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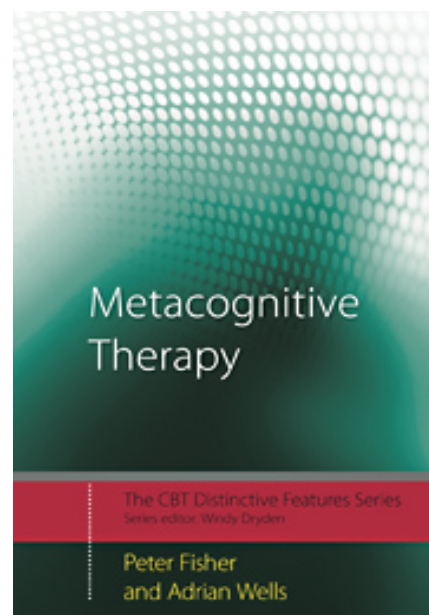
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## Metacognitive Therapy. The CBT Distinctive Features Series

By Peter Fisher and Adrian Wells

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Reviewed by Beatrice Popescu  
EJOP Founding Editor



In Metacognitive therapy, the authors described the theoretical and practical features of MCT highlighting the distinctive features of this approach versus other forms of CBT. Although both approaches deal with cognition, they provide different accounts of how cognition maintains disorder and they focus on different aspects of thinking.

Metacognitive therapy is based on the principle that worry and rumination are universal processes leading to emotional disorder. These processes are linked to erroneous beliefs about thinking and unhelpful self-regulation strategies.

Metacognitive Therapy. The CBT Distinctive Features, series edited by Windy Dryden, is an introduction to the theoretical foundations and therapeutic principles of metacognitive therapy. Divided into two sections, Theory and Practice, the authors explore how metacognitive therapy can allow people to escape from repetitive thinking patterns that often lead to prolonged psychological distress.

The book is clearly written in a technical yet accessible style, easy to follow and an instrumental resource for practitioners of all therapeutic approaches.

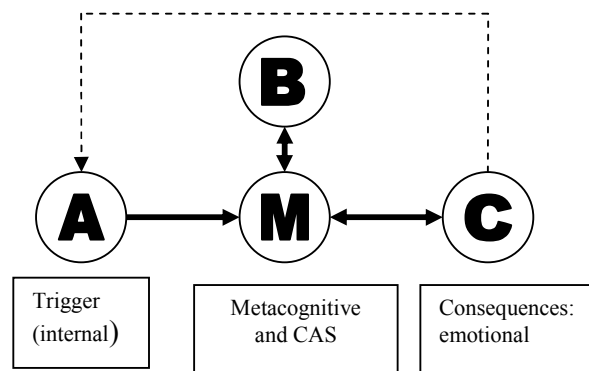
### Book Description

The Distinctive theoretical features of MCT.

In Part 1, the authors explore in 15 keypoints the theoretical features of MCT. Key terms such as metacognition, the cognitive attentional syndrome, metacognitive

beliefs, metacognitive modes, detached mindfulness, executive control and attentional flexibility, are treated in separate subchapters using a variety of well documented examples and starting from the limitations of CBT, REBT or other therapeutic approaches.

The authors reformulated the ABC analysis into a new paradigm: AMC analysis. In Wells's MCT, the activating event "A" is specifically reassigned as a cognition or emotion which leads to the activation of metacognitive beliefs, "B", and the CAS (cognitive attentional syndrome) which gives rise to emotional consequences, "C". In this schema, the negative beliefs or thoughts "B" are moderated / caused by "M".



A key difference between MCT and CBT, behavior therapy and REBT is the lack of focus on the content of thoughts and beliefs. In CBT the therapist is concerned with the content of automatic thoughts and invites the patient to reality test this content. In MCT, disorder is viewed as a function not of cognitive content but of processes such as perseverative thinking, attentional focus and internal control strategies that are counterproductive.

The authors are particularly interested in sharing their view on the metacognitive models of few disorders, such as depression or OCD and illustrate a couple of interesting case studies in order to support the MCT approach. There are similarities between this approach to depression and cognitive-behavioral approaches. Traditional CBT would formulate the problem in terms of content of negative automatic thoughts and focus on challenging the validity of thoughts centering on the "cognitive triad" (negative about oneself, the world and the future). In contrast MCT does not concern itself with the content and does not reality-test them. These thoughts are viewed as a trigger for rumination and it focused on changing the process of continued thinking rather than any specific content of thinking.

Many of the theoretical books on therapies have a common point: the utility range of the approach they introduce to the specialists. In this case, the authors are firm in their belief that MCT is a universal therapy, giving rise to a universal or trans-diagnostic treatment approach. MCT is considered to be based on a more strictly-defined set of variables and beliefs than CBT and all disorders can be explained with a reference to a small set of concepts.

The distinctive practical features of MCT.

In Part 2, the authors offer the reader all the practical tools which enable him to master the practical aspects of this approach. From assessment of metacognition, case formulation in MCT, to modifying negative and positive metacognitive beliefs and explaining the concept of detached mindfulness or meta-emotions, this section presents crisp yet complex examples of case formulations in few disorders, such as GAD, OCD, PTSD.

The concept of detached mindfulness is not new. The English word 'mindfulness' names a technique for profoundly changing our relationship to our thoughts and feelings and the perspective one gains from practicing that technique. It names a temporary state that is potentially accessible to any human being and a set of permanent traits that may grow in a person who practices mindfulness.

Mindfulness in action is the endeavor to observe what occurs, with a special focus on the contents of inner experience, without evaluating, judging, or participating. Mindfulness practice allows anyone who enters into it to discover the sheer untruth of this idea "The attentional stance we are calling mindfulness has been described by Nyanaponika Thera as 'the heart of Buddhist meditation. It is central to all the Buddha's teachings and to all the Buddhist traditions, from the many currents and streams of Zen.

In MCT, detached mindfulness refers to how individuals respond to mental events: worries, intrusive images, negative thoughts and memories, it involves discontinuation of any further cognitive or coping response to thoughts. Two techniques are available to initiate this method: free association task and tiger task. In free association task patients are asked to apply the strategy of passively noticing their negative thoughts, worries, intrusions and feelings while in tiger task, patients are asked to bring an image of a tiger to mind and watch the image without attempting to influence the image. In MCT detached mindfulness is used in conjunction with rumination postponement to facilitate low levels of perseverative thinking,

attempting to modify maladaptive attentional strategies and dysfunctional coping behaviors.

Targeting meta-emotions. The concept of meta-emotion, not new to the reader, refers to humans' ability to have emotions about emotions much like they can have thoughts about thoughts (i.e., meta-cognition). We can be ashamed of a temper tantrum, enjoy a moment of bittersweet melancholy, and so on. Meta-emotion and related concepts such as meta-mood and need for affect have been successfully applied across a variety of research topics, including personality, child development, clinical psychology, attitude research, and media psychology. However, despite the apparent success of the concept, definitions and operationalizations of meta-emotion are rather heterogeneous and are not sufficiently integrated with general emotion theory. The MCT therapist is very careful in using meta-emotions. A depressed patient could be asked what happened to the emotions, whether they continue for ever or they fluctuate, whether the patient has experienced an emotion that lasted for ever. The answer will be clearly not and by not engaging with the emotion, the patient will see that the emotions fade and are replaced by other emotional states.

The practical section of the book is ending with the description of a PTSD case study that integrates all the MCT techniques in a state-of-the art presentation.

## Conclusion

In this book, the authors have described beautifully both the theoretical and practical aspects of Metacognitive Therapy, choosing to compare this approach with other forms of CBT. Starting from limitations of CBT, they developed a well-structured form of therapy around the key concepts of metacognition and metaemotions. This book is a valuable resource for students and therapists who want to master this approach or choose to refine their practice using the tools and discoveries that MCT has to offer.