



Effectiveness of Emotional Processing Therapy on the Anxiety among Obsessive-Compulsive Patients

**Zeynab Amini Khenavandi*

Department of Counseling, Faculty of Counseling and Psychology, University of Mohaghegh Ardabili, Ardabil, Iran

***Correspondence:** Email: zeynabe326@gmail.com

(Received 12 Jun 2022; accepted 26 Jun 2022)

Dear Editor-in-Chief

In the last decade, new explanations have been formed for the etiology of obsessive-compulsive disorder (OCD) (1). Indeed, emotional processing refers to the way in which a person processes the stressful events and on the other hand, it is a process through which emotional disturbances are absorbed and then diminished, so that other experiences and behaviors can be realized without disturbance (2).

In this regard, Baker et al (3) suggests that when the most of people exposure with stress and negative events, they successfully process them emotionally. In the process, they may express emotions, think about stressful issues, achieve positive results, or change their lifestyle to moderate stress. On the other hand, these people may accelerate the process of emotional processing into daydreaming or turn to other emotional activities and experiences (4). Therefore, if emotional processing does not occur in the face of stressful situations, then the effects of stressful situations will intensify and other negative consequences will appear in the form of pathological symptoms (e.g., OCD). As the same way, Patients with obsessive-compulsive disorder (OCD) experience aversive emotions in response to obsessions, motivating avoidance and compulsive behaviors (5). Based on what has been said, in the last decade, emotional processing methods in the form of

cognitive behavioral therapies such as flooding, exposure to systematic desensitization and prevention of response for the treatment of emotional disorders such as obsessions and compulsions have been widely used (6). Emotional processing seems to include at least three components, including: evocation of negative emotions, cognitive changes, and change toward positive emotions. In other words, in the treatment process, the subjects' anxiety gradually increases, and then the subject stays in the same state to realize that the anxiety is not as harmful as he thought, and at the end of the treatment, the person's anxiety gradually decreases to the normal amount. Reducing fear and anxiety indicates successful emotional processing (7). Therefore, the purpose of present study was to investigate the effectiveness of emotional processing therapy on the anxiety of obsessive-compulsive patients.

The present study conducted in 2022 and was an experimental study with pretest-posttest and follow-up with control group. The research statistical population was OCD patients referred to the Razi Hospital in Tabriz. Sample population was considered 30 based on the research method and the drop in it, so 15 individuals as intervention group and 15 people as control group were enrolled randomly. After ethical approval by the Ethics Committee of University of Tabriz



(IR.UTBZ.REC.1254.196), manner of implementation of this study was explained to participants. Participants provided signed informed consent after being informed of aims of study. To collect the data, The Maudsley Obsessive-Compulsive

Inventory (MOCI) and structured clinical interview were used.

The results showed that Emotional-processing therapy in post-test and follow-up stages was effective and the statistical power of 0.1 indicates an acceptable statistical accuracy (Table 1).

Table 1: Results of the covariance analysis test

Variable	Stage	Variable index	df	F	P-Value	Effectiveness	Statistical power
Anxiety	Post-test	Pre-test	1	136.6	0.01	0.45	1
		Intervention	1	211.5	0.01	0.70	1
	Follow-up	Pre-test	1	122.8	0.01	0.44	1
		Intervention	1	179.7	0.01	0.68	1

In conclusion, Emotional-processing therapy was effective on decreasing of anxiety in OCD patients. In fact, this method reduces anxiety by creating cognitive changes and the formation of positive emotions (8,9).

Acknowledgements

All participants in this study are highly appreciated.

Conflict of interest

The author declares that there is no conflict of interest.

References

1. Thorsen AL, Hagland P, Radua J, et al (2018). Emotional processing in obsessive-compulsive disorder: a systematic review and meta-analysis of 25 functional neuroimaging studies. *Biol Psychiatry Cogn Neurosci Neuroimaging*, 3(6): 563-571.
2. Rickelt J, de Wit SJ, van der Werf YD, et al (2019). Emotional processing and disgust sensitivity in OCD patients with and without contamination-type obsessive-compulsive symptoms—An fMRI study. *J Obs Compuls Relat Disord*, 22:100443.
3. Bakhshipour-Rudsari A, Karimpour-Vazifehkhori A. (2021). The role of impulsivity and sensitivity to reward in dropout of addiction treatment in heroin addicts. *Addict Health*, 13(1), 45-51.
4. Foa EB, Kozak MJ (1991). Emotional processing: Theory, research, and clinical implications for anxiety disorders. *Emotion Psychotherapy and Change*, 21-49.
5. Rupp C, Doebler P, Ehring T, Vossbeck-Elsebusch AN (2017). Emotional processing theory put to test: A meta-analysis on the association between process and outcome measures in exposure therapy. *Clin Psychol Psychother*, 24(3): 697-711.
6. Karimpour-Vazifehkhori A, Rudsari AB, Rezvanizadeh A, Kehtary-Harzag L, Hasan-zadeh K (2020). Behavioral activation therapy on reward seeking behaviors in depressed people: An experimental study. *J Caring Sci*, 9(4), 195-202.
7. Rachman S (1980). Emotional processing. *Behav Res Ther*, 18(1): 51-60.
8. Casado Y, Cobos P, Godoy A, Machado-Pinheiro W, Vila J (2011). Emotional processing in obsessive-compulsive disorder. *J Anxiety Disord*, 25(8): 1068-1071.
9. Zohdi Y, Mohammadkhani P, Karimpour-Vazifehkhori A (2022). The role of Anhedonia and low arousal in substance use disorder among adolescents with conduct disorder symptoms. *PCP*, 10(2), 111-120.