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Anxiety Disorders: Emotions, Emotion Regulation and Treatment Methods

Kaygı Bozuklukları: Duygular, Duygu Düzenleme ve Tedavi Yöntemleri

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Abstract: We experience many emotions in daily life and these emotions play a vital role in many areas of life. While these emotions are mostly normal and functional, excessive, intense and prolonged emotions can seriously damage the functionality of the person. When we take a look at the list of disorders under the title of anxiety disorders, it is seen that emotional processes have a significant effect in each of these areas. However, contrary to popular belief, it is known that not only some core emotions such as anxiety and fear, but also disgust, anger, guilt and shame have a role to be considered. In this study, the role of these emotions and emotion regulation skills in anxiety disorders is discussed. Subsequently, how Cognitive Behavioral Therapy, Acceptance and Commitment Therapy and Metacognitive therapy address emotions in psychotherapy when working with anxiety disorders is briefly mentioned. This study is intended to provide a basis for a better understanding of the role of emotions in psychotherapy and to offer new perspectives for studies in this field.

Keywords:, Anxiety Disorders, Emotions, Emotion Regulation, Psychotherapy.

Öz: Gündelik hayatta birçok duygu deneyimleriz ve bu duygular hayatın birçok alanında hayati role sahiptir. Bu duygular çoğunlukla normal ve işlevsel olurken aşırı, yoğun ve uzun süreli deneyimlenen duygular kişinin işlevselliğini ciddi ölçüde zedeleyebilmektedir. Kaygı bozuklukları üst başlığı altında ele alınan bozukluk listesi değerlendirildiğinde bu alanların her birinde duyguyla ilişkili süreçlerin önemli bir etkiye sahip olduğu görülmektedir. Ancak sanılanın aksine yalnızca kaygı ve korku gibi temel duygular değil aynı zamanda tiksinti, öfke, suçluluk ve utanç gibi duyguların da dikkate alınması gereken bir role sahip olduğu bilinmektedir. Bu çalışmada bahsi geçen duyguların ve duygu düzenleme süreçlerinin kaygı bozukluklarındaki rolü tartışılmıştır. Bu değerlendirme sonucunda Bilişsel Davranışçı Terapi, Kabul ve Kararlılık Terapisi ve Metakognitif terapilerin kaygı bozukluğu ile çalışırken psikoterapide duyguları nasıl ele aldıklarına kısaca değinilmiştir. Bu çalışmanın psikoterapide duyguların rolünün daha iyi anlaşılması için bir temel oluşturması ve bu alandaki çalışmalar için yeni bakış açıları sunması amaçlanmaktadır.

Anahtar Kelimeler: Duygular, Duygu Düzenleme, Kaygı Bozuklukları, Psikoterapi.

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Introduction

Emotions have important roles in many areas of life. With the many emotions we feel in daily life, our life becomes more diverse by moving away from monotony. We are happy when we receive good news, we are surprised by the unexpected, we are afraid when we are faced with a threatening event, and we are sad when we receive bad news. We experience these feelings frequently during the day. This is a very human and normal process. However, when these feelings begin to be felt excessively and incongruously, they can cause us to experience life in a more challenging and unbearable way and harm our psychological health (Gross, 2014). Accordingly, emotions can affect our lives both positively and negatively (Nezlek & Kuppens, 2008). As a matter of fact, it is known that emotions are closely related to psychological disorders (Kring & Bachorowski, 1999). For example, it is stated that anxiety disorders are also an emotional disorder (Barlow, 1991).

In this study, the place of emotions in anxiety disorders will be investigated. Within the scope of this purpose, after a briefing on anxiety disorders, the relationship between some basic emotions and anxiety disorders will be presented. Afterwards, the role of emotion regulation in anxiety disorders and the treatment of anxiety disorders will be discussed.

This study aims to help clinicians better understand the role of emotions in anxiety disorders and develop more effective interventions. By emphasizing the importance of not only basic emotions such as anxiety and fear but also other emotions when it comes to anxiety disorders, our study aims to develop a deeper comprehension of the subject and to provide a basis for future studies.

Anxiety Disorders

Anxiety disorders are among the most common psychological disorders in the general population (Kessler et al., 2012). This shows that anxiety disorders also have an important place in society. These disorders are generally characterized by excessive worry, fear and behavioral avoidance (Shiota & Kalat, 2012). Anxiety disorders are a general heading given to disorders characterized by fear and anxiety. We will briefly describe the various disorders under this heading below.

Separation anxiety disorder is an excessive anxiety and fear of being separated from primary caregivers (Albano & Krain, 2005; Francis, Last, & Strauss, 1987). This separation experience can be real or imaginary (Masi, Mucci, & Millepiedi, 2001). This disorder is developmentally maladaptive and unexpected. For example, we can witness this problem in children who cannot start school or kindergarten because they do not want to be separated from their parents. This is not only a normal level of anxiety, such as not wanting to be separated from one's parents, but also an important problem area that negatively affects important areas of life such as social and educational life of the person (American Psychiatric Association (APA), 2013). It usually starts in early developmental periods such as 12-18 months (Beesdo, Knappe, & Pine, 2009). Although it is generally seen that separation anxiety decreases with age, this disorder may also exist in adulthood (APA, 2013).

Selective mutism, on the other hand, is characterized by the inability to speak in some social interactions but not in other areas (APA, 2013). Although these people actually have sufficient language skills, they experience speech problems in social areas due to their overwhelming anxiety (Krysanski, 2003). While these people can talk comfortably with their parents at home, they may experience speech problems in external environments that can trigger their social anxiety. This is a challenging situation that affects important areas of a person's life (social, education, etc.) (Hua & Major, 2016). It is generally characterized by social anxiety (Chavira et al., 2007; Manassis et al., 2003; Yeganeh, Beidel, & Turner, 2006).

Specific phobia is an excessive, irrational fear and anxiety disorder felt towards certain objects, living things or environments (Choy, Fyer, & Lipsitz, 2007; LeBeau et al., 2010). APA (2013) classified specific phobias in five categories: animal, blood-injection-injury, natural environment, situational, and other. In this disorder, there is no fear of humiliation, as in social anxiety disorder, or fear of having a panic attack, like in panic disorder (Albano & Krain, 2005). It stands out as being the most widespread anxiety disorder in the general population with a lifetime prevalence of 18% (Kessler et al., 2012).

Generalized anxiety disorder (GAD) is an anxiety disorder in which there is excessive and chronic anxiety experienced in many areas of life such as the economy, family, health, and career (Stein & Sareen, 2015). This excessive and chronic anxiety represents a very difficult situation to manage (Brown et al., 2001). This anxiety stands out as the main distinguishing factor that distinguishes GAD from other anxiety disorders (Holmes & Newman, 2006). At the same time, while other anxiety disorders have anxiety and fear that have evolved in one direction, individuals with GAD are worried and afraid about many aspects of their lives (not a single area). This makes the life of individuals with GAD very difficult. It has been reported that it usually starts between the ages of 23-30 and with this aspect, it draws attention with its late onset among psychological disorders (Kessler et al., 2012).

Panic disorder is a sudden and unexpected state of extreme fear that develops immediately after a physical symptom (Stein & Sareen, 2015). Recurrent panic attacks are among the main determinants of panic disorder, rather than just experiencing panic attacks, which are also present in other anxiety disorders (Taylor, 2006). Accordingly, panic attacks can be experienced not only in certain environments or situations, but also in many situations and repetitively. Since somatic symptoms accompany panic attacks, it can often be seen that cognitive components such as "I am having a heart attack, I'm dying or I'm going crazy" (Clark, 1986).

While agoraphobia is included in panic disorder in the Diagnostic and Statistical Manual of Mental Disorder, fourth edition, text revision (DSM-IV-TR), it is considered as a distinct disorder together with the DSM-5 (APA, 2013). While it is often seen with panic attacks, it can sometimes occur without panic attacks (Taylor, 2006). As in other anxiety disorders, agoraphobia is often characterized by avoidance (Craske & Barlow, 2014). It is noteworthy that it is the least common among anxiety disorders with a lifetime prevalence rate of 3.7% (Kessler et al., 2012).

Finally, we will talk about social anxiety disorder (SAD). SAD is an excessive and irrational fear and anxiety disorder that will be humiliated as a result of detailed scrutiny by others (Stein & Sareen, 2015). This anxiety may emerge in social or performance situations where the person feels that they can be examined and evaluated negatively (Albano & Krain, 2005). Accordingly, it can be said that SAD is a fear of negative evaluation (Hofmann, Anu Asnaani, & Hinton, 2010). This intense fear and anxiety can push the person to avoidance behaviors, that is, not to be in social environments or to remain silent even when found (Stein & Stein, 2008). It has been stated in the literature that social anxiety is associated with various problems such as low life satisfaction (Fehm et al., 2008), problems in interpersonal relationships (Alden & Taylor, 2004), and problems in academic achievement (Eng et al., 2005). It has been reported to be the second most widespread disorder among anxiety disorders with a lifetime prevalence of 13% (Kessler et al., 2012).

The Role of Emotions in Anxiety Disorders

After an introduction to anxiety disorders in general, this chapter will focus on the role of various emotions in anxiety disorders.

Fear

Fear is an emotion that all people experience. This emotion protects us against external dangers and enables us to take immediate action (such as fight or flight) in situations that threaten our lives (Dymond et al., 2015). While this emotion is actually a normal experience in many cases, it can be experienced excessively and inconsistently in some cases, resulting in psychological disorders (Esala & Del Rosso, 2019; Graham & Milad, 2011). It is known that fear plays an crucial role in anxiety disorders (Kring & Bachorowski, 1999; Shin & Liberzon, 2010). It has been stated that anxiety disorders are defined by fear (Shiota & Kalat, 2012). Although fear has an significant role in specific phobia and panic disorder (Shiota & Kalat, 2012), it is known that fear is experienced more frequently in other anxiety disorders than in normal situations. For example, people with panic disorder are scared of having a panic attack again, people with snake phobia are afraid of seeing snakes, people with SAD are afraid of being disgraced in social interactions, people with agoraphobia are afraid of being away from their

comfort zone, etc. These examples show that almost all anxiety disorders are characterized by fear (Cisler et al., 2009). Indeed, it is obvious that fear accompanies the definitions of anxiety disorders in the DSM-5 (APA, 2013). As mentioned before, it has been stated that avoidance behavior in anxiety disorders is also exhibited as reassuring behaviors as a reaction to the feeling of fear (Graham & Milad, 2011; Pittig et al., 2018).

From the perspective of behavioral theory, it has been stated that in anxiety disorders there may also be fear conditioning (Lissek et al., 2005). Accordingly, anxiety disorders are a problem area developed against the frightening stimulus. Again, from this perspective, it has been reported that the conditioned stimulus, namely fear, later generalizes and this fear generalization plays a critical role in these disorders (Dymond et al., 2015). Accordingly, anxiety disorders are a problem area developed against the frightening stimulus.

The reason that makes the role of fear in anxiety disorders more important is that this emotion is seen as negative and unacceptable (Amstadler, 2008). This condition is called "fear of fear" (Chambless & Gracely, 1989) and is seen as a fundamental distinguishing feature of anxiety disorders.

The role of fear in anxiety has also been clearly demonstrated in studies in the literature. In a study by Watson, Clark & Stasik (2011), it was seen that fear has the most prominent and vital role for anxiety disorders when compared with sadness, guilt and hostility. This important role of fear has also been confirmed in brain imaging studies, and it has been discovered that increased amygdala activation in response to fear may exist, especially in social anxiety and other specific phobias (Shin & Liberzon, 2010). In another study, it was observed that fear is closely related to excessive worry, avoidance behaviors and therefore GAD (Buhr & Dugas, 2012).

In summary, it can be said that anxiety disorders are actually fear disorders. While this fear is sometimes directed towards certain objects (specific phobia), sometimes events and worries (GAD, SAD), sometimes it is directed towards emotions. The person becomes afraid of the anxiety, the fear, the shame, and the disgust itself. This leads to avoidance, and anxiety disorders occur. Accordingly, fear is a very basic emotion for anxiety disorders.

Anxiety

Another basic emotion for anxiety disorders is anxiety itself (Cisler et al., 2009; Kring & Bachorowski, 1999). Anxiety is a response of the brain to be alert to a dangerous stimulus (Beesdo et al., 2009). Contrary to fear, anxiety is an functional emotion that allows us to take precautions against dangers that have not yet existed. However, when it is experienced excessively, as with other emotions, it takes on a role that prepares the ground for many psychological disorders. For this reason, an important mood disorder title has been named "anxiety" disorders, and the main symptom of many psychopathologies is excessive anxiety (Shiota & Kalat, 2012).

Studies have shown that anxiety is an internal stimulus that is avoided in anxiety disorders, and therefore "fear of anxiety" develops. This condition has also been called "anxiety sensitivity" (Taylor et al., 1992). Studies based on fear of anxiety have confirmed that this situation is closely related to anxiety disorders (Buhr & Dugas, 2012). Accordingly, anxiety itself becomes a means of avoidance and a fear develops that anxiety may come. This paves the way for anxiety disorders. Taylor et al. (1992), it was observed that the expectation of anxiety (or fear of anxiety) was higher in all anxiety disorders than in the normal population, except for specific phobias. In a study conducted with clinical (anxiety disorder patients) and non-clinical (undergraduate students) samples, anxiety sensitivity has been closely associated with anxiety disorders (Deacon & Abramowitz, 2006). In this study, it was observed that the highest anxiety sensitivity was in panic disorder. In another study, anxiety sensitivity was found to be a critical risk factor for panic disorder (McNally, 2002). In a study by Buhr and Dugas (2009), the role of anxiety sensitivity in GAD was examined. According to findings, anxiety and GAD symptoms increase as the fear of anxiety increases. These findings basically show that anxiety plays a vital role in anxiety disorders.

Disgust

Disgust is an emotion accompanied by very strong physiological symptoms. We experience disgust when we see a dish we dislike or objects that we think are not clean. This emotion, like all other emotions, is an emotion that enriches life and sometimes protects us. However, it is also known that this emotion has an crucial role in anxiety disorders (Mason & Richardson, 2010; Olatunji et al., 2010). Especially in specific phobias, the feeling of disgust is very important.

In the literature many studies have been conducted to explore the possible association between disgust and anxiety disorders. A study by de Jong and Muris (2002) examined the role of disgust in a clinical sample with spider phobia. According to the findings, it was observed that an extreme fear of touching the odious stimuli developed in spider phobia. In a study by Olatunji et al. (2007), it was observed that disgust plays an important role in blood-injection-injury (BII) phobia. In another study, it was observed that disgust and sensitivity to disgust increase the strength of these phobias in both spider phobia and BII (Sawchuk et al., 2000). In another study by Muris et al. (1999), the association between disgust sensitivity and overall anxiety was examined. According to the findings of this research, after controlling for other variables related to anxiety, it was reported that disgust sensitivity had a significant and predictive relationship with phobias and separation anxiety. In summary, it can be easily said that the feeling of disgust has a critical role in anxiety disorders.

Anger

Another emotion associated with anxiety disorders is anger. There are studies investigating the place of anger in generalized anxiety disorder. One of these studies was done by Descenes et al. (2012). According to the results of this study, there was a powerful correlation between generalized anxiety disorder and anger, and people with GAD experienced more anger than the normal population. Another study investigated which factors play a role in this relationship between anger and GAD (Fracalanza et al., 2014). Findings from the study showed that intolerance of uncertainty has a mediator role in the relation between GAD and anger. Accordingly, as the intolerance of uncertainty rises, the anger level of people with GAD also tends to increase.

In a study investigating anger and anxiety disorders, the multifaceted relationship of anger with panic disorder, SAD, GAD and phobias was examined (Hawkins & Cougle, 2011). According to the results of this study, it was found that anger experience and expression were generally closely related to anxiety disorders. A remarkable finding obtained from this study is that anger has a lower relationship with panic disorder compared to other anxiety disorders. In a study by Moscovitz et al. (2008), the relationship between anger experience and expression and various anxiety disorders was examined. According to the findings of this study, the group with panic disorder and social anxiety reported higher anxiety compared to the control group. Contrary to these, no difference was observed between the anger level of the phobic and the control group. In another study, people with SAD disorder reported higher levels of anger (Erwin et al., 2003). In summary, according to these results anger plays an valuable role in various anxiety disorders.

Shame and Guilt

Shame and guilt have become the emotions that are frequently talked about and discussed, especially in recent times. These emotions, which have recently become the focus of attention of researchers, have an crucial role in development and maintenance of many psychopathologies (Tangney et al., 1992). These are valuable predictors especially in anxiety disorders (Fergus et al., 2010). For example, individuals with agoraphobia may feel shame from experiencing panic attacks in public areas (Shiota & Kalat, 2012), or individuals with GAD may maintain their anxiety to feel less guilt (Freeston et al., 1994). Individuals with SAD may avoid social settings to avoid feeling shame (Hedman et al., 2013).

Many studies have been conducted on the relationship between guilt and shame and anxiety disorders. In one of these studies, the relationship between GAD and self-conscious emotions was

investigated (Schoenleber, Chow, & Berenbaum, 2014). According to the findings of this study, it was seen that shame and shame intolerance play an important predictive role on anxiety and GAD. In a study by Fergus et al. (2010), it was found that shame-proneness was associated with SAD and GAD symptoms. Another finding from this study is that shame is more related with anxiety symptoms than guilt. In another study, the relationship between guilt and shame and SAD symptoms was examined. The findings of this study showed that individuals with SAD reported higher shame than the control group (Hedman et al., 2013). Similarly, no relationship was found between guilt and SAD in this study. In another study examining the connection between guilt and anxiety disorders, it was observed that -contrary to shame-, guilt had a weak relationship with anxiety disorders and did not make a significant contribution to determining anxiety disorders (Watson et al., 2011).

In summary, studies examining the associaton between guilt and shame and anxiety disorders show that shame has a valuable role in anxiety disorders. This is not entirely true for guilt. Studies have reported that guilt does not have a significant predictive role, such as shame, in anxiety disorders.

Emotion Regulation and Anxiety Disorders

Emotion regulation means the process of managing the emotions experienced (Koole, 2009). This process can occur consciously or unconsciously (Gross & Thompson, 2007). The main purpose of this process is to make emotions more adaptive. For example, a person who feels excessive anxiety may aim to calm down by taking deep breaths, that is, they may regulate their emotions. When emotions cannot be regulated appropriately, various problems may arise (Gross & Munoz, 1995). For this reason, problems in emotion regulation are associated with many psychological disorders (Werner & Gross, 2010).

One of the most significant models proposed for emotion regulation is Gross (1998)'s process model. Gross (2002) stated that there are two basic emotion regulation strategies within the framework of this model. Since they are frequently studied in the literature, these two basic strategies will be included. These are reappraisal and suppression. While emotional experience can be reduced by using the reappraisal strategy, in the suppression strategy, only a decrease in behavioral expression is aimed without a change in emotional experience (Gross, 2002). Apart from these two strategies, there are other cognitive strategies (Aldao, Nolen-Hoeksema, & Schweizer, 2010). These can be compatible or incompatible strategies depending on the situation (Nolen-Hoeksema & Aldao, 2011).

It is known that emotion regulation problems are also quite common in anxiety disorders (Hofmann et al., 2012). Problems experienced in emotion regulation have an vital role in the formation, maintenance of anxiety disorders (Amstadler, 2008; Cisler et al., 2010). Indeed, anxiety disorders are often associated with extreme and chronic emotions (Campbell-Sills et al., 2006). This indicates the emotion regulation problems experienced in anxiety disorders. This is due to the maladaptive strategies used in the aforementioned emotion regulation problems have an effect (Cisler et al., 2009). In a study by Eftekvari, Zoellner & Vigil (2009), it was reported that people who were ineffective and less frequently regulated their emotions reported high rates of anxiety symptoms. In this context, the reappraisal strategy is active and effective; On the other hand, less use of suppression strategies was observed to be associated with low anxiety symptoms. In a study with similar results, it was found that high-level suppression strategy was associated with anxiety disorders (Dennis, 2007).

In another study, it was found that anxiety was associated with less rumination, self-blame, thinking catastrophe, and less use of positive evaluation strategies (Martin & Mahler, 2005). In another study by McLaughlin et al. (2011), it was stated that after controlling the initial symptoms, problems in emotion regulation increased anxiety symptoms in measurements made for seven months.

In a study exploring the relationship between SAD and emotion regulation strategies, individuals with SAD used rumination and suppression strategies more frequently; It has been reported that they use the reapraisal strategy less frequently (D'Avanzato et al., 2013). In a similar study, it was found that individuals with SAD used avoidance and suppression strategies higher than the control group (Werner et al., 2011). In a study on GAD symptoms, it was seen that problems in emotion regulation were

relationship with chronic anxiety and GAD symptoms (Salters-Petneault et al., 2006). These results show that emotion regulation is closely related to anxiety symptoms.

Treatments for Anxiety Disorders

As mentioned before, anxiety disorders are among the most prevelance psychological disorders (Kessler et al., 2012). This shows that interventions for anxiety disorders play a very important and valuable role. In this section, Cognitive Behavioral Therapy (CBT), which are proven effective psychotherapy for these disorders, and Metacognitive therapy (MCT) and Acceptance and Commitment Therapy (ACT), which are third wave approaches, will be discussed.

Cognitive Behavioral Therapy

CBT is one of the most powerfull intervention approaches for anxiety disorders. According to this model, the main cause of anxiety disorder in people is distorted cognitions and avoidance. The person's distorted cognitions about the anxiety or fear-inducing stimulus make the situation more challenging than it is. This ultimately results in avoidance. The primary purpose of CBT is to correct these distorted thoughts and gradually come back into contact with the avoided stimulus. Exposure interventions, which express the avoidance of internal or external stimuli, are among the most effective interventions in anxiety therapy. It also functions as an emotion intervention. As a matter of fact, during exposure interventions, the skills of staying alone with the avoided emotion and coping with it more effectively are taught.

We can exemplify the functionality of this intervention method through panic disorder (See Leahy, 1996). A panic disorder patient has distorted cognitions such as "I am having a heart attack, I'm dying or I'm going crazy" after a bodily stimulus. Accordingly, this disorder is actually a wrong interpretation of bodily sensations. At the same time, the person engages in reassuring behaviors, that is, tries to avoid the feared stimulus, in order to be afraid of the excessive anxiety and fear felt when these symptoms occur. In the first stage of treatment, distorted cognitions are exposed and they are tried to be rationalized and more harmonious. In the second phase of the treatment, he is gradually exposed to the feared stimulus (physical symptoms and compelling emotions). In the meantime, exposure can be facilitated by methods such as relaxation and breathing exercises (provided that relaxation and breathing exercises are not reassuring behaviors!). As a result, it is aimed that the person will see that the situation is not as dangerous as he/she thinks as he/she is exposed to the scared stimulus, and the frequency of panic attacks is reduced.

Studies have shown that CBT has been used for SAD (Rodebaugh et al., 2004), phobias (Halldorsdottir & Ollendick, 2016), panic disorder (DiMauro et al., 2013), separation anxiety (Schneider et al., 2011), selective mutism (Oerbeck et al., 2018) and agoraphobia (Stech et al., 2020).

Metacognitive Therapy

CBT is highly succesful in the treatment of anxiety disorders. But it does run into a problem in generalized problem areas such as GAD: In disorders of this type, worry and thoughts are so widespread that it is not possible to find cognitive distortions in each and rationalize them. As an alternative, Metacognitive therapy (MCT) was developed by Wells (1999). In this approach, instead of going down to the root of each thought, it focused on issues such as the reason for maintaining anxiety, which is a chronic problem in generalized anxiety disorder, and intolerance to uncertainty. Accordingly, people maintain widespread anxiety because they have positive beliefs about anxiety. For example, a person who is constantly worried about his family, career and health may think that this worry is beneficial for him, thus protecting his family and health, and being successful in his career. In psychotherapy, it is tried to intervene in a holistic way by seeing the negative sides of maintaining this anxiety with the clients. Studies have revealed that MCT is quite effective in anxiety disorders (Normann, van Emmerik, & Morina, 2014).

Acceptance and Commitment Therapy

Another intervention alternative for anxiety disorders is ACT. ACT is one of the third wave Cognitive Behavioral Therapy approaches based on the formulation of psychological inflexibility (Hayes, 2004). According to this approach, as psychological inflexibility increases, the behavioral repertoire decreases and internal pain (painful thoughts, emotions, and physiological symptoms) cannot be dealt with effectively (Hayes et al., 2006). In this case, psychological disorders emerge. According to the ACT approach, the primary goal of psychotherapy is to enhance psychological flexibility. Psychological flexibility refers to a holistic process that consists of being open to painful inner experiences (openness), being in the present (mindfulness), and taking action in value-driven (Hayes et al., 2006).

Anxiety disorders are known to be characterized by avoidance. ACT calls this process experiential avoidance. In psychotherapy, it is expected to reduce experiential avoidance and to act consciously in line with the values of the person. Mindfulness techniques that are absent in CBT are used effectively in this approach. Studies have shown that the success rate in treating anxiety disorders is similar to CBT (Forman et al., 2007; Niles et al., 2014).

Conclusion

Studies on the role of emotions in anxiety disorders have shown that different emotions have critical roles in these disorders. Not only anxiety and fear but also disgust, anger, guilt and shame have an crucial role in the development and maintenance of anxiety disorders. For this reason, many psychotherapy approaches have developed emotion-based intervention methods. In particular, interventions to improve emotion regulation skills can be evaluated in this context. It is recommended that psychotherapists examine the client's emotional processes in more detail and increase emotion-focused interventions. Considering the findings of the current study, we can see that anxiety disorders include many intense emotions. Fear has a valuable role in specific phobias, panic disorder, GAD and SAD; anxiety in all anxiety disorders; disgust especially in phobias and separation anxiety; anger in SAD, GAD, panic disorder and phobias; shame in agoraphobia, panic disorder, SAD and GAD. From this perspective, it is necessary to address not only anxiety and fear in anxiety disorder patients, but also other emotions that may accompany this disorder. It is recommended to use evidence-based methods (such as CBT, ACT, and MCT) in interventions for these emotions. Indeed, the most important goal of psychotherapy is to improve the client's ability to identify and regulate emotions.

In addition to clinical practices, it is vital to conduct studies on this subject in order to better comprehend the importance of emotions in anxiety disorders. Studies with self-report scales are very valuable, but it is thought that neuropsychological studies will contribute to a better understanding of the role of emotions in anxiety disorders. In addition, it is recommended to use more measurement tools that allow us to evaluate the change in emotion and emotion regulation in pre-test and post-test studies of studies involving clinical intervention.

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