**Metacognitive approaches to the treatment of psychosis: a comparison of four approaches by** Paul H Lysaker, Emily Gagen, Steffen Moritz, Robert D Schweitzer in *Psychology Research and Behavior Management*

**Introduction: the article questions**

This article provides a current review of the background, practices, and supporting evidence for four therapies focusing on metacognition, namely the capacity to think about one and others’ mental processes, which are: Metacognitive Therapy, Metacognitive Training, metacognitive insight and reflection therapy (MERIT), and Metacognitive interpersonal therapy for psychosis (MIT-P). The author investigates the history of metacognition as well as its potential role in an individual’s response to and recovery from complicated mental health conditions including psychosis. The article’s objective is to provide a framework for thinking about how each of these approaches may ultimately complement one another and highlight areas for development.

**Research approach**

The article is a literature review of major works on metacognition such as that of Flavell, Hobson, Meares, Moritz, Lysaker and Wells. For example, Flavell was the first author who made an effort to unite themes such as self-awareness and self-direction and propose to use the term metacognition to describe aspects of consciousness intimately related to these themes. We also have Wells who addresses the idea of how metacognitive beliefs about cognitions can affect how people will respond to the distress and psychosocial barriers that lead to emotional disorders, whereas Moritz came from a cognitive training underlying delusional processes, and Lysaker developed his metacognitive model from a self-awareness, other awareness, decentralization and mastery model of understanding oneself and the world.

**Discussion**

The article describes the four therapies, and proposes a way of linking them in a meaningful framework. Each of these four approaches is interested in how patients with severe mental illness think about themselves. Metacognitive Therapy looks at immediate reactions that frame the meaning of thoughts and how their cognitive system works ultimately leading to better ways to cope or deal with maladaptive ideas. MIT-P looks at the social schemas that underlie interpretations of psychotic experience. Metacognitive Training looks at how a person processes information and the respective awareness of distorted processes, whereas MERIT is concerned with how individuals with psychosis integrate information to form larger pictures of their lives.

Each of these treatments is concerned with why people make dysfunctional decisions and take maladaptive actions rather than what is involved in those decisions and actions. Metacognitive Therapy sees dysfunctional behavior as stemming from assumptions about general classes of ideas; MIT-P views maladaptive actions as imperfect but understandable reactions to unmet human needs; Metacognitive Training examines identifiable gaps in self-awareness and how persons process information within the flow of life; and MERIT is concerned with enhancing the processes which allow persons to have a coherent and cohesive sense of oneself and others available to them naturally within the flow of life.

This article is quite interesting for clinicians interested in working on cognitive processes that are closely linked to the psychotic experience, offering different perspectives to better accompany clients.