

Research Paper



Effective Common Emotional Schemas in Iranian Adults with Generalized Anxiety Disorder: A Qualitative Study

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Abstract

Objective: There is evidence that emotion plays a role in explaining generalized anxiety disorder, and on the other hand, dysfunctional emotional schemas are different in various psychopathological disorders, but few studies have addressed this issue. Therefore, the purpose of this study was to qualitatively investigate emotional schemas in Iranian patients with generalized anxiety disorder.

Research Methodology: For this purpose, 16 patients with generalized anxiety disorder in Mashhad, Iran were interviewed and their responses were qualitatively clustered to extract their emotional schemas and subthemes related to each emotional schema. A semi-structured interview was conducted to investigate patients' perspectives on emotion and their 14 emotional schemas. Patients' statements were transcribed and analyzed through comparative-inductive thematic analysis and coding. They were then categorized into main themes and subtheme naming was done in consultation with experts.

Findings: The findings showed that four emotional schemas of validation, duration, uncontrollability, and extreme rationalization are more involved in patients with generalized anxiety disorder and 12 subthemes including mentalized emotional insecurity, desocialization, somatization, significance, uncertainty intolerance, unpredictability threat, extreme emotional perfectionism, continuity of catastrophic thinking, trait anxiety, superiority of others, emotional avoidance, emotional inflexibility, and extreme approval led to the creation and continuation of generalized anxiety disorder symptoms.

Conclusion: Therefore, addressing these 4 emotional schemas in patients with generalized anxiety disorder with a greater focus on the validation schema, which is more pervasive, can increase treatment efficacy. In addition, we can focus on them in educational and preventive protocols, not just intervention protocols.

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Introduction

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), generalized anxiety disorder is severe anxiety and worry about several events or activities that persist on most days for at least six months. This excessive worry pervades various aspects of the patient's personal and social life and is difficult to control, accompanied by physical symptoms such as muscle tension, irritability, sleep disturbance, and restlessness (American Psychiatric Association, 2019).

Emotions play an important role in the development and continuation of generalized anxiety disorder symptoms. Increased emotion and inability to control them lead to decreased individual functioning and psychological, social and interpersonal harm (Huang & Zhao, 2020). Identifying different emotional components and emotional beliefs in generalized anxiety disorder and how to manage it has always involved the field of mental health. In recent years, extensive research has examined the various cognitive, behavioral and emotional dimensions of this disorder spectrum and provided explanatory models. However, since generalized anxiety disorder is stressful and costly for society and the individual, it has always been of concern to policymakers, health system authorities, and psychotherapists (Robichaud & Dugas, 2009).

For this reason, it is important to use approaches that fundamentally address emotion. On the other hand, due to the shaping of our emotional beliefs in the context of culture, examining emotional schemas from the cultural perspective of each society is necessary for explaining and treating it.

However, the explanation and treatment focus of previous cognitive-behavioral therapies has been on the individual's irrational thoughts and beliefs, and third-wave cognitive-behavioral treatments, apart from emotion-focused schema therapy, do not fundamentally incorporate individuals' emotional beliefs into their explanations, and this important dimension has always needed more focused attention in treating this disorder (Leahy, 2019).

After the perception and appraisal of an emotion and responding to it, there are 14 dimensions in the emotional schema therapy model, including duration, control, comprehensibility, consensus, guilt/shame, rationality, simplistic view of emotion, higher values, expression, validation, acceptance, blame, numbness, and rumination (Leahy, 2015). Numerous studies have shown that emotional schemas play a major role in the development and continuation of the spectrum of anxiety and mood disorders. The aim of emotion focused schema therapy is to identify troublesome beliefs about emotions and create more adaptive strategies to deal with them (Farokhzadian et al., 2020). According to the viewpoint of emotional schemas, people are not only affected by their interpretation of external events, but their inner experiences and the interpretations they make of these experiences also influence the coping strategies they adopt. As soon as emotions emerge, people make interpretations about how long the emotion will last, how controllable it is, and how similar their emotions are to others, and based on these interpretations, they may feel guilty and ashamed to have the emotion and find it intolerable. Therefore, accepting their own emotions becomes difficult for them and they ruminate on thoughts about their emotions being wrong, blaming themselves and others for having a range of emotions, and inhibiting expression and validation of their emotions (Leahy, 2019; Shahsavani et al., 2020). Tirch et al. (2012) showed that mindfulness, psychological flexibility, and adaptive emotional schemas were negatively associated with anxiety. Emotional schemas along with metacognitive patterns were significantly different in individuals with bipolar depression and unipolar depression compared to healthy individuals (Batmaz et al., 2014).

Considering that many studies, such as those by Emamzamani et al. (2019); Morvaridi et al., (2019, 2018) and Shahsavani et al., (2020), have demonstrated the effectiveness of emotion-focused schema therapy in reducing symptoms of anxiety spectrum disorders, it is important that emotional schemas in each psychopathological disorder be specifically examined so that by focusing treatment on them, we can tailor treatment efficacy, therapeutic relationship type, and required techniques. For example, in patients with social anxiety disorder, comprehensibility, control, consensus, validation, expression, and higher value schemas score lower than the normal group, while guilt/shame, rumination, blame, emotion simplification, and duration schemas score higher than the normal group (Garakani et al., 2014). In a study by Kamali et al. (2013), the emotional schemas of controllability, expression, and simplistic view of emotions were significantly predictive in the psychopathology of generalized anxiety disorder symptoms. The results of one study showed that the emotional schemas of controllability, blame, guilt/shame, and rationality play a role in predicting anxiety in cancer patients (Karami, Bani Jamali, & Khosravi, 2015).

Methodology

The present study aimed to qualitatively investigate emotional schemas of individuals with generalized anxiety disorder between March and July 2023 in Mashhad, Iran. This study was conducted on patients aged 20 to 35 years who were diagnosed with generalized anxiety disorder. Initially, 30 people were recruited through a call for participation and interviewed diagnostically, then 16 people with generalized anxiety disorder who had responded to the call and met the initial inclusion criteria (inclusion criteria: age 20 to 35 years and diagnosis of generalized anxiety disorder) were included in the study. The ethics committee of Shahed University, Tehran (Approval Id:

IR.SHAHED.REC.1401.125) reviewed and approved the study, which was carried out in accordance with current and amended Helsinki Declaration regulations. Participants were fully informed about research objectives, interview recording, secure management and anonymous publication of data, and signed written informed consent forms. Of the 16 participants, there were 9 women and 7 men, 12 employed, 2 housewives and 2 students, with an average age of 28 years.

In implementing qualitative research, semi-structured interviews were used. Prior to the main interviews, three initial interviews were conducted with patients with generalized anxiety disorder in a preliminary study. The method of implementation, questions, interview process, strengths and limitations were reviewed with the help of experts' opinions. In the main section, 16 patients were interviewed using purposive sampling. Interviews consistently began by explaining that we wanted to examine their emotions, and the first interview question was what emotional experiences do you have? And how do you think about your emotional experience compared to others? To gain more knowledge of each patient's emotional beliefs, closed questions were also asked in each section, and if they needed further explanation, a brief description was given. Each interview lasted between 45 and 60 minutes. At the end, the patient was also asked if there was anything else they wanted to add, to express other beliefs and experiences if any. Participants were thanked and appreciated at the end. Interviews were conducted at a clinic in Mashhad between March and July 2023 until saturation was achieved. A total of 16 interviews were conducted and transcribed. After transcribing all the interviews, the researcher studied them and then initial coding was performed. In the next step, by reviewing the codes, the related emotional schemas were identified. Finally, the emotional schemas of each patient were identified. To resolve contradictions, the process of repeatedly returning to the interview content was performed.

Data Analysis

Valid qualitative research relies fundamentally on rigorous data analysis. In fact, the qualitative researcher is often described as the research instrument, as their ability to comprehend, depict, and interpret pivotal experiences and perceptions to discover meaning in that particular subject typically surpasses all scholars, owing to their comprehensive and profound command of the research process (Maguire and Delahunt, 2017). In the qualitative analysis of the present study, a combined inductive and deductive coding method was utilized to interpret the raw data, a technique detailed by Fereday and Muir-Cochrane (2006). Thematic analysis is widely applied across disciplines owing to its inherent flexibility (Clarke & Braun, 2017; Braun et al., 2019). In this study, we utilized Leahy's (2015) emotional schema theory and will explain the stages of analysis step-by-step below. We use 6 stages in this study, with the caveat that there is a recursive nature to these stages, meaning the researcher must revisit earlier stages in light of new data and meanings, not a linear progression (Kiger & Varpio, 2020).

Comparative-Inductive Qualitative Method Stages:

- 1- Identifying initial theory for extracting main themes
- 2- Identifying codes
- 3- Testing reliability of extracted codes
- 4- Summarizing data and identifying initial concepts
- 5- Using initial theory or pattern for additional coding or pattern analysis
- 6- Linking codes to initial theoretical concepts
- 7- Validating and legitimizing codes

Results

After analyzing the obtained data, among the 14 emotional schemas, 4 emotional schemas were maladaptive in 16 people:

Table 1. Codes, subthemes, and themes extracted from interviews.

Main theme	Subtheme	Basic concept
Validation emotional schema	Metalized emotional insecurity	Low confidence in emotional expression, becoming vulnerable after emotional expression, ridiculing emotions, having conditional positive attention, believing emotions are invalid
	Emotional deserialization	Parents who humiliate emotion, self-absorbed parents ignoring child's emotion, performing emotional behaviors like hugging, caressing, being coddled when experiencing emotions

	Emotional significance	My emotions mattering to others, listening to my feelings, invalidating emotions
	emotional somatization	Blood pressure drop, blood pressure rise, high heart palpitations, back pain
Lack of control emotional schema	Unpredictability threat	Imminent vulnerability, desperation, fusion of feeling and reality
	Extreme emotional perfectionism	A speck of emotion a sign of weakness, excessive attention to the slightest signs of anxiety
	Uncertainty intolerance	Having ambiguity is a sign of danger, need to worry to reduce uncertainty
Duration emotional schema	Continuity of catastrophic thinking	Predicting high duration of anxiety emotion, predicting a disastrous future
	trait anxiety	I'll remain anxious forever, constant anxiety a sign of weakness
	Superiority of others in controlling emotions	Only my emotion lasts long, others don't need help when their emotions last
Extreme rationalization emotional schema	Emotional avoidance	Believing emotions are shameful, must get rid of them, forced to avoid emotions, fleeing intimacy
	Emotional inflexibility	High importance of reality over emotion, must be logical everywhere, a rational person is more justified, others take the logical person seriously
	Extreme approval	Satisfying everyone, emphasizing showing a desirable image of oneself over reality (having emotion) (trying to seem cheerful)

Emotional schema of validation:

Validation refers to finding the truth in a feeling or emotion in question. This concept is different from empathy and compassion. Empathy refers to identifying the emotion another person has or jointly experiencing that emotion. Compassion is trying to comfort another person (Leahy et al., 2021). When a therapist empathizes with a patient, it means they recognize the patient's feelings, but when they validate the patient's emotion, it means they understand why the patient has such a feeling. In the validation process, it is not enough for the therapist to just understand the content of the patient's words and repeat the sentences uttered. In most cases, people expect more; for example, they want to know if the therapist has understood their point or not. Validation gives the person the feeling of being heard, their emotion being understood, and their feelings being noticed. Validation creates an emotionally safe environment where the speaker's pain or pleasure is respected (Leahy, 2015). In a study examining the underlying processes of anxiety, results showed that lack of validation was an important predictor of anxiety (Leahy, Tirch & Melaney, 2012, Roshan Chesli, 2023).

Subtheme of mentalized emotional insecurity:

Validation is reaching the understanding that although suffering itself is painful enough, suffering alone is much worse. In the therapeutic relationship and indeed all meaningful relationships, the first step in probably resolving problems is sharing problems and recognizing that the suffering person needs to feel that their words have been heard, understood, and thought about. Validation is a means by which the therapist enables the formation of a sense of emotional security in patients. In other words, the patient comes to the realization that "my vulnerability is safe here", "I can trust this person with my feelings". In examining this belief in patients with generalized anxiety disorder, it was stated that "I cannot trust others in expressing my emotions". Another patient stated "I'm worried I'll be ridiculed after showing my anxiety to others". A person who can experience emotional security in their relationships receives positive unconditional attention from those around them. They are not reprimanded or considered weak for having emotion. A patient stated "From childhood I thought my emotions were wrong and I didn't consider them valid."

Subtheme of emotional desocialization:

The beliefs one has about their own and others' emotions take root in childhood and through parental responses when the child expresses emotion. Answering the question "Who did you take refuge in when you were anxious as a child? And how did they react?" provides a lot of information about patients' beliefs in our culture regarding their emotional experiences. In this study, most patients' responses were that their emotion was ignored and if they needed a hug, they were considered spoiled children who had to let go of this dependency. This helplessness

during emotional experiences was more prevalent in the male subjects. They were more often told "a man can't be so emotional." A patient stated he never remembers his father hugging him or showing him affection, and whenever he took refuge in his mother, he was met with his father's angry gaze and ridicule. Society accepts that girls experience more emotion but the female patients with generalized anxiety disorder also felt profound helplessness when experiencing their own emotions, although they received more affection, but reported feeling strange and alien when experiencing emotions. A female patient states "Whenever I cried, my mother would yell at me and threaten to beat me if I didn't stop crying." Emotional socialization also includes behaviors like touching, hugging and stroking.

Emotional significance:

One thing that helps raise patients' emotional schema of validation is the degree of importance given to their emotions. The question of how much others value your emotional experiences shows people's current relationship patterns and how much they have chosen relationships where they can talk about their worries and anxieties without fear of negative judgment. In response to this question, one patient stated "My husband always belittled my anxieties. Now that my two sons have grown up, they don't understand me and ignore my warnings about taking care of themselves." Another patient said "I always smile in front of my friends and never tell them about the constant anxiety I have." In response to this question, another patient states "I had an older, sick brother, and whenever I was upset, sad, anxious or even angry and told my parents, they compared my pain and suffering to my sick brother's and I constantly heard that I was an ungrateful person. From then on I always had an anxiety that I couldn't express, maybe the fear of being ungrateful prevented it."

Somatization of emotions:

Reviewing the research background shows that individuals suffering from generalized anxiety report more psychosomatic pains. When human suffering cannot find verbal expression and subsequent validation, it will be experienced somatically because somatic pains are more acceptable in our culture. A patient says "I had stomach pain throughout my school exam period" and another patient states that whenever she made a mistake that she feared the consequences of, she would develop a fever and "that way my mom would become affectionate with me" and another patient recalls that after losing her father at the age of 15 she didn't speak for a while and then was hospitalized for a week due to gastrointestinal illness. "I was always troublesome for my mother."

Emotional schema of uncontrollability:

Research shows that the key factor in creating anxiety is perceiving emotion as uncontrollable, and it is associated with a wide range of mental illnesses. In fact, the perspective of emotional regulation states that uncontrolled emotions can have significantly negative effects on adaptive functioning. Some patients believe they should immediately and completely overcome negative feelings. This sense of need for complete elimination causes expectations that are almost impossible for emotional regulation and exacerbates the individual's anxiety and despair. The belief of patients who score low on this schema is that on the one hand, if they don't control emotions immediately, they will get worse, and on the other hand, they estimate their ability to control as much lower than the actual level. For example, they see anxiety as an imminent threat that they are unable to cope with or avoid.

Unpredictability threat:

Patients with generalized anxiety experience a sense of imminent vulnerability when confronting emotions, especially those like anxiety. Therefore, they believe they should get rid of the emotion, otherwise bad things will happen (Riskind & Kleiman, 2012). A patient stated "As soon as I feel panic I feel like I have to do something to calm down." But the more patients try to get rid of these emotions, the more they experience them, and this will be accompanied by a sense of despair. Leahy (2012 b) showed that anxiety may stem from the belief that a threat is imminent and that the individual's ability to cope with it is fading. A patient stated "I always have anxiety but on mornings when I wake up anxious and worried, I'm sure something bad will happen and I can't stop it."

Extreme emotional perfectionism:

Emotions must be controlled and inability to control is the dominant belief of patients with generalized anxiety disorder. Some patients believe they should immediately and completely get rid of their negative feelings like anxiety. This need for immediacy and complete rooting out of emotion are almost impossible standards for emotion regulation. These standards gradually lead to fruitlessness, exacerbation of despair and anxiety in the

individual. A patient states "I must be able to control all my emotion otherwise everyone will notice it" and another patient says "Having anxiety especially in front of others is a sign of weakness, I shouldn't let anxiety start otherwise it will get out of hand", "Whenever I experience anxiety inside myself I think others will also realize it but when I dare to ask, others deny it." In emotional perfectionism, individuals seek a flawless mind that doesn't have even a speck of worry or anxiety.

Uncertainty intolerance:

Individuals with generalized anxiety disorder are incapable of tolerating ambiguity, and they have this regarding any issue, especially their emotional experiences. As soon as they feel an emotion, they seek to identify it and find its root because they believe if they don't get out of the ambiguity they will run into trouble controlling that emotion. Therefore, they excessively analyze any mental or physical sensation. Sometimes people worry in order to get out of the ambiguities they see around themselves. A patient stated "If I focus on all the events around me and control everything well, nothing will happen so I have to worry about everything" and another patient described their inability to tolerate ambiguity like this: "When there is something that I don't know how it will go, it's as if I'm lost in fog and well, my preference has always been a sunny, clear sky."

Emotional schema of duration:

The emotional schema of duration refers to the belief that unpleasant emotions like anxiety or depression will remain for a long time. In fact, the individual predicts that "since I feel sad now, I will remain sad forever." Focusing on one element while disregarding other influential factors and underestimating the actual effect of mitigating factors are consequences of having this belief. Individuals with a strong belief in this avoid behavioral experimentation, which in turn maintains and expands it. Changing the belief in the continuity of emotion is an important factor in increasing emotional tolerance. Research has shown that individuals with obsessive-compulsive disorder believe that if they are exposed to contamination and prevented from compulsive acts, their anxiety will continue indefinitely. Anxiety disorder patients also believe their anxiety will be endless. Other research on depression has shown that beliefs about the duration of thoughts and emotions play a role in the persistence of the disorder (Leahy, 2015). Based on what has been said about the importance of the belief in continuity in mental disorders, the therapist should prioritize examining this belief. The questions that have been asked to identify this emotional schema are: How do you think about the duration of your emotions? In your opinion, what is the relationship between duration of emotions and their intensity?

Subtheme of continuity of catastrophic thinking:

Being aware of the transient nature of an unpleasant emotion makes tolerating it easier, and this belief in continuity or transience is at the core of other beliefs like control. And if we believe in transience, the need to control emotion is reduced. When patients believe that if an emotion starts it will last a long time, they also have this catastrophic conclusion in mind that the continuation of the emotion for an indefinite period will lead to unpleasant events. For example, they are afraid that they will lose their mind due to the severity of anxiety or do something that will embarrass them. A patient states that "I reduce the intensity of my anxiety by calling my parents several times a day because if it stays it will definitely increase and cause me to lose control" "If I give in to my anxiety it will ruin my whole life and relationships."

Subtheme of trait anxiety (enduring trait anxiety):

Patients with generalized anxiety disorder experience emotion like an enduring trait. They don't have a fleeting view of emotion and believe that if they accept anxiety, they will lose their vigilance. In an interview, a patient stated that "I am an anxious person and I always hear this from others, my anxiety is constant" and another patient said "If emotions start, they won't just end by themselves" "I always remain anxious" "Inability to reduce anxiety is a sign of my weakness."

Subtheme of superiority of others in controlling emotions:

When people are immersed in their emotional experiences, they develop tunnel vision, which is a cognitive error where they only see their own subject and issue and also interpret the world according to their own cognitive errors. Patients with generalized anxiety disorder are also highly engaged with their anxiety emotions and feel that other people are always more successful at regulating this emotion compared to them. "It's only me whose

emotions last so long and are so persistent. Other people don't have emotional experiences like me because they are strong."

Emotional schema of excessive rationality:

Although in the cognitive model it is assumed that rational and logical thoughts should replace negative and irrational automatic thoughts, it can also be said that overemphasis on rationality makes accepting emotions difficult (Leahy, 2002). In the emotion-focused model, excessive rationalism may hinder expression, validation and acceptance. Individuals who insist too much on being logical over emotional experience believe that being rational is the best performance. These individuals believe their emotions should be eliminated and controlled in order to address the problem logically (Leahy, 2015). The belief that people should always act rationally and not use their emotions in decision making is an irrational belief. To examine this schema, questions like "In your opinion, how rational can experiencing emotions be?" and "How important do you think it is for a person to be rational in everything?" were used.

Subtheme of emotional avoidance:

Individuals with emotional disorders are usually trying excessively to ward off emotions using various methods. For example, individuals with obsessive compulsive disorder try to avoid experiencing anxiety through repetitive thoughts or compulsory repetitive behaviors, and individuals with social anxiety avoid being present in anxiety-provoking situations, thus in fact avoiding anxiety. Patients with generalized anxiety disorder also prevent anxiety emotions through their excessive rationalization. They believe that worrying leads to vigilance and considering all aspects of situations, and they can even predict unpredictable situations this way and thus get rid of anxiety. Of course, this never happens. Excessive rationalization in everything only increases people's mental ruminations. But there is another strong belief in these individuals that having emotions is a sign of weakness and shame, and they always praise rational people. "Having a rational face helps others not realize my inner turmoil" "When dealing with issues I look for solutions but it's hard because a completely effective solution is never found, and this itself adds to my anxiety" Emotions make people feel so weak and helpless that they even avoid engaging in emotional experiences and intimacy.

Subtheme of emotional inflexibility:

Excessive emphasis on rationalization reduces people's flexibility. They belittle having any emotion, therefore they cannot see one of the important parts of any situation or event, especially in interpersonal relationships, which is emotion. "Reality matters, what's the value of emotion" "Logic prevails everywhere" "Others take rational people more seriously than emotional people" These are some of the statements made by patients with generalized anxiety disorder. The fear of the persistence of emotions has made these individuals feel a lot of weakness and helplessness against their own emotions, therefore they overly emphasize rationality, and this excessive emphasis has led to their loss of flexibility over time.

Subtheme of extreme approval:

Patients with emotional disorders fear the onset and continuation of their own emotions, which causes them to distance themselves from experiencing them. Patients with generalized anxiety disorder also control everything, even their own emotions, in order to keep everyone satisfied. But this level of self-restraint will gradually lead to psychological fatigue and experiencing anxiety with greater intensity. "I've always tried to make others think well of me" "Being justified in the eyes of others has been my priority in life" "I've tried to satisfy everyone so they don't get angry because when they get angry my anxieties become uncontrollable" "I always try not to ask anyone for help with things because I get anxious about giving feedback that I shouldn't" These were statements made by patients with generalized anxiety disorder.

Conceptual Formulation of Research Findings:

In the previous section, it was stated that using thematic analysis, four main themes were identified in patients with generalized anxiety disorder, including the emotional schema of validation, the emotional schema of duration, the emotional schema of control, and the emotional schema of excessive rationality. The main theme that also encompassed more subthemes is the emotional schema of validation, which is also more important in the emotion focused schema therapy model itself, and functions so that both the therapist and patient should have validation and self-validation. In fact, the therapist initially plays the role of an external validator so that this

gradually becomes internalized for the patient. Validating the element of truth in an individual's thoughts and feelings is validation. We show the patient that we understand their anxiety and more importantly, we consider the existence of emotions logical. Validation is an attempt to become a transparent mirror to reflect what the patient thinks and feels. But just as validation provides a mirror to figure out what is going on inside the patient, it also opens a window towards the possibility of other experiences, other meanings and other emotions. Validation is correlated with many other emotional schemas. In patients with generalized anxiety, the next important schema is duration. These patients never validated their own emotions and did not receive validation from others either; in their opinion emotions last indefinitely and the low emotional schema of validation in these patients leads to an increase in the emotional schema of duration. With having the emotional schema of duration, these patients believe the emotions they experience last a long and indefinite period of time. Therefore, as soon as symptoms of anxiety start, the emotional schema of uncontrollability activates and warns them that if you allow yourself to experience anxiety, you will lose control and catastrophe will strike. This belief is very frightening for patients, so they make every effort to exert control until they try to rationalize everything so that no emotion is activated at all. They strongly emphasize being rational in all matters and believe any emotion, especially anxiety, should be eliminated or controlled.

Discussion and Conclusion

The purpose of this study was to investigate the influential emotional schemas in the development and continuation of symptoms of generalized anxiety disorder. We interviewed patients with generalized anxiety disorder in Iranian society to see what their maladaptive emotional schemas are. This study showed that emotional beliefs and people's interpretations of their emotions are an important issue in the development and persistence of anxiety disorders, especially generalized anxiety disorder. Emotional schemas were considered as the main themes in this study, including the emotional schemas of validation, duration, uncontrollability and excessive rationality. Low emotional validation schema and high levels of the other three schemas create subthemes that increase the continuation and exacerbation of symptoms. These subthemes even affect the individual's somatic symptoms and lead to restlessness, loss of attention and concentration, and psychosomatic illnesses. Emotional avoidance and uncertainty intolerance are also the results of the ineffectiveness of such emotional schemas.

An important point is that the perspectives of different societies and cultures towards emotion and the way of experiencing, expressing and even suppressing it not only plays a role in the development and continuation of psychological disorders but also affects the conceptualization of that disorder. Currently, according to the results of this study, we know how validating a child's emotions can affect their future immunity or lack of immunity to engaging in anxiety disorders such as generalized anxiety disorder. The emotional schema of validation influences all other schemas. The subtheme of mentalized emotional insecurity indicate that the childhood experiences of the individual will remain with them and provide the pillars of the individual's subsequent perspective on the world, others and even themselves. The child who is now our adult patient has experienced great fear due to the bitter experiences of neglect by their early caregivers and being left alone with their emotions, as if we left them in a dark room without any information, therefore they are always afraid of their emotions, they are afraid of being left alone in that dark room for a long time, and the emotional schema of duration has always created this belief in them that if emotions start, there will be no escape from them. Or I am helpless in getting rid of this emotion, so I try to control them through various coping strategies like worrying and mental rumination, but due to repeated experiences of failure in controlling emotion, the emotional schema of uncontrollability is severe in them and they can never trust themselves to control their emotions. On the other hand, with extreme perfectionism in experiencing emotions, having a speck of anxiety emotion is seen as a sign of their own weakness, so they are constantly seeking emotional avoidance and comparing themselves to others, and of course the belief in incompetence is strong in them. When we know what the suffering of patients with generalized anxiety disorder stems from, we can move therapy sessions forward focused on their treatment needs and place our therapeutic interventions on confronting those sufferings and the patient's needs. Therefore, this study can help modify treatment protocols, especially emotion focused schema therapy, so we can have focused treatments for these patients. The results of this study can also be used in parenting models and explain the need to teach emotions to the child for parents.

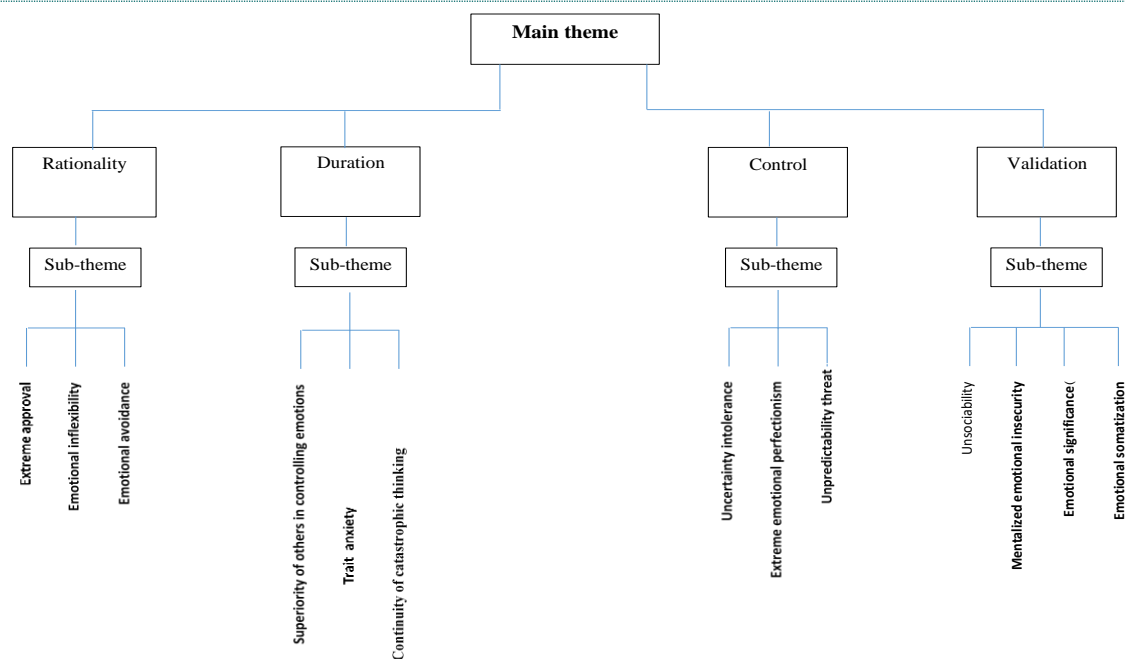


Figure 1: Main themes and sub-themes

Research suggestions

1. Considering that the investigation of the role of emotional schemas in psychological disorders is new and emerging, it is important to examine and compare their effects in other psychological disorders.
2. In this research, we tried to adapt the emotional schema therapy protocol based on the culture of the patients in Iran. It is necessary to investigate the effectiveness of this treatment in future studies on patients with generalized anxiety disorder.
3. It is important to compare the effectiveness of this treatment protocol with other treatment protocols for generalized anxiety disorder in future researches.

Ethical Considerations

All ethical principles have been considered in this article.

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Conflict of Interest

The authors of this article declare that they have no conflict of interest. Shahed University Research Ethics Committees: IR.SHAHED.REC.1401.125.

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