Original Article

Principles of Therapeutic Discourse of Patients with Generalized Anxiety Disorder with Cognitive-Behavioral Therapy Approach

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Abstract

Background and Aim: Opening conversations in psychotherapy discourse is very sensitive. Therefore, identifying the principles of how opening conversations in such discourses is extremely important. The present study uses the conversation analysis approach to find the principles of opening conversation in the therapeutic discourse of treatment sessions for patients with generalized anxiety disorder (GAD) based on the Cognitive-Behavioral Therapy (CBT) approach.

Materials and Methods: The method used in this research is based on the logic of qualitative research. The corpus used in this study included 2520 minutes of conversation in psychotherapy sessions. Participants in this study were selected from both sexes. To analyze the data, methods of conversation analysis, word counting and finding keywords in the text have been used. Also, ATLAS ti. Computer software has been used to construct and present the verbal pattern.

Results: The results of data analysis show that opening conversation pattern in psychotherapy sessions consists of five stages of which only the "Identification-recognition sequence" is used in the initial treatment sessions and the rest is used in all sessions. Psychologists have opened conversations in all psychotherapy sessions. It takes about 5 to 10 minutes to open a conversation.

Conclusion: The abundance of data also shows that when using the general pattern of conversation initiation sequence, there was no verbal difference between psychotherapists and male and female clients, and all behaved according to the rules governing psychotherapy sessions. This confirms the high sensitivity of the type of approach to clients and how to begin to communicate in conversations related to therapeutic discourse.

Keywords: Cognitive-behavioral therapy approach, Generalized anxiety disorder, Opening conversation, Therapeutic discourse

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Introduction

Organizationalor institutional discourse is one of the most important issues in the field of linguistics. In this type of discourse, knowledge and understanding in the field of social communication are formed based on a set of interpretive patterns that are systematized through language and transmitted through culture. One of the organizations and institutions in which the subject of human relations is of paramount importance is the health care system. Verbal communication is the mainstay of modern health services, and in fact, interactions between patients and therapists are part of health care (1). Therapeutic discourse is a special type of organizational discourse which is used by psychotherapists when treating their patients (1). Due to the effectiveness of verbal communication in the treatment of various mental disorders, in recent years, the study of therapeutic discourse has been a priority in mental health research in developed countries. Clinical psychologists, psychiatrists, and other professionals working in this field need training in language patterns related to their specialty in order to gain the trust of clients. When referring people for treatment of various mental disorders, the four main tasks are the responsibility of the therapist; Establishing a therapeutic relationship, gathering important psychiatric information, interviewing in order to diagnose and negotiate with the patient about the treatment plan. All these tasks are directly related to language and linguistic issues. Considering that language communication is one of the most important types of communication between psychotherapists and clients and the results of conversations between them also help diagnose and treat mental disorders, therefore, identify the dominant verbal pattern and describe communication skills in a systematic way based on scientific principles, is essential.

Opening conversation is a channel for communication and is therefore very important. The study of how to start conversations has been done by many researchers, the founder of which is Schegloff (2). By examining telephone conversations, Schegloff identified four sequences as the main pattern for opening conversations:

1) Summons-answer sequence
2) Identification-recognition sequence
3) The exchange of greeting tokens
4) The how are you sequence (2).

How to open a conversation varies depending on the identity of the person, the purpose of the conversation and the type of relationship that people have with each other (3). Recognizing participants is one of the principles and etiquettes associated with conversation (4). Many of the characteristics of the participants inherently affect the nature of the conversation-related processes. These characteristics include age, gender, social status, ethnic background, level of friendship and intimacy, power, and common ground. In general, speakers are able to adapt their speech according to the specific characteristics of the audience and their interests, as well as the perception and understanding they have of their audience (5). But this is not a 100% feature, and sometimes it happens that in certain conditions, the speakers do not adapt (4). The discourse identity is formed because of the relationship that arises through the articulation act between different elements (6). Wardhaugh (7) also considers the cultural factor as a very important element in examining the beginning parts of conversations and he believes that under the influence of the cultural factor, the way conversations open varies from group to group. Researchers have shown that there are cross-cultural differences with regards to either production or the realization of various speech acts (8). The organization of each segment of discourse in terms of its information structure, thematic patterns and the like is part of its texture no less important than the continuity from one segment to another (9). Conversation opens in a few limited ways, such as addressing the person, asking for information, saying "hello", or saying something like "what time is it?". All these words and phrases help the person to attract the listener's attention. Often these statements lead to perfectly normal answers. This process leads to a rotation of turns-taking that are the focus of the conversation. Since these opening words and phrases are quite predictable, a dialog response can often be predicted (7). Opening conversations in psychotherapy sessions usually takes between 5 and 10 minutes, which is maximized in the first session of the

treatment period. Starting conversations in such discourses is a sensitive time to establish a therapeutic relationship and it is at this point that the client makes decisions about the reliability of the psychotherapist, and empathy develops between them. Therefore, it is very important to analyze the data of opening conversation in conversations related to therapeutic discourse.

Anxiety disorders are one of the major and the most common psychological problems (10-11). Anxiety disorders are the second leading cause of mental health-related disabilities worldwide (12). In many sources in psychology and psychiatry, as well as in many psychological theories and research findings, anxiety has been suggested as the root cause of most psychological disorders (13). Research have been shown that emotional irregularity associated with a variety of negative consequences including symptoms of anxiety, depression, aggression, and suicidal thoughts (14). Anxiety disorders are a group of disorders that have common characteristics of fear and excessive anxiety and related behavioral disorders (15). Due to its chronicity and pervasiveness, this disorder poses special challenges in the field of effective treatment for professionals in this profession (16). The reasons for anxiety should be sought in language skills (17).

Considering the above explanations and the importance of speech in psychotherapy and also the existence of anxiety in the daily life of most people, this study investigates how to open up conversations in psychotherapy sessions with patients with generalized anxiety disorder based on cognitive-behavioral therapy approach. The results of this study help psychotherapists to better open and manage psychotherapy sessions based on principles. Bekeyeva et al. (3) in a study examined how telephone conversations open in the workplace of the Kazakh community. The present study was conducted using a qualitative method based on conversation analysis. The results of the analysis of the findings of this study show that despite the Schegloff model being applied to the data, it can be argued that the construction of the Kazakh telephone discourse is culturally specific, and the opening of any telephone conversation depends on factors such as age, gender, work situation and the type of

relationship people have with each other. DashtiNezhad (18) has made a comparative study of how to open and close conversations in Persian and English languages from the perspective of conversation analysis. His research data was selected from face-to-face conversations with family, friends, relatives, and acquaintances. His research findings show that conversations in Persian often open with the phrase "hello" and in almost every informal face-to-face conversation, Persian-speaking speakers tend to use the ritual of asking questions about each other's health. This study also shows that the closing of the conversation among most Persian speakers is done with the phrase "goodbye" and the meaning of the "going home safely". A comparison between Persian and English conversations shows that the four main sequences of conversation initiation in Schegloff's theory were significantly similar in both languages. In both languages, there is a tendency to perform sections such as the repetition of the previous topic, the sequence of thanks and the sequence of farewells between the parties before the close of the speech. Ansari (19) in a study has examined the comparison of how to open and close telephone conversations in Persian and English languages. The data of this study were obtained from telephone conversations between family members, close relatives and friends in English and Persian movies and series. Findings show that the opening of a telephone conversation in English and Persian consists of four parts, which are "Summons-answer sequence" and "Identification-recognition sequence" similar in both languages but there are differences in parts "The exchange of greeting tokens" and "The how are you sequence". In the closing of conversations section, the results showed that both languages have pre-completion and leaving-speech options, but there are intercultural differences in their presentation. Dabaghi&Khadem (20) examines how Persian-speaking men and women open conversations. The results of her research show that there are significant differences in terms of quantity and quality between the speech of Persian-speaking men and women at the opening of telephone conversations. The results of the analysis also show that the gender factor is one of the important factors in the types of opening telephone conversations. Greeting and asking about the health of other family members in conversations

between women shows their politeness and respect for each other and this is while men refrain from expressing these issues in their conversations and they quickly express the main reason for making the call. In a study, Bou-Franch (21) examined the Opening and closing structures of conversations in Spanish-language e-mails. His research data was collected from 240 short e-mail conversations. The research method was qualitative and based on conversation analysis. The power of the speakers and their position have also been among the factors involved in data analysis. The results of his research show that technological discourse studies have social and interactive limitations and highlight textual diversity. In addition, a high degree of sociability has been interpreted in e-mails as a "first, person and second, business" communication style. Factors of power and position have also been influential in the choice of words to open and close conversations. Also, people with higher job and social status and more power had a greater share in closing the conversation. Saadah (22) in a study examined landline and mobile phone conversations in Arabic based on cultural and gender factors. The data of this study included thirty telephone conversations between friends and acquaintances, which were examined using conversation analysis method. The results show that the principles used in how to open landline and mobile phone conversations were similar. However, there are differences that can be due to cultural and gender elements. For example, Saudi women tend to ask questions about the health

of family members. Sun (23) examines how informal telephone conversations open among Chinese-speaking women. This study examines common phrases that respond to the phrase "How are you?". The results show that the phrase "How are you?" has two uses in Chinese: A) Expression of intention if used after phrases such as "long time no see" or "calling" and B) Communicating emotionally. This study also shows that the terms used to initiate Chinese telephone conversations have a variety of forms. Relationships, the structure of telephone conversations, and the goal determine the type of communication. Taleghani-Nikazm (24) in a study has examined how to open telephone conversations in Persian and German languages. He specifically examined the phrase "How are you?" at the opening of telephone conversations of these two languages. The results of his research show that Persian-speaking people, after opening aware of each other's health, ask about the health of other family members. In Germanic language, the answer to this question is usually presented as a topic for discussion. A study and evaluation of previous research shows that most research is one-dimensional and has a critical look at the subject of language interactions. Interpretation and phenomenology of linguistic interactions in research are very limited.

Methods

Data collection of this study was done through audio and video recording of psychotherapy sessions. Data

Table 1: Principles of Conversation Writing Based on Richards (2003) Model.

A symbol	The mark
Falling Intonation	.
Rising Intonation	؟
Pause of about one second	(…)
Exclamation mark	!
Overlap in speech	[]
stress	-
Stretch the vowel	:
Short pause	(–)
Long pause	(+)
Interruption of speech	=
Reduce pitch	↓

recording and videotaping was done completely naturally and without the presence of the researcher in psychotherapy sessions in the counseling and psychotherapy centers of A University and B University of Medical Sciences. The sampling in question is an intensity sampling that is a subset of purposive & criterion-based sampling. In purposive & criterion-based sampling, sample units are selected from the target to represent a specific key metric. Intensity sampling includes informative, excellent, and productive cases of the studied phenomenon. Accordingly, the language corpus used in this study includes 2520 minutes of conversation in psychotherapy sessions in which individuals have referred to psychotherapists for the treatment of generalized anxiety disorder. The recorded conversations included conversations related to psychotherapy sessions for female clients and female psychotherapists, conversations related to psychotherapy sessions for male clients and female psychotherapists, conversations related to psychotherapy sessions for female clients and male psychotherapists, and conversations related to psychotherapy sessions for male clients and male psychotherapists. The focus of discourse analysis is utterance. After this step, the audio and video files were carefully written. Richards (25) model was used to write the data.

Materials

After extracting the linguistic data generated by psychotherapists and clients, finally, the conversations were examined according to the type of Cognitive Behavioral Therapy technique and aspects of therapeutic relationship. Opening rules have also been discovered and extracted in conversations.

When analyzing the data of the present study, several methods have been used to evaluate and increase the reliability and validity of the data, which are: A) Qualitative analysis of data that has been done with three methods of analysis, including the method of conversation analysis, the method of counting words and the method of finding keywords in the text. B) Qualitative analysis of data with the help of ATLAS

ti. Computer software.

Results

In this section, by examining the data related to the opening of the conversation, a verbal pattern of how to start conversations of therapeutic discourse is obtained. Studies show that the pattern and order of its implementation in therapeutic discourse is as follows:
1) Identification-recognition sequence
2) The exchange of greeting tokens
3) The how are you sequence
4) Expressing a phrase to start communicating
5) Transfer of the turn to the clients

As the data in Table 2 show, 5 types of conversation initiation sequences have been observed in therapeutic discourse, in which the transfer of the turn to the clients, expressing a phrase to start communicating, the how are you sequence, the exchange of greeting tokens constantly observed and executed, and it is 100% in all conversations. After that, identification-recognition sequence with 8 cases and an average of 12.50%, which was only related to the first sessions of the psychotherapy course, had the lowest number and frequency. It should be noted that in all psychotherapy sessions, psychotherapists have initiated conversations.

Table 3 shows the types of identification-recognition sequence examples. The data in this table show that out of 64 psychotherapy sessions, only 8 of the beginning parts of the conversations were related to the identification-recognition sequence. This component with an average of 12.50% has the lowest number among the items in the sequence of opening conversations. Among these, 2 cases were related to 15 sessions of psychotherapy of female psychotherapists and female clients, of which 1 case was related to "Hello + Introducing yourself" with an average of 6.67%, and 1 case is related to "Hello + Introduce yourself + Accredited credit" with an average of 67.6%. 2 cases were related to 17 sessions of psychotherapy of female psychotherapists and male clients, of which 1 case was related to "Hello +Address+ Introducing yourself" with an average of 5.88% and 1 case was also related to "Hello +Address+ Introducing yourself + Accredited credit"

Table 2: Conversation opening sequence pattern in therapeutic discourse.

Gender	Types	Transfer of the turn to the clients	Expressing a phrase to start communicating	The how are you sequence	The exchange of greeting tokens	Identification-recognition sequence
Female psychotherapists when counseling female clients	Frequency	15 of 15	15 of 15	15 of 15	15 of 15	2 of 15
	percentage	100%	100%	100%	100%	13.33%
Female psychotherapists when counseling male clients	Frequency	17 of 17	17 of 17	17 of 17	17 of 17	2 of 17
	percentage	100%	100%	100%	100%	11.76%
Male psychotherapists when counseling male clients	Frequency	18 of 18	18 of 18	18 of 18	18 of 18	2 of 18
	percentage	100%	100%	100%	100%	11.11%
Male psychotherapists when counseling female clients	Frequency	14 of 14	14 of 14	14 of 14	14 of 14	2 of 14
	percentage	100%	100%	100%	100%	14.29%
Total	Frequency	64	64	64	64	8
	percentage	100%	100%	100%	100%	12.50%

Table 3: Types of identification-recognition[1] sequence related to psychotherapists (male and female) and clients (male and female).

Gender	Types	Hello +Address+ Introducing yourself+Accredited credit	Hello + Introduce yourself + Accredited credit[1]	Hello +Address+ Introducing yourself	Hello + Introducing yourself
Female psychotherapists when counseling female clients	Frequency	—	—	1 of 15	1 of 15
	percentage	—	—	6.67%	6.67%
Female psychotherapists when counseling male clients	Frequency	1 of 17	—	1 of 17	—
	percentage	5.88%	—	5.88%	—
Male psychotherapists when counseling male clients	Frequency	—	1 of 18	1 of 18	—
	percentage	—	5.56%	5.56%	—
Male psychotherapists when counseling female clients	Frequency	—	—	1 of 14	1 of 14
	percentage	—	—	7.14%	7.14%
Total	Frequency	1 of 64	1 of 64	4 of 64	2 of 64
	percentage	1.56%	1.56%	6.25%	3.13%

with an average of 5.88%. Among the 18 psychotherapy sessions related to male psychotherapists and male clients, 1 case related to "Hello +Address+ Introducing yourself" with an average of 5.56% and another 1 case related to "Hello + Introduce yourself + Accredited credit"

with an average of 56.5%. Among the 14 sessions of psychotherapy of male therapists and female clients, 1 case is related to "Hello + Introducing yourself" with an average of 7.14% and 1 case is related to "Hello +Address+ Introducing yourself" with an average of 7.14%. A total of 64 sessions, 4 cases with an average

Table 4: Types of the exchange of greeting tokens related to psychotherapy sessions of psychotherapists (male and female) and clients (male and female).

Gender	Types	The exchange of hello+ Phrase addressed +Cherish	The exchange of hello+ Phrase addressed	The exchange of hello +Cherish
Female psychotherapists when counseling female clients	Frequency	3 of 15	1 of 15	11 of 15
	percentage	20%	6.67%	73.33%
Female psychotherapists when counseling male clients	Frequency	9 of 17	3 of 17	5 of 17
	percentage	52.94%	17.65%	% 29.41
Male psychotherapists when counseling male clients	Frequency	3 of 18	2 of 18	13 of 18
	percentage	16.67%	11.11%	72.22%
Male psychotherapists when counseling female clients	Frequency	7 of 14	2 of 14	5 of 14
	percentage	50%	14.29%	35.71%
Total	Frequency	22 of 64	8 of 64	34 of 64
	percentage	34.37%	12.50%	53.13%

of 6.25% related to "Hello +Address+ Introducing yourself", 2 cases with an average of 13.3% related to "Hello + Introducing yourself", 1 case related to "Hello + Introduce yourself + Accredited credit" with an average of 1.56% and 1 case with an average of 1.56% related to "Hello +Address+ Introducing yourself + Accredited credit" respectively, have the highest to lowest items in the total conversation.

The following are examples of types of identification-recognition sequence.

A) Hello + introducing yourself
Example: Hello, I am Samiei, PhD in Clinical Psychology.

B) Hello +Address+ introducing yourself
Example: Hello Ms. Rasouli. I am Mahmoudi, PhD in Clinical Psychology.

C) Hello + Introduce yourself + Accredited credit
Example: Hello, I am Hamidi. PhD in Clinical Psychology and a member of the faculty of Shiraz University.

D) Hello +Address+ Introducing yourself + Accredited credit
Example: Hello Mr. Azimi. I am Hosseini, Clinical psychologist, and faculty member of Shiraz University.

Table 4 includes the types of components of exchanging greetings and tributes. The data in this table show that out of 64 sessions of psychotherapy, 34 cases with an average of 53.13% related to "The exchange of hello +Cherish", 22 cases with an average of 34.37% related to "The exchange of hello+ Phrase addressed" and 8 cases with an average of 12.50% are related to "The exchange of hello+ Phrase addressed +Cherish", which have the highest to the lowest number, respectively. Among them, in psychotherapy sessions of female therapists and female clients, 11 cases with an average of 73.33% related to the exchange of hello and cherish, 3 cases with an average of 20% related to exchanging of hello plus the phrase address and greetings and 1 case with an average of 67.67% was related to the exchange of hello and phrase addressed, which have the highest to lowest frequency of data, respectively. Among the psychotherapy sessions of female therapists and male clients, 9 cases with an average of 52.94% related to "The exchange of hello+ Phrase addressed +Cherish", 5 cases with an average of 29.41% related to "The exchange of hello +Cherish" and 3 cases with an average of 17.65% are related to "The exchange of hello+ Phrase addressed", which have the highest to lowest frequency of data, respectively. In psychotherapy sessions related to male

Table 5: Types of the how are you sequence related to psychotherapy sessions of psychotherapists (male and female) and clients (male and female).

Gender / Types		Asking the status of client and receiving a neutral answer	Asking the status of client and receiving a negative answer	Asking the status of client and receiving a positive answer
Female psychotherapists when counseling female clients	Frequency	14 of 15	—	1 of 15
	percentage	93.33%	—	6.67%
Female psychotherapists when counseling male clients	Frequency	17 of 17	—	—
	percentage	100%	—	—
Male psychotherapists when counseling male clients	Frequency	18 of 18	—	—
	percentage	100%	—	—
Male psychotherapists when counseling female clients	Frequency	13 of 14	1 of 14	—
	percentage	92.86%	7.14%	—
Total	Frequency	62 of 64	1 of 64	1 of 64
	percentage	96.88%	1.56%	1.56%

Table 6: Types of expressing a phrase to start communicating related to psychotherapy sessions, psychotherapists (male and female) and clients (male and female).

Gender / Types		Create intimacy	Create trust	Reducing the sense of strangeness of clients in psychotherapy sessions	Create a feeling of comfort
Female psychotherapists when counseling female clients	Frequency	6 of 15	3 of 15	2 of 15	4 of 15
	percentage	40%	20%	13.33%	26.67%
Female psychotherapists when counseling male clients	Frequency	2 of 17	5 of 17	4 of 17	6 of 17
	percentage	11.77%	29.41%	23.53%	35.29%
Male psychotherapists when counseling male clients	Frequency	7 of 18	5 of 18	3 of 18	3 of 18
	percentage	38.89%	27.77%	16.67%	16.67%
Male psychotherapists when counseling female clients	Frequency	4 of 14	2 of 14	3 of 14	5 of 14
	percentage	28.57%	14.29%	21.43%	35.71%
Total	Frequency	19 of 64	15 of 64	12 of 64	18 of 64
	percentage	29.69%	23.43%	18.75%	% 28/13

psychotherapists and male clients, 13 cases with an average of 72.22% related to "The exchange of hello +Cherish", 3 cases with an average of 16.67% related to "The exchange of hello+ Phrase addressed +Cherish" and 2 cases with an average of 11.11% were related to "The exchange of hello+ Phrase

Table 7: Types of transfer of the turn to the clients.

Gender	Types	Miraculous questions	Solution-oriented questions	Asking open-ended questions
Female psychotherapists when counseling female clients	Frequency	1 of 15	3 of 15	11 of 15
	percentage	6.67%	20%	73.33%
Female psychotherapists when counseling male clients	Frequency	1 of 17	2 of 17	14 of 17
	percentage	5.88%	11.77%	82.35%
Male psychotherapists when counseling male clients	Frequency	—	1 of 18	17 of 18
	percentage	—	5.56%	94.44%
Male psychotherapists when counseling female clients	Frequency	1 of 14	1 of 14	12 of 14
	percentage	7.14%	7.14%	85.72%
Total	Frequency	3 of 64	7 of 64	54 of 64
	percentage	4.69%	10.94%	84.37%

addressed", which has the highest to lowest frequency of data, respectively. Among the sessions of psychotherapy of male therapists with female clients, 7 cases with an average of 50% related to "The exchange of hello+ Phrase addressed +Cherish", 5 cases with an average of 35.71% related to "The exchange of hello +Cherish" and the number 2 cases with an average of 14.29% were related to "The exchange of hello+ Phrase addressed", which have the highest to lowest frequency of data, respectively.

The following are examples of the types of exchanges of greetings and tributes.
A) The exchange of hello +Cherish
Example: Hello. I am very glad to see you.
B) The exchange of hello+ Phrase addressed
Example: Hello Dr. Hosseini
C) The exchange of hello+ Phrase addressed +Cherish
Example: Hello Ms. doctor, I am very glad to see you.

As Table 5 shows, out of a total of 64 psychotherapy sessions, 1 case with an average of 1.56% related to the asking the status of client and hearing a positive answer, 1 case with an average of 1.56% related to

the asking the status of client and receiving a negative answer and 62 cases with an average of 96.88% were related to the asking the status of client and receiving a neutral answer, which have the highest to lowest frequency of data, respectively. Among these, in psychotherapy sessions related to female psychotherapists and female clients, 14 cases with an average of 93.33% were related to the neutral response and 1 case with an average of 6.67% was related to the positive response. In psychotherapy sessions of female psychotherapists and male clients, 17 cases with an average of 100% were related to the neutral response. In psychotherapy sessions of male psychotherapists and male clients, 18 cases with an average of 100% related to the neutral response. Among the psychotherapy sessions of male therapists and female clients had 13 cases with an average of 92.86% related to the neutral response and 1 case with an average of 7.14% related to the negative response.

The following are examples of types of the how are you sequence.
A) Asking the status of client and receiving a positive answer
Psychotherapist: How are you?
Client: Okay, thank you.

B) Asking the status of client and receiving a negative answer

Psychotherapist: are you okay?

Client: Not really. I feel very bad.

C) Asking the status of client and receiving a neutral answer

Psychotherapist: How are you?

Client: Thank you for your kindness, thank God, I'm not bad.

As the table above shows, out of 64 sessions of psychotherapy, 19 cases with an average of 29.69% related to intimacy, 18 cases with an average of 28.13% related to creating a sense of comfort, 15 cases with an average of 23.43% related to create trust and 12 cases with an average of 18.75% are related to reducing the sense of strangeness of clients in
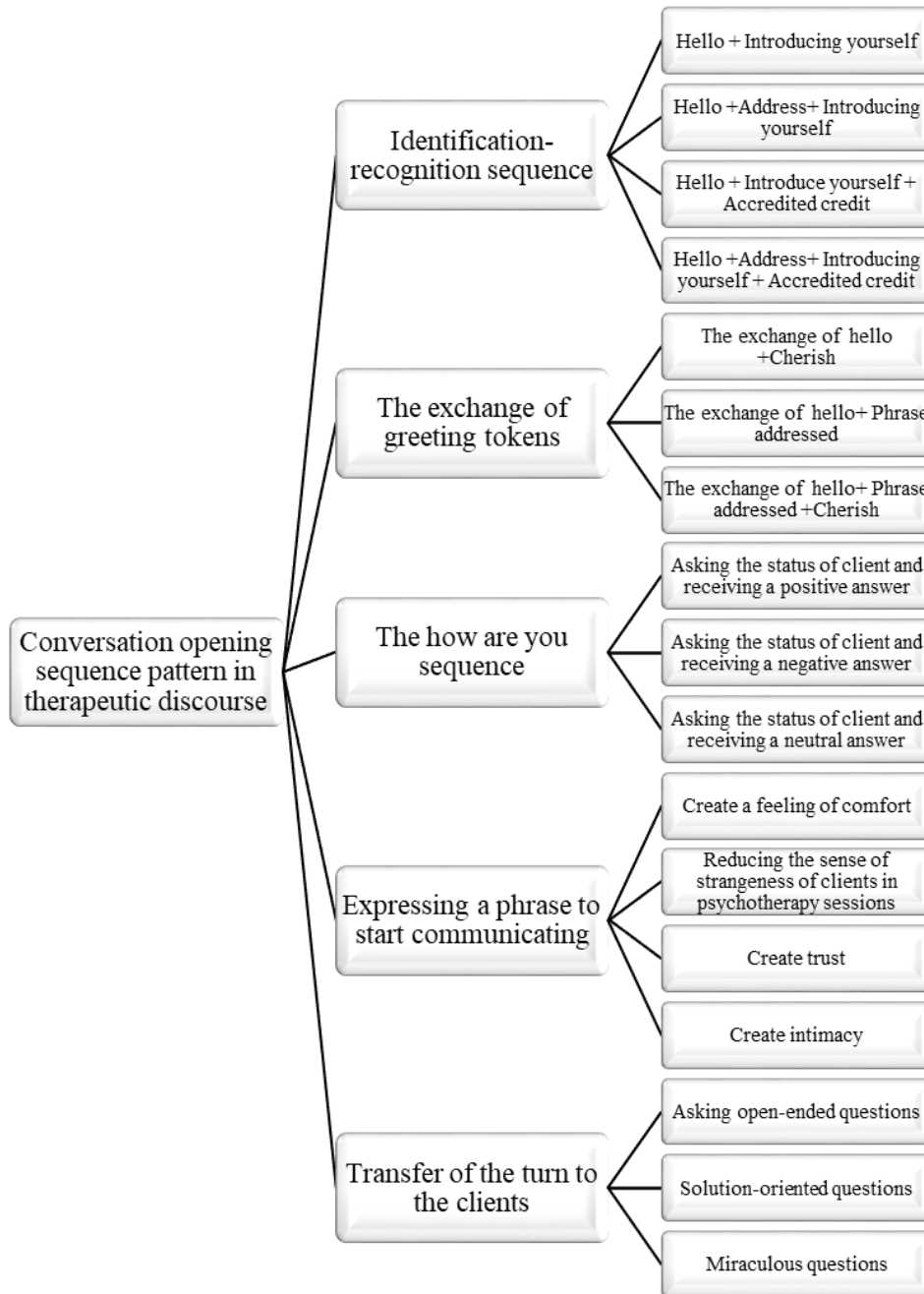

Figure 1. Conversation opening sequence pattern in therapeutic discourse in ATLAS.ti software.

psychotherapy sessions, which have the highest to the lowest frequency of data, respectively. Among them, in the sessions related to female psychotherapists and female clients, 6 cases with an average of 40% related to creating intimacy, 4 cases with an average of 26.67% related to creating a sense of comfort, 3 cases with an average of 20% related to creating trust and 2 cases with an average of 13.33% were related to reducing the sense of strangeness of clients in psychotherapy sessions. In psychotherapy sessions of female psychotherapists and male clients, 6 cases with an average of 35.29% related to creating a sense of comfort, 5 cases with an average of 29.41% related to creating trust, 4 cases with an average of 23.53% related to reducing the sense of strangeness of clients in psychotherapy sessions and 2 cases with an average of 11.77% were related to intimacy. In psychotherapy sessions of male psychotherapists and male clients, 7 cases with an average of 38.89% were related to creating intimacy, 5 cases with an average of 27.77% were related to creating trust. Creating a sense of comfort and reducing the sense of strangeness of clients in psychotherapy sessions, both have 3 cases with an average of 16.67% of the total data. In psychotherapy sessions related to male psychotherapists and female clients, 5 cases with an average of 35.71% related to creating a sense of comfort, 4 cases with an average of 28.57% related to intimacy, 3 cases with an average of 21.43% related to reducing the sense of strangeness of clients in psychotherapy sessions and 2 cases with an average of 14.29% were related to Create a feeling of comfort, all of which have the highest to the lowest percentage of data frequency, respectively.

The following are examples of the above.

A) Create a feeling of comfort

Example: Psychotherapist: Well, I hope you were able to find here in the maze of the hospital without any hassle. Are you comfortable now?

B) Reducing the sense of strangeness of clients in psychotherapy sessions

Example: Psychotherapist: Before we get into the problems that brought you here, I would like you to tell me a little about yourself, what is your job? how old are you? And things like that.

C) Create trust

Example: Psychotherapist: It may be embarrassing for you to share all this information, but in fact I am here to help you.

D) Create intimacy

Example: Some clients tell me that their anxiety causes them to refrain from doing certain things, such as driving on the highway or going to the supermarket. Has this ever happened to you?

Table 7 shows the types transfer of the turn to the clients. Out of the total data related to 64 psychotherapy sessions, 54 cases with an average of 84.37% related to open-ended questions, 7 cases with an average of 10.94% related to solution-oriented questions and 3 cases with an average of 4.69% related to miraculous questions which have been the highest to lowest frequency of data, respectively. Among the data related to psychotherapy sessions of female psychotherapists and female clients, 11 cases with an average of 73.33% related to open-ended questions, 3 cases with an average of 20% related to solution-oriented questions and 1 case with an average of 6.67% related to miraculous questions. In psychotherapy sessions of female psychotherapists and male clients, 14 cases with an average of 82.35% were related to open-ended questions, 2 cases with an average of 11.77% were related to solution-oriented questions and 1 case with an average of 5.88% were related to miraculous questions. Also in psychotherapy sessions of male psychotherapists and male clients, 17 cases with an average of 94.44% were related to open-ended questions and 1 case with an average of 56.56% were related to solution-oriented questions. In psychotherapy sessions related to male psychotherapists and female clients, 12 cases with an average of 85.72% were related to open-ended questions. The solution-oriented questions and the miraculous questions each with 1 case and an average of 7.14%, respectively, have the highest to lowest data frequency.

The examples types of transfer of the turn to the clients are:

A) Asking open-ended questions

Example 1: What made you come to the hospital today?

Example 2: How can I help you?

B) Solution-oriented questions

Example 1: When you come here, what do you like to

look at from a different and new perspective?
Example 2: How can you benefit from this meeting?
C) Miraculous questions
Example 1: What happens if miracles happen in your life?
Example 2: What if a strange event like a miracle happened to you tomorrow?.

Discussion

Analysis of opening conversation data in GAD patients' therapeutic discourse shows that the pattern of opening conversation sequence in such discourses is like the pattern of opening conversation in normal conversations, with some differences. The pattern obtained from psychotherapy sessions shows that participants in such discourses use five steps to open the conversation, which are: "Identification-recognition sequence", "The exchange of greeting tokens", "The how are you sequence", "Expressing a phrase to start communicating", "Transfer of the turn to the clients". Of these, only the "Identification-recognition sequence" case was related to opening treatment sessions and was not repeated in successive sessions. This is clearly since the client and the psychotherapist are familiar with each other as well as the initial communication, and there is no need to repeat it in future sessions. Also, data analysis shows that psychotherapists have started conversations in all psychotherapy sessions. This is because GAD people have the characteristics of avoiding speaking and having difficulty communicating. This feature is one of the features related to the clinical symptoms of this type of mental disorder. Accordingly, the psychotherapist must be emotionally warm and compassionate to create a sense of trust and intimacy in the client and with her/his conversations, alleviate the anxiety caused by the feeling of being a stranger and unfamiliarity with the environment and progressive conditions in the patient. Therefore, despite the existence of many and completely acceptable ways to welcome and greeting and start a friendly relationship, the general rule is that very normal and politeness psychotherapists and treatment in accordance with the customs and culture of the community. Hence, the case of "Hello +Address+ Introducing yourself" in "the Identification-

recognition sequence" and "The exchange of hello +Cherish" in the types of "the exchange of greeting tokens", "Asking the status of client and receiving a neutral answer" in the types of "the how are you sequence" and "creating intimacy" in the types of "Expressing a phrase to start communicating" have been among the most common. This is because of very importance of conversation clients say about their situation. The use of such questions in psychotherapy sessions encourages clients to express their biographies and provides psychotherapists with quick and easy access to essential client information. The number and frequency of data also show that when using the general pattern of the opening conversation sequence, there is no conversation difference between male and female psychotherapists and clients, and they all behaved according to the rules of psychotherapy sessions. This is a confirmation of the high sensitivity of the type of encounterwith clients and opening communication in conversations related to therapeutic discourse. Therefore, this shows that the pattern obtained from the conversation open sequence is the dominant pattern of therapeutic discourse in psychotherapy sessions of GAD patients with a cognitive-behavioral therapy approach of Persian-speaking individuals.

Conclusion

One of the transcendent arts of human beings is communication through the use of language, which has certain principles and rules. Face-to-face conversations are one of the main and basic aspects of linguistics and in fact, it is the use of language unmarked. In therapeutic discourse, the use of language is the most important and main means of communication. Therefore, the study of language skills in therapeutic discourse and its description in a systematic and based on scientific principles, is one of the effective strategies in the rapid diagnosis and effective treatment of mental disorders. In this research, an interdisciplinary approach has been tried to help psychotherapists in this important matter by providing appropriate language models and solutions. Using the results of this study, psychotherapists can have a more successful therapeutic performance and, as a result, increase the level of client satisfaction. The

present study has faced some limitations. One of the most important limitations of this study was the prevalence of Covid 19 virus, which created many limitations in the process of conducting research activities. Other limitations of this study were obtaining the consent of some psychologists and clients to record their videos and voices in psychotherapy sessions, which they strongly opposed. Also, due to the novelty of the research topic, not many resources were available and this created a little difficulty in the research process.

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Conflict of Interest

The authors declare that they have no conflict of interest.

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