

# METAEMOTION

Authored by  
**mohammad looti**

October 13, 2025

## RECOMMENDED CITATION

mohammad looti (2025). *METAEMOTION*. PSYCHOLOGICAL SCALES. Retrieved from <https://scales.arabpsychology.com/?p=43917>

## METAEMOTION

**Primary Disciplinary Field(s):** Psychology, Affective Science, Emotional Regulation

### 1. Core Definition

Metaemotion is defined as a complex psychological process involving an **emotion about an emotion**. It represents the higher-order understanding, awareness, and attitude that an individual holds regarding their own, or another person's, primary affective states. This construct moves beyond the simple experience of a basic emotion (such as joy, fear, or sadness) to encompass a secondary affective or cognitive reaction directed specifically at that initial feeling. The source material captures the essence of this definition by stating that metaemotion involves "the understanding and awareness of the attitudes given towards others and ones own emotions." This awareness is critical, as it signifies a judgmental or evaluative stance taken toward the primary emotional experience, often reflecting internalized social or personal standards of appropriateness.

The function of metaemotion is intrinsically linked to self-monitoring and psychological complexity. When an individual experiences a metaemotion, they are reacting not to an external event, but to an internal emotional response. For example, if a primary emotion is anxiety, the metaemotion might be shame because the individual believes anxiety is a sign of weakness; conversely, the metaemotion might be pride if they view their anxiety as a sign of conscientious attention to detail. The illustrative example provided in the source content perfectly encapsulates this layered structure: "I am ashamed of myself for being so happy." In this case, happiness is the primary, immediate emotion, while shame is the reflective metaemotion, indicating a psychological conflict between the spontaneous feeling and the individual's moral or situational standards for that feeling.

This hierarchical nature means that metaemotions are foundational to complex emotional life. They serve as internal regulators that either validate or suppress primary feelings, significantly influencing how an individual chooses to express or manage their affective landscape. Effective self-regulation largely depends on developing adaptive and non-judgmental metaemotions that allow primary feelings to be processed without triggering destructive secondary cycles of guilt, fear, or shame.

### 2. Etymology and Historical Development

The formal conceptualization of **metaemotion** is a relatively recent development in psychological science, gaining prominence in the latter half of the 20th century. While philosophers and early psychologists recognized the reflective capacity of human consciousness, the term itself and its systemic application were largely driven by research in developmental and family psychology. Crucially, the work of relationship researchers, most notably John M. Gottman and his colleagues,

established metaemotion as a key construct for understanding relational dynamics and child development. Gottman introduced the concept of "meta-emotion philosophy" to describe the organized set of beliefs, feelings, and attitudes that parents harbor about emotions, which dictates how they respond to their children's emotional expressions.

The introduction of metaemotion parallels the broader shift in psychological focus toward metacognition--the study of cognition about cognition--which emerged several decades earlier. Psychologists recognized that just as thinking benefits from self-monitoring and regulation, so too does feeling. The development of the metaemotion concept provided the necessary theoretical framework to analyze the reflective, affective component of emotional intelligence. This overlap underscores the recognition that sophisticated emotional functioning requires both the experience and the subsequent evaluation of that experience, thereby linking metaemotion closely to theories emphasizing self-awareness and self-management.

Historically, the concept proved essential for clinical psychology by providing a framework to understand how individuals get "stuck" in cycles of negative affect. Research into anxiety disorders, depression, and borderline personality disorder revealed that suffering is often exacerbated by negative metaemotions (e.g., anxiety about anxiety, or self-hatred about depression). By identifying these secondary emotional responses, researchers could better tailor interventions, transitioning the therapeutic focus from merely treating the primary emotion to changing the client's deeply held attitudes about having that emotion in the first place.

### 3. Key Characteristics and Components

Metaemotions possess several distinct characteristics that define their function within the affective system. The most salient feature is their **evaluative nature**. A metaemotion always involves a judgment--positive, negative, or neutral--made regarding the primary emotional state. This evaluation is heavily filtered through internalized social and cultural norms. For example, a culture that prizes stoicism might instill a metaemotional response of contempt or shame toward expressions of vulnerability, while a culture valuing expressive warmth might foster metaemotional pride regarding displays of empathy. These internalized standards determine whether the primary emotion is deemed acceptable, appropriate, or desirable.

The components of metaemotion can be parsed into cognitive and affective dimensions. The cognitive dimension encompasses the explicit beliefs, thoughts, and appraisals one holds about their feelings (e.g., "My sadness means I am weak" or "My excitement is inappropriate for this setting"). These cognitive statements often precede and trigger the secondary affective response. The affective dimension is the actual feeling state directed at the primary emotion (e.g., feeling guilt, pride, fear, or disgust about the initial feeling). For psychological assessment and intervention, understanding the reciprocal relationship between these cognitive appraisals and the

resultant affective metaemotions is critical.

Furthermore, metaemotions display a distinct **temporal hierarchy**. Primary emotions are typically immediate and reactive, while the metaemotion is reflective and requires a moment for the initial feeling to become the object of awareness. Although this reflection can become highly automatized through habit, its fundamental nature remains that of a secondary response. These characteristics demonstrate that metaemotions are not simply intense primary feelings; rather, they are the products of an advanced capacity for self-reflection that allows human beings to manage, modulate, and derive meaning from their immediate emotional experiences.

#### 4. Meta-Emotion Philosophy in Development and Parenting

The application of the metaemotion concept to parenting, encapsulated in the term **meta-emotion philosophy**, has provided profound insights into child development and emotional intelligence acquisition. Parental meta-emotion philosophy refers to the set of attitudes and beliefs held by caregivers concerning the nature, expression, and regulation of emotion within the family unit. These philosophies are the primary mechanism through which children learn how to feel about their own feelings, forming the foundation for their future emotional regulation skills. The two primary categories of parental philosophies--Emotion Coaching and Emotion Dismissing--have been extensively studied for their long-term impact on child outcomes.

Parents employing an **Emotion Coaching** philosophy typically hold positive or accepting metaemotions toward negative primary feelings. When a child expresses sadness or anger, the Emotion Coaching parent views this as an opportunity for connection and teaching. They acknowledge and validate the child's feeling ("I see you are very angry right now"), help them label the emotion, and then guide them toward appropriate problem-solving or regulation strategies. Children raised in this environment internalize the metaemotion that all feelings are acceptable, manageable, and important sources of information, leading to higher levels of emotional competence, better performance in school, and superior social skills.

In contrast, **Emotion Dismissing** or **Disapproving** parents often harbor negative metaemotions toward intense or negative feelings, viewing them as inconvenient, dangerous, or manipulative. Their reaction is typically to minimize, criticize, or try to distract the child from the feeling (e.g., "Don't cry over something so small," or "If you keep being angry, I will give you something to cry about"). Children internalize the metaemotion that specific feelings are bad or shameful, leading them to suppress, deny, or become confused by their own internal experiences. This negative metaemotional environment impedes the development of effective regulation strategies and is linked to poorer emotional health outcomes, including greater susceptibility to anxiety and depression, because the child lacks the tools to process difficult feelings constructively.

## 5. Significance for Emotional Regulation and Resilience

The functional significance of metaemotion lies in its direct link to **emotional regulation**, which is the process by which individuals influence which emotions they have, when they have them, and how they experience and express them. Adaptive regulation requires an ability to observe a primary emotion without being overwhelmed by it, a capacity heavily reliant on a positive or neutral metaemotional attitude. When individuals accept their initial emotional state--that is, when their metaemotion toward the primary feeling is accepting and non-judgmental--they create psychological space to choose effective regulatory strategies, such as cognitive reappraisal or mindfulness.

Conversely, negative metaemotions are the most significant impediment to healthy emotional resilience. If a person feels intense guilt or self-criticism (metaemotion) about their fear (primary emotion), the combined affective load is drastically increased, often leading to maladaptive coping mechanisms. These may include avoidance of the triggering situation, emotional suppression, or self-medication, all of which maintain or worsen the original emotional difficulty. The cycle becomes self-perpetuating: the negative metaemotion prevents regulation, leading to prolonged primary distress, which in turn reinforces the negative metaemotional judgment.

Consequently, developing self-compassionate and accepting metaemotions is a core goal in therapeutic contexts. By fostering the belief that experiencing difficult emotions is normal and acceptable, interventions like acceptance and commitment therapy (ACT) and mindfulness practices aim to dismantle the secondary cycle of shame and guilt. This shift in metaemotional attitude allows the individual to respond more flexibly and effectively to their primary feelings, dramatically improving their overall psychological functioning and resilience against stress and adversity.

## 6. Relationship to Psychological Disorders

Metaemotions are highly relevant to the etiology, maintenance, and treatment of various psychological disorders, serving as critical diagnostic and therapeutic targets. In many cases, the pathology is less about the intensity of the primary emotion and more about the dysfunctional secondary response to it. For example, in **Generalized Anxiety Disorder (GAD)**, a common feature is worry about worry, or feeling anxious about the physical symptoms of anxiety. This meta-worry amplifies the disorder, maintaining a hypervigilant state that is extremely resistant to change.

Similarly, metaemotional processes play a profound role in mood disorders. Individuals struggling with depression often internalize the belief that their sadness is a fundamental flaw, leading to metaemotional shame, hopelessness, or self-contempt. This negative self-judgment prevents them from engaging in behaviors that could lift their mood (e.g., social activities or exercise). In clinical settings, therapeutic success often depends on decoupling the patient's identity from their affective

state--that is, teaching them that they can feel sad without being a failure, thereby neutralizing the negative metaemotion.

Furthermore, research on eating disorders and body dysmorphia suggests that individuals often experience strong negative metaemotions (such as disgust or contempt) directed toward feelings of hunger, fullness, or physical self-awareness. By targeting and restructuring these ingrained, negative metaemotions, clinicians can help patients develop a less critical and more accepting relationship with their internal bodily and affective signals, demonstrating that metaemotional adjustment is fundamental to achieving sustained psychological wellness across diverse diagnostic categories.

## 7. Further Reading

[Meta-emotion \(Wikipedia\)](#)

[Gottman Institute: Meta-Emotion Philosophy](#)

[Psychology Today: Meta-Emotion Basics](#)