Theory of Mind

Schizophrenia and Theory of Mind

In this essay I would like to compare the results of an meta-analysis from 2005 and a monograph, which is to be published next year. In the second part I would like to think over the possibilities and the borders of using the Theory of Mind in schizophrenia diagnostics and treatment.

The study from 2005 is called '''Theory of Mind'' in Schizophrenia: A Review of the Literature'. Its aim is to map the contemporary attitudes to the Theory of Mind by the patients who suffer from Schizophrenia. It presents two main models, which are supplemented by several alternative models.

The first model is Frith's concept of a Theory of Mind deficit in Schizophrenia. The deficit in expressing of understanding for the Theory of Mind is according to this theory linked to the symptoms of Schizophrenia. Generally, the symptoms of Schizophrenia can be divided into positive and negative. To the positive symptoms count: delusions, hallucinations, thought disorder and disorganized behavior. To the negative symptoms count: loss of interest in everyday activities, appearing to lack emotion, reduced ability to plan or carry out activities, neglect of personal hygiene, social withdrawal and loss of motivation. According to Frith, these symptoms have influence on the rate of metalizing of self and other. In case of negative and disorganized symptoms the patient affected by Schizophrenia does not show the capacity in Theory of Mind. The second group is built by patients, who are unable to monitor their mental states. These patients suffer from a feeling that they are being controlled by extraterrestrials, that their life is controlled by voice-commenting hallucinations, that they are unable to rule their own lives. To the third group count the patients, who have lost their ability to make conclusions about others' mental states, for example because they are convinced that they are being stalked.

The other concept, which is being described, is the Hardy-Bayle's concept of impaired Theory of Mind in relation to disorganized thought, language, and communication in schizophrenia. According to these authors, the deficient expressing of the knowledge of Theory of Mind is caused by decreased ability to decide and plan. There is a strong influence of the language and communication skills as well. The Language disorganization disrupts the ability to monitor own mental states and the ability to correctly integrate the information following from the

context of the situation. It is too presumed that a disruption of the creation of attributes about own mental states decreases the quality of attributes about the others.

The second material, which I have used for this essay, is the monograph written by Roberts and Penn. The previous two concepts, which I have described, are contained in this monograph. They are marked as concepts, which are based on symptoms. Another presented opinion is the perception of the deficit in the Theory of Mind as a personality trait. The supporters of this theory conclude that the development of the Theory of Mind by the patients suffering from Schizophrenia was abnormal even prior diagnosing of Schizophrenia. However, incompatible with this statement are finds of undamaged Theory of Mind by some schizophrenics. Another thing that stands in opposition with the personality trait concept is the discovered improvement in Theory of Mind of these patients after undergoing a medicament treatment. The authors yet don't identify themselves with either model. Their main objection to them is the fact that both concepts mainly aim on the presence of the Theory of Mind. Different tasks are presented to the participants, so the level of Theory of Mind could be determined, ie. first-ordered, second-ordered etc. They are trying to define the particular steps in the process of attribution of mental states. The researching of the participants' successfulness in the particular steps should according to the authors create a more complex point of view to the problematic of the deficit of Theory of Mind by the schizophrenics.

While analyzing the process, they define three aspects of mentalising – the representational, attributional and application aspect. At the first aspect they accent the difference of cognitive and affective mental states. These are processed in a different way and therefore it's necessary to see the difference between them. By the cognitive mental states show the patients suffering from Schizophrenia the ability to create. Affective mental states are difficult for these patients. According to the authors, this fact is linked to the findings from the branch of empathy by the schizophrenics. For the schizophrenics are such tasks, where they need to make conclusions about cognitive and affective mental states and occasionally to combine this knowledge. For this reason can patients suffering from Schizophrenia fail repeatedly when they are tested on Theory of Mind by different types of tasks. Such situation occurs then, that the failure is caused more by methodological conditions of the experiment than by the patients' incapability to represent mental states.

The second aspect is the ability to attribute the mental states. The need to differ the perception-based information and introspective-based information is accented. The first aims

to conclude other's mental states, the second concerns concluding of self-mental states. The researches, which deal with this branch, show data, which are in opposition to each other. It is impossible to determine for sure, which of these processes is more difficult for the schizophrenics. The authors see the possible contribution in their research of relationships between these two processes.

The last of the aspects of mentalising are the application aspects. There can be two problems within the application: In the first case, the participant knows that he has a certain mental state, but is unable to express this knowledge. This application deficit develops due to undermentalising. In the second case, the participant's failure is caused by the abnormality of his reaction. This abnormality can be caused by decreased inhibition or by the influence of unconstrained generation of hypothesis. The Schizophrenic can persuade himself that he possesses unlimited powers; he can interpret the situation in a more bizarre way as well. A reaction based on overmentalising may be unexpected and socially unacceptable. From the studies concerning the application follows that the tendencies to overmentalising and untermentalising are blending. At one person, a change from one extreme to another can occur, with regard to the context of the situation. A solution by the researching of application aspects is the focusing on intraindividual and interindividual differences between individuals.

In the following test I will deal with the position of the research of the relationship between the Theory of Mind and Schizophrenia from the position of Theory of Mind. Then I will try to look at the same problem from the other side – what importance does the Theory of Mind have for the branch of Schizophrenia. Finally, I shall stop by the particular concepts and will seek their contribution for the branch of Schizophrenia.

There is a question, how actually is the position of examination of Schizophrenia in the branch of Theory of Mind? What is the task of examination of individuals with an unusual progress of Theory of Mind? It seems that the research in this branch could have two purposes: One of them is the argumentational support for a concrete theory. The Theory of Mind is not a unitary concept with a single point of view. There are three main streams, which can support each other from a third-person's point of view, yet basically they rival each other for the greatest probability, that their position is right. If data gained from a normal progress of Theory of Mind don't give a satisfying answer for choosing a particular theory-based interpretation, then marginal cases can for this aim be used as well. One of these marginal cases is for example the research of Theory of Mind by the patients suffering from Schizophrenia. The second purpose is the application. The Theory of Mind can be a good

basis for theoretical justification or innovation of a psychosocial treatment. To this matter I would like to come back later, in connection with the possibility of using the model of three aspects of mentalising.

On the other side, there is the gain of the branch of Schizophrenia from the Theory of Mind. To this branch it is necessary to count not only the patients suffering from Schizophrenia and the possibilities of their treatment, but the close social climate of these individuals as well. The Theory of Mind brings hope to the branch of Schizophrenia. Even when Schizophrenia is partially treatable, as a diagnosis it is taken by the society as some sort of a mark, of a stigma. And this is without considering the various types of Schizophrenia. The Theory of Mind brings a more meaningful classification and/or sorting of this disease. In the Theory of Mind, each of this "boxes" gains a form of a continuum. From the ToM's point of view, there is a progress hidden in the diagnosis of Schizophrenia - not only from the long-term point of view, but from the short-term as well.

What should the Theory of Mind be to Schizophrenia? Should it be one of the means of diagnosing Schizophrenia? Should it create a theoretical basis for the treatment or become a mean of supporting the treatment itself? Or should it stay only a theoretical conception, which aims to explore the abstract world of correlations? It seems that the Theory of Mind would return the distant scientific psychology to the ordinary people. During its scientific progress, the psychology has become unfamiliar to ordinary people and their wisdom. The Theory of Mind brings a understandable attitude to psychology, as if it would follow from the everyday experience of mankind. Therefore it can become very attractive, especially it's thought of massive application. Yet is the Theory itself prepared for such step? Even when the progress in this matter is quick, there seem to be some obstacles: Proto se může stát velmi přitažlivá myšlenka její rozsáhlé aplikace. Je však sama teorie na First, it is not possible to apply the theory without deeper knowledge of its basis, which can however be caused by the feeling of its implicit knowledge. Furthermore, there is a problem with standardization of methodological procedures and means of defining the level of Theory of Mind.

If we would concentrate on the branch of medicine, there is one more issue that can occur: Some of the designed models do not use medical terminology for the differentiation of the patients and they are not based on the symptomatology of Schizophrenia. On the contrary, dynamic terms are used for the characteristics of the patients; they accent the dynamics of the whole mental illness. Such attitude can seem to be too non-specific and unusable for the praxis. Yet on the other side, such attitude can be a great contribution as well.

Concerning this, very inspiring are the results of an analysis, which show three aspects; a failure in any of these aspects does make the social interaction more complicated and can be a symptom of a mental illness. The mental illness can on the other side be conditioned by only one defined aspect. A specifying of the origin of the difficulties can be helpful to find an option with maximal possibility of success. If we manage to gain access to the issues in the mental world of Schizophrenics, it can help us greatly to understand the ways they think. The Theory of Mind can thus be a source of data for (for example) the cognitive behavioral therapy. This therapy mainly aims to concrete short-term problems with an attempt of later developing ability to solve the problems alone. The Theory of Mind could in this case explain why the patient fails in particular tasks. Due to an exact specification a possible way can be found to solve the problem.

I would like to mention a model, which is based on personality traits as a basis for the deficit in Theory of Mind. The point of a view of this model seems to be in opposition to all attempts to cure Schizophrenia. It could seem as a belief in absolute determinism, even fatalism. This model yet manages to use own intention to reduce the number of the people suffering from Schizophrenia. If the progress by the individuals suffering from Schizophrenia is abnormal, what is actually the relationship between the Theory of Mind and Schizophrenia? What role plays the Theory of mind? Could the expanding of the Theory of Mind influence the probability of expressing Schizophrenia? It is certain, that the theory, which postulates the personality trait basis of the disturbance of Theory of Mind and the Schizophreniacs take as a dead end.

It seems that the closest model to the needs of the application is the Firt's concept of a Theory of Mind deficit in schizophrenia. The authors of the monograph Social cognition in Schizophrenia take a critical opinion to it because of the simplifying of the complexity of the question of disturbance of the Theory of Mind to an only statement – the presence of Theory of Mind. Yet it seems that a combination of both models could be contributing If patients with concrete symptoms fail in demonstration of Theory of Mind, in which aspect do they fail and how? Such points of view could find their polace in the psychiatrical treatment of Schizophrenics.

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