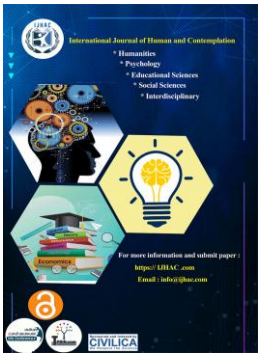
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A Systematic Review of the Importance of Early Maladaptive Schemas in the Persistence of and Resistance to Treatment in Generalized Anxiety Disorder

Fereshteh. Najafi Eskandari[1], Kamran. Pourmohammad Ghouchani[2]

[1] Department of Psychology, Department of Psychology, Arman Razavi Institute of Higher Education, Mashhad, Iran
fereshtehnajafi2006@gmail.com
[2] Department of Clinical Psychology, Ki.C., Islamic Azad University, Kish, Iran
Kamranpourmohammadghouchani@gmail.com

Abstract

Background: Generalized Anxiety Disorder (GAD) is a chronic and debilitating condition, and a considerable proportion of patients do not achieve adequate improvement following standard treatments. Emerging evidence suggests that early maladaptive schemas (EMSs) may be involved in the development and maintenance of GAD and may have implications for understanding inadequate treatment response. This systematic review aimed to synthesize the available evidence on the relationship between EMSs, the persistence of GAD symptoms, and treatment outcomes, with particular attention to treatment resistance.

Methods: Following the PRISMA 2020 guidelines, a systematic search was conducted in international (PubMed, Scopus, Science Direct, Google Scholar) and Persian (SID and Civilica) databases. Quantitative studies examining the relationship between EMSs and GAD, symptom persistence, or treatment outcomes were considered. Methodological quality was assessed using appropriate tools, including the Joanna Briggs Institute (JBI) critical appraisal checklists and the Cochrane Risk of Bias 2 (RoB 2) tool, where applicable. Given the methodological and clinical heterogeneity of the studies, the findings were synthesized narratively.

Results: Seventeen studies were included. Overall, the findings indicated associations between GAD symptoms and several EMSs, including emotional deprivation, abandonment, vulnerability to harm, pessimism, and unrelenting standards. However, the specific schema patterns varied

across studies. In one regression analysis, intolerance of uncertainty ($\beta = 0.39$, $p < 0.001$) and the vulnerability schema ($\beta = 0.34$, $p < 0.001$) were significant statistical predictors of GAD symptoms. Intervention studies provided preliminary evidence for the potential benefits of schema-focused and integrative approaches. Schema therapy was associated with reductions in EMS scores, while an integrated Emotional Schema Therapy–Metacognitive Therapy approach (EST-MCT) was associated with greater reductions in repetitive negative thinking than conventional cognitive behavioral therapy (CBT) ($F = 60.44$, $p < 0.001$). Nevertheless, the latter finding reflects changes in related cognitive-emotional processes rather than direct modification of Young's EMSs. Evidence from treatment-resistant clinical samples also suggested an association between improvements in schema-related measures and reductions in psychological symptoms ($r = 0.64$, $p < 0.01$); however, these findings were derived from small and diagnostically heterogeneous samples.

Conclusion: EMSs may be relevant to understanding the cognitive and emotional processes involved in the persistence of GAD symptoms. Although preliminary findings suggest that schema-focused interventions may have therapeutic potential, current evidence does not establish EMSs as causal determinants of treatment resistance in GAD. Further longitudinal research and adequately powered randomized controlled trials involving clinically diagnosed and treatment-resistant GAD samples are needed to clarify the role of specific schemas and evaluate the effectiveness of schema-focused interventions.

Keywords: Generalized Anxiety Disorder, Early Maladaptive Schemas, Treatment Resistance, Schema Therapy.

1.Introduction

Generalized Anxiety Disorder (GAD) is one of the most prevalent, disabling, and costly psychiatric disorders worldwide, characterized by excessive, uncontrollable, and pervasive anxiety about everyday events, as well as chronic physiological arousal (American Psychiatric Association, 2022). The lifetime prevalence of this disorder is estimated at 4 to 6 percent, and its burden is associated with severe impairment in occupational and interpersonal domains and quality of life, as well as high comorbidity with depressive and somatic disorders (Bandelow & Michaelis, 2015). A prominent clinical feature of generalized anxiety disorder is its chronic, fluctuating, and relapsing course; such that many sufferers, even after years of clinical follow-up, experience long periods of emotional instability and persistent symptoms (Yonkers et al., 2003).

In recent decades, classic cognitive-behavioral therapy (CBT) has been introduced as the first-line psychological intervention and gold standard for GAD (Cuijpers et al., 2014). However, evidence from clinical trials and recent meta-analyses indicates that response to treatment in GAD is not as satisfactory as in other anxiety disorders (such as specific phobia or social phobia). Estimates show that nearly 50 percent of patients with GAD do not respond completely to treatments based on standard CBT protocols, and only about one-third of them achieve stable clinical improvement (High End-state Functioning) in long-term follow-ups (Newman et al., 2013; Fisher & Newman, 2013). Moreover, the relapse rate in this population is concerning. These statistics indicate that treatments focused on negative automatic thoughts and conscious-level cognitive distortions, despite a relative reduction in symptom severity, are often unable to target deeper constructs and fundamental layers of psychological vulnerability; an issue that leads to a clinical phenomenon known as "treatment resistance" and chronicity of symptoms.

To explain the causes of these treatment failures and the erosive nature of generalized anxiety disorder, clinical models have shifted their attention from surface-level cognitive errors to more fundamental structures of personality and emotion processing. Among these, Jeffrey Young's schema therapy theory (Young et al., 2003) provides a comprehensive perspective. According to this theory, "Early Maladaptive Schemas" (EMSs) are deep, self-defeating emotional and cognitive patterns that form during childhood and adolescence as a result of failure to satisfy basic emotional needs and persist throughout life. Research shows that individuals with generalized anxiety disorder exhibit higher levels of maladaptive schemas, particularly in the domains of "Impaired Autonomy and Performance" (such as vulnerability to harm or illness, and dependence/incompetence), "Disconnection and Rejection," and "Over vigilance" compared to the general population (Roelofs et al., 2011; Hawke & Provencher, 2011).

The fundamental issue is that early maladaptive schemas are not merely accompanied by negative thoughts; rather, through the activation of maladaptive coping styles (particularly schema avoidance and overcompensation), they reinforce the process of "worry" as a cognitive avoidance strategy against deep unpleasant emotions (Borkovec et al., 2004). When the patient is confronted with traditional cognitive restructuring techniques, the inflexible structure of these schemas and maladaptive coping modes (Maladaptive Coping Modes) impede experiential and

emotional processing of new information; a condition that directly leads to therapeutic impasses, patient non-compliance, and persistent resistance to intervention (Newman et al., 2017).

Despite the growing body of cross-sectional and experimental research examining the relationship between schemas and anxiety, the research literature in this area is largely scattered, heterogeneous, and lacking an integrated conceptual framework. To date, no systematic attempt has been made to collect and critically evaluate this

evidence with a special focus on the two crucial components of "chronic persistence of symptoms" and "resistance to therapeutic interventions" in a systematic review study. The lack of clarity in precisely identifying which schema domains play a stronger predictive role in treatment failures has hindered the development of targeted and integrative intervention protocols.

Therefore, the present study seeks to answer the fundamental question: How and through what mechanisms do early maladaptive schemas affect symptom persistence and the phenomenon of treatment resistance in individuals with generalized anxiety disorder? Synthesizing the evidence in this systematic review will not only help fill the theoretical gap in the psychopathology of GAD, but will also provide clinical guidance for therapists to overcome therapeutic impasses through the assessment and modification of schema structures.

2.Methodology

This study was a systematic review conducted in accordance with the PRISMA 2020 statement. A comprehensive search was performed in international databases (PubMed, Scopus, Science Direct, Google Scholar) and domestic databases (SID, Civilica) up to 2026 using keywords related to Generalized Anxiety Disorder, Early Maladaptive Schemas, Treatment Resistance and Schema Therapy .

Studies published as advance online publications or preprints were included if they met all other inclusion criteria; their publication status is indicated in the reference list.

After screening and assessing the methodological quality of the studies, those that met the inclusion criteria were selected and analyzed systematically.

PRISMA Flow Diagram:

Identification	Identification of studies via databases and registers Records identified from Databases (n = 350) Records removed before screening: Duplicate records removed (n = 27)
Screening	Screening Records screened (Title & Abstract) (n = 323) Records excluded (n = 273) [Reasons: Irrelevant to GAD, Not measuring EMS, Review articles]
Eligibility	Eligibility Full-text articles assessed for eligibility (n = 50) Full-text articles excluded, with reasons (n = 35) - Wrong population (not specifically) (n = 15) - Not measuring Early Maladaptive Schemas (n = 12) - Single-case / Inaccessible (n = 8)
Included	Studies included in review (n = 17)

Inclusion Criteria:

For a study to be considered eligible for inclusion in this systematic review, it had to meet all of the following criteria:

1. Study type: Quantitative studies, including cross-sectional, descriptive-correlational, causal-comparative, longitudinal studies, and randomized controlled trials (RCTs) or quasi-experimental studies.

2. Participants: Individuals with generalized anxiety disorder or with clinically chronic worry diagnosed based on clinical interview or valid instruments.

3. Independent variable / Exposure: Studies that examined "Early Maladaptive Schemas" based on Young's model and used valid instruments such as the Young Schema Questionnaire (YSQ-L, YSQ-S, or YSQ-SF).

4. Outcomes: Studies that examined the relationship of schemas with symptom severity, persistence, or response/resistance to treatment in generalized anxiety disorder.

5. Language and time: Articles published in English or Persian within the time frame of 2010 to 2026.

Exclusion Criteria:

1. Study type: Review articles, meta-analyses, letters to the editor.

2. Lack of focus on: Anxiety disorders — studies that exclusively addressed depression or issues other than anxiety.

3. Results

3.1. Characteristics of the Included Studies

In this systematic review, 17 studies were identified and reviewed. The studies differed in their research designs, sample characteristics, and assessment procedures. The research designs included 10 cross-sectional/correlational studies, 2 quasi-experimental studies with control groups, 2 uncontrolled pilot studies, 2 single-case experimental studies, and 1 causal-comparative study.

The assessment of early maladaptive schemas was primarily based on Young's Schema Questionnaire (YSQ) and its different versions (YSQ-SF, YSQ-S3, YSQ-R, and YSQ-2). Anxiety-related symptoms and worry were assessed using instruments such as the Penn State Worry Questionnaire (PSWQ), the Generalized Anxiety Disorder-7 (GAD-7), and the Beck Anxiety Inventory (BAI).

(Note: In addition to studies directly measuring EMSs via the YSQ, we included intervention studies that evaluated the efficacy of schema-based integrative approaches (such as EST-MCT) on GAD symptoms and related cognitive processes, even if EMSs were not the primary outcome).

3.2. Relationship Between Early Maladaptive Schemas and GAD

The findings of the comparative studies generally indicate that individuals with GAD show higher levels of certain early maladaptive schemas than individuals

without the disorder. However, the specific schemas identified have not been entirely consistent across studies.

Popa et al. (2017) (n = 200; 100 GAD, 100 controls) found that the GAD group obtained higher scores on 16 of the 18 schemas. Emotional deprivation (M = 21.04), abandonment (M = 22.92), and punitiveness (M = 59.54) were among the most notable. Similarly, Mącik and Shchehelska (2015) (n = 125) identified abandonment, mistrust/abuse, unrelenting standards, and pessimism as prominent schemas among individuals with GAD.

Kocakaya and Özturan (2023) (n = 92) reported significant differences in emotional deprivation ($p = 0.024$), pessimism ($p < 0.001$), abandonment ($p < 0.001$), and vulnerability ($p = 0.042$). Mohammadpour and Mahmoudiyan Dastnaee (2026) (n = 52) also found significantly higher scores across all five schema domains in women with GAD, with the largest effect sizes in "Impaired Autonomy" ($\eta^2 = 0.33$) and "Disconnection/Rejection" ($\eta^2 = 0.25$).

Riley et al. (2026) (n = 186) identified intolerance of uncertainty ($\beta = 0.39$, $p < 0.001$), vulnerability ($\beta = 0.34$, $p < 0.001$), and self-sacrifice ($\beta = 0.18$, $p = 0.02$) as significant predictors of GAD symptoms. Taken together, these findings suggest that several maladaptive schema patterns, particularly abandonment, emotional deprivation, vulnerability, and unrelenting standards, may be associated with GAD.

3.3. Cognitive and Developmental Mechanisms

In addition to identifying schema patterns, some studies have examined the possible developmental processes underlying anxiety symptoms.

Ebrahimi et al. (2023) (n = 297) investigated the relationship between attachment styles, EMSs, and GAD symptoms in adolescents. Their findings indicated that EMSs played a mediating role, and the direct paths from secure and avoidant attachment styles to GAD symptoms were negative and significant ($\beta = -0.29$ and $\beta = -0.34$, respectively). Furthermore, in a student sample (n = 380), Dolatkhah et al. (2024) found that schemas in the domains of "Impaired Autonomy," "Impaired

Limits," and "Overvigilance," through the mediation of emotion regulation, had a positive and significant role in anxiety symptoms ($p < 0.05$).

These findings can be considered in light of the cognitive avoidance theory of worry (Borkovec et al., 2004). From a schema perspective, persistent activation of beliefs involving danger or inadequacy may provide recurring content for worry, which functions as a form of cognitive avoidance. Nevertheless, the available findings do not establish whether these schemas precede the development of GAD or emerge as a consequence of chronic anxiety.

3.4. Findings from Schema-Focused Intervention Studies

Intervention studies provide additional information about the potential role of schema-focused approaches in addressing maladaptive patterns associated with GAD.

Ghaseminejad and Tabatabaei (2023) ($n = 30$) examined the effectiveness of 12 sessions of schema therapy on EMSs. Significant reductions were reported across the assessed schema domains ($p < 0.01$), including Disconnection and Rejection (43.14 to 36.40) and Impaired Autonomy (35.01 to 31.01). Makhdoomi et al. (2024) ($n = 34$) also found that 8 sessions of schema therapy significantly reduced worry ($p < 0.01$) and intolerance of uncertainty ($p < 0.01$). However, because Makhdoomi et al. assessed worry rather than changes in Young's schemas through the YSQ, its findings should be interpreted as evidence concerning treatment outcomes, rather than direct evidence of EMS modification.

3.5. Early Maladaptive Schemas and Treatment Resistance in GAD

Treatment resistance is an important clinical concern in GAD. The studies reviewed in this area suggest that EMSs may be relevant to understanding persistent symptoms; however, the available evidence does not establish that EMSs are direct or independent predictors of treatment resistance specifically in GAD.

Remmerswaal et al. (2023) provide relevant evidence in patients with treatment-resistant anxiety disorders and OCD (n = 27). Their uncontrolled pilot study reported a reduction in overall psychopathology (SQ-48) from 78.6 to 52.4. Improvements in schema scores were significantly associated with reductions in symptoms ($r = 0.64$, $p < 0.01$). However, only 6 patients had a primary GAD diagnosis, and results were not reported separately for this subgroup.

Similarly, Eigenhuis et al. (2026) investigated group schema therapy in non-responding patients with common mental disorders (n = 79). The study reported improvements in anxiety symptoms ($g = 0.44$) and reductions in schema scores. Nevertheless, because the study involved a mixed clinical population, its results should not be generalized specifically to treatment-resistant GAD. The identification of EMSs in individuals with GAD does not automatically indicate that these schemas are responsible for an inadequate response to treatment. Further studies specifically involving GAD patients are needed to determine whether particular schema domains predict poor treatment response.

3.6. Overall Synthesis of Findings (Summary)

The findings reviewed indicate that EMSs are relevant to understanding the cognitive and emotional characteristics of GAD. Across the studies, schemas involving abandonment, emotional deprivation, vulnerability, and unrelenting standards were identified as potentially important.

Evidence from intervention studies suggests that maladaptive schemas and related anxiety symptoms may be modifiable through schema-focused treatment. However, the available findings concerning treatment-resistant populations are based largely on mixed clinical samples. Consequently, although EMSs appear to be important in the clinical understanding of GAD, their precise role in contributing to treatment resistance remains to be established through future longitudinal designs and controlled clinical trials.

4. Discussion and Conclusion

The findings of this systematic review can be considered in relation to previous research on early maladaptive schemas and anxiety. Previous work, including the

review by Tariq et al. (2021), has highlighted associations between specific schema domains, particularly Disconnection/Rejection and Impaired Autonomy/Performance, and anxiety symptoms. However, these findings should be interpreted cautiously, as evidence concerning anxiety disorders more broadly cannot necessarily be generalized to generalized anxiety disorder (GAD) specifically.

From a theoretical perspective, early maladaptive schemas (EMSs) may function as cognitive-emotional filters through which individuals interpret threatening or uncertain situations. For example, activation of the vulnerability to harm schema may lead individuals to perceive their environment as dangerous and unpredictable. In this context, persistent worry may serve as a cognitive avoidance strategy that reduces contact with deeper emotional experiences, consistent with Borkovec et al.'s (2004) avoidance theory of worry. This perspective provides a possible explanation for how maladaptive cognitive patterns may contribute to the persistence of anxiety. Nevertheless, the studies included in this review do not directly establish this proposed mechanism.

Furthermore, the findings are relevant to the Intolerance of Uncertainty (IU) model of GAD. The results reported by Riley et al. (2026) suggest that intolerance of uncertainty and specific maladaptive schemas, particularly vulnerability, may both be associated with GAD symptoms. Considering these constructs alongside developmental factors, such as early attachment experiences and schema formation, may offer a broader framework for understanding the cognitive and developmental processes associated with GAD. However, further longitudinal research is needed to clarify the direction and nature of these relationships.

From a clinical perspective, assessing EMSs may provide additional information about the cognitive and emotional patterns associated with GAD, beyond the assessment of worry and general anxiety symptoms. Instruments such as the Young Schema Questionnaire (YSQ) may therefore be considered as complementary assessment tools when clinically relevant. Schema-focused interventions also appear promising, particularly when maladaptive cognitive patterns are relevant to an individual's clinical presentation. However, given the limited number of controlled intervention studies and the lack of sufficient disorder-specific evidence in

treatment-resistant GAD, such approaches should be considered potential therapeutic options rather than established second-line treatments.

This systematic review aimed to examine the role of early maladaptive schemas (EMSs) in the development and maintenance of generalized anxiety disorder (GAD), with particular attention to their potential relevance to treatment resistance.

Overall, the findings suggest that several early maladaptive schemas, including abandonment, emotional deprivation, vulnerability to harm, pessimism, and unrelenting standards, are associated with GAD symptoms. However, the specific schema patterns varied across studies, indicating that no single schema profile can yet be considered characteristic of all individuals with GAD. Findings from studies examining attachment and emotion regulation also suggest that EMSs may be involved in developmental and cognitive processes associated with anxiety symptoms, although the available evidence does not establish a causal relationship.

Intervention findings provide preliminary support for the potential benefits of schema-focused and integrative approaches in addressing processes associated with GAD. In particular, Ghaseminejad and Tabatabaei (2023) reported reductions in early maladaptive schemas following schema therapy, while Pourmohammad Ghouchani et al. (2027) found that an integrated Emotional Schema Therapy–Metacognitive Therapy approach (EST-MCT) was more effective than conventional cognitive behavioral therapy (CBT) in reducing repetitive negative thinking. Nevertheless, these findings concern different therapeutic targets: the former directly assessed changes in early maladaptive schemas, whereas the latter focused on emotional and metacognitive processes. Therefore, the findings should not be interpreted as equivalent evidence of EMS modification.

Regarding treatment resistance, preliminary findings from studies involving non-responding or treatment-resistant patients suggest that schema-focused interventions may have clinical potential. However, these studies generally involved small or heterogeneous clinical samples, and their findings cannot be directly generalized to treatment-resistant GAD. Moreover, improvements in schema scores and reductions in anxiety symptoms do not, by themselves, establish that schema modification is the mechanism responsible for therapeutic improvement.

Taken together, the findings highlight the potential importance of considering EMSs in understanding and assessing GAD. However, further longitudinal studies and adequately powered randomized controlled trials are required to determine whether specific schema domains contribute to symptom persistence, predict inadequate treatment response, or represent meaningful targets for intervention in treatment-resistant GAD. Until more disorder-specific evidence becomes available, schema therapy and integrative approaches such as EST-MCT should be regarded as promising therapeutic directions rather than established treatments for treatment-resistant GAD.

7.References

American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.). American Psychiatric Association Publishing.

Ansari, P., Sharafi, M., Daneshvarian, K., Ahmadi, Z., Taseiri, K., & Yaghoubian, M. (2016). Study of early maladaptive schemas in depressed, anxious and obsessive patients and non-clinical group. Biomedical and Pharmacology Journal, 9(3), 1161–1170. https://doi.org/10.13005/bpj/1064.

Bandelow, B., & Michaelis, S. (2015). Epidemiology of anxiety disorders in the 21st century. Dialogues in Clinical Neuroscience, 17(3), 327–335. https://doi.org/10.31887/DCNS.2015.17.3/bbandelow

Beheshti, N., Zemestani, M., & Rezaei, F. (2018). Comparing the effectiveness of cognitive behavioral therapy focused on intolerance of uncertainty and pharmacotherapy on worry, intolerance of uncertainty, and cognitive avoidance in patients with generalized anxiety disorder. Iranian Journal of Psychiatry and Clinical Psychology, 24(3), 240–255. https://doi.org/10.32598/ijpcp.24.3.240

Borkovec, T. D., Alcaine, O. M., & Behar, E. (2004). Avoidance theory of worry and generalized anxiety disorder. In R. G. Heimberg, C. L. Turk, & D. S. Mennin (Eds.), Generalized anxiety disorder: Advances in research and practice (pp. 77–108). Guilford Press.

Cuijpers, P., Sijbrandij, M., Koole, S., Huibers, M., Berking, M., & Andersson, G. (2014). Psychological treatment of generalized anxiety disorder: A meta-analysis. Clinical Psychology Review, 34(2), 130–140. https://doi.org/10.1016/j.cpr.2014.01.002

Dolatkhah, A., Mahmoud-Alilou, M., & Bayrami, M. (2024). Investigating the relationship between early maladaptive schemas and symptoms of generalized anxiety disorder and depression, with the mediation of emotion regulation in students. The First International Conference on Psychology, Educational Sciences and Social Sciences in Humanities. https://civilica.com/doc/2025782/

Ebrahimi, Z., Makvand Hosseini, S., & Tabatabaee, S. M. (2023). Prediction of generalized anxiety disorder based on attachment styles by mediating early maladaptive schemas in adolescents. Psychological Achievements, 30(2), 121–138.

https://doi.org/10.22055/psy.2023.43355.3003

Eigenhuis, E., Remmerswaal, K. C. P., Schopman, S., Muntingh, A. D. T., Boeschoten, R. E., van Oppen, P., & Batelaan, N. M. (2026). Group schema therapy in non-responding patients with common mental disorders: A pilot study. Journal of Affective Disorders Reports, 23, Article 101013. (Advance online publication). https://doi.org/10.1016/j.jadr.2025.101013

Fisher, P. L., & Newman, M. G. (2013). Heart rate and autonomic response to stress after experimental induction of worry versus relaxation in healthy, high-worry, and generalized anxiety disorder individuals. Biological Psychology, 93(1), 65–74. https://doi.org/10.1016/j.biopsycho.2013.01.012

Ghaseminejad, N., & Tabatabaei, S. M. (2023). The effectiveness of schema therapy on early maladaptive schemas and illness perception in people with generalized anxiety disorder. Journal of Health and Care, 25(2), 158–167. https://doi.org/10.61186/jhc.25.2.158

Hawke, L. D., & Provencher, M. D. (2011). Schema theory and schema therapy in mood and anxiety disorders: A review. Journal of Cognitive Psychotherapy, 25(4), 257–276. https://doi.org/10.1891/0889-8391.25.4.257

Khaleghi, M., Leahy, R. L., Akbari, E., Mohammadkhani, S., Hasani, J., & Tayyebi, A. (2017). Emotional schema therapy for generalized anxiety disorder: A single-subject design. International Journal of Cognitive Therapy, 10(4), 269–282. https://doi.org/10.1521/ijct.2017.10.4.269

Kocakaya, H., & Özturan, D. D. (2023). Evaluation of patients diagnosed with generalized anxiety disorder in terms of early maladaptive schemas. Medical Records, 5(Supplement 1), 1–6. https://doi.org/10.37990/medr.1306653

Koerner, N., Tallon, K., & Kusec, A. (2015). Maladaptive core beliefs and their relation to

generalized anxiety disorder. Cognitive Behaviour Therapy, 44(6), 441–455. https://doi.org/10.1080/16506073.2015.1042989

Mącik, D., & Shchehelska, A. (2015). Interrelations between early maladaptive schemas, well-being and sense of life in generalized anxiety and depression disorders. Postępy Psychiatrii i Neurologii, 24(4), 208–216. https://doi.org/10.1016/j.pin.2015.10.003

Makhdoomi, M., Abolghasemi, S., & Khane Keshi, A. (2024). The effectiveness of schema therapy on worry states and intolerance of uncertainty in patient with generalized anxiety disorder. Journal of Psychological Science, 23(144), 79–95. https://doi.org/10.52547/JPS.23.144.79

Mohammadpour, M., & Mahmoudiyan Dastnaee, T. (2026). Comparison of early maladaptive schemas in women with and without generalized anxiety disorder. Journal of Tabari Biomedical Student Research, 16(2), 28–35. https://doi.org/10.61186/jtbs.16.2.28

Newman, M. G., Shin, K. E., & Zuelle, A. R. (2013). Worry and generalized anxiety disorder: A review and theoretical synthesis of evidence on nature, etiology, mechanisms, and treatment. Annual Review of Clinical Psychology, 9, 275–297. https://doi.org/10.1146/annurev-clinpsy-050212-185544

Newman, M. G., Zuelle, A. R., Kachin, K. E., Constantino, M. J., Przeworski, A., Erickson, T., & Cashman-McGrath, L. (2017). Does schema therapy change schemas and symptoms? A systematic review across mental health disorders. Psychology and Psychotherapy: Theory, Research and Practice, 90(3), 456–479. https://doi.org/10.1111/papt.12112

Popa, C. O., Rus, A. V., Skinner, C., & Lee, J. (2017). The relation of dysfunctional cognitive schemas and personality dimensions in generalized anxiety disorder. Acta Medica Marisiensis, 63(4), 183–189. https://doi.org/10.1515/amma-2017-0035

Pourmohammad Ghouchani, K., Sohrabi, F., & Sabet, M. (2027). Comparison of the effectiveness of cognitive behavioral therapy and emotional schema therapy based on metacognitive therapy on repetitive negative thoughts in patients with generalized anxiety disorder. International Journal of Education and Cognitive Sciences, 8(7), 1–16. (Advance online publication). https://doi.org/10.61838/kman.ijecs.507

Remmerswaal, K. C. P., Cnossen, T. E. A., van Balkom, A. J. L. M., & Batelaan, N. M. (2023). Schema therapy with cognitive behaviour day-treatment in patients with treatment-resistant anxiety disorders and obsessive-compulsive disorder: An uncontrolled pilot study. Behavioural and Cognitive Psychotherapy, 51(2), 174–179. https://doi.org/10.1017/S1352465822000625

Riley, J. A., Wilson, E. J., Norton, A. R., & Abbott, M. J. (2026). Exploring the role of early maladaptive schemas and intolerance of uncertainty in generalized anxiety disorder. British Journal of Clinical Psychology, 65(1), 199–217. (Advance online publication). https://doi.org/10.1111/bjc.70012

Roelofs, J., Lee, C., Ruijten, T., & Lobbestael, J. (2011). The mediating role of early maladaptive schemas in the relation between quality of attachment relationships and symptoms of depression in adolescents. Behavioural and Cognitive Psychotherapy, 39(4), 471–479. https://doi.org/10.1017/S1352465811000117

Shorey, R. C., Elmquist, J., Anderson, S., & Stuart, G. L. (2015). The relation between early maladaptive schemas, depression, and generalized anxiety among adults seeking residential treatment for substance use disorders. Journal of Psychoactive Drugs, 47(3), 230–238. https://doi.org/10.1080/02791072.2015.1050133

Tariq, A., Quayle, E., Lawrie, S. M., Reid, C., & Chan, S. W. Y. (2021). Relationship between early maladaptive schemas and anxiety in adolescence and young adulthood: A systematic review and meta-analysis. Journal of Affective Disorders, 295, 1462–1473. https://doi.org/10.1016/j.jad.2021.09.031

Yonkers, K. A., Bruce, S. E., Dyck, I. R., & Keller, M. B. (2003). Chronicity, relapse, and illness-course of panic disorder, social phobia, and generalized anxiety disorder: Findings in men and women from 8 years of follow-up. Depression and Anxiety, 17(3), 173–179. https://doi.org/10.1002/da.10106

Young, J. E., Klosko, J. S., & Weishaar, M. E. (2003). Schema therapy: A practitioner's guide. Guilford Press.