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RESEARCH ARTICLE

At the mercy of myself: A thematic analysis of beliefs about losing control

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Abstract

Purpose: Concerns about the likelihood, consequences, and meaning of losing control are commonplace across anxiety-related disorders. However, several experimental studies have suggested that individuals without a diagnosis of a mental disorder also believe that they can and will lose control under the right circumstances. Understanding the range of beliefs about the nature and consequences of losing control can help us to better understand the continuum of negative beliefs about losing control.

Methods: The present study used thematic analysis to identify common beliefs about losing control in an unselected sample. Twenty-one participants, half of whom met criteria for at least one anxiety-related disorder, were interviewed about their beliefs about losing control.

Results: All 21 participants reported that losing control was possible. Losses of control were defined as multifaceted cognitive-behavioural processes and were seen as negative considering the perceived consequences of the losses. Commonly described consequences were harm to oneself or others, powerlessness, and unpleasant emotions during (e.g., sadness, frustration, and anxiety) and following (e.g., regret, shame, and humiliation) a loss of control.

Conclusions: These results suggest that perceived losses of control are common and that negative beliefs about losing may only become problematic when the losses are personally significant. Further, they offer important insight into what is common among clinical and non-clinical beliefs about losing control and inform how these beliefs might be worth targeting in cognitive and behavioural interventions.

KEYWORDS
losing control, phenomenology, qualitative, transdiagnostic

Practitioner Points

- Perceptions of losing control are multifaceted cognitive-behavioural processes which may not be inherently pathological.
- Losses of control are perceived as negative, temporary states which feel unpleasant or lead to unpleasant consequences.
- Appraising unpleasant behaviour, thoughts, or emotions as losses of control may represent a normative explanation for common phenomena.
- Maladaptive beliefs about losing control may become problematic when losses are seen as persistent, catastrophic, or personally significant.

INTRODUCTION

Understanding how constructs related to control impact our mental health has long been discussed in psychology (Rotter, 1954, 1966); and how we perceive our ability to control ourselves and our world has had significant influence across domains of clinical psychology (Shapiro et al., 1996). There is good reason for this, as control has been linked with self-efficacy, optimism, and coping with stress (Everly & Lating, 2019). However, one relatively neglected consideration of control is that the *loss* of control is a negative, undesirable state. This idea, that one might *lose* control over oneself with catastrophic consequences, is the focus of the present thematic analysis.

The fear or *belief* that losing control is probable and leads to negative outcomes is a common and often discussed concern in the clinic (Radomsky, 2022). Broadly, negative beliefs about losing control refer to the catastrophic misinterpretation of the likelihood, consequences and meaning individuals ascribe to a perceived lapse in control (Clark & Purdon, 1993; Moulding & Kyrios, 2006). These negative beliefs about losing control are common features in cognitive theories of several disorders including panic disorder (Clark, 1986; Cloitre et al., 1992), obsessive-compulsive disorder (OCD; Clark, 2004; Radomsky & Gagné, 2019; Reuven-Magril et al., 2008), and Social Anxiety Disorder (SAD; Clark & Wells, 1995; Hofmann, 2007; Kelly-Turner & Radomsky, 2022). Despite its apparent prevalence across disorders, relatively little research has examined the fear of *losing* control.

There is good evidence that beliefs about losing control are a driving force in behavioural symptoms of several disorders. For example, individuals with OCD attempt to control their intrusive thoughts using a variety of strategies including compulsions and thought stopping (Freeston & Ladouceur, 1997). Further, clinical observations suggest individuals with OCD avoid feared stimuli (e.g., sharp knives, scissors) because they fear they will eventually act on unwanted violent impulses, despite having no desire to do so (e.g., Rachman & Hodgson, 1980). Among individuals with panic disorder, fewer symptoms are reported during panic-induction tasks (i.e., carbon dioxide inhalation) when they believe they have control over the stimulus (e.g., Rapee et al., 1986). Perceived control over one's emotions has been shown to mediate the relationship between anxiety sensitivity and agoraphobia, above and beyond the perceived controllability of the situation (White et al., 2006). Finally, individuals with SAD frequently report intrusive imagery in which they feel humiliated by failing to control outbursts or blunders; suggesting an assumption that a loss of control will be socially catastrophic (Hackmann et al., 1998). It is unclear from this research whether the belief that losing control is possible, likely, or catastrophic represents the problematic misappraisal as little has been done to consider how losing control is understood in the general population.

Several experimental studies have found that manipulating beliefs about losing control can induce behaviour similar to symptoms of OCD and SAD in non-clinical samples, suggesting these beliefs may be common (Gagné & Radomsky, 2017, 2020; Kelly-Turner & Radomsky, 2020, 2022). Undergraduates who were led to believe they were at increased risk of losing control over their intrusive thoughts demonstrated increased checking behaviour and self-rated dangerousness relative to those who believed they had control (Gagné & Radomsky, 2017, 2020). Similarly, undergraduates who were led to believe they were at greater risk of losing control over their behaviours and emotions in social situations reported more anxiety preceding a novel social interaction and reported more rumination 24-h later (Kelly-Turner & Radomsky, 2020, 2022). These studies pre-suppose that non-clinical samples would have had experiences with losing control and that they might be susceptible to perceiving those experiences negatively. This assumption raises several interesting questions. Namely, what beliefs about losing control are present in the general population and how can they help us understand clinical concepts of losing control?

Analogue samples can offer considerable insight into the aetiology and maintenance of clinical phenomenology (e.g., Abramowitz et al., 2014). Clinical phenomena exist on a continuum and cognitive behavioural theory is inherently dimensional, making interviews with unselected samples ideally suited for exploring novel belief domains. Normative beliefs have informed our understanding of their maladaptive equivalents (e.g., Dudley & Over, 2003; Purdon & Clark, 1993; Shafran et al., 2002). For example, normative worry is delineated from clinical presentations due to its duration, intensity, and perceived distress (Hazlett-Stevens & Craske, 2003). This supports the importance of metacognitive beliefs about worry (i.e., positive and negative beliefs about worry) as critical in Generalized Anxiety Disorder (GAD) rather than the worry itself (Wells, 1999). Similarly, understanding the nature of normative obsessions (e.g., Rachman & de Silva, 1978; Radomsky et al., 2014) has been invaluable in supporting the notion that the appraisals that individuals with OCD make about the presence, frequency and intensity of these thoughts lead them to transform from relatively benign intrusions into persistent and pervasive obsessions (Rachman, 1997, 1998). Given the emphasis placed on control by psychologists and the public alike, it seems likely that the fear of losing control reported in many anxiety-related disorders represents a similar misappraisal of common experiences (e.g., an errant thought, an angry outburst). Therefore, an investigation into the role of beliefs about losing control, independent of clinical diagnosis is warranted.

Although beliefs about losing control have been linked with psychopathology both experimentally and psychometrically in unselected samples (Gagné et al., 2020; Gagné & Radomsky, 2017, 2020; Kelly-Turner & Radomsky, 2020, 2022; Radomsky & Gagné, 2019), that research presupposes that beliefs about losing control are harmful. Therefore, a study examining the content and characteristics which are common among the general population is justified. Investigating people's personal definitions of their own and others' losses of control is ideally suited to a qualitative approach. Reflexive thematic analysis as described by Braun and Clarke (2006, 2019, 2023) is well suited for this purpose. The present study aimed to examine how individuals from an unselected sample would define losing control and its consequences. A thematic analysis of semi-structured interviews was conducted to answer two broad research questions: (1) How is losing control defined by laypeople? And (2) What consequences or outcomes do people most commonly associate with losing control? As this investigation was largely exploratory, themes were initially developed inductively, but were ultimately contextualized using a cognitive-behavioural framework. We highlight losses of control over thoughts, behaviours, and emotions, and how these losses translated into real and imagined consequences for participants.

METHODS

Participants

Twenty-one undergraduate students were recruited online from the participant pool of a University in Montreal, Canada. Participants received either course credit or 15$/hour for their participation.

Approximately half of participants identified as women (11/21). The mean age of participants was 25 (range 19–56) years. Participants were Caucasian (43%), Asian (38%) and Middle Eastern (19%). Participants were assessed for psychopathology by the first author using the Mini International Neuropsychiatric Interview (MINI; Sheehan et al., 1997). Nine participants met criteria for one or more diagnosis/es, see Table 1. Given the richness of the data collected in these interviews, the narrow scope of the research question, and the relative prevalence of anxiety-related disorders in this sample, 21 participants was sufficient to achieve a deep analysis of their fears of losing control (Boddy, 2016; Braun & Clarke, 2021; Clarke et al., 2015; Ness & Fusch, 2015).

Measures

Semi-Structured interview on losing control (SSILC)

The SSILC focused on four broad content domains: the first was participants' views about the meaning of control and losing control (e.g., "What does it mean to lose control?"; "How would you describe a person with perfect control?") and their assessment of whether losses of control were positive, negative, or neutral. Next, participants were asked to describe the types of things they believed they might lose control over. Third, they were asked about what they believed would be the consequences of losing control (e.g., "What happens when you lose control?"). Finally, they were asked to describe a time when they felt they had lost control (e.g., "Can you think of a time when you lost control? What happened?"). The SSILC was structured to maximize consistency across participants while still allowing for individual narratives to emerge (Gillham, 2005). It consisted of a combination of open-ended questions, prompts and follow-ups as appropriate (e.g., for overly simple or vague responses, interviewees were asked to elaborate further, "What do you mean by that?"). The interview was structured such that if at any point, participants stated that they had never lost control, or that they did not believe they could lose control, it focused instead on how they had arrived at this belief. A copy of the SSILC is available from the second author upon request.

TABLE 1 Participant demographics.

Demographics	
Age [*M* (SD)]	25.1 (8.3)
Gender (% women)	52.4
Ethnicity (%)	
Caucasian	42.9
Asian	38.1
Latino/Latina	5.8
Middle Eastern	19.0
Diagnosis (%)	
No diagnosis	57.1
Panic Disorder	9.5
Agoraphobia	4.8
OCD	9.5
GAD	14.3
PTSD	14.3
MDD	9.5

Note: Percent totals for ethnicity sum to more than 100% as one participant self-identified as biracial. Percent totals for diagnosis sum to >100% as some participants met criteria for two or more diagnoses.

Mini international neuropsychiatric interview, 7th edition (MINI; Sheehan, 1998)

The MINI is a structured diagnostic assessment tool designed to assess for the presence of mental disorders based on the DSM-5 criteria. Consisting predominantly of a series of forced choice questions, it is designed to be rapidly deployed by clinicians and non-clinicians. For current anxiety-related disorders, the MINI has been shown to have good to excellent concordance with the SCID (Cohen's $\kappa > 0.50$), good to excellent inter rater reliability (κ's = 0.88–1.00) and good reliability (κ's = 0.63–0.85) despite the brief administration time (Sheehan et al., 1997).

Procedure

All data were collected with the approval of our institution's Human Research Ethics Committee and participants provided informed consent prior to their participation. Participants were recruited to take part in a study titled "A Qualitative Investigation of Beliefs about Losing Control." They were interviewed by the first author via an online video conference link. Participants were told that the interview's purpose was to better understand their perspective on losing control and that there were no right or wrong answers. They were informed that both MINI and SSILC were video recorded and that selected, anonymized quotes from the SSILC would be included to contextualize themes in the final publication.

Upon joining the session, participants provided informed consent and were administered the MINI. Next, they completed the SSILC. Interviews ranged from 48 to 95 ($M = 68$; SD = 10.8) minutes in length. The SSILC was initially transcribed using the automated transcription software package, nVivo transcribe. Transcripts were verified against the original audio to correct errors and clarify sections of the interview where the software was inaccurate.

Analysis

Data-analytic strategies

Given the narrow, phenomenological focus of the research question, analysis was based in reflexive thematic analysis as described by Braun and Clarke (2006, 2019, 2023). Our approach was grounded in a cognitive-behavioural understanding of the experience of unwanted and unexplained sensations, behaviours and emotions (i.e., that it is one's catastrophic misappraisal those experiences which informs psychopathology). To that end, theme development was focused on the semantic content of participants' constructed meaning of losing control. This approach was aligned with our research aim of better describing the underlying phenomena (i.e., Smith & Osborn, 2015) and was informed by the understanding that we were applying our framework upon those descriptions to construct themes which situated those experiences within cognitive theory. This approach relied on a reflexive exploration and analysis of the transcripts to identify what aspects of behaviour, thoughts and emotions were attributed to losing control and what links we identified between those attributions and a cognitive-behavioural understanding of those appraisals.

Our analysis was initially focused on participants' direct responses to interview questions. Codes were first developed *in vivo* (i.e., codes were generated based on participants' own words) on a line-by-line basis by the first author, a doctoral candidate in clinical psychology, under the guidance and supervision of the second author, a clinical psychologist with expertise in anxiety-related disorders. Coding was initially structured based on the relevant interview question addressed as a means of organizing the data. For example, an early *in vivo* structural code was developed (*lashing out*) in answer to the question, "How can you tell someone is out of control?". This code described how others' behaviour might be interpreted as a loss of control if they express hostility or aggression towards others. As we began to observe patterns

and overlap in our analysis of the response content, we combined codes into larger categories to summarize what we felt was most important within those categories (e.g., participants' descriptions of their own losses of control over *speech content and tone* described examples of lashing out at others verbally, and *lashing out* was merged with other similar codes into the theme *Hurting or mistreating others*; see Saldaña, 2016). This approach was undertaken to produce a set of themes which aligned with our cognitive-behavioural perspective to identify what (if any) thoughts, behaviours and/or emotions participants commonly attributed as losses of control. Notably, this thought-behaviour-emotion split did not fit well with the ways in which participants discussed the consequences of losing control. As such, we focused on the nature of the consequences described by participants when constructing those themes.

The resultant thematic maps were assessed according to Patton's (2015) dual criteria for classifying themes. Themes were assessed for *internal homogeneity* and *external heterogeneity*. That is, the extent to which codes within a theme hang together and the extent to which demarcations between themes are clear and distinct. Based on these criteria, each coded extract from transcripts was re-examined for the degree to which it aligns with the relevant theme to create a cohesive structure. These codes were considered in the context of their fit with the cognitive-behavioural theory of anxiety-related disorders. Problematic codes and themes were discussed with the second author until a clear definition was reached by consensus. These discussions consisted of presentation of problematic themes, along with example quotes, with the second author highlighting issues to the narrative clarity of the resultant themes or suggesting common threads he observed within and between the excerpts presented. That definition was then tested by the first author against the transcripts in a second cycle of coding to ensure it accurately captured participants' descriptions of losing control and that no new themes were missed.

The final phase of analysis was to define and name the principal themes identified. This consisted of re-examining the content, collating the data, and identifying specific extracts which informed each theme. The resultant thematic structure was adjusted to contextualize our interpretation of participants' beliefs about losing control within existing cognitive-behavioural theory.

RESULTS

What is losing control?

Because there was considerable consistency among participants' definitions of losing control, we focused our analysis on the commonalities in how they discussed losing control. All 21 participants described their and other's losses of control as including uncontrollable thoughts, emotions and/or behaviours in some capacity. They agreed losing control was a subjective experience wherein ones' thoughts, behaviour, and/or emotions were at odds with how one wanted to think, act, or feel. Losses were described unanimously as negative lapses of finite duration. As discussed in the methods, our analysis considered these losses within a cognitive-behavioural framework. This split is for the sake of clarity rather than implying the subjective experience of losing control be siloed into cognitive/behavioural/emotional categories. Fourteen participants discussed situational losses (e.g., job loss due to the COVID-19 pandemic). However, given our interest was in the internal experience of losing control, those losses were deemed to be less relevant to this enquiry.

Behaving badly

Participants described behavioural losses of control as actions that were personally or socially unacceptable. Within these behavioural losses we identified four subthemes: (1) Hurting & Mistreating Others; (2) Impulsivity & Reactivity; (3) Substance Use, Excess, & Sensation Seeking; and (4) Unwanted, Weird or Inappropriate Behaviour.

Fifteen participants reported concerns about *Hurting & Mistreating Others*. These included minor outbursts, such as Participant 8's argument with her mother. It included personally alarming concerns, such as Participant 16's fear that, given the right stressors, he might "lose it" and attack or kill others. Losing control leading to actual violence was described by only a single participant, Participant 15, who reported getting in a fistfight after losing his temper (see Table 2). All other examples were hypothetical or verbal aggression. Notably, these behaviours were described as things one shouldn't or wouldn't normally do, and were defined, retrospectively or hypothetically, as losses of control.

Twenty participants described impulsive or reactive behaviours as losses of control. This theme, *Impulsivity & Reactivity*, refers to any behaviours in which one engages without consideration of the consequences. Importantly, the behaviour itself was described as a response to a pressure or urge. This highlights the link between behavioural losses and emotional and/or cognitive processes: state of mind, regardless of whether it is seen as out of control, is a precursor for the behavioural loss. For example, Participant 1 linked *Impulsivity & Reactivity* with poor emotion regulation, describing her prototypical idea of a person with low control as someone who reacts impulsively to their anger (see Table 2). Again, this behaviour was contextualized by the situation. The loss of control was defined as such by its deviation from what one would 'normally' do.

Substance Use, Excess, & Sensation Seeking were discussed by 14 participants. This theme refers to behaviours described as excessive. It includes idiosyncratic definitions of excessive engagement with any pleasurable activities (e.g., dessert, games). For example, Participant 14 compared substance use and escapism (see Table 2). As with *Impulsivity & Reactivity*, the inability to resist some urge or force is seen as a negative character trait which violates norms and fosters a loss of control.

Nineteen participants described *Unwanted, Weird or Inappropriate Behaviour* which ran counter to social or personal expectations, without harm to others. Examples included acting oddly in public and behaving in a way that clearly violates established social norms. Some participants extended these losses to include behaviour which was atypical for the person losing control but not necessarily a violation of norms (see Table 2). Again, participants described these behaviours as negative lapses from one's desired state of being.

Although there was heterogeneity in the behaviours described, the common thread throughout was that these losses were behaviours which ran counter to how participants believed they or others ought to act. Behavioural losses were equated to badness and/or wrongness.

Overwhelming emotions

When participants reported losing control over their emotions, they were described as overwhelming some normal internal system or state. We identified three subthemes: (1) Intense or Unwanted Emotions; (2) Emotions being Visible to Others; (3) Emotions Controlling Me.

All 21 participants reported that *Intense or Unwanted Emotions* were a sign of losing control. That is, any emotions which were difficult to bear or that they or an (imagined) observer defined as excessive. For example, Participant 17 knows he has lost control if his emotions are out-of-proportion with what he deems appropriate (see Table 3). The value judgement that the emotion was excessive or inappropriate to how one ought to feel is fundamental to experiencing it as a loss, it overwhelmed what they believe was appropriate or normative. This may be especially true if the emotional loss is visible to others.

Nineteen participants reported that overwhelming emotions represent a loss of control when those *Emotions are Visible to Others*. For example, Participant 8 explained learning how to express negative emotions by masking her pain from childhood bullies (see Table 3). It was not that the emotion is necessarily too intense or uncomfortable, but that it betrays the way which one ought to appear to others that indicated the loss occurred. The behaviour of crying, although the consequence of the emotion, is only a loss in that it happened in an inappropriate social context.

TABLE 2 Selected quotes for subthemes of behaving badly.

Subtheme	Sample quotes
Hurting or mistreating others	"I accept her viewpoint, and I totally agree that's a valid point, but like she didn't not [sic] accept my viewpoint and it was like really late in the night as well. And so, I was just tired. So, I just I yelled at her, which I shouldn't have." Participant 8
	"Like someone just walked up and killed my dog. You know, I'd probably want to kill them. And I, you know, I might go through it all the way. If I was in a enraged enough state." Participant 16
	"a specific person was just, hurting me, like emotionally, and I just got to a point where it's like, um. […] It's like they just keep adding onto it and you sort of get into this physical fight." Participant 15
Impulsivity & reactivity	"Present focused […] like constrained solely to acting for immediate gratification or like whatever the next uncontrollable thought comes to mind is the course of action" Participant 16
	"You had control […] And then either something happened externally or internally. You know, you could- you could, just be a fact of getting tired eventually, depending on what you're doing. And you can lose that state of being in control and switch to a reactive one" Participant 2
	"You can say something to them and they'll become very aggressive very quickly and like to me that's someone that doesn't have much control."
Substance use, excess and sensation seeking	"But I find people who escape from that. You know, that take too much time like I did, escaping, you know? Whether it's my father, it's his crossword puzzles. And me, it used to be something else. Other people, it's– My brother, it's harder drugs." Participant 14
Unwanted, weird or inappropriate behaviour	"if it's just a complete stranger on the street, for example, like the only way I can really tell is if they're, quote unquote, going insane. So, like, acting out recklessly, very recklessly, shouting or going crazy, basically." Participant 15
	"If a person who is usually very composed starts fidgeting and- and. And maybe they start crying or if they start saying certain things, I guess. You could say, oh, this person really lost control, because that's not the way they usually act," Participant 7

TABLE 3 Selected quotes for subthemes of Overwhelming Emotions.

Subtheme	Sample quotes
Intense or unwanted emotions	"If someone tells me, 'You should have done this differently,' I would get upset. And I don't. I do consider it a loss of control, even though I didn't in the- for the most part, like in most cases, I usually didn't lash out or- or act too differently." Participant 4
	"I start telling myself, why are you having that emotion? Which isn't necessarily a good thing, because then you're telling yourself, you know, you're not in control of your emotions. Nobody wants to feel like they're wrongfully feeling something, a feeling they shouldn't be feeling." Participant 17
Emotions being visible to others	"When I grew up, I was sort of bullied and then my dad said, like, you shouldn't be out of control, meaning that you can cry but like, don't cry in front of them." Participant 8
Emotions controlling me	"If Amy is very afraid of public speaking and but she's forced to do an impromptu speech in front of a very large crowd without prior knowledge […] she tries to put up a brave face and say, no, I've got this under control. But still, she's unable to produce the speech. Because she's under the influence with a lot of nerves and she can't think properly." Participant 10
	"[…] what I felt was more, I guess, a sort of confusion as to why I wasn't able to say the thing I wanted to say first. And, um. And then I guess. My emotions were like more like taking control of me." Participant 7
	"You're not supposed to be depressed, supposed to be impaired to the– by your emotions. There it is, impaired, being impaired by your emotions is a lose [sic] of control for me." Participant 20

Nineteen participants explicitly anthropomorphized emotions as taking over their behaviour (i.e., *Emotions Controlling Me*). Some participants catastrophized normative processes triggered by anxiety (e.g., narrowing of attention; reduced problem-solving skills) as the emotion itself controlling their mind and

TABLE 4 Selected quotes for subthemes of Abnormal Thinking.

Subtheme	Sample quotes
At the mercy of thoughts	"Like people who- that are out of control, who let the thoughts control them rather than them controlling the thoughts" Participant 8
	"Perspective. […] Becoming more, uh, everything is short term. So like it- it- it doesn't matter because it's a quiz. But what does that quiz mean in perspective, what does it mean in your overall grade and things like that?" Participant 9
Absence or excess of thoughts	"When I'm like really, really sad, I like zone out and […] I feel really blank" Participant 6
	"[…] something random, like my friend not answering his phone, cause a worry, and that worry makes me feel so out of, so not in control, that this will cause me to have a panic attack where […] I either lose my vision, or I see someone talking, but I won't hear them at all. And I know that I'm dissociating, and I can't control that." Participant 20
	"[…] if we talk about thoughts, like losing control over your thoughts. It's kind of like when you see your thoughts racing, but you can't stop them." Participant 12
Uncertainty and indecisiveness	"I was going to study at a cafe, and I wasn't getting anything done. So, I would get up to leave and I'd sit back down because I wasn't sure that's what I wanted. And then I got outside. I was like, do I want to go shop, or do I want to go home?" Participant 4
	"we picture how it's going to, like, go, this is going to be an ideal situation. But I think sometimes that doesn't work the way we expect it to work. And then that picture breaks. That's where, you know, you can't always stay in control of that," Participant 13
Having strange or irrational thoughts	"Why else would I be thinking of that? That's so weird, like, why am I losing it? I'm losing it. Like, why would my thoughts go there?" Participant 11
	"I guess just not, um, be able to kind of sit down and reason why they're doing things, um, in a logical manner. Or why they're not doing things" Participant 3

physiology. Others described it as if their sadness and frustration made them say or do something they regretted. This appears to be a part of how some individuals explain their persistent depressive symptoms (see Table 3). Again, a mismatch presents between individuals' expectations and their experiences: how they believe they should act is at odds with how their emotions 'make' them act.

Abnormal thinking

Finally, participants discussed thinking in ways that deviated from their normal cognitive processes. That is, it included cognitive experiences the participant felt was abnormal. We identified four subthemes within these cognitive losses: (1) At the Mercy of Thoughts; (2) Absence or Excess of Thoughts; (3) Uncertainty and Indecisiveness; (4) Having Strange or Irrational Thoughts.

All participants reported unwanted thoughts coming to their mind and driving their decision making and behaviour. We labelled this theme being *At the Mercy of Thoughts*. Like *Emotions Controlling Me*, participants described thoughts as an internal force driving or limiting their behaviour. The specific content of the thought was less important in this case than the fact that it was experienced as a driving force behind behaviour. For example, Participant 9 reported skipping classes because he lost control over his perspective on what mattered (see Table 4). Participants explained their choices or impulsive actions as caused by thoughts they were having at the time forcing them in a direction they later found frustrating or regrettable.

Sixteen participants reported racing thoughts or a complete absence of thoughts. This theme, *Absence or Excess of Thoughts*, describes these unpleasant extremes. At one end, there was the experience of 'blanking' (e.g., on a test, before a presentation); struggling to remember an important event; and dissociating. Others reported experiencing the opposite extreme, racing thoughts that won't slow or stop (see Table 4). Again, it was the persistence of these unwanted cognitive states which marked them as losses.

Thirteen participants reported that not knowing what to do or how to solve a problem, that is *Uncertainty and Indecisiveness*, represented a loss of control. Certainty was described as the normal state, and its absence framed as losing control (see Table 4). Again, losing control is equated to a deviation from perceived normalcy.

Eleven participants reported experiencing losses of control as *Having Strange or Irrational Thoughts*. The presence of alarming intrusive thought to scream in public was labelled as a loss of control by Participant 11 (see Table 4). Others talked about recognizing in the moment or after the fact that they'd stopped thinking logically. These thoughts were sometimes explained as crazy or equated to paranoid beliefs, suggesting stigma may be part of the appraisal made when one experiences an intrusion. For example, Participant 14 reported fringe conspiracy theories, such as "believing in reptilians, which is, one of my sisters does, you know," could be a loss of control. Here again are thoughts which were interpreted as wrong or as a deviation from how one usually is or ought to be.

Together, these results suggest that losing control is a common, unpleasant state characterized by a mismatch between what is experienced and what is believed to be appropriate according to one's beliefs about oneself or perceived societal norms.

What are the consequences of losing control?

Powerlessness

Twenty participants reported *Powerlessness* as a negative consequence of losing control. For example, an episode of intense anxiety and worry might lead to powerlessness to act. Conversely, one might feel powerless over the emotion itself, be it anxiety, anger, or sadness. Finally, feeling powerless to stop unpleasant negative thinking was a perceived consequence of losing control (see Table 5). The common feature is this sense of utter powerlessness in the face of these internal forces and their consequent behaviours.

Harm to self or others

Twenty participants feared losing control could lead to *Harm to oneself or others*. Often, this was imagined or perceived harm and there was considerable range in those imagined consequences. Death, brain damage, madness, chronic illness and/or shortened lifespan were identified as negative outcomes of losing control too often or at the wrong time (see Table 5).

Some participants reported actual or perceived harm due to experiencing a loss of control. Frequently, this was saying something hurtful or in a hurtful fashion (see Table 5). Two participants reported self-harming behaviour (head banging, pinching), but they framed this as an effort to regain control, rather than a consequence of the loss. Finally, one participant reported smashing their phone after they lost control.

Painful emotions during the loss

Sixteen participants were concerned about experiencing *Painful emotions during the loss*. Losing control was most often described as frightening (11/21). Six participants reported the intense anger and six reported the sadness associated with losing control as bad and/or awful in and of itself. Others described losing control as an unpleasant state, without mention of a specific emotion. For example, Participant 6 described unpleasant, uncontrollable doubt that she was hearing voices, despite knowing she was not (see Table 5). In this way, losing control is something to avoid in and of itself, without any external consequence.

TABLE 5 Selected quotes for themes related to the Negative Consequences of Losing Control.

Theme	Sample quotes
Powerlessness	"I didn't know what to do. Um. Like, I felt like it couldn't do anything to make it better. Or I didn't know what to do to make it better. […] I got on my computer and did my- did my schoolwork, it's kind of. But at the same time, I didn't get anything productive done." Participant 13
	"So kind of like I need this to. I want this to be over, this panicking feeling, not even the event itself, just the panicking." Participant 5
	"So it would be pessimistic maybe on- on- of the relationships they've had, sort of the events in their life they've lived through and the future. That it's just not going to get better." Participant 9
Harm to oneself or others	"I guess, not necessarily that I'll get a heart attack, but I worry that, you know, this isn't really healthy for my heart." Participant 18
	"That's also something that scares me, that oh if I lose control, like what if it lasts forever and I'm kind of stuck in that horrible feeling until, you know, who knows how long?" Participant 5
	"Well, negative would be that it creates stress within your own body, losing control. I mean, it's not very, it doesn't, it's not healthy for your own mental well-being." Participant 19
	"just saying things that I shouldn't say […] for example, if you're in argument with your partner, then breaking up. […] Or calling them names, I guess. Yeah." Participant 12
	"Even though everything I was saying was not hurtful, it was just truth, but how I dealt with it, I guess. The tone and maybe with this person should have been handled very differently, you know?" Participant 14
Painful emotions during the loss	"there are reasons to be sad and I think it's good to experience sadness, but I definitely think that thinking about it– or not thinking about it too much, but letting it affect your life too much is negative." Participant 4
	"But like in that moment, […] even though I knew they weren't real, they felt kind of real. […] but it wasn't like a nice feeling or anything. It's pretty bad." Participant 6
Painful emotions after the loss	"I left there feeling not… Not happy with how I acted, so I guess I would say that I did lose control a little bit," Participant 19
	"[…] I lost, like, I lost control, nothing major happened, but I was like, oh my gosh, you know, I'm kind of playing into this like I normally would. And it's- it's annoying. I want to be better." Participant 1
	"Maybe sometimes we say stuff and then we regret it later, but it's like, you know, you were aware of what you were saying at the time, it's just it just so happens that later on you maybe regret it and then you were like, why did I say that?" Participant 21
	"That's the worst feeling. And also, just, the idea of showing incompetence is something I- I don't like others to perceive me as because it's not my strength in giving speeches without preparation," Participant 10

Painful emotions after the loss

Twenty participants reported their emotional state after regaining control was an unpleasant consequence. For most participants (19 of 21), losses of control were followed by shame, guilt and/or regret. One participant recognized his regret as unreliable evidence of a loss of control, despite how it felt (see Table 5). Perhaps framing these thoughts, feelings and behaviours as losses may serve to absolve oneself of some guilt or responsibility afterwards.

Roughly half (11/21) of participants reported feeling embarrassment and humiliation after losing control. These emotions related to how they believed that they appeared to others. For example, appearing inept, crazy, or weak were all seen as the consequences of their failure to control thoughts, emotions, or behaviour (see Table 5). This speaks to an appraisal after the fact, that a loss of control impacts how you are perceived by others or yourself and that this may be at odds with how you want to be seen.

DISCUSSION

This study aimed to identify and describe a range of beliefs about losing control in an unselected sample. In conducting this analysis, we believe we have developed a richer understanding of perceived losses of control and have begun to identify common characteristics across a range of individuals and psychopathologies. Results indicate that losing control is a multifaceted process which includes interconnected cognitive, behavioural, and emotional losses. Participants defined losing control as an indication that one has failed to live up to personal or social standards in a meaningful way. Findings suggest that negative beliefs about losing control maintain psychopathology if taken as catastrophic evidence of a feared outcome (e.g., death, humiliation, madness). These results are consistent with the cognitive appraisal model of psychopathology (e.g., Clark, 1986; Clark & Wells, 1995; Rachman, 1997, 1998) and suggest we may be able to adapt existing therapeutic approaches to address these beliefs (Radomsky, 2022).

Every participant, regardless of how or when they described losing control, discussed it in terms of how it felt, what they were (or weren't) thinking and what they did. This aligns well with existing cognitive theories highlighting how losses of control over thoughts and/or emotions may be frightening due to the belief that they may lead to harmful or humiliating outcomes (Clark, 1986; Clark & Purdon, 1993; Clark & Wells, 1995). This is especially relevant in OCD, where individuals often perceive uncontrollable intrusions as predictive of future behavioural losses (Clark & Purdon, 1993). Participants reported that it was not only possible, but common to lose control over thoughts and/or emotions, and that these losses, under the right set of circumstances, cascaded into behavioural losses. The belief that failing to control intrusive thoughts leads to behavioural losses may represent an abstraction of a normative experience: getting upset or angry and behaving in a fashion one regrets. This implies that negative beliefs about losing control alone are not necessarily indicative of psychopathology. Identifying the necessary circumstances where such perceived losses are taken as evidence in support of catastrophic misappraisals is an interesting question for future research.

Participants' tendencies to define their losses of control retrospectively based on perceived violations of personal or social standards has fascinating implications. For example, the behaviours that were labelled losses of control represented acts that could be judged as reflecting negatively on the character of the one who 'lost it' (i.e., hurting oneself/others; substance use; acting "crazy"; impulsive actions). Similarly, cognitive and emotional losses were characterized by intense, shameful, or unhelpful internal states that participants felt powerless to stop or resist. Perhaps being in control is perceived as the 'default' state and losses represent an aberration (indeed, Participant 21 said "It's just like, it's a thing, you know, it's- it's a state of being. You're always in control until you're not."). This suggests losing control is *implicitly* negative because maintaining control is socially constructed as the default operating mode. This implies that negative beliefs about losing control, within reason, are normative. This aligns with research showing that perceived control is associated with positive outcomes and improved mental health (e.g., Bandura et al., 2001; Shapiro et al., 1996). Similar to other transdiagnostic processes, the target and intensity of negative beliefs about losing control may be more relevant to psychopathology (Dudley & Over, 2003; Purdon & Clark, 1993, 1994). A clear next step is to delineate how negative beliefs about losing control may differ as a function of type and severity of psychopathology.

One possibility, which has been proposed to explain how transdiagnostic processes, such as selective attention, intrusive thoughts, rumination and worry present differently across psychopathologies, relates to content (e.g., Harvey et al., 2004). Klinger's (1975) goal theory of current concern suggests that our implicit and explicit cognitions are driven by personally relevant goals. Radomsky (2022) proposed that individuals' diagnoses, current goals, and values would inform the ways in which they were concerned about losing control. An analysis of the relationship between disorder and feared consequences is beyond the scope of the present study. However, we obtained preliminary evidence to support this within cognitive losses. Two participants reported currently experiencing panic attacks. Both expressed concerns about their thoughts running out of control *leading to* being or acting crazy. Similarly, two participants who reported trauma histories described dissociating – the absence of thoughts – as losses of control. Finally, one participant who reported a history of OCD despite no longer engaging in his

compulsions, described his intrusive thoughts as out of his control and his compulsions as feeling necessary to prevent those thoughts. All had concerns that they would fail to control their thoughts, but the way that manifested was related to what aspect of thought felt personally significant (Rachman, 1997, 1998). It may be that the common treatment target is the misappraisal that one ought to be able to control these cognitive experiences, and that failure to do so is evidence of a problem. Future research testing the efficacy of challenging this appraisal transdiagnostically would help to answer this question.

Perceived severity of harm may be what delineates clinical and non-clinical beliefs about losing control. Participants reported cruel or hurtful statements that could damage, or even end, relationships as losses of control. However, some endorsed more severe concerns: permanent harm to themselves due to their behaviour or from the stress of the loss, or that under the wrong circumstances they might attack others. This is analogous to research into catastrophizing in GAD, which suggests that pathological worry (which is often reported as being out of control) differs from it's non-pathological counterpart in the severity of the perceived worst case scenario (Hazlett-Stevens & Craske, 2003).

Alternatively, most participants reported feeling powerless and that losses were often described as frustrating, upsetting and frightening, it may be that sensitivity to internal states (such as emotions, thoughts) places some people at elevated risk. Anxiety sensitivity is common across anxiety disorders and could explain in part how beliefs about losing control become misappraised (e.g., Naragon-Gainey, 2010). Increased awareness of the unpleasant sensations experienced during perceived losses might increase misappraisals of those losses as dangerous, in turn increasing the likelihood of engaging in neutralizing behaviours, ultimately reinforcing concerns about future losses of control. Situating beliefs about losing control within the larger constellation of transdiagnostic processes is an interesting future direction.

Many participants defined losing control according to the negative emotions they felt upon reflection (e.g., shame, guilt, regret, embarrassment). This supports the hypothesis put forth by Radomsky (2022), that in the absence of other risk factors, seeing oneself as generally in control and defining egodystonic thoughts, behaviours or emotions as losses of control (e.g., lashing out in anger, embarrassing behaviour while under the influence of alcohol) may be protective. A loss of control could be viewed as a one-off event to be avoided only due to the immediate consequences (e.g., regretting hurting someone's feelings, saying something foolish and feeling embarrassment). However, if an individual has other pre-existing misappraisals that place them at risk of misinterpreting the loss (e.g., anxiety sensitivity, emotional reasoning or thought action fusion) they might take those events as evidence in support of their negative core beliefs. Uncontrolled intrusive thoughts in OCD might be appraised as meaningful and evidence of one's dangerousness; chronic low affect might be taken as evidence that an individual with depression is failing to control their sadness and 'snap out of it;' and mounting anxiety before a presentation might be taken as evidence that things are about to spiral from bad to worse for someone with SAD. Conversely, holding more positive beliefs about oneself might allow losses of control to hold less personal significance. A future study, perhaps manipulating the degree to which losses of control are framed as normal, common experiences, is warranted to assess the relationship between personal significance and beliefs about losing control.

Limitations

Despite the interesting implications of these results, there are some limitations of the present study which must be considered. First was the choice to focus solely on the commonalities within an unselected sample that contained clinical and non-clinical reports and experiences. Though we believe this provided considerable insight into the nature of these beliefs and helped highlight the dimensional nature of these beliefs, it raises questions about potential differences in how beliefs about losing control interact with disorder specific processes (e.g., inflated responsibility in OCD, positive beliefs about worry in GAD; Freeston et al., 1994; Salkovskis, 1985). A future direction is an examination of the interrelationships between beliefs about losing control and other disorder-specific belief domains.

Similarly, the beliefs presented herein may represent a subsample of the wider array of existing beliefs about losing control. For example, older adults may hold different concerns, or may differentially focus on concerns about losing control related to losses of autonomy or cognitive ability associated with normal aging, development of chronic illness or other neurocognitive disorders which may emerge later in life. The participants in the present study were, aside from a single participant, in early adulthood. It is impossible to know how these beliefs might differ as a function of age, but given concerns around control observed in chronic and recurrent illnesses such as cancer (e.g., Lee-Jones et al., 1997; Simard et al., 2013), future research examining beliefs about losing control across the lifespan represents an interesting future direction.

The present study assumes that beliefs about losing control are common in western culture and indeed all participants endorsed these beliefs. However, the recruitment material informed participants that the study was an interview focused on losing control. Participants with stronger than average negative beliefs about losing control may have self-selected into the study. After accounting for the increased prevalence due to the COVID-19 pandemic, individuals meeting criteria for one or more anxiety-related disorders were overrepresented in our sample (Chang et al., 2021) which might explain in part the prevalence of negative beliefs about losing control. Given that there is good evidence from psychometric research that negative beliefs about losing control are fairly common among undergraduate students (Radomsky & Gagné, 2020), the descriptions in this study likely fall within the continuum of what we would expect in the larger population. A strength of qualitative research is not necessarily in its generalizability to a population, but rather its ability to provide a deep, rich account of phenomena (Levitt, 2021). In this way, we believe that our results have furthered our understanding of beliefs about losing control and raise many interesting questions for future research.

Finally, it is worth noting that our approach to this analysis was situated between a realist/essentialist understanding of cognitive theory and the recognition that the results herein represent a subjective interpretation of participants' reported experiences of losing control. To that end, our approach to analysis focused on constructing meaning as we interpreted the narratives participants provided while integrating that experience into established cognitive theory. Although this diverges somewhat from a purely reflexive thematic analysis by relying on an essentialist understanding of psychopathology (e.g., Braun & Clarke, 2016, 2019), we believe that this approach provided valuable insight and well reflects the interplay between the laboratory and the clinic (as well as the realities of applying cognitive theory to explain client experiences in clinical practice; e.g., Gagné et al., 2018).

SUMMARY

The present study investigated how people view their losses of control. Participants reported losing control as a multifaceted process, including cognitive, behavioural, and emotional components. Losing control was seen as inherently negative due to fears of harm, feelings of powerlessness and unpleasant emotions during and following the perceived loss. These results suggest that losing control is a common experience that is used to make sense of aversive sensations, unpleasant thoughts and regrettable behaviour. Further, these explanations appear to be frequently made post hoc. "Losing control" may represent a personally significant misappraisal of normative experiences. Future research should systematically examine its relationship with other cognitive-behavioral phenomena to identify which aspects are transdiagnostic and which are disorder specific. These losses appear to be distressing and future work developing interventions to target these beliefs more specifically warrants further investigation.

AUTHOR CONTRIBUTIONS

Kenneth Kelly-Turner: Conceptualization; investigation; funding acquisition; writing – original draft; writing – review and editing; visualization; validation; project administration; formal analysis;

methodology; data curation. **Adam S. Radomsky:** Conceptualization; investigation; funding acquisition; writing – review and editing; validation; project administration; supervision; resources; methodology.

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CONFLICT OF INTEREST STATEMENT

Kenneth Kelly-Turner and Adam S. Radomsky declare that they have no conflicts of interest.

DATA AVAILABILITY STATEMENT

Data consists of transcripts of video interviews. It is not available due to confidentiality concerns for participants. Participants gave permission for select, anonymized quotes to be included only.

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