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Beliefs about emotions as a transdiagnostic construct

Conceptualization in the cognitive-behavioural therapies

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ABSTRACT

Aim

The aim of the article is to discuss the concept of beliefs about emotions in the context of emotional regulation and conceptualization in different cognitive-behavioural therapy approaches.

Theses

The thesis is that beliefs about emotions are a transdiagnostic construct, meaning that their occurrence is not limited to specific nosological categories, and they influence the maintenance of symptoms across several classes of disorders, and they are measurable in both clinical and non-clinical populations.

Conclusion

The analysis of research results regarding the prevalence of negative beliefs about emotions in different groups allows for recognition of their transdiagnostic nature. In the first part, a comprehensive definition of the phenomenon and potential sources of its formation within cognitive and learning theories were presented. The factors mediating the relationship between beliefs about emotions and well-being were discussed, with particular emphasis on avoidance strategies. As a summary of these relationships, a general working model was proposed. In the second part, therapeutic procedures from the field of cognitive-behavioural therapy were presented as an approach with scientifically proven effectiveness. The application of these methods can directly or indirectly, through perpetuating

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factors, lead to a change in beliefs about emotions and contribute to the reduction of psychological and physical suffering.

Keywords: beliefs about emotions, emotional regulation, psychotherapy, well-being

Introduction

Emotions are a multidimensional phenomenon, a response of the organism that manifests through experiential, behavioural, and physiological systems (Mauss, Levenson, McCarter, Wilhelm, & Gross, 2005). The mechanisms underlying their formation are usually explained from two perspectives: evolutionary and social. The first treats emotions as behavioural tendencies that facilitate adaptation (Barrett, 2012). The second emphasizes the semantic layer and the mediating processes in the emergence of emotions (Scherer, 2009). In both perspectives, the central element is the cognitive assessment of current or anticipated events. Individual differences in this assessment and the way of reacting are considered as factors explaining the emergence and maintenance of mental health problems (Scherer, 2009). The study of mechanisms leading to the development of disorders, especially the process of emotion regulation, is of particular importance due to their enormous social and economic costs (König, König, & Konnopka, 2020). The starting point for further considerations on the process of emotional regulation is the expansion of the definition of emotions to include metacognitive theory (Leahy, 2002), which assumes that emotions, like other stimuli, can become the object of cognitive assessment. This provides space for more extensive therapeutic interventions.

The process of emotion regulation is a multi-faceted phenomenon. When disrupted, it plays a crucial role in the development of psychopathology (Kaufman, Xia, Fosco, Yaptangco, Skidmore, & Crowell, 2015). It can be defined as the ability, firstly, to identify, understand and accept emotions, and secondly, to flexibly manage emotional control depending on the context (Kaufman et al., 2015). Emotion regulation aims to modify the intensity and duration of emotions in order to appropriately respond to environmental demands (Gross, 2002). Research indicates two adaptive regulatory strategies: cognitive reappraisal and acceptance (Aldao, Nolen-Hoeksema, & Schweizer, 2010). Thus, difficulties in this area will either result from cognitive inflexibility or lack of acceptance of emotions and their consequences, which typically manifests as avoidance of emotions (Campbell-Sills, Barlow, Brown, & Hofmann, 2006). Problems in effective coping with emotions occur among patients from various clinical groups, including borderline personality disorder, obsessive-compulsive personality disorder, anorexia, and chronic pain (Bowers, Wroe, & Pincus, 2017; Lynch, 2018). They affect patients with both low and excessive emotional control. Individuals with inadequate control often initially put a lot of effort into suppressing their emotions, simultaneously preventing their appropriate discharge (Linehan, 1993), which can lead to impulsive and dangerous behaviour (Linehan, 1993). However, excessive control also has serious consequences for mental and physical health (Lynch, 2018).

Those affected often suffer in silence because they seem to function normally on the outside, work hard and conscientiously perform their professional duties, set high standards and sacrifice their well-being for others (Lynch, 2018).

A potential motive for inhibiting and suppressing emotions, whether in the course of excessive or inadequate control, may be the belief in the rightness of this type of strategy (Hong & Kangas, 2021). A person may believe that emotions are for various reasons something inappropriate or threatening and act to not experience or express them outwardly (Bowers et al., 2017). These belief systems are referred to as beliefs about emotions. The mechanisms of their formation and consequences are discussed within specific diagnostic categories or therapeutic models. However, there are premises for treating them as a non-specific construct for individual disorders. In this article, I propose a broader and more integrated approach to beliefs about emotions phenomenon, which is relatively unknown in academic circles and has not yet been described in Poland.

The work consists of two parts. The first part discusses beliefs about emotions as a transdiagnostic construct, occurring beyond the boundaries defined by nosological categories, affecting the maintenance of symptoms of several disorders, and measurable in both clinical and non-clinical populations (Mansell, Harvey, Watkins, & Shafran, 2009). I also present mediating factors that relate to the relationship between beliefs about emotions, and mental and physical health. I do this by providing a brief research review and by presenting a conceptual model. In the second part, various forms of cognitive-behavioural psychotherapy are presented, which more or less directly reflect the proposed conceptual model. The role of beliefs about emotions, symptoms perpetuating factors, and intervention methods are also outlined.

Beliefs about Emotions as a Transdiagnostic Construct

What Are Beliefs about Emotions?

In line with the accepted metacognitive concept of emotions, they are not only the result of evaluation but also their object (Leahy, 2002). The appraisal of emotional events, which a person makes throughout their life, leads to the development of certain, more, or less conscious, opinions on them, which we call beliefs about emotions. They can be divided into beliefs regarding a) the nature of emotions, b) personal competence in regulating them (Becerra, Preece, & Gross, 2020), and c) understanding emotions as an element of identity (Linehan, 2016a).

Opinions regarding the nature of emotions include, on the one hand, beliefs that emotions are unacceptable, a sign of weakness, lead to defeat, negative evaluation by others, are something bad and destructive (Rimes & Chalder, 2010), and on the other hand, that they are necessary and help to achieve personal goals. An example of such a belief could be a direct statement such as “Emotions are a sign of weakness” or, considering social evaluation, “If I show sadness, people will think I am weak.”

Beliefs about one's own competence in regulating emotions mainly concern the assessment of the possibility of controlling them and the anticipated consequences of lack of control (De Castella, Goldin, Jazaieri, Ziv, Dweck, & Gross, 2013). The consequences can be more specific, for example, "When I start getting angry, I won't stop shouting," or less specific, for example, "Negative emotions will build up in me until I can't take it anymore and lose control." Positive beliefs about one's own competence relate to the sense that even in difficult situations, the person will remain in control of their emotional expression and act and make decisions despite their arousal.

Perceiving emotions as an element of identity is discussed in the context of dialectical behaviour therapy (Linehan, 2016a). It is an element of conceptualization mainly of borderline personality disorder and concerns primarily strong negative emotions (Linehan, 2016a). Examples of such beliefs may include statements like "My emotions are me" or "Without my anger, I won't achieve anything".

Potential Sources of Beliefs about Emotions

The origins of beliefs about the unacceptability of emotions can be traced back to the family environment that supported emotional suppression, and where expression was punished or received no attention (Rimes & Chalder, 2010). The cognitive-behavioural therapy (CBT) models, presented later in text, provide explanations for the origins of these beliefs, such as the invalidating environment described by Linehan (1993). However, regardless of the terminology used, we can explain their development and consolidation by drawing on theories of learning, such as Mowrer's two-factor theory (1960). This theory assumes that responses to stimuli are formed primarily through classical conditioning (where a neutral stimulus acquires the properties of eliciting a reflex response), and then, through instrumental conditioning, are sustained mainly by negative reinforcements that provide a sense of relief. For example, individuals who have negative beliefs about emotions may have associated anger with a parent's shouting, which elicited a strong aversive reaction, and then, through avoiding the parent when angry, consolidated the belief that "anger is threatening."

In turn, the analysis of beliefs about emotions from a cognitive perspective allows us to see that they take the form of conditional statements or certain life truths. An example of this can be seen in the items of a tool used to assess beliefs about the unacceptability of emotions (Table 1, p. 99) (Sawicka, Sawicki, Bieleninik, & Bidzan [in preparation]). Among the different types of beliefs described within the framework of cognitive schema theory (Popiel & Pragłowska, 2009), they are closest to intermediate beliefs and rules. Therefore, they relate to deeply ingrained, fundamental beliefs (*core beliefs*) about oneself, the future, the world, and other people. Importantly, their content can contain a number of cognitive distortions, or types of reasoning errors that lead to conclusions that are inconsistent with reality, and which in turn cause or reinforce negative emotional and behavioural reactions (Popiel & Pragłowska, 2009).

Table 1

Relating beliefs about emotions to core beliefs and cognitive distortions – own elaboration using items from the BES (Rimes & Chalder, 2010)

Selected items	
	Potential core beliefs
If I lose control of my emotions in front of others, they will think less of me.	Me: insignificant, weak Others: rejecting, judging
	Cognitive distortions
It is stupid to have miserable thoughts.	Labeling
I should not let myself give in to negative feelings.	"Should" statements

Methods for Assessing the Intensity of Beliefs about Emotions

There are few tools for measuring beliefs about emotions, especially those in a short form with satisfactory psychometric properties that would enable research on a larger scale. There is also a lack of tools adapted to Polish conditions, although a Polish version of the Beliefs about Emotions Scale (BES-PL; Sawicka et al., [in preparation]) is currently being developed, which has promising reliability and validity in Polish samples, and in its original version has demonstrated high sensitivity to changes in the therapeutic process (Rimes & Chalder, 2010). In addition to the BES scale, the Emotion Beliefs Questionnaire (EBQ) (Becerra et al., 2020), the Beliefs about Emotions Questionnaire (BAEQ), or the Leahy Emotional Schema Scale (LESS) (Leahy, 2002) are also used in research. Both the EBQ and LESS are available in Polish (Larionow & Mudło-Głagolska, 2022; Leahy, Tirch, & Napolitano, 2014), but there is a lack of information on their psychometric properties and preparation procedures. In addition to these tools, practitioners, psychologists, and psychotherapists who want to assess whether a patient holds negative beliefs about emotions can use the "myths about emotions" list (Leahy et al., 2014; Linehan, 2016a).

Beliefs about Emotions as a Transdiagnostic Construct

In the cognitive-behavioural paradigm, an approach based on the therapy of disturbed psychological processes is dynamically developing, which complements therapeutic protocols targeted at specific problems. These processes are called transdiagnostic because they are not specific to a single clinical diagnosis, and their disruptions are also observed in non-clinical populations, where they constitute a risk factor for the development of psychopathology. Given that these processes are susceptible to modification during therapy, a wide range of protocols has been developed that are conceptualized as transdiagnostic (Barlow et al., 2017; Leahy et al., 2014). The advantage of this approach is its integrative nature (Mansell et al., 2009) and greater applicability, including in the form of preventive programs (García-Escalera et al., 2020). Among the classified transdiagnostic

processes (Harvey et al., 2004), beliefs about emotions are closest to the category of positive and negative metacognitive beliefs. For a given construct to be classified as transdiagnostic, it must go beyond the diagnostic boundaries of a single diagnosis (Mansell et al., 2009).

Research provides many pieces of evidence that negative beliefs about emotions are present in individuals with a wide range of psychological and somatic disorders (Edwards & Wupperman, 2019). These beliefs are shared by patients suffering from depression (Leahy, 2002), borderline personality disorder (Linehan, 1993), and other personality disorders (Leahy & Napolitano, 2006), chronic fatigue syndrome (Rimes & Chalder, 2010), and fibromyalgia (Bowers et al., 2017). These beliefs are more commonly shared by individuals in clinical groups than by healthy individuals (Rimes & Chalder, 2010). Studies show that in addition to the presence of negative beliefs about emotions in the picture of various mental disorders, they are associated with psychological distress, primarily with depression, anxiety, and stress (Becerra, 2020; Rimes & Chalder, 2010; Sydenham et al., 2017), as well as with the severity of borderline personality disorder symptoms (Manser, 2012) in non-clinical populations. Considering the results of the presented studies, it can be concluded that beliefs about emotions have a transdiagnostic character.

Mediating Factors in the Relationship between Beliefs about Emotions and Health

Research clearly indicates a link between beliefs about emotions and mental health, but there is evidence that this relationship is not direct. Results of studies conducted in clinical and non-clinical groups show that the most common negative consequence of beliefs about emotions is various forms of avoidance. These are also a mediating factor between beliefs and poorer psychophysical health (Bowers et al., 2018; Sydenham et al., 2017). The mechanism of perceiving emotions as events (Leahy, 2002) and their negative evaluation resulting from learning history (evaluation of an emotional event as threatening) will promote avoidant behavioural tendencies (Rimes & Chalder, 2010).

Negative beliefs about emotions are related to their suppression in the course of anxiety disorders (Campbell-Sills, 2006) and increased worrying, which is a form of cognitive avoidance (Mennin et al., 2002). A positive relationship between these beliefs and worrying also occurs in the population of individuals with borderline personality disorder and other personality disorders (Leahy & Napolitano, 2006). It is suggested that perceiving emotions as threatening and avoiding them can explain the co-occurrence of symptoms of eating disorders and personality disorders (Leahy, 2002; Linehan, 1993).

Studies indicate the mediating role of avoidance in the relationship between beliefs about emotions and mental suffering (Sydenham et al., 2017) and maladaptive emotion regulation strategies (such as rumination) (Trincas et al., 2016). It is also pointed out that individuals with strong negative beliefs about emotions may experience increased physical suffering as a result of emotional suppression and unresolved physiological arousal (Bowers, 2017).

Beliefs about the unacceptability of experiencing and expressing emotions can be understood as a form of excessively high personal standards and a space for realizing perfectionistic aspirations (Schmidt & Treasure, 2006). Similarly, in the case of beliefs about low emotional control competencies, "emotional perfectionism" can compensate for perceived deficits and protect against their consequences (Linehan, 1993). Due to excessive attention to details, fear of making mistakes, negative evaluation of one's achievements in relation to the norm (Young et al., 2006), spending a lot of time on activities or avoiding them in the form of procrastination (Yosopov, 2020), perfectionism leads to problems with both mental and physical health (Rimes & Chalder, 2010).

As part of a general working synthesis of the mechanisms of the formation and maintenance of negative beliefs about emotions and their further consequences, a conceptual model (Figure 1) was designed. Its purpose is not to fully present relationships, but rather a general picture that will be confirmed in further models and therapeutic approaches. Mediating factors are a particularly important element of the model because: a) as mentioned, they take various forms of behavioural and cognitive variables, b) they have a sustaining character for psychological suffering and worsen psychophysical well-being, c) therapeutic intervention on one factor can induce a change in the belief system and, in turn, affect other factors (Rimes & Chalder, 2010).

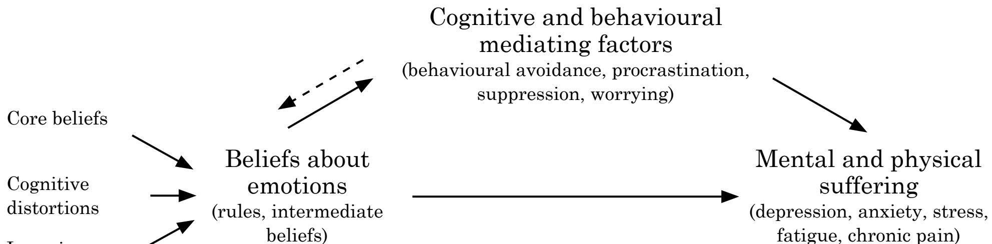

Figure 1. Conceptual model of beliefs about emotions.

Source: own elaboration.

Beliefs about Emotions and Factors Sustaining Them in Different Approaches of Cognitive-Behavioural Therapy

The psychological concept of transdiagnostic processes has been developing in recent years, which is reflected in the therapeutic approach (Hayes & Hofmann, 2018). These processes are considered when creating a conceptualization, which is a dynamic picture of the patient's problem that serves to develop an individualized therapeutic program. Currently, not only new therapy models focused on interventions on transdiagnostic processes are being created, but also the effectiveness of protocols aimed at working with patients with specific diagnoses in

other contexts is being verified. Such an approach allows for the use of the wealth of empirically tested techniques that have already been developed.

Below are presented transdiagnostic therapy models that directly relate to working with beliefs about emotions or indirectly through interventions on processes related to these beliefs that have already been described.

The Dialectical Behaviour Therapy (DBT)

DBT was created to help people with significant emotional dysregulation, such as in borderline personality disorder (Linehan, 1993). The program involves individual therapeutic contact in the form of meetings and telephone coaching, as well as group skills training, and is based on principles of behaviourism, dialectical philosophy, and acceptance principles derived from Zen teachings (Linehan, 1993). DBT proposes that chronic emotion dysregulation plays a significant role in the maintenance of psychopathology. To address this issue, DBT utilizes a systemic model of emotions, which recognizes that changes in any part of the system can impact the functioning of the entire system. In this approach, beliefs about emotions are called "emotional myths" and can be related to subsystems: a) external and internal events that can serve as emotional signals if they are paid attention to, and b) evaluations and interpretations of those signals (Linehan, 2016b). "Myths" include both erroneous beliefs about the nature of emotions and beliefs that extreme emotions are necessary or constitute an essential element of identity, implying that attempts to regulate them should not be made. Examples of "myths" include claims such as "Revealing one's bad mood to others is a sign of weakness", "Negative feelings are bad and destructive", and "My emotions are me" (Linehan, 2016a). Based on general cognitive-behavioural principles, which assume verification of assumptions (beliefs, principles) through perceived consequences of behavioural change, it can be assumed that the use of full emotional regulation skills training can indirectly contribute to the reduction of dysfunctional beliefs. The first phase of this training directly relates to their modification (abandonment of "myths"). Its goal is to acquire skills in identifying, naming, and understanding the function of emotions and recognizing obstacles to their change, mainly through psychoeducation (Linehan, 2016b). Introducing the client to the model of emotions allows them to understand the feedback effect of interpreting the stimulating event on increasing the intensity of emotions (Linehan, 2016a). For example, people who perceive anger as an emotion that cannot be stopped or negatively evaluate their ability to reduce it or understand it as a permanent property of their identity, will be less likely to attempt to regulate it, exposing themselves to the consequences of unresolved arousal, such as somatic symptoms.

Radically Open Dialectical Behaviour Therapy (RO-DBT)

RO-DBT is a new and relatively unknown therapeutic approach, and there are no Polish-language publications on the topic. However, it is promising, particularly

due to its transdiagnostic nature in the area of disorders related to excessive control, such as obsessive-compulsive, paranoid, and avoidant personality disorders, anorexia, autism, or anxiety disorders resistant to other forms of therapy (Lynch, 2018). As the name suggests, it is based on dialectical-behavioural concepts, but also draws from other therapeutic approaches and general psychology (Lynch, 2018). The essence of the approach is radical openness, which should characterize the thinking and behaviour of both the therapist and eventually the patient. It assumes that openness, flexibility, and social bonds are necessary to achieve emotional well-being. In the biosocial model of excessive control disorders proposed by RO-DBT, negative beliefs about emotions can be traced to the system of truths and principles that were acquired through upbringing. An example of this is the statement “Never show weakness” (Lynch, 2018). The model explains that these principles arose from punishing behaviours related to emotional expression and rewarding self-sacrifice, tolerance of pain, and discomfort (Lynch, 2018). In addition to actions consistent with Linehan’s approach, RO-DBT proposes social signaling training, which involves appropriately expressing emotions through gestures, facial expressions, words, or tone of voice. The lack of this skill leads to the masking of emotions, avoidance of feeling them, excessive stress tolerance, and rigidity that prevents adaptation to a changing environment (Lynch, 2018).

Emotional Schema Therapy (EST)

Emotional Schema Therapy is a form of transdiagnostic cognitive-behavioural therapy (Leahy et al., 2014) that assumes painful emotions are universal, evolved for adaptation, and hidden beliefs and emotional schemas determine whether they will extinguish or escalate. In turn, emotional avoidance strategies (such as suppression, neutralization, ignoring, or elimination) reinforce negative beliefs about them. EST is based on a metacognitive model of emotions and uses the term “myths” from DBT but understands them as a fragment of a broader construct, namely emotional schemas. These not only refer to the cognitive aspect of creating concepts or evaluations but also to internal dispositions or behavioural tendencies and interpersonal coping strategies (Leahy, 2002). The emotional schema model assumes two basic pathways through which an emotional event occurs after the emotion is noticed (Leahy et al., 2014). The first pathway leads to naming the emotion and acknowledging it as a normal phenomenon, resulting in learning, legitimizing the experience, expression, and acceptance. The second pathway, through negative interpretations, avoidance, and lack of acceptance of emotions, leads to risky behaviours, loss of control, rumination, worry, entrenched avoidance patterns, and blaming others (Leahy et al., 2014). This pathway represents the mechanism of developing and maintaining psychopathological symptoms. EST proposes many different therapeutic methods, including those directly aimed at “myths.” They include psychoeducation and acquainting clients with the model of emotion generation within the assessment of events (similarly to Linehan’s approach), learning to observe and describe emotions, recognizing “myths” and their sources (understanding the context in which beliefs were formed), verifying

the validity of negative beliefs about emotions by acting contrary to what the emotions dictate or through planned experiments (Leahy et al., 2014).

Acceptance and Commitment Therapy (ACT)

ACT is identified as an important therapeutic approach in studies concerning beliefs about emotions (Rimes & Chalder, 2010), even though it does not directly address them. The fundamental assumption of this approach is the universality of human suffering, which arises from the use of language (Hayes, Strosahl, & Wilson, 2013). ACT emphasizes that when feelings and thoughts begin to play the most important role in life, discouragement, and escape from feeling anything arises (Hayes et al., 2013). Cognitive fusion and experiential avoidance are identified as key processes that intensify suffering. Cognitive fusion is a mechanism whereby there is an "excessive belief" in one's own cognitive experiences. It has maladaptive consequences because it leads to the use of a rigid set of coping strategies and ignoring direct experience and lack of susceptibility to environmental influences (Hayes et al., 2013). Experiential avoidance, on the other hand, is understood as the opposite of psychological acceptance (Hayes et al., 2013) and potentially serves to maintain negative beliefs about emotions (Rimes & Chalder, 2010). Experiential avoidance is a consequence of cognitive fusion, accomplished through attempts to suppress, control, and eliminate experiences, and its primary goal is to avoid suffering (Hayes et al., 2013). It pertains to different components of experience, including thoughts, feelings, or physiological sensations (Gámez, Chmielewski, Kotov, Ruggero, & Watson, 2011). Research indicates its mediating role between beliefs about emotions and mental health (Trincas, 2016). ACT proposes methods aimed at countering experiential avoidance, focusing on cultivating and training acceptance and committed action in line with a person's values, despite discomfort (Hayes et al., 2013).

The Transdiagnostic Treatment of Emotional Disorders

Barlow's Transdiagnostic Treatment, also known as the "Unified Protocol," has been developed for the treatment of negative affective processes underlying several diagnostic categories and to explain the co-occurrence of different emotional disorders (Barlow et al., 2017). By focusing on deficits in emotion regulation, it combines elements of ACT and DBT therapy. While it does not propose a singular module or technique that directly targets negative beliefs about emotions, it indirectly allows for their questioning through the confrontation of avoidance within exposure techniques. Overall, the protocol consists of five modules, each contributing to the development of acceptance and openness to emotional experience by: 1) understanding emotions and cultivating mindful awareness, 2) increasing cognitive flexibility, 3) reducing emotion-driven behaviours (particularly avoidance), 4) enhancing tolerance for physical sensations associated with emotions, and 5) exposure to emotionally evocative life situations (Barlow et al., 2017). Currently, the Unified

Protocol is becoming the first choice for patients meeting criteria for multiple disorders or when diagnostic difficulties arise, while simultaneously requiring rapid implementation of interventions (Barlow et al., 2017). Furthermore, preliminary research findings indicate its usefulness in non-clinical populations, as a preventive program for adolescents (García-Escalera et al., 2020).

Summary

The article presents a relatively new phenomenon, previously undescribed in Polish literature, regarding beliefs about emotions in the context of their regulation process. This is particularly significant as numerous studies indicate that negative beliefs about emotions, their unacceptability in experiencing and expressing them, play an important role in the development and maintenance of many health problems. The sources of these beliefs, their prevalence among patients from various clinical groups, as well as their association with symptoms of depression, anxiety, stress, and fatigue in non-clinical groups, provide evidence for understanding them as a transdiagnostic construct.

The proposed model of beliefs about emotions, which considers the causes and consequences as well as a wide range of factors mediating the relationship between these beliefs and mental and physical suffering, may inspire further exploration of this phenomenon. It is recommended that future research be conducted on different clinical and non-clinical populations in a systematic manner, considering not only a broad range of perpetuating factors but also the many concepts used in different therapeutic models. Longitudinal studies would be valuable for therapeutic practice. They would enable the verification of mechanisms, the discovery of moderators of change, and further verification of assumptions about the feedback effect of therapeutic change on intermediate and perpetuating factors that affect the intensity of negative beliefs about emotions and further change within other factors.

The thesis of the transdiagnostic nature of beliefs about emotions is additionally supported by their inclusion in various cognitive-behavioural therapy models, whose brief description is presented in the second part of the article. Besides its theoretical dimension, this description of methods may serve as a valuable source of information for readers who practice psychotherapy.

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