The Identification and Therapeutic Correction of Specific Meta Thoughts for Specific Disorders

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A meta thought is a second level thought about the problem or the symptoms of the problem. It can also be a thought about treatment or about oneself in relation to the problem.

For example losing a job and seeing oneself as a failure would be a first level thought leading to depression.

If once the person is depressed they can’t imagine not being depressed and assume they will experience endless depression that would be a meta thought.
Placebo is a positive meta thought about treatment and is just a belief that one may be getting a helpful treatment.

The placebo effect is an example of the power of meta thoughts.
Two Important Principles

- Maintaining vs. original causes
  - Maintaining causes are what typically keep the disorder going, and meta thoughts are often the most important maintaining causes.

- Cognitive model of emotion
  - Our emotions are determined by our beliefs/perception about reality. This plays a key role in understanding the powerful effects of meta thoughts.
Specific Meta Thoughts for Specific Disorders
Depression

- Future projection of depression
  - When people are depressed they often can’t imagine themselves not feeling depressed. So they may actually believe that they will be depressed forever. With this perception they see eternal suffering ahead which seems unbearable and becomes a key factor in maintaining their depression.

- Self-criticism for being depressed
  - Since self-devaluation is a key factor in depression self-criticism for being depressed also serves to maintain the depression. They may actually believe that they can shame themselves out of it by being so critical of themselves but of course this has the opposite effect. This meta thought is often indicative of a more general tendency to be perfectionistic and self-critical and presents a therapeutic opportunity for a broader cognitive restructuring.
Panic Disorder

- Panic disorder is largely based on meta thoughts, because it is based on fear of sensations and fear of panic itself.
- Bodily sensations are dangerous
- Panic is dangerous
- What if a panic attack never ends?
- Maintaining objectivity about bodily sensations and about panic overcomes panic.
Two Unique Meta Thoughts in Panic Disorder

- Reification of panic
  - Panic is an outside entity which can attack me at any time. This causes fear and a diminished sense of empowerment.
  - Actually this is incorrect, since panic is created by their own perception of reality, by their own thinking. They don’t need to beat panic. They just need to stop creating it.

- Threshold of intensity in panic
  - This is the idea that if panic gets too intense it might go too far and like a balloon bursting might finally lead to the catastrophe they have always feared. However there is no threshold of intensity.
Panic is already by definition the most intense anxiety. The intensity does not change the essential nature of panic as being harmless. This idea may be what keeps people from overcoming panic disorder from their own corrective experience. Rather than concluding that their panic attacks will never lead to what they ultimately fear they may believe that they just managed to not go over that imagined threshold of intensity but might the next time.
Agoraphobia has essentially the same meta thoughts as panic disorder without agoraphobia. However in agoraphobia there is the more specific thought that they can’t afford to panic in a situation where escape is difficult or impossible or where help is unavailable. Of course the problem is not that they can’t get out or get help but the mistaken idea that they need to be able to get out or get help if they get anxious enough. Of course this meta thought is maintained by avoidance which keeps it from being disproven. Non graduated exposure works best for this, since it directly tests out these beliefs.
Social Anxiety Disorder

- Social anxiety is a sign of weakness.
  - Normalize this with the information that social anxiety is the most common source of anxiety and is experienced by almost everyone with the possible exception of antisocial personalities.

- I am socially anxious and other people are not. This makes me different from other people.
  - How do they know that other people aren’t socially anxious? Example of conference speakers. If they didn’t have social anxiety then they would be different.
Other people can see that I am socially anxious. How do they know this? How many people do they see whom they confidently know are socially anxious? Anxiety is actually a feeling that tends to be hard to see.

If people do see that I am socially anxious they will think poorly of me, and I will feel humiliated.

- Feeling anxious around someone is a compliment to them, because it shows that you really value what they think.
- Feeling anxious is a sign of humility and modesty, and most disapproval is the result of people thinking that someone lacks humility.
A medical student successfully treated for social anxiety disorder said that he thought the key factors were:

- Realizing that most social situations are not evaluative.
- He had previously believed that everyone else is really naturally social and not anxious; thought that he was not normal, and this made him different from other people. He ultimately realized that others also have social anxiety, and that he wasn’t different after all.
Obsessions are maintained by meta thoughts about the obsessions.
The fact that I have this obsessive thought means:

- I might act on it. Otherwise why do I keep having it? (thought-action fusion). This can cause very high anxiety and the idea that they are dangerous.
- I’m bad for having such a thought.
- I must be crazy or demented to have a thought like this.
- If I’m this upset about this thought there must be something to it (emotional reasoning)

The problem isn’t the obsessive thought itself but what they think having the thought means.
Relapse Prevention in Panic Disorder

- In my experience people who have overcome panic disorder may at some later point contact me fearing that they might again start having panic attacks.
- Invariably it turns out that they became anxious about something else and usually something very understandable and then at some point had the thought that since they were so anxious what if this led to panic disorder again? This thought really scares them such that they think it might really be happening again. This is simply a meta thought involving a misattribution of anxiety followed by catastrophizing. They are usually able to see this in one or at the most two sessions and are then fine again.