
INTERACTING MINDS: CLINICAL PERSPECTIVES

*Andreas Roepstorff, Chris Frith & Uta Frith
(organizers)*

It is increasingly clear that many clinical conditions are characterized also by impairments or alterations in social cognition, and that working through social cognition may be part of a possible therapeutic intervention. The interacting minds project at Aarhus University examines links between the human capacity for minds to interact and the putative biological substrate, which enables this to happen. In this mini symposium, we present four studies where this perspective may throw new light on a clinical condition.

Andreas Roepstorff, Department of Social Anthropology and, Centre for Functionally Integrative Neuroscience (CFIN)

Patients with schizophrenia have comprehensive deficits in social cognition compared to healthy people, to a larger extent than most patients with other mental disorders. There is growing evidence that aspects of social cognition, primarily social perception, may serve as a mediator between neurocognition and functional outcome in schizophrenia.

Preliminary results from a study of social cognitive deficits in patients with first-episode schizophrenia will be presented. A hypothesis regarding a possible model of different social cognitive “profiles” will be proposed. The results implicate that future therapeutic interventions should differentiate between different social cognitive “profiles”.

*Social Cognitive Deficits in First-Episode schizophrenia
Vibeke Fuglsang Bliksted, clinical psychologist, Psychiatric Hospital, Aarhus and PhD. fellow, Centre of Functionally Integrative Neuroscience (CFIN)*

After two decades of research on pragmatic impairment following right hemisphere damage (RHD), we are left with more questions than answers. There is general agreement that social cognition is important for pragmatic function, and that damage to right hemisphere areas can result in impairment of both social cognition and pragmatic function, but there is as yet no consensus about how or why. In this talk I approach the problem of pragmatic impairment in RHD from an emergentist perspective. I suggest that viewing pragmatic function as an emergent phenomenon opens up possibilities for new approaches to the problem of pragmatic impairment in RHD, and provides a useful framework for incorporating social cognition into our understanding of pragmatic impairment.

What's left to learn about right hemisphere damage, pragmatic impairment, and social cognition?

Ethan Weed, Ph.D. fellow, Department of Anthropology, Archaeology and Linguistics, AU and CFIN

It is commonly known that religious patients often turn to religion as a source for coping when dealing with illness or other negative life events. But it has never been clinically tested how religious coping strategies such as personal prayer modulate pain intensity and pain unpleasantness or how the subjective assessment of this activity correlates with autonomic functions in healthy subjects. With the aim of answering these questions we conducted a clinical effect study.

Empirical Investigations of Pain Modulation from Religious Practices
Ph.D. fellow, Else-Marie E. Jegindø, Dept. for the Study of Religion, Center of Functionally Integrative Neuroscience and The Danish Pain Research Center, Aarhus University/Aarhus University Hospital, Denmark.

The Capgras Delusion is a disorder in which a loved one is believed to be replaced by an identical looking impostor. It is prevalent in 13.3% of patients with Alzheimer's disease (AD). Capgras sheds light on the nature of human attachment, and can be dissociated from another facial recognition disorder, prosopagnosia. Together these disorders suggest dual routes to facial recognition, with one route for visual recognition and a second route for emotional recognition. We present fMRI evidence from a patient with Capgras, alongside data from controls (with and without AD). We propose that these and other findings suggest a functional asymmetry between left and right FFA.

Capgras Delusion explained by functional asymmetry of Fusiform Face Area

Tony Jack, Brain, Mind and Consciousness Lab, Case Western University, Cleveland, Ohio