EARLY MALADAPTIVE SCHEMAS AND COPING MODES IN UKRAINIAN FEMALE REFUGEES: AN EMPIRICAL STUDY WITHIN THE SCHEMA-THERAPY FRAMEWORK

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Summary

Since February 2022, Russia's full-scale invasion of Ukraine has triggered the largest displacement crisis in Europe since World War II. Millions of Ukrainians–disproportionately women–have fled their homes, often after prolonged exposure to shelling, loss, and chronic uncertainty. Such conditions undermine emotional stability and create fertile ground for long-term psychological difficulties

We invited two groups of adult Ukrainian female refugees: 32 who had already sought psychological help and 30 who had not. The participants completed Ukrainian versions of two standard questionnaires: the Young Schema Questionnaire, which measures negative belief patterns, and the Schema Mode Inventory, which captures moment-to-moment emotional states known as schema modes. We compared the groups with established statistical tests.

Women who had sought help scored significantly higher on 11 of the 18 negative belief patterns, including Emotional Deprivation, Abandonment, Mistrust/Abuse, and Unrelenting Standards. They also showed stronger "child" and "punitive parent" modes, reflecting feelings of vulnerability and severe self-criticism. By contrast, women who had not sought help displayed a stronger adaptive Healthy Adult mode, indicating greater emotional resilience.

The study suggests that war-related displacement reactivates old, unhelpful beliefs about the self and others, leaving refugee women emotionally vulnerable and self-critical. The findings highlight the need for schema-focused therapy that helps clients strengthen their Healthy Adult part, meet core emotional needs for safety, love, and autonomy, and reduce perfectionistic and punitive self-attitudes. Such work can make psychological support programs for refugees more effective and targeted.

Key words: Ukrainian female refugees, early maladaptive schemas, schema modes, schema therapy, coping strategies, emotional resilience, war-related displacement.

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1. Introduction

Russia's full-scale invasion has precipitated mass displacement in which women constitute a substantial proportion. Marked by heightened vigilance, unstable attachment security, and perfectionistic self-standards under chronic uncertainty, these refugees constitute a high-inference

model for examining transdiagnostic mechanisms (threat appraisal, emotion dysregulation, negative self-schemas) that generalize across anxiety, depression, and trauma-related disorders.

Our study sought to identify the predominant early maladaptive schemas among displaced Ukrainian women and to characterize their associated coping responses.

Schema therapy offers a theoretically rich lens for understanding these difficulties. Built around four interlocking constructs–basic emotional needs, early maladaptive schemas (EMSs), coping styles, and schema modes–it posits that repeated frustration of a child's core needs for safety, attachment, autonomy, and self-expression fosters enduring, self-perpetuating beliefs about the self and others *(Giesen-Bloo, et al.,2006)*.

Jeffrey Young identified 18 EMSs clustered into five domains, each of which can be activated in adulthood by stressors that echo the original deprivation or trauma. When an EMS is triggered, individuals shift into transient but powerful "modes" (e.g., Vulnerable Child, Punitive Parent) that organize emotions, bodily sensations, cognitions, and behaviors in the service of short-term affect regulation–often at the expense of long-term adaptation *(Young, Klosko, & Weishaar, 2003)*.

Although extensive work links EMSs to anxiety, depression, and personality disorders in clinical populations, empirical data on forcibly displaced civilians remain scarce. Studies with war-affected samples indicate that dislocation can reactivate dormant schemas, leading to heightened self-criticism, mistrust, and perfectionism; yet these findings derive mainly from mixed-gender or non-Ukrainian cohorts.

Given the gendered nature of displacement–women frequently carry the dual burden of caregiving and economic survival–there is a pressing need to examine how EMSs manifest specifically in Ukrainian female refugees.

The present study addresses this gap by comparing EMSs and schema-mode profiles in two groups of adult Ukrainian women currently living abroad: those who have sought psychological assistance and those who have not. Using validated Ukrainian versions of the Young Schema Questionnaire (YSQ-S3) and the Schema Mode Inventory (SMI), we test the following hypotheses: Higher EMS load among help-seekers. Refugees who pursue counseling will report significantly greater activation of disconnection- and rejection-related schemas (e.g., Emotional Deprivation, Abandonment, Mistrust/Abuse) than non-help-seeking peers.

More maladaptive modes among help-seekers. Help-seekers will endorse stronger child and punitive-parent modes, whereas non-help-seekers will show higher scores on the adaptive Healthy Adult mode.

Clinical implications for targeted intervention. Identifying the most salient schemas and modes will inform schema-focused programs aimed at strengthening refugees' Healthy Adult capacities, meeting core needs for safety and belonging, and reducing perfectionistic and punitive self-attitudes.

By integrating schema theory with the lived experience of wartime displacement, this study seeks to clarify the psychological mechanisms that render some refugee women especially vulnerable–while highlighting leverage points for more precise, culturally attuned mental-health care.

2. Methods

Participants

Two independent cohorts of adult Ukrainian female refugees participated in the study: a help-seeking group (HS; n = 32) who had already presented for counselling services and a non-help-seeking group (NHS; n = 30) recruited through community centres and social media.

All participants were living in various European host countries at the time of data collection, had left Ukraine after February 2022, and provided informed consent.

Measures

The study employed the Ukrainian version of the Schema Mode Inventory (SMI; adult form) *(Bolshakova, 2019).* The Ukrainian versions of the SMI and YSQ have undergone psychometric validation and demonstrate acceptable reliability coefficients, enabling population-representative research *(Bolshakova, 2019).* Internal consistency coefficients for both instruments exceeded $\alpha = 0.80$ in the present sample.

Procedure

Data were collected online between March and June 2025. After screening for eligibility and obtaining consent, participants completed the YSQ-S3 and SMI in a single session (~25 minutes). The HS group received the battery as part of an initial assessment session; the NHS group completed the survey independently. Participation was voluntary and uncompensated.

Statistical Analysis

Independent-samples t tests (two-tailed, $\alpha = .05$) compared EMS and mode scores between groups. Effect sizes were calculated as Cohen's d. Analyses were performed with SPSS 28.

3. Results

Descriptive statistics and group comparisons are presented in Tables 1 and 2.

Eleven of the 18 EMSs differed significantly between groups. Compared with NHS women, HS refugees reported higher scores on Emotional Deprivation, Abandonment, Mistrust/Abuse, Vulnerability to Harm, Identity Diffusion, Subjugation, Self-Sacrifice, Unrelenting Standards, Approval-Seeking, Negativity/Pessimism, and Punitiveness.

Twelve of the 14 schema modes showed significant group differences. HS refugees displayed stronger Vulnerable, Enraged, and Impulsive Child modes, a higher Punitive Parent mode, and greater endorsement of Detached Self-Soother and Detached Protector modes. In contrast, NHS women scored higher on Self-Aggrandizer, Attack/Protect, Angry Child, and Compliant Surrender modes. Notably, HS refugees also reported a slightly higher Healthy Adult mean, suggesting emergent adaptive resources despite elevated schema load.

Table 1

Early maladaptive schemas with significant group differences

Schema	HS refugees (n = 32) M (SD)	NHS refugees (n = 30) M (SD)	t(60)	p
Emotional Deprivation	11.00 (1.60)	9.67 (1.60)	3.27	.001
Abandonment	15.80 (1.63)	13.54 (1.63)	5.44	< .001
Mistrust/Abuse	15.50 (2.56)	12.46 (2.56)	4.67	< .001
Vulnerability to Harm	12.20 (1.42)	10.92 (1.42)	3.55	< .001
Identity Diffusion	12.50 (1.51)	10.33 (1.51)	5.65	< .001
Subjugation	13.60 (1.48)	11.49 (1.48)	5.62	< .001
Self-Sacrifice	13.90 (1.05)	13.33 (1.05)	2.14	.033
Unrelenting Standards	18.30 (1.55)	16.73 (1.55)	3.98	.001
Approval-Seeking	17.90 (1.57)	15.36 (1.57)	6.38	< .001
Negativity/Pessimism	14.30 (1.48)	12.79 (1.48)	4.01	.001
Punitiveness	13.20 (1.26)	12.28 (1.26)	2.88	.004

Table 2

Schema modes with significant group differences

Mode	HS refugees (n = 32) M (SD)	NHS refugees (n = 30) M (SD)	t(60)	p
Vulnerable Child	25.06 (3.59)	21.91 (3.59)	3.45	< .001
Angry Child	16.78 (2.30)	18.70 (2.30)	−3.29	.001
Enraged Child	19.19 (2.86)	16.56 (2.86)	3.62	< .001
Impulsive Child	15.83 (2.27)	14.17 (2.27)	2.88	.004
Punitive Parent	22.31 (3.75)	25.10 (3.75)	−2.93	.004
Compliant Surrender	20.86 (2.49)	22.42 (2.49)	−2.47	.014
Self-Aggrandizer	13.33 (5.75)	21.91 (5.75)	−5.87	< .001
Attack/Protect	22.61 (4.99)	30.25 (4.99)	−6.02	< .001
Detached Self-Soother	22.43 (4.01)	26.63 (4.01)	−4.12	< .001
Detached Protector	21.06 (1.98)	19.97 (1.98)	2.17	.030
Happy Child	24.77 (2.94)	22.48 (2.94)	3.06	.002
Healthy Adult	15.06 (1.82)	13.91 (1.82)	2.49	.013

4. Discussion

This study extends schema-therapy theory to a forcibly displaced, gender-specific context. Relative to non-help-seeking peers, help-seeking refugee women showed broad elevations on EMSs within the Disconnection/Rejection and Over-vigilance/Inhibition domains, consistent with the idea that war-related loss, chronic threat and post-migration adversity reactivate dormant beliefs about abandonment, criticism and harm. At the state-like level of modes, this schema activation translated into a dominance of maladaptive Child and Parent modes–especially Vulnerable Child and Punitive Parent–indicative of intensified self-criticism and impaired emotion regulation. Contrary to our initial expectation, help-seekers also scored modestly but significantly higher on the Healthy Adult mode. We interpret this as evidence that seeking help is itself an emergent adaptive act, signalling acknowledgement of suffering, openness to support and growing reflective capacity–even in the presence of high schema load.

Findings align with a process cascade frequently posited in schema therapy: core-need frustration → EMS activation → mode shifts → coping patterns → functional outcomes *(Karatzias, T., Ferguson, S., Gullone, A., & Cosgrove, K. 2016)*. Prolonged insecurity, grief and role overload (caregiving, economic survival) are likely to sustain allostatic load and amplify vigilance to rejection and danger. When EMSs are triggered, rapid transitions into Vulnerable/Impulsive Child states generate affective intensity that is then policed by Punitive/Demanding Parent voices, consolidating a cycle of shame, perfectionism and avoidance. Avoidant/overcompensatory modes (e.g., Detached Self-Soother, Detached Protector, Bully/Attack, Self-Aggrandiser) may mitigate short-term distress yet prolong isolation, interpersonal mistrust and delays in seeking help. The modest elevation of Healthy Adult among help-seekers suggests that early therapeutic contact (or the motivation to seek it) can begin to re-balance this system before substantive symptom change occurs.

The EMS profile we observed–Approval-Seeking, Unrelenting Standards, Mistrust/Abuse, Abandonment–aligns with evidence linking war trauma and displacement to heightened self-criticism, threat appraisal and dependency on external validation. The predominance of punitive internal dialogues is consistent with studies in trauma-exposed samples

showing that internalised harshness is a significant maintainer of anxiety and depressive symptoms. Our data add a gendered lens, highlighting how caregiving responsibilities and socio-economic precarity can compound need frustration and sustain over-vigilance in women.

Clinical implications

Results indicate clear treatment priorities for schema-focused interventions with refugee women:

Strengthen Healthy Adult via limited re-parenting, boundary work, and skills for self-soothing and problem solving.

Soften the Punitive Parent through imagery rescripting, empathic confrontation, cognitive restructuring of rigid standards and shame-based rules.

Reduce Approval-Seeking/Unrelenting Standards to lower perfectionistic pressure and reliance on external validation; incorporate behavioural experiments that reinforce self-compassionate performance criteria.

Address avoidant modes with graded exposure to safe connection, behavioural activation, and mode-dialogue to shift from numbing/overcontrol to flexible coping.

Group-based, culture-adapted formats can normalise mode phenomena, activate belonging and reduce stigma; parallel parenting modules may be valuable where caregiving burdens are high.

Stepped-care screening using brief YSQ/SMI subsets could triage clients to appropriate intensity, while telehealth delivery can bridge access gaps.

Alternative explanations and robustness

The help-seeking status may index greater symptom burden, inflating EMS/mode scores independently of displacement effects. Social desirability or measurement reactivity at intake could also elevate Healthy Adult reports among help-seekers. Although normality and homoscedasticity assumptions were met and multiple-comparison control applied, shared-method variance (self-report) remains a consideration. Future work should incorporate multi-informant data, behavioural indices of regulation, and ecological momentary assessment of modes.

Strengths and limitations

In sum, wartime displacement appears to reorganise belief and mode systems in ways that increase vulnerability yet leave a foothold for recovery. Schema therapy provides a precise conceptual map and an actionable toolkit to meet unmet needs, recalibrate punitive standards, and expand adaptive capacity in refugee women.

5. Conclusions

This study demonstrates that wartime displacement is associated with a distinct schema-therapy profile in Ukrainian refugee women. Compared with non-help-seeking peers, help-seeking refugees showed significantly higher scores on eleven early maladaptive schemas–centrally within the Disconnection/Rejection and Over-vigilance/Inhibition domains–and a concurrent dominance of maladaptive Child and Parent modes (notably Vulnerable Child and Punitive Parent). Together, these findings indicate intensified unmet-need beliefs (threat, abandonment, criticism) and mode-driven coping patterns that undermine emotion regulation and interpersonal functioning. At the same time, a modest elevation of Healthy Adult among help-seekers suggests a viable lever for change, consistent with emergent self-reflection and openness to support.

Implications for practice.

Schema-focused care for forcibly displaced women should prioritise: (a) strengthening Healthy Adult capacities via limited re-parenting, boundary setting, and skills for self-soothing/problem solving; (b) weakening Punitive/Demanding Parent processes through imagery rescripting and empathic confrontation; (c) reducing Approval-Seeking and Unrelenting Standards to alleviate perfectionistic pressure and external-validation dependency; and (d) shifting avoidant/overcompensatory modes toward flexible approach behaviours. Culture-adapted group formats and stepped-care screening with brief YSQ/SMI subsets can enhance reach and efficiency in NGO and community settings.

Limitations and future directions. The cross-sectional design, modest sample size, and reliance on self-report constrain causal inference and generalisability. Longitudinal and interventional studies should track within-person changes in schemas and modes during schema-focused treatment, test mediators (e.g., attenuation of punitive self-talk; growth in Healthy Adult functioning), and examine moderators such as social support, post-migration stressors, and caregiving burden. Extending analyses to internally displaced persons and male cohorts will clarify gender and context specificity.

In sum, integrating schema theory with the lived realities of displacement yields a precise map of vulnerability and a concrete therapeutic toolkit. Targeting punitive, perfectionistic, and avoidant processes while amplifying Healthy Adult resources provides a viable pathway to restoring safety, connection, and autonomy in refugee women.

Theoretical contribution

The study extends schema-therapy application to forcibly displaced women, showing that war triggers not only PTSD symptoms but a complex EMS–mode system distinct from peacetime clinical samples.

Limitations and future directions

Cross-sectional design limits causal inference; longitudinal studies should track schema change during treatment.

Sample size and host-country focus constrain generalisability; research should include internally displaced persons and male refugees.

Future work should examine social support and post-migration stressors as moderators between war stress and schema activation.

Overall summary

War and forced migration radically reshape the psychological landscape of refugee women, activating multiple EMSs and coping modes. Schema therapy offers a precise map of these changes and concrete tools for intervention, making it a promising approach in comprehensive support for those affected by Russian armed aggression.

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