

A Phenomenological Study of the Evolutionary Roots of Schemas and Stabilizing Factors of Grief in People with Psychopathological Grief during Schema Therapy

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Abstract

Introduction: Although grieving is a common response to loss, it can become pathological and destructive for some people. Understanding the significance of early maladaptive schemas, which have roots in developmental experiences and temperament, is crucial for the effective treatment of complex grief. This study aimed to conduct a phenomenological exploration of the lived experiences of individuals with psychopathological grief and to illustrate how schema therapy techniques were perceived by them during treatment.

Method: This study employed a qualitative phenomenological design. The statistical population consisted of individuals diagnosed with psychopathological grief, from which three bereaved clients were selected through convenience sampling. Each participant underwent schema therapy during 10 one-hour sessions. Data collection involved diagnostic interviews based on DSM-5 criteria, open-ended semi-structured therapeutic interviews, and observational notes. All interviews were transcribed verbatim within 48 hours and analyzed using Colaizzi's seven-step method. Triangulation and researcher consensus were used to enhance reliability and validity of findings.

Results: characterized by control and emotional deprivation, early life experiences such as unmet emotional needs and unresolved grief, and emotional temperament were marked by anxiety and inhibition. Participants reported that schema therapy facilitated greater emotional awareness, challenged maladaptive patterns, and fostered healthier coping strategies. These effects were described qualitatively through clients' narratives rather than measured quantitatively.

Conclusion: The findings emphasize the importance of examining the transformational roots of schemas and the stabilizing factors of grief, highlighting the effectiveness of schema therapy in treating psychopathological grief and correcting the associated schemas. In practical terms, these results suggest that schema therapy can be applied as a clinical intervention to improve emotional awareness, restructure maladaptive schemas, and prevent recurrence of grief-related symptoms.

Keywords: Psychopathological Grief, Evolutionary Roots, Schemas, Phenomenology, Bereaved

Introduction

Grief is a mental feeling of any loss, and mourning is the process of facing and resolving this grief, and bereavement only includes grief due to the death of a loved one [1]. Losing a loved one in life is one of the most stressful interpersonal events [2]. The death of a loved one has a significant impact on the survivors [3].

The importance of grief is its high impact on various factors that can change people's resilience [4]. The manifestation of grief is also a reflection of a set of elements. These manifestations can be associated with feelings such as guilt and anxiety and various disorders [5]. The correlation between bereavement symptoms and PTSD has been shown [6, 7]. Based on clinical evidence, many bereaved people suffer from immune system

malfunction, so people are at risk of depression, anxiety disorders, physical diseases and increased mortality [8-11].

In this regard, it seems necessary to use treatment methods that can reduce the symptoms and more importantly that can find the root. Clinical trials have also explored therapeutic responses. In a randomized controlled trial, the results shows that specialized grief-focused interventions significantly reduced symptoms compared to supportive counseling [9]. Similarly, cognitive and behavioral correlates of prolonged grief that overlap with maladaptive schema processes, suggesting theoretical links to schema therapy [12].

This means effective interventions are required that not only decry acute symptoms but also target underlying mechanisms. One such mechanism is the role of early maladaptive schemas, which develop through adverse childhood experiences and temperament factors [13]. These schemas are formed gradually during childhood and have a stable, inefficient and durable effect, so changing them takes time and are so-called resistant to change [14]. They arise as a result of not being fulfilled and failure to provide the basic needs of children. As a result, they have a bad effect on the cognitive and behavioral processing of people [15]. Schema therapy seeks to correct the central core of the problems, and this increases the success rate of the treatment by preventing the return and recurrence of the disease [16].

In this regard the current theory suggests that complicated grief occurs when loss activates maladaptive schemas, such as abandonment or emotional deprivation, which intensify distress and impede adaptation [12, 17]. Attachment theory, in addition, identifies that insecure attachment styles, formed in early relationships, render individuals vulnerable to complicated grief [18]. The theoretical foundation of this study is thus founded upon the integration of schema theory and attachment models with an emphasis on the role of early maladaptive schemas in maintaining pathological grief and informing the basis for the application of schema therapy as a treatment intervention.

Based on what has been explained, psychopathological grief is basically a deep disorder that can involve different aspects of the life of the survivor and his family, and if not diagnosed in time and correct clinical treatment, it can lead to all kinds of mental disorders. On the other hand, the use of the new schema therapy approach is useful in the treatment of this disorder [16]. On the other hand, based on the belief in the importance of communication between mother and child in the fulfillment of needs and forming schemas [19], the child's early experiences and emotional temperament are also considered important [20]. Therefore, schemas can affect various aspects of life, and especially when dealing with disturbing events such as grief, they can provide the basis for suffering from disturbing symptoms and signs. So the importance of the present study lies in the fact that there is an immediate need to know more and respond more effectively to psychopathological grief. The condition can significantly impair the emotional, cognitive, and social functioning of

those who are bereaved and also place a considerable burden on families and society. Despite its clinical significance, relatively few studies have examined the developmental and cognitive-emotional processes involved in the chronicity of symptoms of grief. By examining the operation of early maladaptive schemas and their role in the grieving process, this research offers fresh additions to the knowledge of the operation of these schemas in the maintenance of pathological grief. Furthermore, by specifying the potential of schema therapy as a targeted intervention, this research highlights the contribution of this research both to the development of theoretical knowledge and to directing effective clinical application. Accordingly, in this study, we have investigated the phenomenological evolutionary roots of schemas and stabilizing factors of grief in people suffering from psychopathological grief.

Method

This study employed a qualitative phenomenological design. The statistical population included individuals diagnosed with psychopathological bereavement, and three participants were selected using convenience sampling. Each of the participants were administered to schema therapy through 10 sessions, one hour on average per session. The treatment protocol employed the use of schema theory, which emphasizes the identification and modification of early maladaptive schemas through cognitive, experiential, and behavioral techniques. This theoretical foundation was determined to be appropriate based on the developmental etiology of grief schemas and the chronicity of dysfunctional coping styles.

Inclusion criteria were: (1) psychopathological diagnosis of grief made by both a psychiatrist and a clinical psychologist, and (2) experience of loss 12-18 months prior to inclusion in the study. Exclusion criteria were: (1) presence of other severe psychiatric or neurological illnesses, (2) current substance abuse (drugs, alcohol, or stimulants), and (3) simultaneous involvement in other psychological or pharmacological treatments during the experiment.

Ethical considerations were strictly observed. Participants provided written informed consent prior to enrollment in the study, and confidentiality of information was maintained throughout the study. Protocol of the study had been cleared and the participants were informed about their right to withdraw at any point in time without penalty. The tools used in this study were as follows:

A structured diagnostic interview was conducted according to DSM-5 criteria for psychopathological grief. The interview served to differentiate between normal and pathological grief and to establish eligibility to take part. Diagnosis comprised a screening of the symptom duration, intensity, and functional impairment and verification by a clinical psychologist and a psychiatrist.

Open-ended Researcher-made semi-structured Interview

In this study, a semi-structured interview was administered to solicit participants' lived experiences. An interview guide consisting of open-ended questions

designed to elicit storytelling about childhood experience, parenting, temperament, and the impact of grief on everyday life was employed. Flexibility was also provided for questions to be adapted according to each participant's response in order to provide depth and to allow exploration of emerging themes.

Observation

Therapeutic interviews were also part of the 10 schema therapy sessions. Even though the protocol provided a formulaic structure, the questions were tailored to fit the individual's needs and presenting issues. By doing so, the researcher was able to gain individualized schema-related patterns and emotional responses within the framework of the therapeutic process. Direct observation was employed as a second method of data collection. The researcher took note, during each session, of participants' facial features, tone of voice, and shifts in behavior,

recording spots of emotional activation, avoidance, or cognitive insight. Observational findings were compared with interview material to add reliability and provide a richer picture of the therapeutic process.

Schema therapy approach was used for the treatment, which took place during 10 one-hour treatment sessions. All the interviews and therapy sessions were recorded, and within 24–48 hours of each session, they were transcribed verbatim and their important points were recorded. Accuracy of transcription was verified through repeated listening, and confidentiality was strictly maintained in data storage and analysis. A ten-session protocol based on schema-based therapy was prepared by the researcher based on numerous research [21–26]. In this protocol, the goals of each meeting along with the necessary content and explanations are as follows in Table 1:

Table 1. Ten-session Schema Therapy Protocol

Sessions	Content and explanations in each session
First	Interview and review of initial history
	Giving explanations about schema therapy, expressing the client's problems in the form of schema therapy approach
	Expression of ethical points in research
Second	Giving explanations about the types of early maladaptive schemas and how they affect the flow of life, coping styles and defective cycles
	Examining evidence confirming and rejecting schemas
Third	Completing the list of refuting and confirming evidence
	Examining the task of the previous meeting and analyzing the written evidence, using the techniques of empathic confrontation and Socratic questioning.
	Teaching about various therapeutic techniques and presenting the logic of cognitive techniques.
	Making a list of advantages and disadvantages of schemas.
Fourth	Completing the list of advantages and disadvantages of schemas
	Examining the homework
	Presenting the logic of the empty chair technique, using the strategies of empathic confrontation and Socratic questioning.
	Challenging schemas
Fifth	Returning to the previous meeting and checking the results of the empty chair and using them to prepare educational cards
	Presenting the rationale for doing this technique
	Understanding healthy behavior
Sixth	Continue making cards for all active schemas
	Checking the homework
	Explanation about experimental techniques and emotional
	Presenting the logic of the mental imagery technique
Seventh	Discussion and conversation about what happened
	Teaching about the logic and how to implement the imaginary conversation technique between clients in the past with the cause of the formation of the desired schema during the visualization of a disturbing situation in life.
	Empathetic confrontation and Socratic questioning
	Explain how to implement and logic of behavioral techniques
Eighth	Showing solutions
	Motivational explanations regarding the development of clients' motivation to modify the intended behavior
	Re-examining what has been done during 8 sessions
Ninth	Continue to increase the motivation for change
	Practicing healthy behavior
Tenth	Talk about making important changes in life
	Examining the problems and opinions of the clients regarding the treatment
	Reviewing what has been done and summarizing it

Data analysis was conducted using Colaizzi's seven-step phenomenological method, which involved: (1) repeated reading of the interview transcripts to achieve familiarity, (2) extracting significant statements directly related to the phenomenon of grief and schemas, (3) formulating meanings from these statements, (4) clustering formulated meanings into thematic categories, (5) developing an exhaustive description of the phenomenon, (6) refining the fundamental structure of the experience, and (7) validating the findings through participant feedback (member checking). This step-by-step process ensured methodological integrity and precision.

In order to enhance credibility, a number of strategies were employed. Triangulation was conducted at data (interviews, observations, and therapy session transcripts) and investigator levels (cross-validation of codes by two researchers who were independent). Peer debriefing was also conducted to debate coding decisions and reduce researcher bias. An audit trail documenting analysis decisions was also maintained, and members were requested to check for accuracy of interpretation through member checking.

Analysis covered all three participants' interview transcripts, and data saturation was considered reached when no new codes or themes were in the last sessions. Two researchers conducted manual coding and compared and resolved discrepancies until consensus was reached. The emerging codes were then progressively built into higher-order themes that were iteratively improved.

The final conclusions identified three overarching themes: parenting, early life experiences, and temperament, each supported by exemplar participant quotations for the purposes of increasing credibility and ensuring a close fit with the data. The themes were traced directly back to the study's research questions, demonstrating the way in which the phenomenological inquiry brought to light the schema-related etiology of psychopathological grief.

Results

The sample for this research consisted of three bereaved clients who were all females. They ranged in the age range from 28 to 45 years, which translates to early to middle adulthood. All the participants had lost a close relative within 12 to 18 months prior to the study. Three participants were university graduates in terms of education. Demographically, they were culturally and socially similar, both from middle-class urban families.

The findings in this field show that the stabilizing factors of bereavement can be placed and evaluated in three main topics, which are: parenting, initial experiences and mood. In the following, the contents and details of each are explained in detail.

During interviews with bereaved people, common points were found that are included in the main theme of parenting. These common points are include: dominant styles, family members and family relationships. In the following, each of these will be examined.

Dominant Styles: Among the parents' parenting styles, four parenting styles were emotional deprivation

(elimination of emotions, emphasis on rationality), controlling (inducing rules, sense of guilt and development of premature identity), perfectionism (conditional positive attention due to the spirit of comparison and faultfinding) and pessimism (killer of children's happiness).

Family Members: Regarding the family members of the bereaved clients, two aspects could be observed. Dominant parents (determining the parenting style) had three active and prominent schemas, which were: Unrelenting Standards/Hyper critics, Negativity/Pessimism, and Emotional Inhibition. Second, they received the diagnosis of ego-syntonic OCD disorder. On the other hand, the defeated members (accepting the parenting style) did not have any effective and important role in education and parenting, and they have been given attributes such as submissive and indifferent from the clients. Their three salient schemas include Dependence/Incompetence, Enmeshment/Undeveloped Self, and Subjugation. They have depressive and anxious personality traits.

Family Relationship: In these families, relationships full of control and obedience can be seen. In this regard, client number 3 said this about her family:

"Basically, in our house, my grandfather is the king of the house, he interferes in everything and gives his opinion. As long as he was alive, we always asked him for guidance. I miss him. On the one hand, I like to be like him, to be decisive, but on the other hand... he's stubborn about it."

Initial experiences

The second sub-theme has been obtained, which includes a wide range of positive and negative events in human life, which can be very productive in the formation and continuation of schemas. To better understand the types of effects in this area, the initial experiences were divided into three sub-categories, which are: Frustration of needs, Assimilation and Grief-Stricken experiences, which are described below:

Frustration of Needs: During the evaluation of the clients, it was found that they have unfulfilled needs. These needs were divided into primary and secondary categories.

Frustration at the basic (main) need:

Due to the need for security, client No. 3 talked about his father who had died but was still suffering from his behavior:

"He never knocked on the door of my room, come sit next to me, and hug me. It never happened. CoHe never said the he loved me. There was no time...never."

Secondly, the clients were constantly trying to prove their existence and tried to cover their possible real or imaginary defects by fulfilling the wishes of others. Like client No. 1:

"I never get energy from myself to do anything. You know, I've been like this since I was a child. My mom always said that I understand better than you, and if you want me to love you, do what I say. You'll decide later."

Thirdly, the clients had grown up in families where each of them had a problem with expressing emotions correctly.

For example, client No. 2 said:

"You don't understand anything. Do you understand that you disgraced me? Why did you cry so much? Why did you disgrace us in front of all the family? Why did you cry there? What happened when you cried? Grandpa came back? Where is he? Han!!"

Frustration in secondary needs:

In the continuation of the examination of the failure in the need for security, we came across three common traits in the clients, which indicate a weakness in fulfilling other needs, the introduction of all of which was the need for security. In this regard, client No. 1 clearly stated:

"I don't want to say that I'm unhappy with my mom, but maybe if my mom would have let me be myself, instead of facing me, be by my side, maybe I could have been a better version of myself."

The obtained attributes were arranged based on the degree of influence and power of schematization in clients. The first common trait that had more weight than other traits was inhibition of emotions, which was clearly palpable in the clients' behavior and speech. This inhibition is basically caused by the lack of support in the emergence of emotions, as well as the strengthening of extreme rationalizations of families, which destroys the need for fun in children. In this case, client No. 2 said:

"Finally, it was hard for me. I'm upset... It doesn't matter if I'm upset or not. If I sit down and be upset, then come here and say I'm upset, it will heal the pain! The important thing is that I have a duty to do now!!"

The second common attribute was the premature identity. Like client No.1, who said:

"Once I wanted to make a new dish I admit that it wasn't very tasty, but it wasn't bad either. But mom looked at me so badly and then she said, you have taken away all these foodstuffs. Listen to me when I say something to you. I know what I'm talking about. But I still want to eat my own bad food, not mom's delicious food."

The third characteristic was the effort that clients make to attract the attention and admiration of others. In this regard, client No. 3 said:

"According to my grandfather, they are always a little better than us. We always have to try to be like them".

Grief-Stricken Experiences

This topic is divided into two sections, which have been explained in detail below:

Unresolved grief experience (death of a loved one): There were clients like client No. 1 who had the experience of her father's death at a young age but did not have a chance to express her emotions and mourn:

"It didn't matter at all what happened. We should have behaved correctly. Everyone is eating Halva and offering condolences, but I still don't seem to understand what happened.... After that, I was unable to go to my father's grave even once because of all the work, studies, and school. Mom said it is not good for children."

Imposed experience of other losses: Client No. 2 said:

"Dad always said that when people are around you, it doesn't matter if they are your friend or a passer-by, they still think about themselves. They shouldn't distract you

and stab you in the back. That's how you can be your own lady."

Moods

The common traits of clients' moods are depression, anxiety and aggression, respectively. For example, client No. 2, in further explaining what she said about her childhood's anxieties, stated:

"When I was a child, I was not a very self-confident person, but I got better after a while. I tried to listen to my father's words instead of being anxious in any situation. This way I could reduce my anxiety".

Discussion

The classified findings in response to the research question were summarized in three main themes and six sub-themes, which represent the factors that create schemas from childhood and the factors that stabilize them during the time until the adulthood of the clients. The three main themes obtained include parenting, initial experiences, and mood (emotional temperament).

The first and of course the most important topic in creating and developing a schema is parenting. Accordingly, Tappel has named parenting as an important factor in creating schemas [19]. This is so important that Shute et al. stated that it can affect the formation of schemas and in the later life of people, it will also affect their performance in raising their children [27]. In all three sub-topics (dominant styles, family members, schemas and diagnostic history of neuropsychology, and family relationships), the observed similarities played a significant role in not satisfying certain needs in clients and provided the basis for the emergence of similar schemas. These findings are similar to the findings of previous studies [28-30] each of which have somehow investigated the relationship between parenting and children's schemas. They have confirmed Young's words that *"how to deal with a child is completely dependent on how we raise ourselves"*.

The findings of this study confirmed that parenting is not only the original source for the development of early schemas, but also a causal agent in whether they persist or modify across life. Family relationship quality and parenting style are the first source by which a child's core emotional needs are either satisfied or continually withheld. Since these needs are all constantly overlooked or periodically met, children end up internalizing inflexible and pathological cognitive-emotional patterns that surface in adulthood as early maladaptive schemas. The most salient feature of the present study was the remarkable similarity between subjects in dysfunctional parenting and painful family relationships, similarities which were specifically correlated with schema activation during loss. Notably, schemas serve as interpretational filters, regulating individuals' experience and emotional processing of loss. For people who have maladaptive schemas, grief is not only experienced as a present event but also as a reactivation of past frustration, rejection, and abandonment. This heightened vulnerability enhances the risk of these individuals to develop psychopathological

grief. These findings not only validate existing research but also support the clinical utility of challenging parenting-related schemas in grief therapy. Effective interventions would aim at reconstructing these early care-giving interactions and remediating the pathological grief reactions based on maladaptive schemas.

The second main theme is initial experiences, which expresses the three sub-themes of frustration of needs, assimilation and grief-stricken experiences. This theme deals with dimensions of schema such as memories and mental images that originate from childhood and persist into adulthood. Regarding the importance of this area, the parenting environment, which is a platform for satisfying needs and internalizations, is very important, and we must be careful about training and role models and maintain a balance in satisfying needs [16]. The importance of these experiences has been previously mentioned in other research [31].

The second major finding highlights the core role of early experiences in forming and solidifying early maladaptive schemas. Frustration of core needs, processes of assimilation, and mourning-saturated events in childhood are cognitive and affective seeds that carry over into adulthood and shape individuals' meanings and responses to later adversity. Early life memories and imagery are not passive records of the past but are rather reactivated in loss experiences, compelling individuals to experience present-day bereavement through the lens of previous privations. The parenting environment, as the primary context for need fulfillment and internalization, is particularly pivotal here—any discrepancy or imbalance of care can offer the foundation for schema-based vulnerabilities that can persist throughout life. In grief, such maladaptive schemas magnify emotional pain, because the loss is not only encountered as an immediate occurrence but is experienced as a reiteration of unmet childhood needs and unresolved aggravations. These remarks highlight the necessity for the treatment interventions in psychopathological grief to transcend coping with actual emotional pain. Instead, effective interventions must address the rebuilding of those early unmet experiences, thereby allowing the reformulation of maladaptive schemas that sustain pathological grieving processes.

The third main theme is the mood (emotional temperament) that everyone has since birth. This difference in temperament makes dealing with different life events diverse and sometimes turns challenges into complex and seemingly unsolvable problems and provides the ground for the development of certain early maladaptive schemas. In this regard early maladaptive schemas are the result of the failure of childhood needs, in relation to the child's natural temperament and his early environment. The same mood can determine which parts to choose or neglect in modeling and internalization [20]. The third general theme highlights the role of emotional temperament as a fundamental individual and biological variable that interacts with family environment and early experience. Temperament plays a role in determining how

children perceive and process life events from birth and generates variability in their vulnerability to developing maladaptive schemas. Children with more emotionally sensitive temperaments will be more likely to react strenuously to unmet needs or chaos in the environment, thereby increasing the likelihood of adopting early maladaptive schemas. For individuals with more flexible or resilient temperaments, though, they are able to exhibit more flexibility even when subjected to the same adversities, thereby reducing the likelihood of schema consolidation. Temperament thus serves as an interpretive filter by which experiences get filtered and internalized. In bereavement, individuals with insecure temperaments will tend to experience loss not only as a unique event, but as a chronic element of unfulfilled emotional needs and thwarted childhood frustrations that augment the power of grief. This points to the importance of integrating temperament in our understanding of pathological grief: not only should therapeutic interventions seek to reestablish pathogenic schemas, but they should also confront strategies for emotional regulation and adaptation that are specifically sensitive to individual temperamental differences.

Conclusion

The results of this research show the value and identity of grief as a separate disorder from other neurological and mental disorders, which timely and quick examination can prevent bad consequences and prognosis in the future. On the other hand, schema therapy and its four techniques were able to cover all dimensions of loss, and the comprehensible logic of the content of the techniques made the clients face to face with the therapist in the treatment sessions, which provides emotional and verbal projections.

In general, as a suitable therapeutic strategy for the treatment of grief and loss, schema therapy can be considered very productive and deep, which in addition to dealing with the dimensions of the current event, also investigates the root of the disorder and symptoms in the past. It made the faulty and repetitive cycles easier for clients. What was clearly seen in the clients was weakness and major problems in the field of emotions. Therefore, the use of experimental techniques was considered more valuable. However in general, the combination of four types of schema-based therapeutic techniques was extremely effective.

According to the results of this research, the phenomenological investigation of the evolutionary roots of schemas and stabilizing factors of bereavement in people suffering from psychopathological grief seems to be very necessary. Because in all parts of human life, there are sensitive events and traumas lurking that can lead to a wave of destructive emotions and thoughts. Therefore, by examining the evolutionary roots of schemas and correcting them, symptoms can be avoided. Morbid symptoms were prevented in the face of these events, and on the other hand, in patients and clients with symptoms of psychopathological grief, an important step can be taken in the path of their improvement and adaptation by

discovering the roots and schemas. In fact, this issue is very widespread, but at the same time, the amount of scientific research in this field is very low, so the need to compensate for this deficiency is very urgent and serious in the current scientific community.

This research faced some limitations. The first limitation in conducting this research was related to the lack of sufficient resources in the field of grief, psychopathological grief disorder and phenomenological investigation during schema-based treatment. The number of clients of this research was reduced to three people. By chance, all clients were women, which can be considered in future researches to use wider age ranges as well as both sexes in researches. Future mixed-method studies could combine phenomenology results with established assessment tools.

Conflict of Interest

The authors have no conflicts of interest.

Ethical Approval

Code of ethics with number of IR.SBU.REC. 1401.023 has been received from Shahid Beheshti University.

Declaration of Generative AI and AI-Assisted Technologies

During the preparation of this work the authors used GINGER in order to enhance the quality of the text by improving grammar, spelling, and clarity. They also used ChatGPT in order to assist with the translation of the original text from Persian into English. After using these tools, the authors reviewed and edited the content as needed and takes full responsibility for the content of the publication.

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