



PEER-REVIEW REPORT

Name of journal: World Journal of Psychiatry

Manuscript NO: 36940

Title: Promoting recovery from severe mental illness: Implications from research on metacognition and Metacognitive Reflection Insight Therapy

Reviewer's code: 00742054

Reviewer's country: Australia

Science editor: Li-Jun Cui

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Thank you for writing a review article on the concepts of metacognition therapy and its role in the recovery from mental illnesses! Below are my comments: (a) Although the authors have reviewed a variety of literature, there are several sections that need appropriate references. These are as follows: - page 7, para 1: "in this model, metacognition processes are what and social challenges." - pages 12 and 13 - pages 16-19 have been poorly referenced. There are only 4 references throughout these pages. (b) Instead of the words "person" and "persons" please use "individual" or "individuals" where appropriate.



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Name of journal: World Journal of Psychiatry

Manuscript NO: 36940

Title: Promoting recovery from severe mental illness: Implications from research on metacognition and Metacognitive Reflection Insight Therapy

Reviewer’s code: 03029582

Reviewer’s country: Greece

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
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<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

This is an excellent manuscript regarding metacognitive approach of patients with schizophrenia. It is about the implementation of techniques found in other psychotherapeutic models, though in an integrated and distinct manner. It is rather a clever synthesis of existing knowledge than a breakthrough in the science of psychology. However, this does not diminish at all the quality and the promising nature of this present psychotherapy. There are only minor issues that should be addressed. 1. It should be clarified that recovery for patients with schizophrenia does not mean return to the previous self. An overoptimistic view runs the entire paper, which is striking especially for clinicians that work with chronic psychotic patients. I agree that there are small possibilities of full recovery of schizophrenia but this concerns few young patients after the first episode. It is a common knowledge that after the second episode (see



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Lieberman) full recovery is rather impossible. Maybe it is a matter of definition. If the patient feels “a full recovery” is a point. But this is different than returning to the former brain anatomy, brain functioning, and social performance. What kind of recovery do we expect from an inpatient with refractory schizophrenia after decades of hospitalization and significant reduction of brain volume? Of course we must hope and expect improvement and struggle for it. Maybe the proportion of the improvement is higher than in less impaired patients. But we must be also realistic because negative results of overestimated goals, may lead to frustration and disappointment, which in turn might lead to burn-out of health providers and patient’s abandonment. Cure should be clearly differentiated from recovery 2. Page 5: Schizophrenia is Bleuler’s neologism using ancient Greek terms. However the original meaning of “phren” (φρην) was diaphragm. It was believed that the locus of emotions was the heart which is separated from the abdomen with the diaphragm and the disruption of the diaphragm resulted in the outburst of emotional symptoms. However, “phren” was also used in Greek ancient years in the terms of mind. 3. Extra information about MAS-A would be useful. First, it is of interest that it is based on interview using open questions (e.g. IPII). Second, which are the objective criteria for scoring, when it depends on the information taken from such an interview? Does the experience of the rater plays critical role? 4. It is mentioned in page 14 that MERIT was superior to supportive therapy. How long did the patients receive therapy, which were their characteristics and which were the inclusion criteria? Are there any other studies implicating MERIT? Are there any double-blind studies? If not, this should be mentioned in the future perspectives-limitations paragraph. 5. In the Summary section is mentioned that MERIT focuses on processes, purposes of the patient and inter-subjectivity. Are these parameters, however, adequate for recovery? What about content? What about psychoeducation? What about adherence to drug therapy, which is the milestone for schizophrenia treatment? Is MERIT capable of ensuring that the patient will not stop taking medication, which is a very common phenomenon (over 75% after 2 years of treatment), and inevitably results in hospitalization? Does it provide robust and timely results in insight and drug-treatment adherence, which are the milestones of recovery? 6. A. It seems that MERIT may be a useful tool complementary to other psychotherapies B. It seems that some of its principles can enrich other psychotherapies. C. It is needed to define more specifically its indications as a sole psychotherapy D. It is needed to be more clear and objective therapy, which does not depend on the therapist’s talent, jeopardizing its scientific quality All the above should be handled accordingly in the limitation section 7. Minor grammatical errors. Page 4, lines 5 - 8 person(s).....their