

Development of an emotional processing scale

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Abstract

Objective: The objective of this study was to report on the development and preliminary psychometric evaluation of an emotional processing scale, a 38-item self-report questionnaire designed to identify emotional processing styles and deficits. **Methods:** An initial item pool derived from a conceptual model and clinical observations was piloted on clinical and community samples ($n=150$). The resulting 45-item scale was administered to patients with psychological problems, psychosomatic disorders, and physical disease, and to healthy individuals ($n=460$). Exploratory factor analysis was used to explore the underlying factor structure. **Results:** Maximum likelihood factor analysis

yielded an eight-factor solution relating to styles of emotional experience (Lack of Attunement, Discordant, and Externalized), mechanisms controlling the experience and expression of emotions (Suppression, Dissociation, Avoidance, and Uncontrolled), and signs of inadequate processing (Intrusion). Internal reliability was moderate to high for six of eight factors. Preliminary findings suggested satisfactory convergent validity. **Discussion:** Overall, the psychometric properties of this scale appear promising. Work is in progress to refine the scale by incorporating additional items and by conducting further psychometric evaluations on new samples. © 2007 Elsevier Inc. All rights reserved.

Keywords: Assessment; Emotions; Emotional processing; Multifaceted; Psychometric; Scale

Introduction

Rachman [1] first introduced the concept of “emotional processing” in the context of anxiety disorders. Rachman [1] defined emotional processing as “a process whereby emotional disturbances are absorbed and decline to the extent that other experiences and behavior can proceed without disruption” (p. 51). He noted that while “most people successfully process the overwhelming majority of disturbing events that occur in their life” (p. 56), sometimes failures in emotional processing occur.

Rachman argued that if emotional experiences were incompletely absorbed or processed, then certain direct signs of this failure would appear (e.g., the return of fears, obsessions, and unpleasant intrusive thoughts). Furthermore, he proposed that excessive avoidance or prolonged

and rigid inhibition of negative emotional experiences would prevent their reintegration and resolution. In a more recent paper, Rachman [2] describes the symptoms of posttraumatic stress disorder (PTSD) as being partly the product of failures in emotional processing.

In addition to PTSD [2–4], the concept of emotional processing may help to explain the emergence or maintenance of other psychological disorders, such as panic disorder [5,6] and depression [7,8]. It may also contribute to the psychological understanding and treatment of psychosomatic conditions, such as fibromyalgia, chronic fatigue, chronic pain, inflammatory bowel disease, and functional gastrointestinal disorders [9–16]. In recent years, there has been an increasing acknowledgement in the literature that excessive emotion regulation may be related to a number of major physical illnesses, including cardiovascular disease, cancer, and arthritis [17–22].

Although the concept of emotional processing seems clinically useful and relevant, research has been impeded by the lack of any psychometrically sound assessment instrument that encompasses the different facets of emotional

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processing. There are scales originating from diverse traditions, such as business and psychoanalysis, that measure constructs related to emotional processing (e.g., emotional intelligence [23–25], psychological mindedness [26], and alexithymia [27,28]). There are also scales that measure elements of emotional processing or emotional processing deficits, such as control [29,30], awareness [31], ambivalence [32], expressiveness [33–35], regulation [36,37], and schemas [38].

However, to our knowledge, there is no scale that draws together various dimensions that may impede or disrupt emotional processing. This paper describes the preliminary development of a multifaceted scale, called the Emotional Processing Scale (EPS). The aim of developing such a scale was to produce a comprehensive measure that incorporates Rachman's original conceptualization of emotional processing with other psychological mechanisms that may impede emotional processing. The EPS was designed to identify difficulties in the processing of emotions, not to measure emotion states (cf., Profile of Mood States [39]) or intensity of emotions.

The first step, therefore, in developing an assessment instrument was to develop a model of various domains underpinning emotional processing. The schematic model of emotional processing depicted below provides a conceptual starting point for the development of the EPS [40,41].

In the model, a negative event is regarded as an input that needs to be registered (either consciously or unconsciously) by an individual as a prerequisite for emotional experience. A negative input could refer to a discrete major event (e.g., a car crash), a discrete minor event (e.g., an argument), or a continuous series of events (stressful work environment or deteriorating marital relationship). The cognitive appraisal of the meaning of the event [42–44] shapes the nature of the emotion experienced and is often unconscious and rapid. Examples of problems that may occur at this stage include

failure to register, misinterpretation, or active avoidance of an input event.

The experience of emotions is regarded as the central phase. Possible disruptions in this process include the following: failure to experience an emotion as a psychological whole or “Gestalt” [45,46], lack of awareness of emotional experiences, difficulties in identifying and labeling emotions or distinguishing them from bodily sensations (alexithymia) [47], too much awareness of emotional feelings [48,49], blocking or blunting of certain emotional experiences [50], or an inability to link emotional feelings with the event(s) that triggered them [51–54].

Expression of emotion is seen as an output. Examples of problems that could arise at this stage include negative values and beliefs held about expressing emotions [55] or, conversely, an inability to control strong emotions [56].

Previous research on emotional processing and panic [5] suggests that it may be important to separate the role of controlling the experience of emotions and controlling the expression of emotions. Trying to control, suppress, or block the experience of an unpleasant emotion is regarded as perhaps more fundamental and damaging than controlling the overt expression of emotions [57–59].

Materials and methods

Initial item selection and format

Over a period of 12 years, a pool of approximately 300 draft items/ideas was assembled based on a combination of the emotional processing model by Baker [40,41] (see Fig. 1), clinical experience, case histories and autobiographical studies [59], and literature from clinical psychology and emotion research. Since this draft item pool was too large to administer on a single occasion, it was condensed by selecting those items deemed as the best examples of the

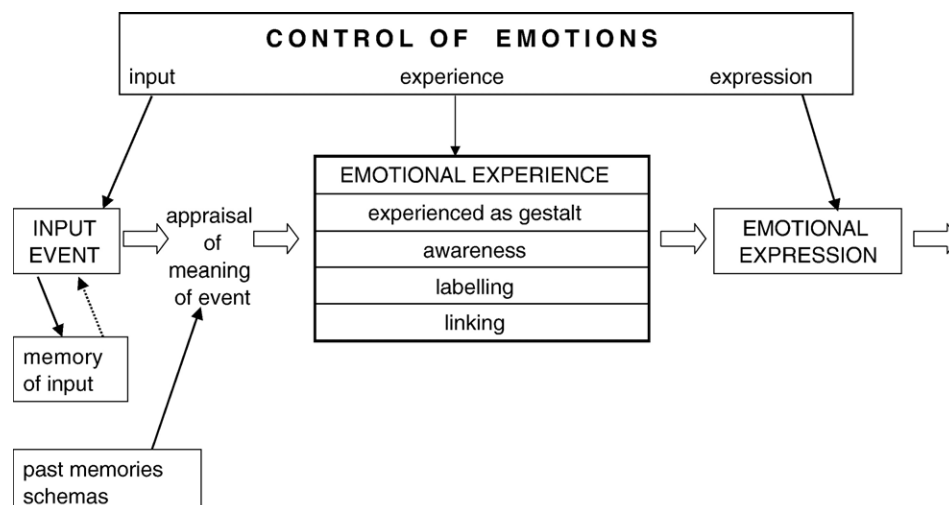


Fig. 1. Model of the main domains of emotional processing.

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