

Abstract thinking and its correlates with insight, metacognition and social cognition in the early and prolonged phases of schizophrenia.

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Schizophrenia is a severe mental illness that affects approximately one percent of the population worldwide. Symptoms of the illness include abnormal perceptual experiences, social withdrawal and cognitive impairments, with the mechanisms underlying the illness still being ambiguous. Abstract thinking, a core deficit in schizophrenia, is characterized by adaptability, flexibility, and the use of concepts and generalizations. However, its changes along with the different phases of the illness are still obscure. The limited data available suggests that those in the earlier phases of schizophrenia tend to have a higher capacity for abstraction than those in the prolonged phases (Wang et. al, 2013). In addition to the differences across the illness phase, supplemental studies further suggest that abstract thinking could be related to clinical insight, or the awareness of one's illness (Dickerson, et. al, 1997). Therefore, in this study we examined the differences in abstract thinking between two groups; patients with chronic schizophrenia and patients with early onset schizophrenia. Furthermore, we conducted exploratory analyses of abstraction with clinical insight, metacognition and social cognition, hypothesizing that patients with better abstract thinking would possess better insight and cognition. The results from the 70 patient study indicate that while abstract thinking did not differ across the phases of the illness, it was significantly correlated with insight, metacognition and social cognition. This relationship between abstract thinking and insight and cognition, elucidated by the theory that more fluid and liberal thought patterns would enable patients to contemplate their own illness and its symptoms, could be crucial in developing novel therapeutic approaches for treating psychosis and might lead to better outcomes.

References:

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