

*Case Report*

# Investigating the Effectiveness of Emotion Regulation-based Treatment on Worry, Emotion Regulation, and Psychological Flexibility in Patients with Generalized Anxiety Disorder: A Case Study

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## Abstract

**Background and Aim:** Generalized anxiety disorder is a disorder with comparable functional impairment to major depression and a poorer quality of life than major depression. Therefore, the present study was conducted to investigate the effectiveness of an emotion regulation-based treatment on emotion regulation, psychological flexibility, and the experiences of patients with generalized anxiety disorder.

**Materials and Methods:** The study was in the form of a case study with five patients with generalized anxiety disorder. The treatment consisted of 12 90-minute sessions carried out individually. Questionnaires on the Difficulty in Emotion Regulation Scale (DERS), the Acceptance and Commitment Questionnaire (AAQ), and the Penn State Worry Questionnaire (PSWQ) were used to measure outcome variables.

**Results:** The results showed that, according to visual analysis of the data graphs and descriptive statistics, the intervention was effective for each of the five subjects. The results showed the intervention had a significant effect on difficulties in emotion regulation in the first, second, third, fourth, and fifth participants, with confidence levels exceeding 0.70, 0.80, 0.70, 0.90, and 0.80, respectively. On the other hand, for the worry scale, the intervention led to improvements in the first, second, third, fourth, and fifth participants with confidence levels exceeding 0.60, 0.90, 0.80, 0.80, and 0.60, respectively.

**Conclusion:** Based on these findings, it can be concluded that emotion regulation-based treatment is a suitable strategy for enhancing psychological flexibility, anxiety, and emotion regulation in patients with generalized anxiety disorder. In addition, deficiencies in these areas are a significant contributing factor to the development of generalized anxiety disorder.

**Keywords:** Worry, Emotional regulation, Psychological flexibility, Generalized anxiety disorder

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## Introduction

Generalized anxiety disorder (GAD) is a disorder characterized by excessive and chronic worry, severe psychological distress, and significant functional impairment (1). This disorder is the most common type of anxiety disorder (2). Burcock's idea is one of the most fundamental theories for comprehending GAD. According to this viewpoint, worry serves as an avoidance mechanism in this condition, which is strengthened through increasing one's capacity to anticipate unpleasant emotional situations (3). This conclusion is supported by behavioral, psychological, self-report, and biological evidence, which highlight the fact that worry is a significant contributing factor to the development of generalized anxiety disorder (4). Furthermore, current perspectives on generalized anxiety disorder highlight that difficulties with emotion regulation (5) and a failure to accept or lack psychological flexibility (6) are significant factors that exacerbate these patients' worry. Research indicates that treatments involving acceptance content during the acute phase and follow-up are more effective than other psychological treatments in GAD patients, demonstrating the significance of acceptance for alleviating anxiety problems in these patients (7, 8). Acceptance is the opposite of psychological and emotional rigidity, which has been associated with the development and maintenance of emotional disorders (9). Difficulties in emotional regulation are also one of the most important factors underlying the development and persistence of worry as the primary symptom of GAD (5). In this way, patients with GAD do not function effectively in solving emotional problems. Therefore, this problem, regulating emotions, plays a key role in the formation of this disorder (10). Many researchers have emphasized treatments that address emotion regulation because of the significant role these components play in the development of GAD and, conversely, the high rate of psychological disorders reoccurring even after receiving cognitive behavioral therapy, with approximately 60% of these patients experiencing a recurrence of symptoms over time (11, 12).

Since worry, psychological flexibility, and emotion regulation are key factors in the development of GAD,

this treatment focuses on those aspects. The negative emotionality of self-reports linked to generalized anxiety disorder is the focus of emotion regulation therapy (13, 14). The three key components upon which this approach is based are 1. Motivation Mechanism: The trend in emotional reactions; 2. Regulatory mechanisms: Environmental requirements and restrictions, indicating changes in response according to certain values and goals; 3. Learning mechanisms: the development of various adaptable and ideal behaviors (10, 15). In this approach, patients learn that negative emotions do not necessarily need to be eliminated but tolerated and gradually managed. In addition, they learn to change their interpretation of events, rather than attempting to change the events themselves (10, 15). Numerous studies have demonstrated the effectiveness of this treatment for various ailments. For instance, the findings of the research conducted by Renna *et al.* (16) on the symptoms of anxiety and depression in patients with generalized anxiety disorder demonstrated that emotion regulation therapy improves these patients' symptoms (16).

According to the findings of a different study by Mennin *et al.* (14), emotion regulation therapy has been associated with significant improvements in anxiety symptoms as well as an enhanced quality of life (17). This approach utilizes various techniques, including distancing (*i.e.*, the ability to identify, observe, and develop a psychological approach to personal experience) and reappraisal skills (*i.e.*, the ability to change one's evaluation of an event, which changes the emotional load of a subject) to improve emotions. The aim of this approach is not to eliminate unpleasant emotions, but rather to accept and manage them more effectively and adaptively (10, 15).

However, several studies have been carried out on the treatments addressing emotion regulation in patients with different anxiety disorders. First, psychological flexibility—which plays a critical role in anxiety disorders, particularly generalized anxiety disorder—is the subject of a large number of these investigations. Worry is another factor that frequently contributes to the persistence of symptoms of generalized anxiety disorder, yet it has received less attention in research, particularly in Iran. Furthermore, the results cannot be generalized to the male population because the samples in a number of these Iranian studies were limited to

women. Therefore, the goal of the current study was to find out how effectively emotion regulation therapy works for patients with generalized anxiety disorder in terms of reducing anxiety symptoms, increasing psychological flexibility, and regulating emotions.

## Methods

The present study was a case study approved by the Ethics Committee of Kermanshah University of Medical Sciences (Kums. Rec. 1396.5). The subjects included five individuals (three females and two males) with generalized anxiety disorder referred to Farabi Hospital of Medical Sciences in Kermanshah for psychological intervention. All subjects received a diagnosis of generalized anxiety disorder based on the Structured Interview for Anxiety Disorders (ADIS-IV). A psychiatrist made the diagnosis.

The selection of subjects was based on a convenience sampling method. Informed consent to participate in the study, a diagnosis of generalized anxiety disorder as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, the absence of a diagnosis of schizophrenia or bipolar disorder that would impair reality perception, and low literacy were among the inclusion criteria. Exclusion criteria included missing more than two psychotherapy sessions, substance abuse, not completing homework between sessions for three sessions, not participating in the follow-up period, and having serious suicidal

thoughts. The subjects underwent 12 separate, 90-minute sessions of emotion regulation therapy (Table 1), which was based on the Mennin and Fresco protocol (18). To adhere to ethical standards, participants had the liberty to exit the study at any moment, and all personal data was kept confidential. Before the commencement of the study, participants completed an informed consent form. The treatment was administered by master's students and overseen by faculty members from the Clinical Psychology department.

## Materials

### Penn State Worry Questionnaire (PSWQ)

This questionnaire consists of 16 items and is rated on a 5-point Likert scale, ranging from "Not True" (1) to "Completely True" (5). Higher scores on this questionnaire indicate more severe levels of worry; the overall score range is 16–80. According to reports, this questionnaire's convergent validity is 0.37 and its reliability, as determined by Cronbach's alpha, is 0.81 (19). Shirinzadeh *et al.* (20) standardized this instrument in Iran and reported a test-retest reliability of 0.77 and an internal consistency of 0.86.

### Acceptance and Action Questionnaire-II (AAQ-II)

Bond *et al.* (21) developed this questionnaire in 2011, which consists of 10 items. It is rated on a 7-point Likert scale (1 = Never, 7 = Always). The reliability of this questionnaire, as measured by test-retest, was found to be 0.81, and its Cronbach's alpha was 0.84 (21).

**Table 1.** Content of Therapy Sessions

Session Number	Content
Session 1	Initial introduction and overview, general explanation of emotion regulation therapy, discussion of Generalized Anxiety Disorder (GAD), therapy agreement, emotional responsiveness, introduction to mindfulness.
Session 2	Review of the previous session, introduction to motivations and functions of emotions, body and muscle awareness through mindfulness.
Session 3	Action, consequences of learning, opposite directedness, mindfulness skills towards emotions.
Session 4	Acceptance and doing nothing, meditation: receptive of present moment.
Session 5	Developing an observational perspective and distancing from issues, perspective-taking over time.
Session 6	Developing an observational perspective and distancing from issues, perspective-taking in space.
Session 7	Compassionate and courageous evaluation 1.
Session 8	Compassionate and courageous evaluation 2.
Session 9	Introduction to values and pursuing them.
Session 10	Cognitive therapy, decatastrophizing, diaphragmatic breathing.
Session 11	Behavioral hypothesis testing and scientific attribution.
Session 12	Cognitive therapy: addressing core beliefs, application of diaphragmatic breathing.

In Iran, a study reported its internal consistency reliability (Cronbach's alpha) as 0.86 and its test-retest reliability as 0.71. The construct validity was examined using exploratory factor analysis (EFA) and confirmatory factor analysis (CFA), which demonstrated that the questionnaire has appropriate validity for assessing experiential avoidance/psychological inflexibility. Additionally, the results of the factor analysis indicated that the AAQ-II is a unidimensional tool. The confirmatory factor analysis also confirmed that the single-factor model of the AAQ-II fits well within the Iranian population (22).

#### Difficulties in Emotion Regulation Scale (DERS)

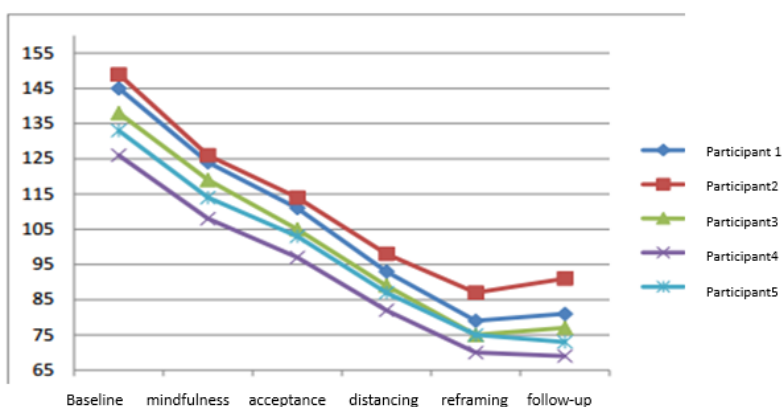
The Difficulties in Emotion Regulation Scale (DERS), developed by Gratz and Roemer (23), was used to measure difficulties in emotion regulation. The DERS is a self-report measure designed by Gratz and Roemer in 2004 to comprehensively assess problems in emotion regulation, offering a more thorough evaluation compared to existing tools in this field. It consists of 36 items, scored on a 5-point Likert scale ranging from 1 (Rarely) to 5 (Always). Reliability results indicate that the overall scale has high internal consistency, with a Cronbach's alpha of 0.93. Convergent validity calculations revealed that the total score of the scale correlated with the Emotional Avoidance Scale [0.60] (23). In Iran, the reliability coefficient of this scale, determined by Cronbach's alpha, was found to be 0.90 in research conducted by Mazaheri *et al.* Furthermore, the findings from Mazaheri *et al.*'s study indicated that this scale exhibits a significant positive correlation [0.64] with stress, thereby demonstrating the convergent validity of the questionnaire (24).

## Results

The participants consisted of 5 individuals diagnosed with Generalized Anxiety Disorder (GAD). The sample included two men and three women, with an average age of 34.05 years. The participants were evaluated at baseline, during the third session (mindfulness), the sixth session (acceptance), the ninth session (distancing), the twelfth session (reframing), and at a three-month follow-up period.

The results related to difficulties in emotion regulation, psychological flexibility, and worry for the participants are reported in Figure 1, 2, and 3, respectively. As the results indicate, the emotion regulation-based intervention led to a significant improvement in these components among the study participants.

The effect size of the intervention for individual results was calculated using the Percentage of Non-Overlapping Data (PND), Percentage of Overlapping Data (POD), and the Mean Percentage Improvement (MPI) for four participants, as reported in Table 2. As the results indicate, the variable of difficulties in emotion regulation showed a significant impact on the first, second, third, fourth, and fifth participants, with confidence levels exceeding 0.70, 0.80, 0.70, 0.90, and 0.80, respectively. On the other hand, for the worry scale, the intervention led to improvements in the first, second, third, fourth, and fifth participants with confidence levels exceeding 0.60, 0.90, 0.80, 0.80, and 0.60, respectively. It suggests that the therapeutic intervention effectively reduced worry among the participants.



**Figure 1.** Scores of Difficulties in Emotion Regulation at Baseline, Intervention, and Follow-up Phases

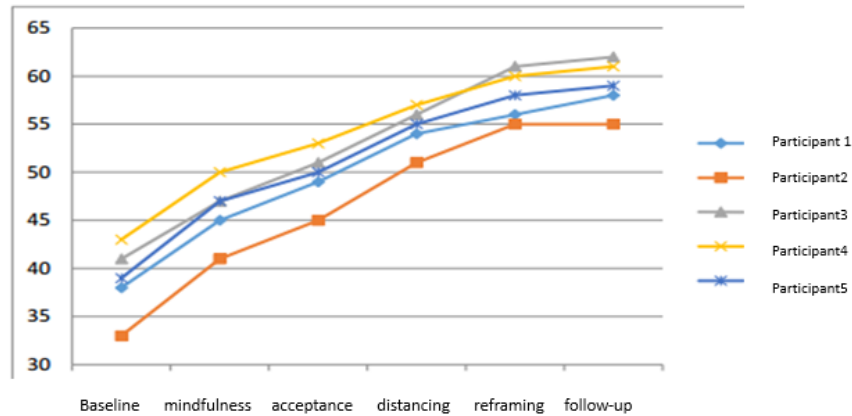


Figure 2. Scores of Psychological Flexibility at Baseline, Intervention, and Follow-up Phases

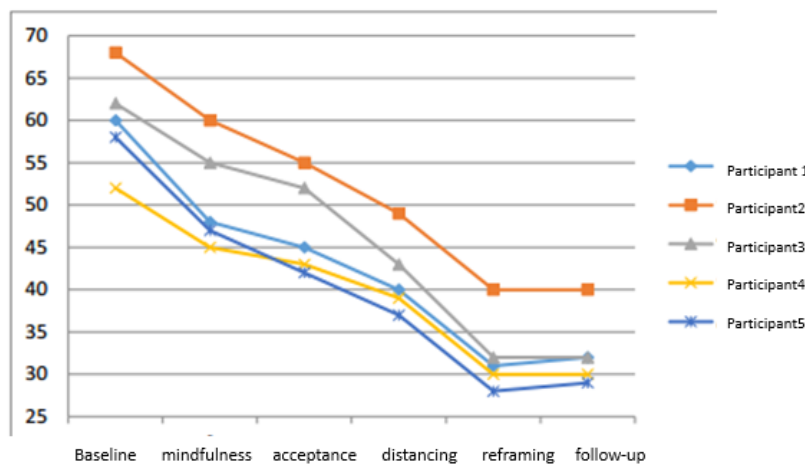


Figure 3. Scores of Worry at Baseline, Intervention, and Follow-up Phases

Table 2. Within-situation and between-situation variables (baseline, intervention, and follow-up) for participants

Variable	Participant	PND		POD		MPI	
		Baseline to Intervention	Intervention to Follow-up	Baseline to Intervention	Intervention to Follow-up	Baseline to Intervention	Intervention to Follow-up
DERS	Participant 1	70%	100%	30%	0%	25%	55%
	Participant 2	80%	100%	20%	0%	42%	61%
	Participant 3	70%	100%	30%	0%	27%	52%
	Participant 4	90%	100%	10%	0%	41%	46%
	Participant 5	80%	100%	20%	0%	40%	47%
PSWQ	Participant 1	60%	100%	40%	0%	28%	42%
	Participant 2	90%	100%	10%	0%	42%	49%
	Participant 3	80%	100%	20%	0%	32%	44%
	Participant 4	80%	100%	20%	0%	33%	53%
	Participant 5	60%	100%	40%	0%	28%	41%
AAQ	Participant 1	90%	100%	10%	0%	32%	44%
	Participant 2	70%	100%	30%	0%	41%	51%
	Participant 3	100%	100%	0%	0%	27%	47%
	Participant 4	60%	100%	40%	0%	41%	56%
	Participant 5	70%	100%	30%	0%	40%	52%

## Discussion

The present study aimed to examine the effectiveness of emotion regulation therapy on worry, emotion regulation, and psychological flexibility in patients diagnosed with Generalized Anxiety Disorder (GAD). One of the key findings of this research revealed that emotion regulation therapy led to a significant improvement in worry among patients with GAD. This finding aligns with other studies that have confirmed the effectiveness of emotion regulation therapy in reducing worry in patients with various anxiety disorders (13, 25). This conclusion can be explained by the fact that people with GAD frequently employ inhibitory techniques, such as worrying, to make up for their inability to control and regulate their emotions. This failure leads to a paradoxical and enduring state of negativity as well as a diminished ability to comprehend and react to these negative states. Generally, these individuals struggle to psychologically detach themselves from events, which is the reason for their constant anxiety (4). However, the emotion regulation therapy approach encourages individuals to use temporal and spatial distancing techniques to separate themselves from unpleasant experiences, both subjective and objective, where worry is a critical factor. According to Mennin *et al.* (4) and Mennin and Fresco (18), this enables individuals to perceive worry in a more rational and controllable manner. Also, one of the main reasons patients with GAD experience intense and persistent worry is their inability to tolerate ambiguity, which further amplifies their worry (26). Emotion regulation therapy, however, helps individuals learn to accept ambiguity as a normal and inevitable part of life, rather than attempting to control or eliminate it (27-29).

Another finding of this study was that emotion regulation therapy significantly improved psychological flexibility in patients with Generalized Anxiety Disorder (GAD). This finding is consistent with research indicating that psychological interventions effectively enhance psychological flexibility in individuals with GAD. Patients with generalized anxiety disorder often exhibit a strong tendency to control both external events and their internal thoughts, which contributes to psychological

inflexibility. In emotion regulation therapy, particularly through mindfulness training, individuals are taught to observe their thoughts instead of clinging to them or engaging in inflexible thinking. They come to understand that thoughts are merely thoughts and not necessarily a reflection of external reality (18). In essence, we can state that the perception of anxiety-provoking thoughts as reality, combined with the desire to control these thoughts, often leads to inflexibility and rigid thinking. However, in emotion regulation therapy, individuals go through three key stages: first, cultivating acceptance of all thoughts, whether negative or positive; second, distancing themselves from these thoughts without denying their existence; and third, engaging in cognitive reappraisal and replacing irrational thoughts with more logical and balanced ones (13, 18).

The final finding of this study was that emotion regulation therapy led to a significant improvement in difficulties with emotion regulation among patients with Generalized Anxiety Disorder (GAD). This finding aligns with previous research that has demonstrated the effectiveness of emotion regulation therapy in enhancing emotional skills (13). In elaborating on this conclusion, it can be asserted that in the context of emotion regulation, individuals, instead of shunning unpleasant emotions, develop the capacity to confront and engage with emotions—whether they are detrimental or non-detrimental—through a range of skills including cognitive restructuring, mindfulness, and acceptance. This is because attempts to avoid emotions often lead to their intensification. Therefore, individuals learn to face and accept their emotions. Positive emotional regulation strategies such as cognitive reappraisal are associated with a reduction in negative emotions, acceptance of emotions, and ultimately an increase in positive emotions (30). Individuals learn to practice self-compassion when experiencing unpleasant emotions rather than blaming themselves, which is associated with a decrease in unpleasant emotions and an increase in positive emotions (30-32).

Despite the promising findings of this study, it has certain limitations that should be considered when generalizing the results. First, the current research is a case study. Second, the study lacked a control group, making it impossible to compare the outcomes with

those who did not receive any treatment. Third, the study did not compare the current therapy with other psychological interventions. Therefore, we recommend that future research adopt a quasi-experimental design, include a control group, and compare the outcomes with other psychological treatments.

## Conclusion

The results of this study demonstrated that emotion regulation therapy improves psychological issues, particularly in the areas of emotional difficulties, psychological flexibility, and worry, in patients with Generalized Anxiety Disorder (GAD). Therefore, mental health practitioners can utilize this approach for therapeutic objectives in patients with GAD. Due to the comorbidity of other emotional problems with GAD, emotion regulation therapy can be used as an effective treatment for these patients in psychotherapy clinics.

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## Conflict of Interest

The authors declare that they have no conflict of interest.

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