KMANPUB | Health Nexus Vol. 4 No. 3 (2026): 1-8

Article history:
Received 13 January 2026
Revised 20 March 2026
Accepted 25 March 2026
Initial Published 07 May 2026
Final Publication 01 July 2026

Comparing the Effectiveness of Cognitive Behavioral Therapy and Emotion-Focused Therapy on Mindfulness and Psychological Flexibility in Generalized Anxiety Disorder

Alireza. Ahangaran[1*], Hasan. Fathi[2], Negin Sadat. Azimi[3], Aliyeh. Ghorbani[4]

[1] M.S. in General Psychology, Department of Psychology, Faculty of Economics and Social Sciences, Bu-Ali Sina University, Hamedan, Iran
[2] Department of Psychology, Neyshabur Branch, Islamic Azad University, Neyshabur, Iran
[3] M.S. in Clinical Psychology, Shahid Chamran University of Ahvaz, Ahvaz, Iran
[4] M.S. in Clinical Psychology, Islamic Azad University, Lahijan Branch, Lahijan, Iran

*** Corresponding author email address**: m.taheri31@soc.ikiu.ac.ir

A r t i c l e I n f o

Article type:
Original Research

How to cite this article:
Ahangaran, A., Fathi, H., Azimi, N. S., & Ghorbani, A. (2026). Comparing the Effectiveness of Cognitive Behavioral Therapy and Emotion-Focused Therapy on Mindfulness and Psychological Flexibility in Generalized Anxiety Disorder. *Health Nexus, 4*(3), 1-8.
https://doi.org/10.61838/kman.hn.5234

A B S T R A C T

This study compared the effectiveness of cognitive behavioral therapy (CBT) and emotion-focused therapy (EFT) for improving mindfulness and psychological flexibility in women with generalized anxiety disorder (GAD). A quasi-experimental pretest-posttest design with a control group and follow-up assessment was used. Forty-five women with GAD who attended counseling and psychological service centers in Tehran in 2025 were selected through purposive sampling and then randomly assigned to three groups (n = 15 per group): CBT, EFT, and control. Interventions were delivered online in 12 weekly 90-minute sessions. Measures included the Generalized Anxiety Disorder Scale (GAD-7), the Five Facet Mindfulness Questionnaire (FFMQ-15), and the Acceptance and Action Questionnaire-II (AAQ-II). Data were analyzed using repeated-measures analysis of variance in SPSS version 26. Both active treatments produced significant improvements compared with the control group, but CBT showed the strongest effects. For mindfulness, the CBT group increased from M = 31.46 (SD = 5.12) at pretest to M = 54.06 (SD = 5.00) at posttest and M = 55.53 (SD = 8.41) at follow-up, whereas the EFT group increased from M = 32.73 (SD = 4.51) to M = 47.73 (SD = 4.72) and M = 47.20 (SD = 4.75). For AAQ-II scores, where lower scores indicate greater psychological flexibility, the CBT group improved from M = 33.80 (SD = 3.23) to M = 17.60 (SD = 4.08) and M = 18.26 (SD = 4.31), while the EFT group improved from M = 36.06 (SD = 3.43) to M = 23.40 (SD = 3.45) and M = 22.93 (SD = 4.69). The repeated-measures ANOVA showed significant time, group, and time × group effects for both mindfulness and psychological flexibility (all $p < .001$). Both CBT and EFT were effective in women with GAD, but CBT yielded greater gains in mindfulness and psychological flexibility and maintained these gains at follow-up.

Keywords: *generalized anxiety disorder, cognitive behavioral therapy, emotion-focused therapy, mindfulness, psychological flexibility*

1. Introduction

Mental health is a core component of overall well-being, with consequences that extend from individual functioning to family life and public health systems. Anxiety disorders remain among the most common and impairing mental disorders worldwide, and generalized anxiety disorder (GAD) is marked by excessive and difficult-to-control worry, restlessness, muscle tension, sleep disturbance, and impaired concentration (1, 2). Regional work has also highlighted the growing importance of strengthening mental health care systems in the Middle East, where service needs are substantial and treatment access remains uneven (3). Iranian evidence collected during recent years likewise indicates a considerable burden of anxiety symptoms in the population (4). Two constructs that appear especially relevant to the course and treatment of GAD are mindfulness and psychological flexibility. Mindfulness refers to an open, present-centered, and nonjudgmental awareness of ongoing internal and external experiences (5). In people with elevated anxiety, stronger mindfulness skills are generally associated with lower anxiety severity, better emotional intelligence, and stronger perceived self-efficacy (6). Meta-analytic work focusing specifically on GAD has further shown that mindfulness-based training can improve anxiety outcomes and is linked to beneficial changes in mechanisms such as attentional control and decentering (7). Because GAD is characterized by persistent worry, threat monitoring, and repetitive negative thinking, deficits in present-focused attention may intensify distress and reduce adaptive coping.

Psychological flexibility is another protective process relevant to anxiety. Broadly defined, it refers to the capacity to remain in contact with present-moment experience and to adapt behavior in a way that is consistent with situational demands and personal values, even when distressing thoughts and emotions are present (8, 9). In contrast, psychological inflexibility and experiential avoidance are associated with a wide range of emotional disorders. A comprehensive systematic review and meta-analysis found experiential avoidance to be strongly implicated across anxiety, depression, obsessive-compulsive-related, and trauma-related disorders (10). Longitudinal evidence also suggests that psychological flexibility can buffer against anxiety and depressive symptoms under stressful conditions (11). Cognitive behavioral therapy (CBT) is one of the most established evidence-based treatments for GAD. A recent network meta-analysis of randomized trials concluded that CBT remains the psychotherapy with the strongest evidence for both acute and long-term effectiveness in adults with GAD (12). Similarly, in a large randomized clinical trial, CBT outperformed stress education and remained the first-line option when compared with an alternative mind-body intervention for GAD (13) CBT is thought to work by modifying maladaptive appraisals, reducing cognitive distortions, strengthening self-monitoring, and helping individuals adopt more adaptive behavioral responses. Remote and online delivery formats also appear promising for GAD, with meta-analytic evidence supporting clinically meaningful symptom reductions (14).

Emotion-focused therapy (EFT) offers a different but potentially complementary route to change. Rather than emphasizing cognitive restructuring as its primary mechanism, EFT prioritizes the identification, toleration, processing, and transformation of maladaptive emotional responses (15). Emerging evidence supports EFT for anxiety problems, including GAD. An exploratory study found clinically meaningful improvement following EFT for GAD, with gains maintained at follow-up (16), and qualitative work has illustrated how emotional transformation processes unfold across therapy for generalized anxiety presentations (17). EFT therefore may improve functioning by reducing emotional avoidance and increasing access to adaptive primary emotions.

The present study focused on women with GAD and compared CBT with EFT in relation to two mechanisms that are highly relevant to anxiety management: mindfulness and psychological flexibility. This comparison is clinically important because both approaches may improve these outcomes, but they are assumed to do so through partially different pathways. CBT may strengthen mindfulness and flexibility by changing the way anxious cognitions are appraised and managed, whereas EFT may do so by increasing emotional awareness, emotional acceptance, and compassionate engagement with internal experience (18, 19). Because the interventions in the current study were delivered online, the project also contributes to the growing literature on digitally mediated psychotherapy for anxiety disorders. The study therefore aimed to compare the

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E-ISSN: 2981-2569

effectiveness of CBT and EFT on mindfulness and psychological flexibility in women with GAD.

2. Methods and Materials

2.1. Study Design and Participants

This study used a quasi-experimental pretest-posttest design with a control group and follow-up assessment. The statistical population consisted of women with GAD who attended counseling and psychological service centers in Tehran during the year of the study. All therapeutic sessions were delivered online through virtual communication platforms. Forty-five participants were recruited through purposive sampling and then randomly assigned to three groups of 15: a CBT group, an EFT group, and a control group. This sample size was selected in line with prior intervention studies in clinical psychology that commonly include 10 to 20 participants per group and was considered adequate for detecting medium effects in repeated-measures designs while remaining feasible given the practical demands of online treatment delivery.

Inclusion criteria were: scoring above the cutoff on the GAD-7, age 18 to 40 years, basic literacy, female gender, informed consent to participate, relative stability in psychiatric medication use during the previous month (if applicable), and the ability to attend sessions regularly. Exclusion criteria were: absence from more than two treatment sessions, concurrent participation in other psychological interventions, changes in medication regimen during the study, withdrawal from participation, or incomplete questionnaires at any assessment point.

Data were collected at three time points: pretest, posttest, and follow-up. After enrollment, participants completed the screening and outcome measures. The two intervention groups then received 12 online group sessions, each lasting 90 minutes, while the control group received no active psychological intervention during the study period. After the final follow-up assessment, the control group was offered treatment free of charge.

2.2. Measures

Generalized Anxiety Disorder Scale (GAD-7). The GAD-7 is a seven-item self-report screening measure of generalized anxiety symptoms. Each item is scored from 0 (not at all) to 3 (nearly every day), yielding a total score between 0 and 21, with higher scores indicating more severe anxiety (2). In the present study, the Persian version was used for screening, and the internal consistency coefficient in the sample was $\alpha = .73$.

Acceptance and Action Questionnaire-II (AAQ-II). The AAQ-II is a seven-item instrument that assesses psychological inflexibility and experiential avoidance (8). Responses are given on a seven-point Likert scale. Importantly, higher scores indicate lower psychological flexibility. In the present study, the Persian version was administered, and Cronbach's alpha was .71.

Five Facet Mindfulness Questionnaire (FFMQ-15). Mindfulness was assessed using a 15-item form derived from the Five Facet Mindfulness Questionnaire, which measures observing, describing, acting with awareness, nonjudging of inner experience, and nonreactivity to inner experience (5, 20). Items are rated on a five-point Likert scale, and higher total scores indicate greater mindfulness. In the present study, the internal consistency of the total scale was $\alpha = .69$.

2.3. Interventions

Cognitive behavioral therapy. The CBT intervention consisted of 12 weekly 90-minute online sessions. The protocol emphasized goal setting, psychoeducation, identification of automatic thoughts and maladaptive beliefs, cognitive restructuring, relaxation training, behavioral practice, and relapse-prevention planning. Across sessions, participants learned to recognize anxiety-maintaining cognitions, test the validity and usefulness of those cognitions, and develop alternative appraisals and more adaptive coping responses.

Emotion-focused therapy. The EFT intervention also consisted of 12 weekly 90-minute online sessions. It focused on identifying painful and maladaptive emotional experiences, understanding their relational and personal context, differentiating primary from secondary emotions, increasing emotional awareness and toleration, promoting self-compassion, and restructuring maladaptive emotional narratives. The sessions drew on core emotion-focused principles described in contemporary EFT literature (15, 17).

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E-ISSN: 2981-2569

2.4. *Data Analysis*

Data were analyzed in SPSS version 26 using repeated-measures analysis of variance (ANOVA). Normality and homogeneity assumptions were checked with the Shapiro–Wilk and Levene tests, respectively. Because the sphericity assumption was not met for mindfulness and psychological flexibility, Greenhouse–Geisser corrections were applied to the within-subject tests. Bonferroni-adjusted pairwise comparisons were used to identify the source of significant differences. A significance level of .05 was used throughout.

3. Findings and Results

The mean age of the CBT group was 31.06 years (SD = 6.35), compared with 29.86 years (SD = 8.30) in the EFT group and 29.93 years (SD = 7.48) in the control group. Participants ranged in age from 19 to 40 years. The source manuscript reported no statistically significant age differences across groups ($p > .05$), suggesting that the groups were comparable at baseline.

Table 1 presents the descriptive statistics for mindfulness and AAQ-II scores across the three assessment points. At pretest, the three groups showed broadly similar scores. After the intervention, both active treatment groups improved relative to the control group, and these gains were largely maintained at follow-up. The direction of change for AAQ-II should be interpreted carefully: because lower scores indicate less psychological inflexibility, the post-intervention decrease in AAQ-II scores reflects greater psychological flexibility. Assumption testing supported the use of parametric analyses. The Shapiro–Wilk test was not significant for the dependent variables, indicating that the distributions did not deviate significantly from normality. Levene's test was also non-significant, supporting homogeneity of variances. Mauchly's test indicated a violation of sphericity for mindfulness and psychological flexibility; therefore, Greenhouse–Geisser corrections were applied. Box's M was not significant for either dependent variable, suggesting homogeneity of covariance matrices across groups.

The repeated-measures ANOVA showed significant main effects of time for mindfulness, $F(1.57, 65.95) = 206.45$, $p < .001$, $\eta^2 = .831$, and AAQ-II, $F(1.50, 63.35) = 569.80$, $p < .001$, $\eta^2 = .931$. Significant time × group interactions were also observed for mindfulness, $F(3.14, 65.95) = 48.56$, $p < .001$, $\eta^2 = .698$, and AAQ-II, $F(3.01, 63.35) = 123.29$, $p < .001$, $\eta^2 = .854$. In addition, the between-subject main effect of group was significant for mindfulness, $F(2, 42) = 17.60$, $p < .001$, $\eta^2 = .450$, and AAQ-II, $F(2, 42) = 41.24$, $p < .001$, $\eta^2 = .663$.

Bonferroni-adjusted pairwise comparisons showed that CBT outperformed EFT and the control group on both outcomes. For mindfulness, the mean difference favored CBT over EFT (MD = 4.46, $p = .039$) and CBT over control (MD = 10.17, $p < .001$), while EFT also outperformed the control group (MD = 5.71, $p = .006$). For AAQ-II, CBT again showed greater improvement than EFT (MD = -4.24, $p = .006$) and the control group (MD = -11.53, $p < .001$), and EFT outperformed the control group (MD = -7.28, $p < .001$). Collectively, these findings indicate that both interventions were effective, but CBT produced the larger and more stable gains.

Table 1

Descriptive statistics for mindfulness and AAQ-II scores across groups and assessment points

Outcome	Group	Pretest M	Pretest SD	Posttest M	Posttest SD	Follow-up M	Follow-up SD
Mindfulness	CBT	31.46	5.12	54.06	5.00	55.53	8.41
Mindfulness	EFT	32.73	4.51	47.73	4.72	47.20	4.75
Mindfulness	Control	35.86	4.15	36.00	4.91	37.66	6.84
AAQ-II	CBT	33.80	3.23	17.60	4.08	18.26	4.31
AAQ-II	EFT	36.06	3.43	23.40	3.45	22.93	4.69
AAQ-II	Control	35.33	2.87	34.40	3.45	34.53	3.87

Note. AAQ-II = Acceptance and Action Questionnaire-II; lower AAQ-II scores indicate greater psychological flexibility.

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E-ISSN: 2981-2569

Table 2

Repeated-measures ANOVA for mindfulness and AAQ-II scores

Source	Outcome	SS	df	MS	F	p	Partial η²
Within-subjects: Time	Mindfulness	5242.01	1.57	3338.33	206.45	< .001	.831
Within-subjects: Time	AAQ-II	2927.39	1.50	1940.57	569.80	< .001	.931
Time × Group	Mindfulness	2466.25	3.14	785.30	48.56	< .001	.698
Time × Group	AAQ-II	1266.83	3.01	419.89	123.29	< .001	.854
Error (time)	Mindfulness	1066.40	65.95	16.17			
Error (time)	AAQ-II	215.77	63.35	3.40			
Between-subjects: Group	Mindfulness	2342.32	2	1171.16	17.60	< .001	.450
Between-subjects: Group	AAQ-II	3062.41	2	1531.20	41.24	< .001	.663
Error (group)	Mindfulness	2793.33	42	66.50			
Error (group)	AAQ-II	1559.28	42	37.12			

Note. Greenhouse–Geisser-corrected degrees of freedom are reported for the within-subject tests.

Table 3

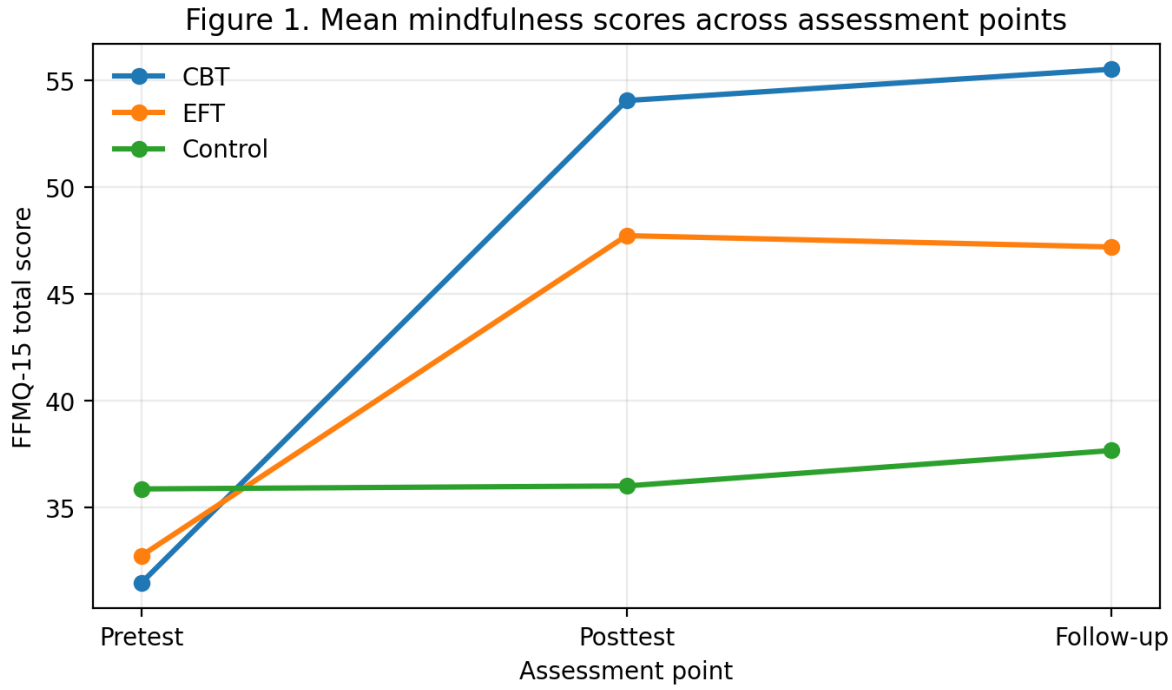
Bonferroni-adjusted pairwise group comparisons

Outcome	Group 1	Group 2	Mean difference	p
Mindfulness	CBT	EFT	4.46	.039
Mindfulness	CBT	Control	10.17	< .001
Mindfulness	EFT	Control	5.71	.006
AAQ-II	CBT	EFT	-4.24	.006
AAQ-II	CBT	Control	-11.53	< .001
AAQ-II	EFT	Control	-7.28	< .001

Note. For AAQ-II, negative mean differences favor the first group because lower scores indicate greater psychological flexibility.

Figure 1

Mean mindfulness scores across pretest, posttest, and follow-up in the CBT, EFT, and control groups.



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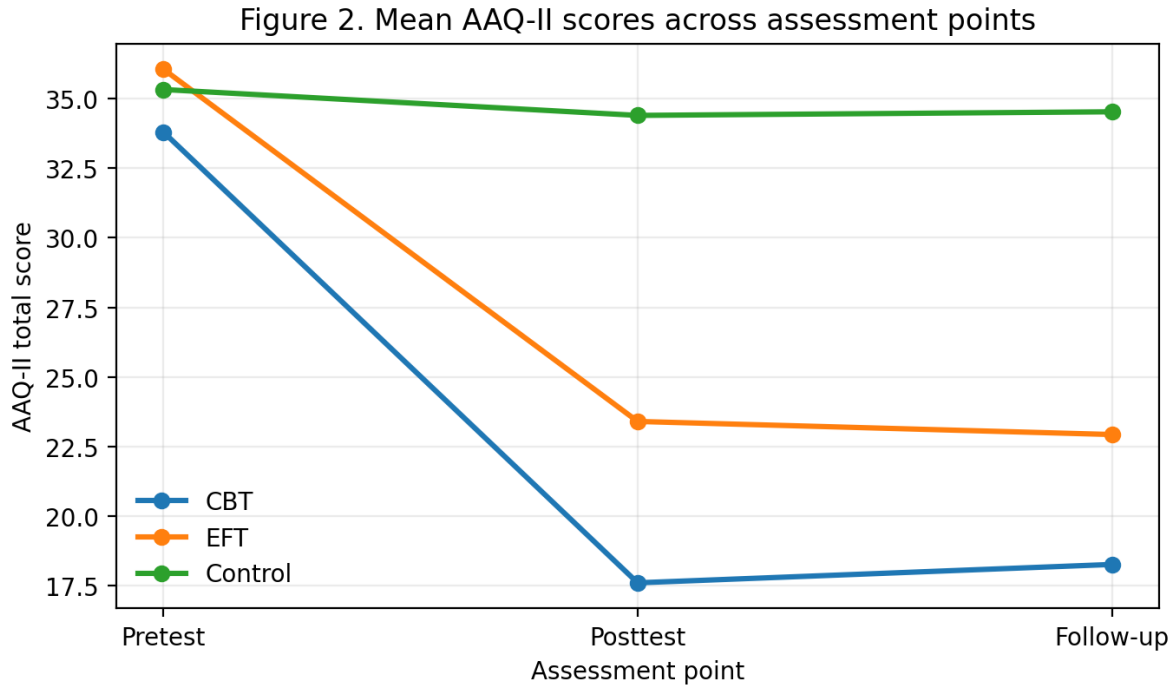
E-ISSN: 2981-2569

Figure 2

Mean AAQ-II scores across pretest, posttest, and follow-up in the CBT, EFT, and control groups. Lower AAQ-II scores indicate greater psychological flexibility.



4. Discussion

The present study compared the effectiveness of CBT and EFT on mindfulness and psychological flexibility in women with GAD. The findings indicate that both interventions were beneficial relative to the control group, but CBT produced larger improvements across both outcomes. These gains were maintained at follow-up, suggesting that the observed changes were not limited to the immediate post-intervention period. The superiority of CBT in the present study is broadly consistent with the current evidence base for GAD. A recent network meta-analysis concluded that CBT has the strongest support for both short-term and longer-term effectiveness among psychotherapies for adults with GAD (12). Likewise, a large randomized clinical trial found CBT superior to stress education and supported its status as a first-line treatment for GAD (13). The present findings extend that literature by suggesting that CBT may also be particularly useful for strengthening two transdiagnostic processes associated with better emotional functioning: mindfulness and psychological flexibility.

The marked improvement in mindfulness in the CBT group may be explained by the way CBT changes the individual's relationship with anxious thoughts. Through cognitive monitoring, identification of automatic thoughts, and structured reevaluation of maladaptive appraisals, participants may learn to observe internal experiences with greater clarity and less automatic fusion. Recent work has shown that mindfulness facets can change over the course of CBT for GAD and that these changes are clinically meaningful (21). More broadly, systematic evidence indicates that mindfulness-based approaches improve both anxiety symptoms and related psychological processes in GAD (7), which is compatible with the present finding that interventions affecting attentional and emotional processing may also enhance mindfulness scores even when mindfulness is not the sole treatment target. EFT also improved mindfulness, although to a lesser degree than CBT. This pattern is theoretically understandable. EFT encourages awareness of emotional states, emotional labeling, acceptance of vulnerable affect, and the transformation of maladaptive emotions into more adaptive emotional responses (15). Exploratory and qualitative

Health Nexus
E-ISSN: 2981-2569

studies in GAD suggest that EFT can facilitate meaningful change by helping patients engage with chronic worry and core emotional pain in a new way (16, 17). Increased emotional awareness and reduced emotional avoidance may naturally foster more mindful engagement with present-moment experience, even if the intervention is not organized primarily around formal mindfulness training. A similar pattern emerged for psychological flexibility. Because higher AAQ-II scores indicate greater psychological inflexibility, the substantial posttreatment reduction in AAQ-II scores in both active groups reflects improvement, with the largest decrease occurring in CBT. This finding is consistent with the broader literature linking experiential avoidance and inflexibility to anxiety psychopathology (8, 10). It is also consistent with longitudinal evidence showing that psychological flexibility functions as a protective process during adversity (11). In the context of GAD, worry and threat monitoring often narrow behavioral repertoires and promote rigid avoidance strategies. Interventions that reduce cognitive fusion, emotional avoidance, or both should therefore increase flexibility.

CBT may have shown a stronger effect on flexibility because it provides a more structured set of skills for detecting distortions, testing threat beliefs, and selecting more adaptive behavioral responses. These changes can reduce experiential avoidance and promote broader, more goal-directed responding. EFT can also improve flexibility, but its effects may depend more strongly on patients' ability to access and process emotion in depth. Evidence from related research suggests that mindfulness, experiential avoidance, and anxiety symptoms are closely linked (18, 19), which supports the interpretation that improvements in mindfulness and flexibility may have developed together in the current study. Several limitations should be considered. The sample was relatively small and included only women from counseling centers in Tehran, which limits generalizability. All major outcomes were assessed through self-report measures. In addition, the follow-up period was relatively brief. Even so, the study has practical relevance. The interventions were delivered online, and recent evidence indicates that remotely delivered CBT can be effective for GAD (14). The present findings therefore support the feasibility of using online therapeutic formats to address core psychological processes in GAD.

5. Conclusion

Both CBT and EFT were associated with significant improvement in mindfulness and psychological flexibility in women with GAD, but CBT produced larger gains and maintained them at follow-up. These results suggest that although both approaches can be clinically useful, the more structured and skills-based nature of CBT may provide a stronger pathway to change in the context of generalized anxiety. Future research should test these interventions in larger and more diverse samples, use longer follow-up periods, and include multimethod assessment strategies.

Authors' Contributions

Alireza Ahangaran: Conceptualization, investigation, writing – original draft. Hasan Fathi: Methodology, supervision, writing – review and editing. Negin Sadat Azimi: Formal analysis, validation, writing – review and editing. Aliyeh Ghorbani: Data curation, investigation. All authors approved the final manuscript.

Declaration

The authors declare that artificial intelligence tools were used only to assist with language editing, translation, and improvement of the manuscript's readability. All conceptualization, study design, data collection, data analysis, interpretation of findings, and final approval of the manuscript were performed by the authors. The authors take full responsibility for the accuracy, integrity, and originality of the content.

Transparency Statement

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

Acknowledgments

The authors thank the participating centers, clinicians, adolescents, and guardians who made the study possible.

Declaration of Interest

The authors report no conflict of interest.

Health Nexus
E-ISSN: 2981-2569

Funding

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Ethics Considerations

The source file reports an anonymous questionnaire-based study in a school population, but it does not specify the approving ethics committee or approval code. Before journal submission, the authors should verify and insert the formal ethics approval details and the exact consent/assent procedures used. The present manuscript therefore avoids inventing unverified ethics identifiers.

References

1. Fagan HA, Baldwin DS. Pharmacological treatment of generalized anxiety disorder: Current practice and future directions. Expert Review of Neurotherapeutics. 2023;23(6):535-48. [PMID: 37183813] [DOI]
2. Spitzer RL, Kroenke K, Williams JBW, Löwe B. A brief measure for assessing generalized anxiety disorder: The GAD-7. Archives of Internal Medicine. 2006;166(10):1092-7. [PMID: 16717171] [DOI]
3. Mirzai F, Nasiri Z, Naeim M, Imannezhad S, Javedani M. Advancing mental health in the Middle East: A paradigm shift. Asian Journal of Psychiatry. 2024;101:104220. [PMID: 39241655] [DOI]
4. Fereydouni S, Forstmeier S. An Islamic form of logotherapy in the treatment of depression, anxiety and stress symptoms in university students in Iran. Journal of Religion and Health. 2022;61(1):139-57. [PMID: 35018526] [PMCID: PMC8837512] [DOI]
5. Baer RA, Smith GT, Hopkins J, Krietemeyer J, Toney L. Using self-report assessment methods to explore facets of mindfulness. Assessment. 2006;13(1):27-45. [PMID: PMC8277060] [DOI]
6. Martínez-Pérez I, García-Rodríguez A, Morales-Rodríguez FM, Pérez-Mármol JM. Mindfulness abilities are associated with anxiety levels, emotional intelligence, and perceived self-efficacy. Sustainability. 2023;15(6):4729. [DOI]
7. Williams M, Honan C, Skromanis S, Sanderson B, Matthews AJ. Psychological outcomes and mechanisms of mindfulness-based training for generalised anxiety disorder: A systematic review and meta-analysis. Current Psychology. 2024;43:5318-40. [PMID: 37359641] [PMCID: PMC10173921] [DOI]
8. Bond FW, Hayes SC, Baer RA, Carpenter KM, Guenole N, Orcutt HK, et al. Preliminary psychometric properties of the Acceptance and Action Questionnaire-II: A revised measure of psychological inflexibility and experiential avoidance. Behavior Therapy. 2011;42(4):676-88. [PMID: 22035996] [PMCID: PMC8527996] [DOI]
9. Gloster AT, Block VJ, Klotsche J, Villanueva J, Rinner MTB, Benoy C, et al. Psy-Flex: A contextually sensitive measure of psychological flexibility. Journal of Contextual Behavioral Science. 2021;22:13-23. [DOI]
10. Akbari M, Seydavi M, Hosseini ZS, Krafft J, Levin ME. Experiential avoidance in depression, anxiety, obsessive-compulsive related, and posttraumatic stress disorders: A comprehensive systematic review and meta-analysis. Journal of Contextual Behavioral Science. 2022;24:81-104. [DOI]
11. Landi G, Pakenham KI, Crocetti E, Tossani E, Grandi S. The trajectories of anxiety and depression during the COVID-19 pandemic and the protective role of psychological flexibility: A four-wave longitudinal study. Journal of Affective Disorders. 2022;307:69-78. [PMID: 35378147] [PMCID: PMC8972980] [DOI]
12. Papola D, Miguel C, Mazzaglia M, Ostuzzi G, Gastaldon C, Barbui C, et al. Psychotherapies for generalized anxiety disorder in adults: A systematic review and network meta-analysis of randomized clinical trials. JAMA Psychiatry. 2024;81(3):250-9. [PMID: 37851421] [PMCID: PMC10585589] [DOI]
13. Simon NM, Hofmann SG, Rosenfield D, Hoeppner SS, Hoge EA, Bui E, et al. Efficacy of yoga vs cognitive behavioral therapy vs stress education for the treatment of generalized anxiety disorder: A randomized clinical trial. JAMA Psychiatry. 2021;78(1):13-20. [PMID: 32805013] [PMCID: PMC7788465] [DOI]
14. Trenoska Basile V, Newton-John T, Wootton BM. Remote cognitive-behavioral therapy for generalized anxiety disorder: A preliminary meta-analysis. Journal of Clinical Psychology. 2022;78(12):2381-95. [PMID: 35403706] [PMCID: PMC9790363] [DOI]
15. Greenberg LS. Changing emotion with emotion: A practitioner's guide: American Psychological Association; 2021. [DOI]
16. Timulak L, McElvaney J, Keogh D, Martin E, Clare P, Chepukova E, et al. Emotion-focused therapy for generalized anxiety disorder: An exploratory study. Psychotherapy. 2017;54(4):361-6. [PMID: 29251955] [DOI]
17. Keogh D, Timulak L. "It's wrong to relax, you have to be on the go, go, go, all the time": Emotional transformation in a case of emotion-focused therapy for generalized anxiety disorder. Counselling and Psychotherapy Research. 2023;23(4):1015-27. [DOI]
18. Cox KS, Towsen T, Egan SJ, Shafran R. An empirical investigation of the associations between metacognition, mindfulness, experiential avoidance, depression, and anxiety. Journal of Affective Disorders. 2023;340:651-9. [PMID: 37553018] [DOI]
19. Kroska EB, Roche AI, Adamowicz JL, Stegall MS. Psychological flexibility in the context of COVID-19 adversity: Associations with distress. Journal of Contextual Behavioral Science. 2020;18:28-33. [PMID: 32837889] [PMCID: PMC7406424] [DOI]
20. Gu J, Strauss C, Crane C, Barnhofer T, Karl A, Cavanagh K, et al. Examining the factor structure of the 39-item and 15-item versions of the Five Facet Mindfulness Questionnaire before and after mindfulness-based cognitive therapy for people with recurrent depression. Psychological Assessment. 2016;28(7):791-802. [PMID: 27078186] [PMCID: PMC4928699] [DOI]
21. Moskow Diamond D, Rosenfield D, Kaiser N, Baker AW, Hoge EA, Khalsa SBS, et al. Changes in mindfulness facets across yoga, CBT and stress education in individuals with generalized anxiety disorder. Journal of Mood and Anxiety Disorders. 2024;6:100058. [PMID: 39086907] [DOI]

Health Nexus
E-ISSN: 2981-2569