

The Metacognitive Model of Worry

Understanding why we worry about worrying | Space to Breathe Therapy

What is metacognition?

Metacognition means the beliefs and judgements we have about our own thinking. The Metacognitive Model, developed by psychologist Adrian Wells, proposes that persistent distress can be maintained not only by the topics we worry about, but also by our beliefs about worry and the ways we respond to it. For example, a person may first worry about an upcoming meeting and then become frightened by the fact that they cannot stop worrying.

Two kinds of beliefs about worry

Positive metacognitive beliefs suggest that worry is useful: “If I worry enough, I will be prepared” or “Worrying keeps bad things from happening.” These beliefs can encourage someone to begin or prolong worrying. Negative metacognitive beliefs describe worry as dangerous or uncontrollable: “My worrying will make me ill” or “Once I start, I cannot stop.” These beliefs can increase alarm about the worry process itself.

Type 1 worry and Type 2 worry

Type 1 worry is about everyday situations, such as work, health, finances or relationships. Type 2 worry, sometimes called meta-worry, is worry about the act of worrying. A person might notice repeated thoughts about a deadline, then think “Something is wrong with me because I keep worrying.” The additional fear may intensify the cycle.

The cognitive attentional syndrome

Wells describes a pattern called the Cognitive Attentional Syndrome (CAS). It includes prolonged worry or rumination, heightened monitoring for threat, and coping responses that may backfire, such as repeated checking, reassurance seeking, avoidance or attempts to suppress thoughts. These responses can feel helpful briefly but may keep attention fixed on possible danger.

An important distinction

Having worrying thoughts is common and does not by itself indicate a disorder. The model does not say that practical problems are imaginary or that all worry is unhelpful. It offers one way of understanding why attention and coping strategies sometimes become stuck. Clinical treatment should be individualised, particularly when worries reflect real danger or ongoing adversity.

How the Worry Cycle Develops

An everyday example

Imagine receiving an email saying, “Can we talk tomorrow?” First, you worry about what the conversation might mean. You then think, “I have to work this out now, or I will not cope.” You reread the email, check messages and ask several people what they think. When no certainty arrives, you may worry that your mind is out of control. The original uncertainty is now joined by fear of the worrying itself.

Why attempts to control thoughts can backfire

Trying to force a thought away can make it more noticeable. Repeatedly checking whether you are still anxious also keeps attention on the feeling. This does not mean that seeking support is wrong; it means that the purpose and frequency of a strategy matter. A useful question is: “Does this action help me respond to a real problem, or does it briefly relieve uncertainty and pull me back into the cycle?”

Threat monitoring and attention

When people continually scan for signs of danger, ambiguous details can start to feel significant. In a workplace, this may look like rereading a manager’s tone, checking for mistakes or interpreting silence as criticism. Attention becomes narrower and everyday tasks can take longer. The model encourages people to notice the attentional pattern without judging themselves for it.

Practical approaches informed by the model

Metacognitive therapy uses structured techniques under professional guidance, including examining beliefs about worry and learning a different relationship with thoughts. For everyday self-reflection, you can gently label a worry as a mental event, return attention to a chosen activity, reduce unnecessary checking, and distinguish a solvable problem from an imagined possibility. These are not instructions to ignore genuine risks.

Workplace and neurodivergent considerations

Some people face unpredictable workloads, sensory strain, unclear instructions, communication barriers or discrimination. In these situations, anxiety may be responding to real environmental demands. Clear expectations, accessible communication, predictable routines, adequate breaks and reasonable adjustments may be more useful than expecting someone simply to change their thinking. A supportive approach addresses both thoughts and circumstances.

When extra support may help

If worry is persistent, disrupts sleep or work, or leads to significant distress, a GP or qualified mental health professional can help assess suitable support. Metacognitive therapy is one approach; CBT and other evidence-based treatments may also be appropriate depending on the person and presenting difficulty.

Reflection and Practical Worksheets

Worksheet 1: Map your worry cycle

Situation: _____

My first worry (Type 1): _____

What I believed about worrying: _____

What I did next (checking, avoidance, reassurance, suppression): _____

Did that response help over time? _____

Worksheet 2: Beliefs about worry

Complete these prompts: "Worrying helps me because..." and "Worrying worries me because...". Then ask: Is this belief always true? What evidence supports it? What evidence challenges it? Is there a kinder or more flexible way to respond?

Helpful belief: _____

Unhelpful belief: _____

Alternative perspective: _____

Worksheet 3: A different response

Choose one mild, everyday worry. Notice the urge to check, replay or seek repeated reassurance. Consider whether a practical action is needed. If not, practise returning attention to a meaningful task for a short period without forcing the thought away. Record what happened. Start gently and do not use this exercise for immediate safety concerns.

Worry and urge: _____

Action I chose: _____

What I noticed: _____

Your personal support plan

One demand I can reduce: _____

One support or adjustment I can request: _____

One helpful response to practise: _____

Who I can contact if anxiety escalates: _____

Research and further reading

Wells, A. (1995). Meta-cognition and worry: A cognitive model of generalized anxiety disorder. *Behavioural and Cognitive Psychotherapy*, 23(3), 301–320. Wells, A. (2009). *Metacognitive Therapy for Anxiety and Depression*. Guilford Press.

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