

## Identifying Patterns of Meta-Emotional Beliefs in Emotionally Suppressed Women

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### ABSTRACT

**Objective:** This study aimed to explore the underlying patterns of meta-emotional beliefs in emotionally suppressed women and understand how these beliefs influence emotional regulation and interpersonal behavior.

**Methods and Materials:** Using a qualitative research design, 26 women from Spain who self-identified as emotionally suppressed were interviewed through semi-structured, in-depth conversations. Participants were recruited through purposive sampling, and interviews continued until theoretical saturation was achieved. Data were transcribed verbatim and analyzed using thematic analysis within a constructivist framework, supported by NVivo 14 software. Coding followed Braun and Clarke's six-phase approach, identifying key themes, subthemes, and concepts that reflect participants' beliefs and strategies related to emotional suppression.

**Findings:** Analysis revealed four major themes: (1) Internalized Emotional Norms, encompassing cultural, familial, and moral beliefs that discourage emotional expression; (2) Emotional Self-Evaluation, involving shame, guilt, and perfectionistic beliefs about emotional experience; (3) Interpersonal Emotional Dynamics, reflecting fears of rejection, emotional burdening, and conditional disclosure; and (4) Adaptive and Maladaptive Coping Strategies, including suppression, distraction, intellectualization, and emotional masking. Participants consistently reported beliefs that emotions were dangerous, untrustworthy, or inappropriate, and these beliefs shaped both their intrapersonal experiences and relational behaviors.

**Conclusion:** The findings suggest that emotional suppression in women is underpinned by complex, internalized meta-emotional beliefs formed through sociocultural, familial, and relational influences. These beliefs contribute to rigid emotional regulation strategies that prioritize control and social acceptance over emotional authenticity.

**Keywords:** meta-emotional beliefs; emotional suppression; women's mental health; emotion regulation; interpersonal emotion dynamics.

## 1. Introduction

Emotion suppression has long been associated with adverse psychological outcomes, including internalized distress, relational strain, and emotional dysregulation (Goodman et al., 2021; Samadifard et al., 2021). Emotionally suppressed women may adopt maladaptive emotion regulation strategies rooted in beliefs that emotions are dangerous, shameful, or unproductive. For instance, those with strong beliefs in the uncontrollability or undesirability of emotions are more likely to rely on suppression or avoidance, which has been consistently linked to symptoms of anxiety, depression, and interpersonal conflict (Berglund et al., 2023; Deplancke et al., 2022). Indeed, the meta-cognitive view of emotional suppression posits that beliefs about the nature of emotions and their regulation (e.g., “emotions are harmful” or “strong people don’t cry”) shape the emotional response system and ultimately contribute to broader psychopathology (Bahlinger et al., 2023; Mansueto et al., 2024).

Meta-emotional beliefs are not formed in isolation but emerge from a complex interaction of individual temperament, early caregiving environments, cultural expectations, and gendered emotional socialization. Research indicates that parental meta-emotional philosophy—the beliefs caregivers hold about the role and value of emotions—directly influences children’s emotional development (Chen, 2023; Rong et al., 2023). For girls in particular, emotional expression is often evaluated within a moralistic or perfectionistic lens, fostering internalized messages that certain emotions (e.g., anger, sadness, or neediness) are unacceptable or burdensome. Such beliefs, once established in childhood, may be reinforced by religious doctrines, family systems, and societal messaging that equate emotional restraint with maturity or femininity (Brown et al., 2024; Visco-Comandini et al., 2021). Over time, emotionally suppressed women may internalize these social rules, generating a self-concept in which vulnerability and emotional openness are viewed as personal failures rather than psychological strengths.

The functional impact of these beliefs is substantial. Meta-emotional beliefs that frame emotions as dangerous, embarrassing, or indicative of weakness can promote avoidance-based regulation strategies that perpetuate distress (Zahedian et al., 2020; Zerwas et al., 2022). These beliefs are further exacerbated when they are tied to perceived social consequences, such as fear of rejection or judgment upon expressing emotion. For instance, women

who believe that expressing distress leads to social punishment may engage in strategic emotional masking, particularly in roles where emotional composure is expected—such as motherhood, romantic partnership, or professional leadership (Chang, 2020; Mazidi et al., 2025a). Such patterns not only restrict emotional authenticity but can lead to a chronic sense of internal dissonance and emotional fatigue.

Emerging research in clinical psychology has highlighted the distinction between general emotional beliefs and meta-emotional intelligence, which refers to the awareness and regulation of one’s beliefs about emotions (D’Amico & Geraci, 2021, 2023). Meta-emotional intelligence encompasses the metacognitive capacity to monitor, reflect upon, and adjust emotion-related beliefs in a way that promotes emotional flexibility and well-being. However, in emotionally suppressed populations, this reflexive process is often inhibited by rigid schemas and habitual self-criticism, making the integration of emotional experience more difficult (Mirzaei & Hefzabad, 2024; Roshannia et al., 2021). Women who internalize maladaptive meta-emotional beliefs may therefore operate under the persistent expectation that emotions must be minimized, controlled, or hidden in order to preserve social harmony or self-worth.

Recent findings from neurocognitive and experimental psychology further support the link between meta-emotional beliefs and emotion regulation strategies. Studies utilizing event-related potential (ERP) methodologies have demonstrated that fundamental beliefs about the controllability and utility of emotions can alter the time course and intensity of emotional responses (Huang et al., 2024). For instance, individuals who believe that emotions are malleable exhibit stronger engagement in adaptive regulation strategies such as cognitive reappraisal, whereas those who view emotions as fixed or disruptive tend to rely on suppression or dissociation (Bahlinger et al., 2023; Mazidi et al., 2025b). This finding is especially salient in the context of gender, where cultural messages about stoicism and emotional discipline disproportionately target women and shape their neural and behavioral responses to affective stimuli.

In examining emotionally suppressed women specifically, it is essential to consider how metacognitive beliefs interact with interpersonal dynamics. Research suggests that beliefs about the social acceptability and utility of emotional expression can significantly influence relationship functioning and self-perception (Tenore et al., 2024; Zhou et al., 2025). For example, women may suppress

distress not only to protect themselves from vulnerability but also to avoid burdening others, preserve their role as emotional caregivers, or comply with relational expectations. This alignment with socially reinforced roles leads to self-silencing behaviors that reduce relational intimacy and elevate psychological distress over time (Mazidi et al., 2025b; Shang et al., 2024). Furthermore, these women may internalize beliefs that their emotional experience is less important than that of others, which amplifies feelings of invisibility and isolation.

Meta-emotional beliefs are also implicated in the onset and maintenance of several clinical conditions, including depression, anxiety, disordered eating, and trauma-related disorders. Beliefs about the uselessness or toxicity of emotions often mediate the relationship between emotional dysregulation and psychopathological symptoms (Deplancke et al., 2022; Goodman et al., 2021). For example, individuals who believe their emotions are uncontrollable or dangerous are more likely to engage in suppressive behaviors that reinforce avoidance and maladaptive coping mechanisms (Mansueto et al., 2024; Roshannia et al., 2021). Additionally, beliefs that devalue or stigmatize emotions can inhibit therapeutic progress by limiting emotional disclosure and self-exploration, as observed in women with histories of trauma, infidelity, or chronic invalidation (Jafari et al., 2023; Zahedian et al., 2021).

The gendered dimensions of emotional suppression are particularly important when considering how meta-emotional beliefs evolve and are maintained. Cultural expectations that women be emotionally nurturing but not emotionally expressive create a paradox in which women are both expected to manage others' emotions and deny their own. This emotional double bind fosters cognitive dissonance and internal conflict, which can become embedded in the self-schema (Brown et al., 2024; Mazidi et al., 2025b). Emotionally suppressed women, therefore, represent a group whose experiences are deeply shaped by both individual cognition and sociocultural discourse. Understanding the beliefs that underlie their suppression can illuminate pathways to emotional healing, relational repair, and increased psychological flexibility.

Despite the growing body of literature on meta-emotional beliefs and emotion regulation, there is a notable lack of qualitative research that centers the lived experiences of emotionally suppressed women.

## 2. Methods and Materials

### 2.1. Study design and Participant

This study employed a qualitative research design with an exploratory approach aimed at identifying underlying patterns of meta-emotional beliefs in emotionally suppressed women. The qualitative paradigm was chosen to allow for a deep, contextualized understanding of participants' inner experiences and belief systems regarding their emotions. The sampling strategy was purposive, focusing on women who self-identified or were clinically recognized as exhibiting persistent emotional suppression in daily life.

A total of 26 women participated in this study. All participants were residents of Spain and ranged in age from 28 to 52 years ( $M = 39.4$ ,  $SD = 6.8$ ). Participants were recruited from mental health clinics, counseling centers, and online support groups dedicated to emotional regulation and women's psychological well-being. Inclusion criteria required that participants (a) identify as female, (b) report a consistent pattern of emotional suppression, and (c) demonstrate the cognitive and verbal ability to engage in reflective interviews. Exclusion criteria included current severe psychiatric conditions (e.g., psychosis) or acute emotional distress that could interfere with interview participation. Participation was voluntary and informed consent was obtained from all individuals prior to data collection.

### 2.2. Measures

Data were collected through semi-structured, in-depth interviews designed to explore participants' beliefs about emotions, emotional expression, and internal evaluations of emotional responses. The interview guide included open-ended questions covering areas such as the perceived role of emotions, personal rules or beliefs about showing emotions, perceived consequences of emotional expression or suppression, and internal dialogues during emotional experiences.

Interviews were conducted in Spanish, either face-to-face or via secure video conferencing platforms, depending on participants' preference and geographic location. Each interview lasted between 60 and 90 minutes and was audio-recorded with the participants' consent. Data collection continued until theoretical saturation was reached—i.e., when no new themes or concepts were emerging from the interviews. Saturation was observed after the 23rd interview, but three additional interviews were conducted to confirm

redundancy and ensure thematic robustness, resulting in a final sample of 26 participants.

### 2.3. Data Analysis

All interviews were transcribed verbatim and analyzed using thematic analysis within a constructivist framework. The six-phase approach proposed by Braun and Clarke was followed: (1) familiarization with the data, (2) generation of initial codes, (3) search for themes, (4) review of themes, (5) definition and naming of themes, and (6) final reporting. The analysis was supported by NVivo 14 software to facilitate systematic coding, organization of data, and the identification of patterns across transcripts.

Initial coding was performed line-by-line to capture the nuanced meanings and subjective experiences described by participants. Codes were then grouped into categories reflecting shared conceptual features. These categories were further synthesized into overarching themes that illustrated common meta-emotional beliefs and their variations among emotionally suppressed women. Throughout the analysis process, memo writing and reflective journaling were used to ensure analytic rigor and reflexivity. Peer debriefing and triangulation with theoretical constructs related to emotion

regulation and meta-emotion added further validity to the interpretations.

### 3. Findings and Results

The final sample consisted of 26 women residing in various regions of Spain, all of whom self-identified as emotionally suppressed based on personal experience or professional feedback. Participants ranged in age from 28 to 52 years ( $M = 39.4$ ,  $SD = 6.8$ ). In terms of educational attainment, 8 participants (30.8%) held a high school diploma, 11 (42.3%) had completed a bachelor's degree, and 7 (26.9%) possessed a postgraduate degree (master's or doctoral level). Regarding marital status, 14 participants (53.8%) were married, 7 (26.9%) were single, and 5 (19.3%) were divorced or separated. Most participants were employed at the time of the study (19 participants; 73.1%), while the remaining 7 (26.9%) were unemployed, homemakers, or students. Additionally, 17 participants (65.4%) reported having children, while 9 (34.6%) did not. The diversity in age, education, and family context allowed for a nuanced exploration of how meta-emotional beliefs manifest across different life circumstances among emotionally suppressed women.

**Table 1**

*Thematic Structure of Meta-Emotional Beliefs in Emotionally Suppressed Women*

| Category (Main Theme)           | Subcategory (Subtheme)                           | Concepts (Open Codes)  |
|---------------------------------|--|--|
| 1. Internalized Emotional Norms | Cultural rejection of emotional expression       | "Crying is weakness," "Strong women stay silent," "Men don't cry, women shouldn't either," "Emotion = drama" |
|                                 | Family-based emotional rules                     | "No tears at home," "Keep it together," "Don't embarrass us," "We don't talk about feelings"                 |
|                                 | Belief in emotional self-sufficiency             | "I should fix it myself," "Emotions are private," "Don't burden others"                                      |
|                                 | Emotion-intellect dichotomy                      | "Feelings cloud judgment," "Logic over emotion," "Thinking is safer"   |
|                                 | Belief in punishment for vulnerability           | "People use emotions against you," "Being open makes you weak," "You'll regret showing feelings"             |
| 2. Emotional Self-Evaluation    | Normalization of suppression                     | "Everyone hides emotions," "It's just how life works," "That's how I was raised"                             |
|                                 | Religion or morality-based emotional restriction | "Good women don't complain," "God tests through silence," "Emotions are temptations"                         |
|                                 | Guilt about emotional needs                      | "I shouldn't need comfort," "It's selfish to want support," "Why am I not stronger?"                         |
|                                 | Shame over emotional intensity                   | "I'm too much," "My feelings scare people," "People avoid me when I cry"                                     |
|                                 | Comparing to others' emotional control           | "Others are calm, why am I not?", "They cope better," "I'm too reactive"                                     |
| 3. Interpersonal Dynamics       | Fear of emotional loss of control                | "If I start, I won't stop," "Emotions overwhelm me," "It's safer to shut down"                               |
|                                 | Internalizing criticism about emotions           | "I've always been told I'm dramatic," "I feel embarrassed afterward," "They say I exaggerate"                |
|                                 | Emotional perfectionism                          | "I should feel the right things," "No negative emotions allowed," "I must be composed"                       |
|                                 | Distrust of emotional receptivity in others      | "They won't understand," "People judge," "No one listens properly," "I'll be dismissed"                      |
|                                 | Fear of emotional burdening                      | "I'll make them feel worse," "They already have problems," "I don't want pity"                               |
|                                 | Prioritizing others' emotional needs             | "They need me more," "My problems are smaller," "I can wait"   |

|   |   |   |
|---|---|---|
| 4. Adaptive and Maladaptive Coping Strategies | Emotional masking in social roles       | "At work I must smile," "As a mother, I stay calm," "They can't see my struggle"              |
|   | Conditional emotional openness          | "I only talk when I'm sure it's safe," "Only with one person," "I wait until it's really bad" |
|   | Emotional suppression as control        | "Hiding keeps me in charge," "People won't worry," "I can handle it better alone"             |
|   | Replacing emotions with actions         | "I clean when I'm sad," "Work distracts me," "I exercise the anger away"                      |
|   | Intellectualization of emotional pain   | "I analyze it instead of feeling," "I break it down logically," "Feelings confuse me"         |
|   | Self-silencing as a protective behavior | "Better quiet than misunderstood," "Silence avoids conflict," "Words make it worse"           |
|   | Short-term emotional escapes            | "I scroll for hours," "I sleep to forget," "TV helps numb me," "Wine helps me relax"          |

### Category 1: Internalized Emotional Norms

Many participants revealed deeply rooted cultural narratives that discourage emotional expression, especially in women. In the subcategory of *cultural rejection of emotional expression*, women described a social atmosphere where emotions were equated with weakness and instability. One participant stated, "*Where I grew up, if you cried, they'd say you were trying to get attention or being dramatic.*" Such beliefs often led to the habitual silencing of inner emotional experiences.

In the subtheme *family-based emotional rules*, participants described family environments that promoted emotional restraint. Expressions such as "*My father used to say, 'Real strength is being unshaken,'*" and "*My mother told me from a young age to keep my sadness to myself*" reflect how emotional suppression became a familial expectation passed down through generations.

The belief in *emotional self-sufficiency* was also prevalent. Women described a sense of duty to handle emotional pain alone, viewing emotional independence as a virtue. As one participant explained, "*Needing someone to listen felt like weakness. I told myself, 'Just get through it alone.'*" This self-reliance often led to internalized distress and relational distance.

Another common theme was the *emotion-intellect dichotomy*, where participants perceived logic and emotion as opposing forces. For instance, one woman noted, "*I was always taught to think, not feel. Feelings were seen as distractions.*" This mindset encouraged intellectualization over emotional engagement, contributing to internal conflict and avoidance.

Participants also discussed a *belief in punishment for vulnerability*, rooted in fears of exploitation or judgment. "*If I show I'm hurting, people might use it against me,*" said one woman, highlighting the protective function of suppression in hostile or invalidating environments.

In addition, the *normalization of suppression* emerged as a way of life. Many described emotional silencing as standard behavior in their communities. "*No one around me ever talked about their feelings, so I thought it was normal,*" one participant recounted, suggesting that suppression was often mistaken for emotional maturity.

Some participants linked emotional inhibition to *religious or moral expectations*. Emotions, particularly negative ones, were viewed as spiritually inappropriate or morally wrong. "*Complaining is ungrateful,*" stated one woman. Another explained, "*I was taught that enduring silently brings you closer to God.*"

### Category 2: Emotional Self-Evaluation

The theme of *guilt about emotional needs* surfaced in women who felt undeserving of comfort or support. These participants internalized the idea that emotional needs were burdensome. One woman shared, "*When I need reassurance, I feel guilty—like I'm taking too much space.*" This guilt often led them to invalidate or minimize their emotional experiences.

*Shame over emotional intensity* was another powerful theme. Women reported feeling embarrassed about the strength of their emotions, often after episodes of crying or expressing distress. "*I felt disgusting after crying in front of my friend. I couldn't stop apologizing,*" one participant said, reflecting a self-critical stance toward emotional release.

Participants frequently engaged in *comparing themselves to others* who they perceived as emotionally composed. One participant said, "*Everyone around me seems so calm and stable. I wonder what's wrong with me.*" These comparisons heightened feelings of inadequacy and further encouraged emotional restraint.

The *fear of emotional loss of control* emerged in women who believed that once emotions were expressed, they could not be managed. Statements like "*If I start crying, I don't know if I'll ever stop,*" and "*It's safer to keep the lid on*"



suggest that suppression was a perceived mechanism for emotional containment.

Many participants also described *internalizing criticism about emotions* they had received in childhood or adulthood. One woman recounted, “*I’ve always been told I’m too sensitive. After a while, I believed it.*” Such internalized messages reinforced negative self-evaluation and discouraged open expression.

Lastly, the theme of *emotional perfectionism* appeared in participants who held rigid standards for how they should feel. They believed that certain emotions—especially anger, sadness, or jealousy—were unacceptable. “*I beat myself up if I feel angry,*” one woman said. “*I want to be emotionally clean, and anger feels dirty.*”

### Category 3: Interpersonal Emotional Dynamics

Participants commonly expressed *distrust in others’ emotional receptivity*. They doubted whether others could or would respond with empathy. “*Every time I’ve opened up, it felt like I was talking to a wall,*” one woman explained. The anticipation of judgment or disinterest fostered emotional withdrawal.

The *fear of emotional burdening* was another major factor. Participants felt that expressing their emotions might overwhelm or inconvenience others. One shared, “*Everyone is dealing with their own problems. I don’t want to add mine.*” This self-silencing was framed as protective for others but came at the expense of personal well-being.

The subtheme of *prioritizing others’ emotional needs* also emerged. Women routinely placed others’ emotional comfort above their own. “*If my partner is stressed, I swallow my pain. It doesn’t feel fair to add more to his plate,*” said one participant, illustrating habitual emotional self-sacrifice.

*Emotional masking in social roles* was reported frequently, especially in professional or caregiving settings. Participants described adopting “neutral” or “positive” emotional facades. “*At work, I smile even when I feel broken inside,*” a woman explained, revealing the cost of emotional inauthenticity.

Many described *conditional emotional openness*, where sharing was limited to very specific contexts or trusted individuals. “*I only talk when I know the person won’t judge me,*” one participant noted. “*Otherwise, I just nod and pretend I’m fine.*” This indicates a selective, highly guarded form of disclosure.

### Category 4: Adaptive and Maladaptive Coping Strategies

A major subtheme was *emotional suppression as control*. Participants reported feeling that hiding emotions gave them a sense of mastery or composure. “*When I don’t show it, I feel like I’m winning,*” one woman shared. Suppression was used not only to avoid judgment, but also to maintain perceived self-discipline.

Some participants engaged in *replacing emotions with actions* as a form of redirection. They described engaging in tasks to avoid emotional awareness. “*When I’m upset, I clean everything. It keeps my hands and head busy,*” said one participant. These behaviors served as coping but often lacked emotional resolution.

*Intellectualization of emotional pain* was a cognitive strategy where participants used reasoning to avoid experiencing feelings. “*I overanalyze instead of feeling,*” one participant admitted. “*If I can explain it logically, I don’t need to cry about it.*” This distancing strategy helped maintain composure but stifled emotional processing.

*Self-silencing as a protective behavior* also emerged. Participants preferred silence to avoid misunderstandings, conflict, or vulnerability. One shared, “*I’d rather say nothing than say the wrong thing. Silence is safer.*” This adaptive silence, however, often resulted in feelings of isolation.

Lastly, participants described engaging in *short-term emotional escapes* such as excessive screen time, sleep, or substance use. “*Scrolling through my phone numbs everything,*” said one participant. “*I drink a glass of wine most nights—not to get drunk, just to stop feeling.*” These coping behaviors offered temporary relief but perpetuated avoidance.

## 4. Discussion and Conclusion

This study aimed to explore the underlying patterns of meta-emotional beliefs in emotionally suppressed women using qualitative interviews. Through thematic analysis, four overarching categories emerged: Internalized Emotional Norms, Emotional Self-Evaluation, Interpersonal Emotional Dynamics, and Adaptive and Maladaptive Coping Strategies. Each theme encompassed a set of subthemes and associated beliefs that illustrated the complex cognitive frameworks shaping women’s emotional experiences and behaviors. Collectively, the findings reveal that emotional suppression in women is not merely a behavioral choice but a deeply internalized cognitive-emotional schema influenced by cultural, familial, relational, and intrapersonal dynamics.

The first major theme—Internalized Emotional Norms—underscored how participants’ beliefs about emotions were profoundly shaped by sociocultural conditioning. Many women reported that emotional expression was framed as a weakness, a belief frequently rooted in family systems, gendered upbringing, and in some cases, religious ideologies. These findings align with studies highlighting the role of cultural scripts in shaping meta-emotional beliefs, particularly the perception that emotional restraint equates to strength or moral integrity (Brown et al., 2024; Chang, 2020). As previous research shows, beliefs that emotions are dangerous, inappropriate, or socially punished are linked to the habitual use of suppression as a regulation strategy, especially among women (Goodman et al., 2021; Zerwas et al., 2022). The internalization of these norms reflects not only affective repression but also an adaptive survival strategy within patriarchal or emotionally invalidating contexts.

The second theme—Emotional Self-Evaluation—demonstrated how participants engaged in constant internal monitoring and judgment of their own emotional experiences. Shame, guilt, and fear of emotional “excess” were frequently reported. These beliefs mirror those identified in studies examining the influence of meta-emotional beliefs on psychological well-being and emotional regulation. For example, individuals who hold negative evaluations of their emotions tend to avoid emotional expression due to fears of being “too much” or “overwhelming” to others (Deplancke et al., 2022; Mazidi et al., 2025a). Our participants expressed perfectionistic expectations around how one “should” feel—echoing prior findings that link emotional perfectionism and emotional suppression to depression and anxiety (Roshannia et al., 2021; Visco-Comandini et al., 2021). Emotional self-evaluation in this group was not only harsh but also anchored in beliefs of inadequacy and comparison, where women felt emotionally inferior or dysfunctional compared to others who “appeared” more composed. This finding reinforces the notion that maladaptive meta-emotional beliefs can create a distorted self-concept, particularly in women conditioned to prioritize relational harmony over emotional authenticity (Samadifard et al., 2021).

The third thematic category—Interpersonal Emotional Dynamics—highlighted how beliefs about social consequences played a pivotal role in emotional suppression. Participants frequently feared emotional rejection, misinterpretation, or becoming a burden to others. As a result, they often engaged in emotional masking,

silence, or strategic concealment. These results are consistent with empirical evidence showing that beliefs about the social undesirability of emotions predict suppression and relational disengagement (D’Amico & Geraci, 2023; Mazidi et al., 2025b). Prior research also indicates that women are more likely than men to believe that emotional disclosure may lead to negative interpersonal outcomes, especially when these beliefs are reinforced by past invalidating experiences or societal expectations of emotional caretaking (Berglund et al., 2023; Rong et al., 2023). Our findings reinforce this pattern, as women described emotional suppression as a means of protecting relationships, maintaining control, or preserving a socially acceptable image. The subtheme of conditional disclosure also parallels previous literature demonstrating that individuals with rigid meta-emotional beliefs disclose selectively and often only in emotionally “safe” contexts (Shang et al., 2024).

The final theme—Adaptive and Maladaptive Coping Strategies—revealed how women used emotion suppression not only to conform to external expectations but also to maintain internal psychological equilibrium. Suppression was often perceived as a form of emotional mastery or resilience. This belief is echoed in recent studies suggesting that individuals who view emotions as uncontrollable or overwhelming are more likely to engage in suppression as a coping mechanism (Bahlinger et al., 2023; Mansueto et al., 2024). Participants in this study also described various avoidance-based coping strategies, including intellectualization, distraction, and behavioral substitution, which provided short-term relief but contributed to emotional numbness and relational disconnection. These findings align with the metacognitive model of emotion dysregulation, which posits that beliefs about the uncontrollability or harmfulness of emotions lead to avoidance, further reinforcing dysregulation and psychological symptoms (D’Amico & Geraci, 2021; Mansueto et al., 2024).

In light of this, the results of this study support the conceptualization of emotional suppression in women as a multidimensional phenomenon governed by internalized meta-emotional rules. These beliefs function both as antecedents and reinforcers of regulatory behavior, shaping how women respond to, reflect on, and manage their emotional lives. Previous research has emphasized the importance of beliefs about emotion malleability—the idea that emotions can be controlled or changed—as protective against emotional distress (Bahlinger et al., 2023; Mazidi et

al., 2025b). However, our findings reveal that many emotionally suppressed women view their emotions not as malleable, but as dangerous, untrustworthy, or socially unacceptable. This belief system results in emotional rigidity, chronic concealment, and identity fragmentation, echoing recent work on emotional dissonance in women with high internalized shame or trauma histories (Jafari et al., 2023; Tenore et al., 2024).

Notably, some participants reported ambivalence toward their suppression. While many believed that concealing emotions was necessary or expected, they simultaneously acknowledged feelings of isolation, emptiness, or frustration. This ambivalence is echoed in research on reflective functioning and emotion socialization, which suggests that increased emotional awareness often coexists with internal conflict in individuals who have been historically discouraged from expressing emotion (Chen, 2023; Rong et al., 2023). For these women, suppression is not merely a strategy but a coping identity that is both self-protective and self-limiting. Therapeutically, this suggests that addressing the metacognitive and philosophical underpinnings of emotional beliefs is essential for fostering emotional flexibility and psychological integration.

From a neurocognitive standpoint, our findings also resonate with experimental studies showing that beliefs about emotions can modulate neural processing and regulation capacity. For instance, individuals with stronger beliefs in emotional malleability show greater recruitment of cognitive control networks during emotional tasks (Huang et al., 2024). In contrast, rigid beliefs about the uncontrollability of emotion are linked to greater reliance on expressive suppression and emotional disengagement—patterns that were clearly evident in our participants. Such findings underscore the importance of integrating metacognitive and neurobiological models to fully understand how beliefs about emotion function at both the cognitive and behavioral levels.

Furthermore, the relational aspects of meta-emotional beliefs deserve greater clinical and empirical attention. Many women in this study described emotional suppression not as a flaw, but as an act of relational loyalty or maternal self-sacrifice. These beliefs may be rooted in culturally sanctioned narratives that valorize emotional control, especially among women in caregiving roles. Previous research has demonstrated that such narratives contribute to emotional burden, secondary trauma, and burnout in women who continually prioritize others' emotional needs over their own (Brown et al., 2024; Mazidi et al., 2025b). The

internalization of these narratives results in identity-level emotional schemas that are difficult to modify without targeted intervention.

Taken together, the findings of this study contribute to a growing literature that positions meta-emotional beliefs as central to the development and maintenance of emotion regulation strategies. For emotionally suppressed women, these beliefs function as both internal guidance systems and adaptive mechanisms developed in response to contextual demands. However, when left unexamined, these beliefs may hinder emotional growth, limit relational authenticity, and contribute to a range of psychological symptoms. A better understanding of how these beliefs function—cognitively, emotionally, and socially—can inform both prevention and intervention strategies aimed at enhancing emotional resilience and well-being.

## 5. Limitations and Suggestions

Despite its contributions, this study has several limitations. First, the sample consisted of only 26 women from Spain, which limits the generalizability of the findings across diverse cultural or ethnic backgrounds. The participants also self-identified as emotionally suppressed, which may have introduced self-selection bias and excluded individuals with different types of emotional regulation difficulties. Additionally, while the qualitative design offered rich, nuanced insights, it did not allow for quantitative comparisons or the testing of specific hypotheses. Furthermore, the reliance on self-report interviews may have been affected by social desirability or recall bias, particularly given the sensitive nature of emotional disclosure. Lastly, although thematic saturation was reached, a broader or more heterogeneous sample may have revealed additional subthemes or patterns not captured in this study.

Future research should aim to replicate and extend these findings using larger and more diverse samples, including women from various sociocultural and socioeconomic backgrounds. Longitudinal studies could explore how meta-emotional beliefs evolve over time, particularly in response to life transitions, trauma, or therapeutic interventions. Mixed-methods approaches would allow for a more comprehensive examination by integrating quantitative measures of emotion beliefs, regulation strategies, and psychological outcomes with qualitative narrative data. Comparative studies between emotionally suppressed and emotionally expressive individuals may also shed light on



the protective or detrimental roles of specific belief systems. Additionally, future work should examine how these beliefs interact with gender, power dynamics, and relational roles to shape emotional identity across the lifespan.

The findings of this study suggest the importance of integrating meta-emotional assessment and restructuring into psychotherapeutic interventions for emotionally suppressed women. Clinicians should explore clients' underlying beliefs about emotions—particularly those related to shame, control, and social consequences—as part of the emotional regulation process. Psychoeducation around the value and function of emotions can help reframe suppression as a protective yet potentially limiting strategy. Group therapy may also provide a space for safe emotional expression and mutual validation. Educational and community-based programs could be developed to challenge cultural narratives that stigmatize emotional vulnerability, especially among women in caregiving roles. Ultimately, empowering women to recognize and revise their meta-emotional beliefs may serve as a pathway to greater emotional flexibility, self-compassion, and interpersonal connection.

### Authors' Contributions

Authors contributed equally to this article.

### Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

### Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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### Declaration of Interest

The authors report no conflict of interest.

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### Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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