THEORY OF MIND IN SCHIZOPHRENIA: A PHENOMENOLOGICAL PERSPECTIVE

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Human cognitive processes can be understood, within the framework of embodied cognition, as fundamentally constituted by the body. At the same time, human beings are inherently social. In the language of the phenomenological tradition, we are "immersed" in relations with others[1]. Accordingly, our grasp of other people's mental states is not merely the outcome of internal cognitive operations. We experience the feelings of others through a shared, bodily mediated engagement with the world.

Research on social cognition in schizophrenia has traditionally relied on the theory-of-mind paradigm[2]. This approach assumes that "reading" another person's emotions depends on inferential capacities directed toward mental states that are private–hidden within the other's mind. Through indirect cues, such as facial expressions, an observer is thought to infer the other's emotional condition. Within this conceptual framework, empathy is likewise construed as a process derived from perceiving and interpreting "external" signals such as gestures, facial expressions, and speech.

Numerous empirical studies grounded in this paradigm indicate that deficits in social cognition are associated with a range of difficulties in individuals with schizophrenia [3]. In other words, failures in inferring another person's emotional state may lead to misinterpretations of the other's intentions, which in turn can result in diminished empathy.

In contrast, phenomenological theory points out that our understanding of others' feelings is not inferential but mediated by the body. In other words, when we perceive another person, we do not decipher signals; rather, we experience an emotional resonance that is not based solely on a process of thinking. As a result, I advocate the position that empathy is deeply woven into bodily interactions with others. The phenomenological position, inspired by the works of Merleau-Ponty and Sartre, emphasizes that consciousness is not a series of isolated internal states but a process continuously shaped by bodily interaction with the world. Feeling and perception are not processes separated from the "external" world, but are constituted through interpersonal relations themselves.

This framework is grounded in the process of interaffectivity, which indicates that our emotional experiences are grounded in the body and also inseparable from the environment in which we find ourselves and from our immediate interaction with the other.

Phenomenological theory indicates that, in schizophrenia, there may be disturbances in the fundamental experience of embodiedness and "immersedness" in interaction with others. These disturbances lead to problems with the so-called process of interaffectivity–a disruption of the immediate bodily resonance that is necessary for mutual emotional understanding[4].

The consequences of shifting the perspective from the usual understanding of social cognition through theory of mind to a phenomenological perspective (the significance of embodiedness and interaffectivity) are multiple. First, it highlights the need for a broader approach–one that does not view interpersonal problems in patients with schizophrenia solely as a result of deficits in social cognition, but also as disturbances in the embodied and interaffective processes on which the individual's selfhood rests. Second, it opens space for the development of new research methods that would more precisely capture the subtle nuances of the patient's subjective experience[5], thereby overcoming the limitations of existing diagnostic instruments based on theory of mind. Finally, the phenomenological perspective could contribute to a shift in thinking about therapeutic interventions. These should not be narrowly focused on improving cognitive processes (for example, cognitive remediation), but also focus on reducing disturbances of embodiedness and interaffectivity[6].

In conclusion, the reconceptualization of empathy as a bodily phenomenon and the recognition of the role of interaffectivity in mediating social interactions offer a new direction for understanding empathic capacity in individuals with schizophrenia. This approach enables a richer and more complex interpretation that integrates both the cognitive and bodily dimensions of human experience, opening possibilities for more effective interventions and for improving the social functioning of individuals with schizophrenia. When the experience of social cohesion weakens, empathy is likewise compromised.

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TEORIJA UMA U SHIZOFRENIJI IZ UGLA FENOMENOLOŠKE FILOZOFSKE TRADICIJE

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Ljudski kognitivni procesi se mogu posmatrati iz perspektive utelovljene kognicije kao konstituisani telom (*embodied*). Istovremeno, ljudi su društvena bića. Jezikom fenomenološke filozofske tradicije, „uronjeni" smo u odnose sa drugima[1]. U skladu sa tim, naše razumevanje mentalnih stanja drugih ljudi, nije samo posledica unutarnjih kognitivnih procesa. Doživljvamo osećanja drugih putem zajedničkog, telesno posredovanog doživljaja sveta.

Istraživanja socijalnih kognitivnih procesa u oblasti shizofrenije tradicionalno se zasnivaju na teoriji uma[2]. Ovaj pristup pretpostavlja da se „očitavanje" osećanja drugih zasniva na sposobnostima zaključivanja o mentalnom stanju druge osobe koje je privatno, tj. skriveno u umu drugog. Tako, putem posrednih znakova, poput analize izraza lica, osoba može da dokuči emocionalno stanje drugog. Ovakvim okvirom razmišljanja, neminovno se zastupa stanovište da i empatija nastaje opažanjem i tumačenjem „spoljnih" signala poput gestova, izraza lica i govora.

Brojne empirijske studije, koje se zasnivaju na ovoj paradigmi ukazuju da su deficiti u socijalnoj kogniciji povezani sa različitim problemima kod osoba sa shizofrenijom[3]. Drugim rečima, neuspešno zaključivanje o osećanjima drugog dovodi do pogrešnog razumevanja namere drugog, što može dovesti do posledica poput smanjene empatije.

Naspurot tome, fenomenološka teorija ukazuje da naše razumevanje tuđih osećanja nije inferecijalno, već posredovano telom. Drugim rečima, kada opažamo drugu osobu, mi ne dešifrujemo signale, već doživljavamo emocionalnu rezonancu koja nije zasnovana isključivo na procesu razmišljanja. Usled toga, zagovaram stanovište da je empatija duboko utkana u samu telesnu interakciju sa drugima. Fenomenološka pozicija, inspirisana delima Merlo-Pontija i Sartra, naglašava da svest nije niz izolovanih unutrašnjih stanja, već proces kontinuirano oblikovan telesnom interakcijom sa svetom. Osećanje i opažanje nisu procesi razdvojeni od „spoljnog" sveta, već se konstituišu kroz same međuljudske odnose.

Ovaj okvir razmišljanja temelji se na procesu interafektivnosti koji ukazuje da su naša emocionalna iskustva telesno utemeljena i neodvojiva od sredine u kojoj se nalazimo i neposredne interakcije sa drugim.

Fenomenološka teorija pruža nam indicije u pogledu toga da u shizofreniji upravo može doći do problema fundamentalnog doživljaja utelovljenosti i „uronjenosti“ u interakciju sa drugim. Ovi poremećaji dovode do problema sa takozvanim procesom interafektivnosti – narušavanja neposredne telesne rezonance koja je neophodna za međusobno emocionalno razumevanje[4].

Posledice promene perspektive sa uobičajenog razumevanja socijalne kognicije kroz teoriju uma na fenomenološku perspektivu (značaj utelovljenosti i interafektivnosti) višestruke su. Prvo, ukazuje se potreba za širim pristupom, koji interpersonalne probleme kod pacijenata sa shizofrenijom ne sagledava kao posledicu deficita socijalne kognicije, već i kao poremećaj u utelovljenim i interafektivnim procesima na kojima počiva sopstvo pojedinca. Drugo, otvara se prostor za razvoj novih istraživačkih metoda koje bi preciznije odredile suptilne nijanse subjektivnog doživljaja pacijenta[5], prevazilazeći ograničenja postojećih instrumenata zasnovanih na teoriji uma. Konačno, fenomenološka perspektiva treba da doprinese promeni razmišljanja o terapijskim intervencijama. One ne treba da se usko zasnivaju na unapređivanju kognitivih procesa (na primer kognitivne remedijacije), već i na uklanjanju poremećaja utelovljenosti i interafektivnosti[6].

Zaključno, rekonceptualizacija empatije kao telesnog fenomena i prepoznavanje uloge interafektivnosti u posredovanju socijalnih interakcija pružaju novi pravac za razumevanje sposobnosti empatije kod osoba sa shizofrenijom. Ovakav pristup omogućava bogatije i složenije tumačenje koje integriše i kognitivne i telesne dimenzije ljudskog iskustva, otvarajući mogućnosti za efikasnije intervencije i unapređenje društvenog funkcionisanja osoba sa shizofrenijom. Kada doživljaj socijalne kohezije slabi, kompromitovana je i empatija.

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