



## Mental state understanding in adult psychiatric disorders: Impact on symptoms, social functioning and treatment

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### ARTICLE INFO

#### Article history:

Received 26 November 2010

Received in revised form 20 January 2011

Accepted 4 February 2011

#### Keywords:

Metacognition

Mentalization

Theory of mind

Mindreading

Alexithymia

### ABSTRACT

Many adults with serious mental illness experience difficulties thinking about their own mental states and the mental states of others. Increasing amounts of evidence have suggested that these difficulties underpin many of the struggles these persons subsequently experience trying to cope with symptoms and distress, to solve social problems and to negotiate with others in order to accomplish important life goals. In this special issue, the contributing authors explore the problems associated with impaired mental state understanding in different psychiatric conditions using a wide range of tools, from laboratory tasks, to self-reports, to discourse analysis. Also, both population-based studies and single-case analyses are adopted. The intent is to shed light how various difficulties in understanding mental states can be detected using different approaches and how findings can be meaningfully integrated within an internally consistent theoretical framework.

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Adults with serious mental illness often experience difficulties making sense of their own mental states and the mental states of others (Frith, 1992; Bateman and Fonagy, 2004; Brüne, 2005; Wang et al., 2008; Dimaggio and Lysaker, 2010). They may, for instance, have difficulties forming a theory of the internal states of other people, recognizing and questioning their own beliefs, or naming and describing feelings (Taylor et al., 1997; Lysaker et al., 2007; Vanheule et al., 2007; Conrad et al., 2009; Derntl et al., 2009). These deficits, more than just another symptom, are of clinical and theoretical importance given their potential role as a key factor in dysfunction. Specifically, there is growing evidence that the strength of these deficits may in part determine the extent to which persons find themselves adequately vs. inadequately equipped to cope both with symptoms and interpersonal difficulties (Brüne et al., 2007; Abdel-Hamid et al., 2009; Lysaker et al., 2010).

More recently, consensus has also begun to emerge that the ability to successfully understand mental states is not a matter of a singular dysfunction. Instead it appears to involve a large number of related but distinct processes, which can malfunction in a number of distinct

ways (Saxe et al., 2004; Choi-Kain and Gunderson, 2008; Dimaggio and Lysaker, 2010; Lysaker et al., 2011). Under the various umbrella terms such as “metacognition” (Semerari et al., 2003), “mentalizing” (Bateman and Fonagy, 2004), and “theory of mind” (Frith, 2004), a different sets of skills can be found to operate – sometimes in dysfunctional ways – independently from one another. From a distance, persons can thus appear to possess an overall ability to understand mental states which is composed of several components including the capacity to think about thinking, recognize and name emotions experienced by oneself and other people, question one's own point of view, and understand the psychological causes of behavior (Dimaggio et al., 2009).

To address these topics, this special issue of *Psychiatry Research* has brought together work from a number of different settings which focuses on a number of different forms of serious mental illness. Brunet-Gouet and colleagues disentangle the multi-faceted aspects of empathy deficits found in schizophrenia and highlight the usefulness of novel techniques such as functional brain imaging, magnetoencephalography, and brain stimulation by transcranially induced electric currents. Lysaker and colleagues address the question of whether deficits in theory of mind among persons with prolonged schizophrenia are stable over time and whether those deficits have unique links to symptoms. Achim and colleagues explore the existence of a deficit in empathy in first episode psychosis and explore correlations of empathy with symptoms. Stratta and colleagues, focusing more narrowly on the concept of “theory of

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mind”, address the question of whether first and second, and impaired order representations of mental processes are hierarchically organized in schizophrenia, and how they are related to social functioning.

Alexithymia, that is ability to recognize emotional states in the self, putting them in words and communicating to others, has a central place here. Nicolò et al. explore the links of alexithymia with psychiatric symptoms and personality pathology. Ogrodniczuk et al. examine the link of alexithymia with psychotherapy outcome, and Vanheule et al. explore the possible causes for the deficit, that is, whether it reflects the absence of emotional language or the effect of defense mechanisms.

The two final articles by Osatuke and Stiles and then Carcione and colleagues explore patients' discourse, using therapeutic session transcripts, adopting the single-case analysis methodology. Osatuke and Stiles explore the degree to which patients with major depression undergoing cognitive behavioral therapy were able to form an integrated representation of themselves. Carcione and colleagues describe how the knowledge about mental states can be used to master suffering and interpersonal problems and how deficits in this area can be addressed in psychotherapy for persons with personality disorders.

Finally, Andrew Gumley comments on the issue as a whole and offers a synthesis of what has been discussed in terms of the nature of difficulties in understanding mental states, measurement issues, and implications of all of this for developing new and more effective treatment programs (Lysaker et al., 2011).

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