

Metacognition and epistemic injustice in schizophrenia



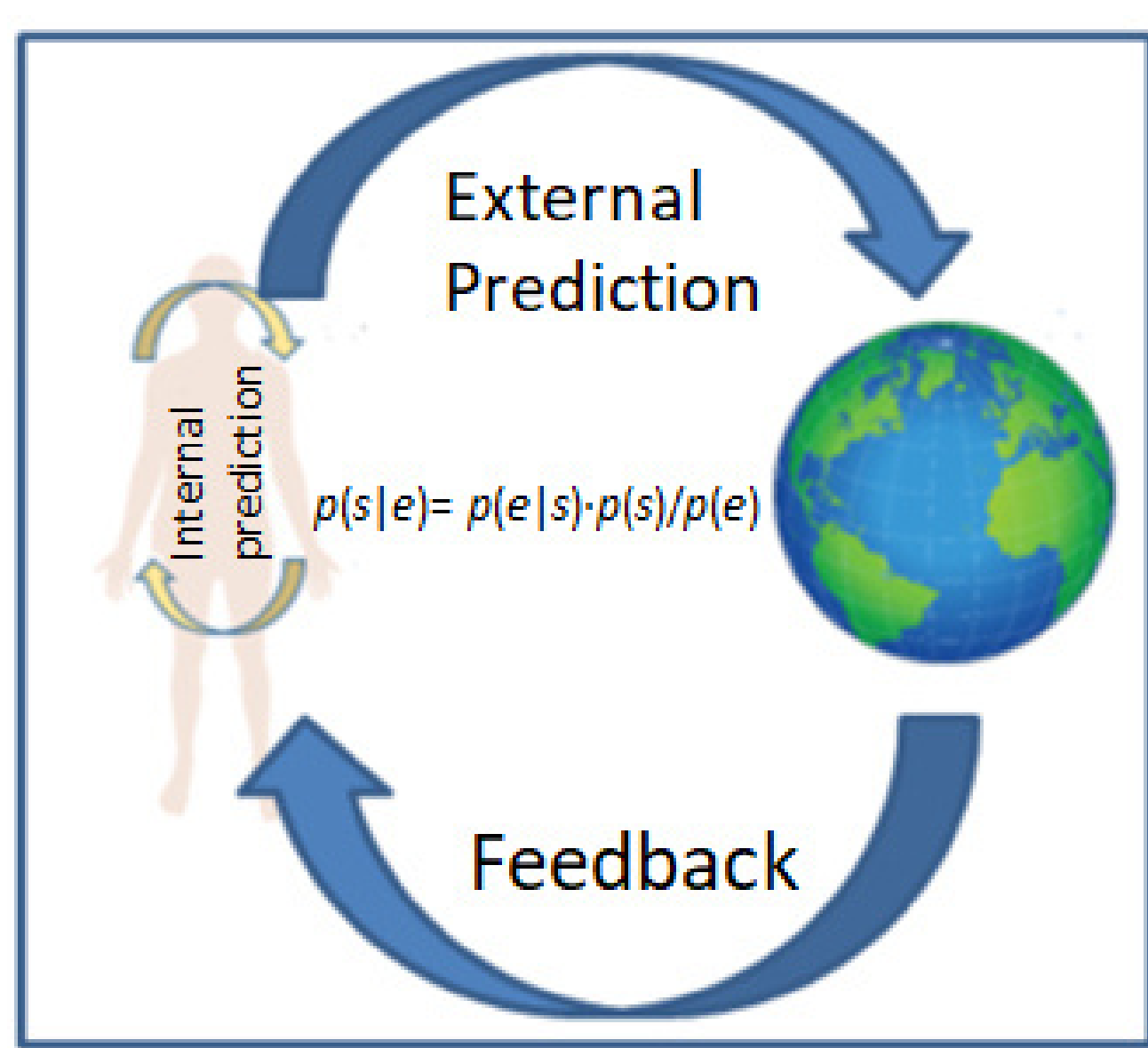
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Objectives

This study aims to examine the role of FPA in metacognitive therapies for schizophrenia, emphasizing its importance in enhancing patient outcomes while addressing the risks of undermining or overemphasizing FPA.

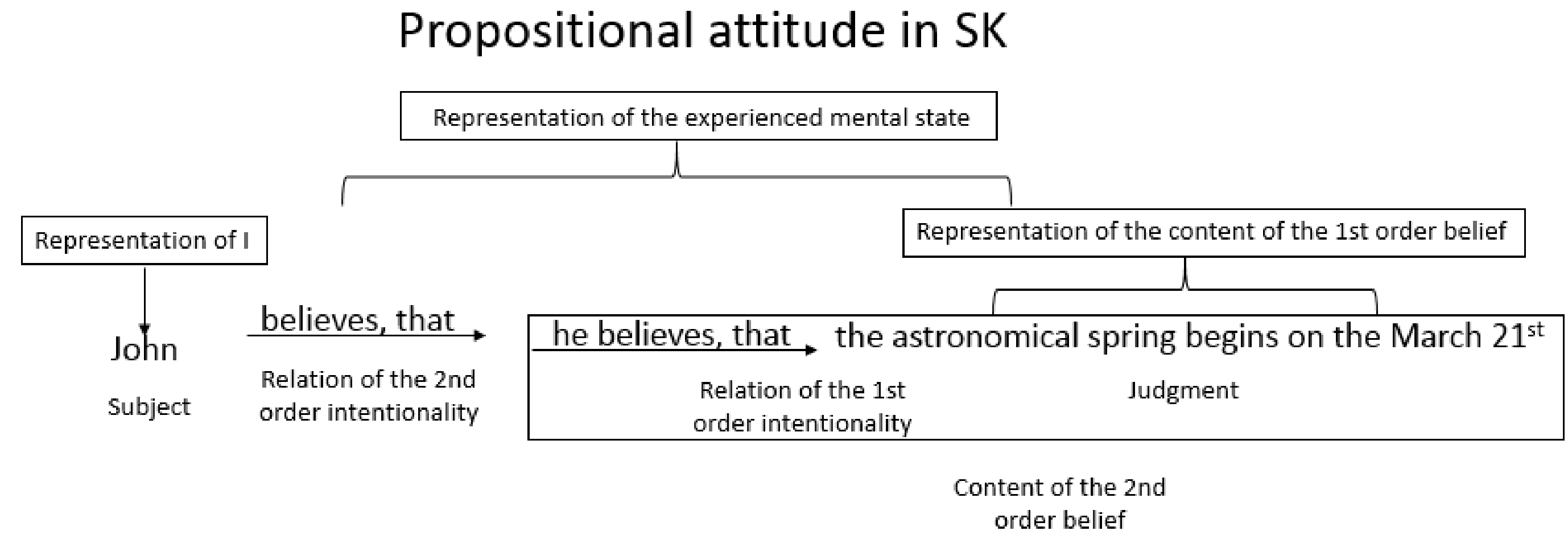
What is metacognition?



Nonconceptual
Metacognition

Conceptual
Metacognition

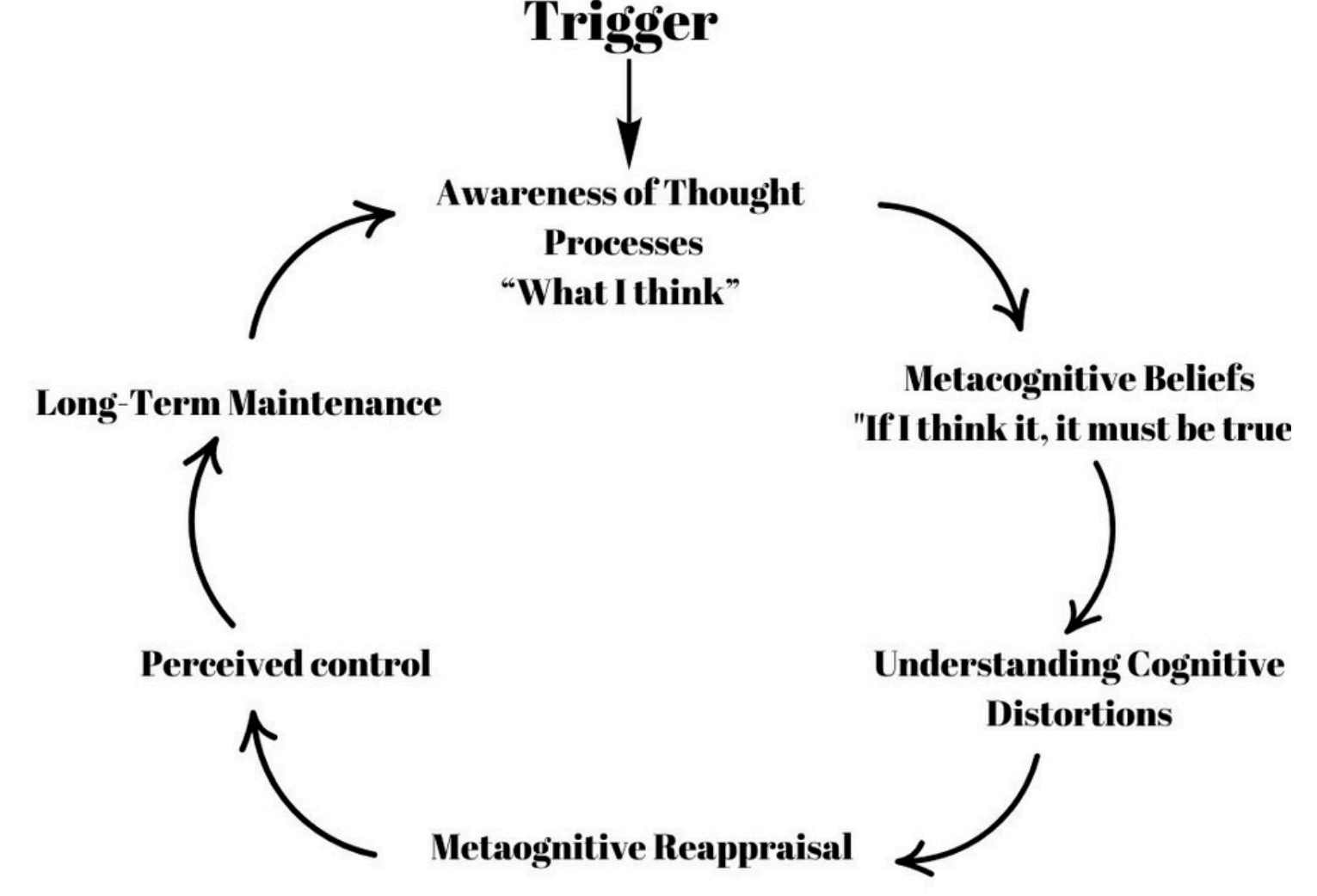
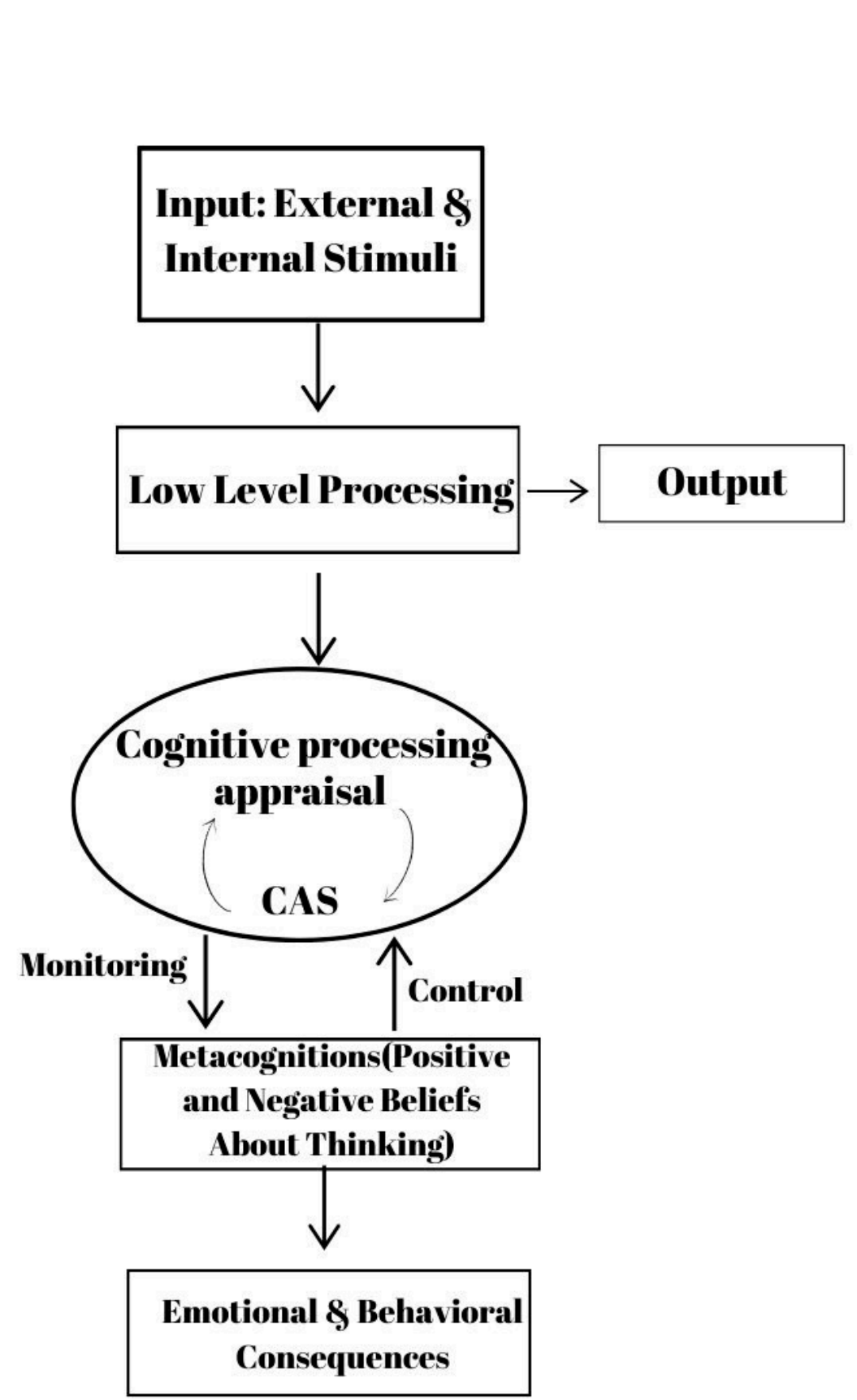
Second-order belief:



Epistemic injustice

- “Wronging particular knowers as knowers, for example by suppressing knowers testimony” (Pohlhaus 2017, 13).
- The question of fallibility of the knowledge about one’s own mental states
- Situations in which the other person (doctor, therapist) has better knowledge about patient’s mental states.

Metacognitive therapies



Metacognitive therapies are successful, i.a. because they preserve FPA. At the same time therapies for mental disorders should be particularly sensitive to the risk of hurt to the FPA(Sakakibara,2023)

Schizophrenia

- Schizophrenia is a psychiatric disorder characterized by a variety of psychotic symptoms, including positive and negative symptoms, altered emotional response, and disorganized behavior (as cited in Singh & Chaudhuri, 2014).
- Positive symptoms are principally allied to social cognition, whereas negative symptoms impact both metacognition and social cognition (Martiadis et al.,2023)

Discussion

Integrating metacognition in therapy improves outcomes by respecting FPA while avoiding epistemic injustice. Balancing FPA with medical oversight is crucial to prevent reinforcing delusions and enhance patient autonomy.

Reference

1. Abasova, N., Pacholik-Żuromska, A. (2025) Metacognition and epistemic injustice in schizophrenia. Front. Psychiatry 15:1525178. doi: 10.3389/fpsy.2024.1525178. Flavell JH. Metacognition and cognitive monitoring: A new area of cognitive–developmental inquiry. Am Psychol. (1979) 34:906–11. doi:10.1037/0003-066X.34.10.906