2.4. Data Analysis

Data obtained from the questionnaire responses were analyzed using SPSS Version 27. Descriptive and inferential statistics, including analysis of covariance (ANCOVA), were used to assess the research hypotheses.

3. Findings and Results

According to Table 1, the means, standard deviations, skewness, and kurtosis of the variables were examined.

Table 1

Descriptive Statistics of Variables

Variables	Group	Pre-test Mean	Post-test Mean	Pre-test SD	Post-test SD
Self-Focused Attention	Control	17.65	18.40	5.21	5.10
	Experimental	18.70	13.90	4.77	2.90
Externally Focused Attention	Control	18.74	17.70	3.74	3.60
	Experimental	18.37	12.50	3.34	3.80
Fear of Negative Evaluation	Control	48.60	47.17	5.37	5.30
	Experimental	47.90	41.24	4.59	3.90

As seen in Table 1, for variables such as self-focused attention and fear of negative evaluation—which carry negative valence—a reduction in post-test means compared

to pre-test means is observed. This reduction suggests that the intervention effectively improved self-focused attention and fear of negative evaluation among participants.

Table 2

Results of Univariate ANCOVA for Self-Focused Attention in Experimental and Control Groups

Variable	Source of Variation	Sum of Squares	Mean Square	F	Sig.	df	Eta Squared
Self-Focused Attention	Pre-test	8.192	8.192	3.525	0.072	1	0.119
	Group	604.919	302.45	91.00	0.000	2	0.909
	Error	60.415	3.324			26	
	Total	6946				30	

Based on the results, after adjusting for pre-test scores, the between-subjects factor (group) was statistically significant ($F = 91.00$, $p < 0.001$), with an effect size of $\eta^2 = 0.909$. This indicates that approximately 90% of the variance

in improved self-focused attention is attributable to the mindfulness-based schema therapy intervention. Therefore, this hypothesis is supported.

Table 3

Results of Univariate ANCOVA for Fear of Negative Evaluation in Experimental and Control Groups

Variable	Source of Variation	Sum of Squares	Mean Square	F	Sig.	df	Eta Squared
Fear of Negative Evaluation	Pre-test	215.5	107.75	7.21	0.078	1	0.38
	Group	400.02	133.33	11.58	0.002	2	0.69
	Error	275.2				26	
	Total	6120				30	

According to the results, after adjusting for pre-test scores, the between-subjects factor (group) was significant ($F = 11.58$, $p = 0.002$), with an effect size of $\eta^2 = 0.69$. This

indicates that about 69% of the variance in reduced fear of negative evaluation is due to the mindfulness-based schema therapy. Hence, this hypothesis is also confirmed.

Table 4

Bonferroni Post Hoc Test for Mean Comparison

Variable	Group	Mean Difference	Standard Error	Sig.
Self-Focused Attention	Control	-2.56	0.75	0.005
	Experimental	-2.69	0.70	0.002
Externally Focused Attention	Control	0.12	0.75	0.005
	Experimental	2.56	0.21	0.001
Fear of Negative Evaluation	Control	1.15	0.51	0.006
	Experimental	1.17	0.09	0.016

According to the significance values (p), and as previously demonstrated, there were statistically significant differences between the two groups across all subscales. Based on the mean scores, it is evident that the experimental group outperformed the control group on the subscales of self-focused attention, externally focused attention, and fear of negative evaluation. This indicates that the mindfulness-based schema therapy intervention was effective across these domains.

4. Discussion and Conclusion

The present study aimed to investigate the effectiveness of mindfulness-based schema therapy on self-focused attention and fear of negative evaluation in men with generalized anxiety disorder (GAD). The findings demonstrated that mindfulness-based schema therapy significantly improved self-focused attention in men with GAD. Data analysis confirmed the efficacy of this intervention. The results align with prior studies (Beheshtian et al., 2019; Dehshiri, 2012; Hashemi Nasratabad et al., 2017; Vafadar et al., 2021). In explaining this hypothesis, it can be argued that self-focused attention enhances awareness of internal information, leading to the formation of negative self-images, which in turn results in heightened self-monitoring. Self-focused attention is defined as the direction of attention toward internal stimuli such as physiological arousal, behavior, emotions, or one's appearance in social contexts. Multiple studies have emphasized the role of self-focused attention in individuals with generalized anxiety when confronted with anxiety-provoking situations. When socially threatened, individuals with GAD tend to shift their attention inward, leading to heightened self-evaluation—consistent with prior research on information processing. These individuals often harbor intensely negative self-images and believe in their accuracy.

Since directing attention inward limits the available cognitive resources for external tasks such as social functioning, modifying self-focused attention must be considered a key therapeutic goal in treating GAD. When individuals focus inward and their thoughts are negative, this attentional style triggers negative emotions and impairs effective problem-solving. This maladaptive attentional strategy consumes cognitive capacity, preventing individuals from diverting attention away from perceived social threats and focusing adequately on tasks at hand. Ultimately, self-focused attention leads to impaired functioning and reduced cognitive performance. Therefore,

in cases of mild cognitive and social impairment, cognitive-behavioral therapy (CBT) may be used to reduce symptoms of social anxiety—particularly self-focused attention. CBT targets self-focused attention and safety behaviors by replacing self-protective behaviors with self-disclosing behaviors and those that reflect a desire for connection. As a cognitive factor, self-focused attention plays a crucial role in the development and maintenance of social anxiety disorder. Studies have shown that it impairs functioning in individuals with social anxiety. Lei et al. (2024) demonstrated that people with social anxiety experience both internal and external focus during social situations (J. Lei et al., 2024). Consequently, successful social interaction requires a balance between self-focused and external attention.

CBT is a type of psychotherapy that helps individuals understand how their thoughts and emotions influence their behavior and lifestyle. Typically short-term, CBT focuses on specific problems and teaches clients to identify and change destructive thought patterns. CBT for anxiety disorders is a collaborative, client-centered approach requiring active engagement. It is particularly effective for clients who are motivated and capable of participating in the therapeutic process.

The data analysis also revealed that mindfulness-based schema therapy effectively reduced fear of negative evaluation in men with GAD. These findings are consistent with prior studies (Gholami Heydarabadi & Ebrahimi Pour, 2018; Imamzadeh et al., 2023; Jahanghabazi & Najarasl, 2024; Razaghi & Bahrami, 2023; Sabkbari et al., 2021). In contemporary society, humans are inherently social beings who require connection with others. Fear of negative evaluation is a common and distressing psychosocial issue that often hinders emotional expression. Rahmat et al. (2022) emphasized the role of interpretive bias in generating anxiety symptoms through the activation of distorted assumptions about the self and the social world, leading to negative evaluations and sustained cognitive, behavioral, and physiological symptoms (Rahmat et al., 2022).

According to this model, individuals with social anxiety engage in distorted and biased information processing before and after social interactions, recalling negative information about themselves and their social performance. They use this information to negatively evaluate themselves and make pessimistic predictions about future social encounters, thus intensifying anxiety and reinforcing performance-related bias. Interpretive bias, as a subtype of information-processing bias, has long been recognized as a key cognitive factor in the persistence of GAD. CBT reduces interpretive

bias in patients with GAD, and this reduction—one of the study's findings—highlights the therapeutic importance of targeting cognitive processes in treatment. Although CBT indirectly addresses this issue, future sessions may incorporate direct interventions.

Reduction in fear of negative evaluation following CBT is an expected outcome, given that this construct is a central component of GAD. GAD is often driven by an individual's perception of being evaluated negatively. The fear of negative evaluation encompasses cognitive elements (thoughts, expectations), social judgment, and shame-related behaviors. Thus, its reduction can serve as a key indicator of clinical improvement. Those with such fears often avoid anxiety-inducing social situations—such as eating or writing in public, initiating or maintaining conversations, attending social gatherings, going on dates, or interacting with authority figures. As Pigart et al. (2024) suggested, individuals with fear of negative evaluation often perceive themselves as lacking the necessary interpersonal skills, abilities, or traits. They experience internal conflict and social maladjustment, resulting in heightened perception of negative consequences during social encounters, poor emotional regulation, negative self-perception as a social being, and perceived deficits in social skills. Negative self-perception contributes to the disorder's chronicity (Pigart et al., 2024).

The therapeutic focus on cognitive restructuring in mindfulness-based schema therapy is designed to challenge and replace negative biases in information processing, reduce negative self-evaluations of performance, and decrease self-focused attention. Since self-focused attention heightens awareness of internal anxiety and amplifies concerns about external appearance, it interferes with objective information processing in social situations. This results in self-criticism and maladaptive behavior. Ultimately, this attentional style leads to safety behaviors, cognitive distortions, physiological symptoms, and diminished social performance, reinforcing distorted self-beliefs. While the primary aim of CBT is not relaxation, nonjudgmental observation of internal experiences can lead to reductions in physiological arousal. Syed et al. (2021) suggested that focusing on the intrinsic value of experiences reduces negative affect caused by failure to achieve expected outcomes (Syed et al., 2021). Ugur et al. (2021) found that CBT activates brain regions associated with positive emotion and adaptive functioning, reducing fear of negative evaluation and introducing strategies that modify how individuals interpret and confront distressing thoughts and

moods (Ugur et al., 2021). These strategies promote corrective emotional experiences and enhance self-regulation.

Like other studies in the human sciences, this research faced limitations. Some key limitations include the inherent constraints of self-report questionnaires, such as participants' varying interpretations of items and reluctance to disclose personal information. This study was limited to men with GAD. It is recommended that future studies replicate this research in other clinical populations to improve generalizability. Conducting similar studies with women diagnosed with GAD is also advised.

Based on the findings, mindfulness-based schema therapy appears to incorporate cognitive restructuring aimed at reducing negative information-processing biases and self-evaluation, while also decreasing self-focused attention. It is therefore recommended that this therapeutic approach be utilized to help reduce maladaptive self-focused attention in individuals with GAD.

Authors' Contributions

All authors significantly contributed to this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the study and participated in the research with informed consent.

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