



Emotional processing and panic

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Abstract

In this paper Rachman's concept of emotional processing was extended and a model highlighting the psychological operations underpinning processing was specified. Using this model, the aim was to investigate, by means of a questionnaire, whether patients with panic disorder ($n = 50$) have more emotional processing difficulties than two samples of healthy controls (London, $n = 406$; Aberdeen, $n = 125$). The panic disorder group did have significantly more emotional processing difficulties than the control groups, showing a marked tendency to control feelings of anger, unhappiness and anxiety. Three emotional processing dimensions distinguished the panic from the control groups: greater control of emotional experiences ('smothering' or 'bottling up' emotions), greater awareness of feelings and more difficulties in labelling emotions. The authors hypothesise that emotional processing deficits act as a vulnerability factor for developing panic attacks.

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1. Introduction

The concept of emotional processing was first introduced by [Rachman in 1980](#) who put it forward as a promising explanatory concept with particular relevance and application to the anxiety

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disorders. In 2001, Rachman restated the concept and applied it to post-traumatic stress disorder.

Rachman used the term emotional processing to refer to the way in which an individual processes stressful life events. He defined emotional processing as: “*a process whereby emotional disturbances are absorbed, and decline to the extent that other experiences and behaviour can proceed without disruption*” (p. 51).

He noted that, for the most part, people successfully process the majority of aversive events that occur in their lives. Indeed, if individuals were unable to absorb or “process” emotional disturbances, then they would operate at a constantly high level of arousal with so much intrusion from their feelings that it would be difficult to concentrate on the daily tasks of living. Rachman argued that if emotional experiences were incompletely absorbed or processed then certain direct signs of this failure would appear; for example, the return of fears, obsessions and intrusive thoughts. Furthermore, he proposed that excessive avoidance or prolonged and rigid inhibition of negative emotional experiences would prevent their reintegration and resolution. This may not matter for smaller everyday hassles which are part of normal experience, but could result in disturbances of behaviour and experience if the person experiences more serious negative life events.

Based upon clinical and experimental observations Rachman (1980) proposed that fear reduction in the anxiety disorders came about through successful emotional processing and that appropriate exposure to affect-eliciting stimuli during therapy would aid processing. Foa and Kozak (1986) further elaborated upon the mechanisms for change and asserted that successful emotional processing resulted from the modification of information contained in the memory structures underlying fear emotions.

In his initial formulation, Rachman described unwanted and emotionally powerful phenomena that intrude into consciousness such as intrusive thoughts, flashbacks, nightmares and the return of phobic anxiety as being indicators of inadequate emotional processing. Given that panic attacks also initially occur suddenly and unexpectedly, with a range of different sensations intruding into consciousness en bloc, they would appear to provide a particularly powerful sign of incomplete emotional processing.

In the clinical domain, researchers have recognised and attempted to highlight the importance of emotional arousal and engagement during therapy in order to promote better emotional processing and therapeutic change (Greenberg & Safran, 1987; Samoilov & Goldfried, 2000; Teasdale, 1999; Teasdale & Barnard, 1993). Various researchers have delineated factors that may promote or impede emotional processing and developed theories that have important clinical implications for this (e.g. Kelley, Lumley, & Leisen, 1997; Lang, Cuthbert, & Bradley, 1998; Shear & Weiner, 1997; Traue & Pennebaker, 1993).

However, the role of emotions has been somewhat neglected and overlooked in modern conceptualisations of panic disorder, which is surprising given that panic essentially involves powerful emotions. Current theories of panic have tended to focus primarily on cognitive factors (Beck & Clark, 1997; Beck & Emery, 1985; Chambless & Goldstein, 1981; Clark, 1986, 1988, 1996; McNally, Riemann, Louro, Lukach, & Kim, 1992; Reiss, 1991).

Clinical observations and experimental evidence nevertheless suggest that an individual's characteristic emotional style may have an important role to play in the aetiology and maintenance of panic attacks.

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