Self-Focused Attention in Panic Disorder

Janet W. Borden, Pamela B. Lowenbraun, Patricia L. Wolff, and Allison Jones

Self-focused attention refers to attention consciously directed toward the self. Although cognitive models of panic posit the importance of attending to internal sensations and the role of this self-focus in the experience and maintenance of panic, limited empirical work has examined self-focus in the anxiety disorders. The current investigation examines two parameters of self-focus in subjects with diagnoses of panic disorder: baseline levels of self-focus when the individual is not experiencing panic, and levels of self-focus when the individual is placed under mild stress. Nineteen subjects with panic disorder and 20 normal controls completed a physiological task of baseline, relaxation, and mild stress. Pulse, skin temperature, and epidermal activity were assessed and cognitions were sampled. Cognitions were coded into content categories of self (physiological and cognitive), task, or other. Results support the existence of heightened levels of self-focused attention in panic subjects with differential types of self-focus during structured and unstructured tasks. The implications of these results are discussed in terms of cognitive models of panic and conceptualizations of self-focus.

KEY WORDS: panic attacks; self-focused attention; cognitive models of panic.

Cognitive approaches are becoming increasingly important in the theoretical and treatment literature on panic. Cognitive models propose that panic

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2University of Louisville, Louisville, Kentucky 40292.

3Address all correspondence, including requests for reprints, to Janet W. Borden, Ph.D., Department of Psychology, University of Louisville, Louisville, Kentucky 40292.
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results (at least in large part) from catastrophic misinterpretations of bodily sensations (Beck, 1988; Clark, 1986, 1988). These cognitive conceptualizations posit that panickers experience physiological sensations, interpret them in a catastrophic manner, and consequently experience a spiral of physiological arousal and cognitive attributions resulting in a panic attack.

Two central premises can be derived from these cognitive models. First, the cognitions associated with panic attacks are catastrophic. Second, individuals who panic engage in the cognitive process of self-focus with a hypothesized narrowing of attention directed toward internal physiological cues. That is, a shift of attention must occur when physiological sensations are experienced so that rival plausible attributions are not salient. For example, when an individual experiences an acceleration of heart rate, that individual could generate a variety of plausible hypotheses to account for the physiological change including strenuous exercise, fear, caffeine, or a heart attack. Implicit in cognitive models of panic is the tendency to focus upon internally relevant cues largely to the exclusion of other available information.

A variety of studies support the premise that cognitions associated with panic are catastrophic in nature. Hibbert (1984) and Ottaviani and Beck (1987) asked panic subjects to recall cognitions associated with their panic attacks. In both studies, subjects reported catastrophic explanations of physiological sensations. Kenardy, Evans, and Oei (1990) examined cognitions associated with physiological change in naturally occurring panic attacks in three individuals with panic disorder. Their results demonstrated that increases in heart rate were followed by increasingly negative cognitions. Based on these results, it seems fairly clear that cognitions are negative and indeed catastrophic when one is panicking.

The second premise derived from cognitive models is that individuals with panic are exquisitely sensitive to physiological cues and that their attention is disproportionately focused upon monitoring internal physiological sensations to the exclusion of information which would serve to "decatastrophize" the experience of these sensations. Accordingly, the notion of self-focused attention is central to understanding the experiences of panic.

Self-focused attention is "defined as an awareness of self-referent, internally generated information" (Ingram, 1990, p. 156). As such, self-focus can be viewed as both a cognitive process and content. The process dimension refers to directing cognitive activity toward self-referent information whereas the content of this self-referent information may vary from attending to physiological cues to heightened self-awareness. This cognitive construct has been studied in a variety of pathological conditions such as depression, schizophrenia, and alcohol abuse (Ingram, 1990). To date, less work has been completed with self-focus and anxiety with the majority focusing on test anxious individuals (Carver, Peterson, Follansbee, & Scheier,