

SOCIAL COGNITION AND MENTAL HEALTH: THE MINDREADING IN THE HEALTHCARE WORK

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ABSTRACT. Theory of mind is a social cognition ability to infer thoughts, feelings and intentions. It is a skill that underpins social relationships and seems particularly relevant to the exercise of certain activities linked to mindreading, such as healthcare practice, for example, in Psychosocial Care Centers. This theoretical study aims to analyze the importance of social cognition skills for mental health practitioners, seeking to identify and discuss possible factors that impact how these professionals infer what service users are thinking, feeling or wanting. The analysis allowed us to observe how the theory of mind can become an important tool for professionals in the therapeutic process. In particular, the study concludes that work in Psychosocial Care Centers has exposed professionals to various stressors that seem to have an effect on their social cognition skills, which can harm not only their health but also their ability to attend to the needs of service users.

Keywords: Theory of mind; adults; mental health.

SOCIOCOGNIÇÃO E SAÚDE MENTAL: A 'LEITURA DO OUTRO' NO CUIDADO EM SAÚDE

RESUMO. Teoria da mente é a habilidade sociocognitiva de inferir pensamentos, sentimentos e intenções. É uma habilidade que sustenta as relações sociais e parece particularmente relevante para o exercício de certas atividades que estão ligadas à 'leitura do outro', como a prática de profissionais que exercem o cuidado em equipamentos de saúde, como ocorre nos Centros de Atenção Psicossocial. Este estudo teórico teve o objetivo de analisar a importância das habilidades sociocognitivas para o trabalho em saúde, especialmente na saúde mental, a fim de identificar e discutir possíveis fatores que podem ter impacto na inferência que os profissionais fazem a respeito do que os usuários do serviço estão pensando, sentindo ou querendo. A análise permitiu observar as formas pelas quais a teoria da mente pode se tornar importante ferramenta para o profissional no processo terapêutico. Além disso, foi possível identificar que, no formato em que tem funcionado atualmente, o trabalho em Centros de Atenção Psicossocial tem exposto o profissional a diversos estressores que parecem produzir efeitos em suas habilidades sociocognitivas, podendo prejudicar não apenas sua saúde como também o exercício do cuidado.

Palavras-chave: Teoria da mente; adultos; saúde mental.

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COGNICIÓN SOCIAL Y SALUD MENTAL: LA 'LECTURA DE LA MENTE' EN LA ASISTENCIA A SALUD

RESUMEN. Teoría de la mente es la capacidad sociocognitiva de inferir pensamientos, sentimientos e intenciones. Es una habilidad que apoya las relaciones sociales y parece particularmente relevante para el ejercicio de determinadas actividades que están vinculadas a 'leer al otro', como la práctica de los profesionales que brindan atención en equipos de salud, como ocurre en los Centros de Atención Psicosocial. Este estudio teórico tuvo como objetivo analizar la importancia de las habilidades socio-cognitivas para el trabajo en salud, especialmente en salud mental, buscando identificar y discutir posibles factores que pueden incidir en la inferencia que hacen los profesionales sobre lo que piensan, sienten o sienten los usuarios del servicio. El análisis permitió observar las formas en que la teoría de la mente puede convertirse en una herramienta importante para los profesionales en el proceso terapéutico. Además, se pudo identificar que, en el formato en el que se ha operado actualmente, el trabajo en Centros de Atención Psicosocial ha expuesto a los profesionales a diversos estresores que parecen afectar sus habilidades sociocognitivas, los cuales pueden perjudicar no solo su salud sino también el ejercicio del cuidado.

Palabras clave: Teoría de la mente; adulto; salud mental.

Introduction

Social cognition can be defined as the set of mental operations involved in social interactions (Pinkham et al., 2014). Theory of mind is considered one of the domains of social cognition and corresponds to the ability to attribute mental states (emotions, desires, intentions, and beliefs) to oneself and others (Apperly, 2012). This mind-reading ability is considered an important evolutionary acquisition, as it is through it that human beings can predict the behavior of others and plan their actions in social situations (Caixeta & Nitrini, 2002).

The beginning of studies in this area, approximately 40 years ago, was marked by psychologists' interest in investigating the moment of acquisition of this skill in the course of child development (Wellman & Liu, 2004; Wimmer & Perner, 1983). Many advances were made in the years that followed, especially regarding understanding the relationships between the theory of mind and language (Meins, Fernyhough, & Harris-Waller, 2014) and social behavior (Panciera & Zeller, 2018). More recently, researchers have become interested in studying this phenomenon in adults as well (Qureshi, Monk, Samson, & Apperly, 2020).

Evidence suggests that there are important variations in the theory of mind skills in typical adults, demonstrating that, although the first skills are acquired at preschool age, these skills continue through a process of sophistication and refinement in adulthood (Martins, Barreto, & Castiajo, 2014).

The ability to infer thoughts, feelings, and intentions is a skill that supports social relationships and seems particularly important for the exercise of certain activities linked to mind-reading, for example, healthcare professionals in Psychosocial Care Centers (CAPS). However, the performance of professionals in this skill may suffer interference caused, for

example, by the working conditions, thus producing effects on the reading of the mental states of service users.

This theoretical study aimed to analyze the importance of social cognitive skills for mental health work, seeking to identify and discuss possible factors that may affect how these professionals infer what service users are thinking, feeling, or wanting.

Social cognition and the theory of mind: an overview of the field

Social cognition corresponds to the set of cognitive processes involved in social interactions, including the perception, interpretation, and emission of responses to the intentions, dispositions, and behaviors of others (Pinkham et al., 2014).

However, it is still quite difficult to reach a consensus among authors on which skills define this construct and which instruments are most suitable for measuring them, which represents a challenge for studies in the area, since many of them, despite having similar objectives, do not adopt comparable methods (Pinkham et al., 2014). More recently, Pinkham et al. (2014) carried out research to establish certain points of consensus among researchers in the field regarding the main social cognition domains. Four important domains were defined: emotion processing, social perception, theory of mind, and attributional style/bias.

Theory of mind (ToM) corresponds to a domain of social cognition and receives this name because the mental states attributed to others are not directly observable. In this way, the individual creates 'theorizations' about what the other may think, feel, or want, and their possible behaviors. In other words, the individual develops mind-reading skills (Caixeta & Nitri, 2002).

The inference of other's mental states is an important evolutionary acquisition for the human species, as through it the individual can anticipate the behavior of others, which allows them to plan their actions, making intraspecific communication more sophisticated (Caixeta & Nitri, 2002). Studies with primates also suggest that ToM is not an ability that 'exists or does not exist', appearing to involve a series of gradual evolutionary acquisitions throughout phylogenetic development (Caixeta & Nitri, 2002).

The ontogenetic aspects of ToM, in turn, have been of great interest to studies in developmental psychology. Particularly in the 1980s and 1990s, research was concerned with identifying the age at which ToM would be acquired in childhood. In this sense, the study carried out by Wimmer and Perner (1983) contributed to the idea, very present in the area especially in these initial decades of study, of the acquisition of the false belief ability as the main indicator of the acquisition of ToM by preschool children (Martins et al., 2014).

In assessing false belief understanding, the child is asked to predict the behavior of a character who has a belief that does not correspond to reality. Therefore, for the child to respond correctly to the task, they must understand that beliefs are representations of reality, and for this reason, they can be false; and that other people may have beliefs that differ from their own, which will lead them to different behaviors (Martins et al., 2014).

Nevertheless, some studies have identified that the understanding of certain mental states, such as desire and knowledge, would precede the understanding of false belief, suggesting that ToM is a broad and complex concept, that involves the gradual acquisition of skills throughout development (Martins et al., 2014). In this context, Wellman and Liu (2004) developed a scale to assess ToM in children, in an attempt to create resources to investigate and identify the order in which certain skills are acquired in development. Cross-cultural studies using the scale have been carried out in several countries and have found

interesting results when identifying cultural effects on the development of theory of mind in young children (Martins et al., 2014).

More recently, studies have considered ToM abilities as divided into two distinct components, according to the level of information processing, which involve: 1) the ability to decode mental states, which corresponds to the ability to infer feelings, thoughts, or intentions based on observable cues from the environment, such as facial expressions and tone of voice; and 2) the ability to reason about mental states, which corresponds to the ability to predict or explain behaviors based on the integration of information linked to the context in which a given social situation occurs (Şencan, 2019).

In addition to the work carried out within the field of normative development, the study of ToM has also aroused the interest of researchers who argue that impairments in social cognition skills are related to the main cognitive and behavioral manifestations linked to some disorders (Caixeta & Nitrini, 2002). Studies with children within the autism spectrum, for example, demonstrate that there are important losses in the ToM of this population, suggesting that central characteristics linked to the disorder, such as difficulty in social interaction and communication, are related to a specific impairment in this social cognition ability, so that other higher functions, such as executive ones (inhibitory control, working memory, for example) can remain preserved (Ma et al., 2019).

Although the first ToM skills are acquired at preschool age, the development of the ability to theorize about mental states does not end at this period. What occurs is a process of sophistication and refinement of this capacity, which starts to be used to evaluate increasingly complex contexts (Martins et al., 2014).

It is possible to assume that the development of ToM towards a process of sophistication in adulthood would contribute to individuals being better adapted to the social world, and being able to adjust their own behavior to the context. However, certain conditions of mental suffering that affect adults may be related to impairments or changes in ToM and cause disturbances in social interaction. Studies carried out with individuals diagnosed with schizophrenia, for example, have demonstrated that this disorder is associated with a significant impairment in social cognition skills, linked to distortions in the perception and interpretation of social situations, which directly interferes with these people's relationships with family, friends, or coworkers. However, studies are still inconclusive regarding whether there is a global impairment in cognition, which would indirectly affect ToM, or whether it is a specific impairment in social cognition skills (Kosmidis, Giannakou, Garyfallos, Kiosseoglou, & Bozikas, 2011).

Depression, on the other hand, is a highly prevalent disorder characterized by dysfunctional interpersonal relationship patterns, which can cause harm to individuals' social and occupational performance. For this reason, researchers have been interested in investigating aspects linked to ToM in adults with this condition. The main discussions in studies that aim to explore ToM abilities in adults diagnosed with depression concern the presence, or not, of impacts on the ability to decode or reason about mental states in individuals with this diagnosis (Şencan, 2019). However, despite initial evidence that the level of severity of depression, as well as the valence of the observed emotion (whether positive, negative, or neutral), would be linked to decoding and reasoning skills, the results of exploratory studies in this area are still not consensual (Şencan, 2019).

Variations in the use of ToM skills in typical adults

Before acquiring ToM skills, children are unable to explain or predict the behavior of others taking into account their desires, beliefs, and false beliefs. In this sense, when they are invited to reflect on what the other is thinking, feeling, or wanting, they respond in an egocentric way, without inhibiting their own perspective, explaining the other's behavior based on their own desires and knowledge (Martins et al., 2014).

Studies with a typical adult population show that ToM skills undergo a process of sophistication during development as social situations become increasingly complex. Nevertheless, research shows the persistence of egocentric characteristics in adults similar to those found in childhood (Qureshi et al., 2020).

Important variations in ToM abilities are found in adults who do not have any type of diagnosed mental distress. Research relates these variations to the multidimensional character of ToM, suggesting that only the appropriation of the concepts of desire, belief, and false belief in early childhood is not enough to explain the formation of social competence, being also necessary to consider how these concepts are used in complex social situations processes, which involves the influence of other cognitive processes, such as executive functions, as well as individual motivation to consider the internal states of others (Apperly, 2012).

Among the studies that aim to analyze these variations present in the adult population, to understand which factors can interfere with the use of social cognition skills, those that focus on the role of executive functions in ToM in use in social situations stand out. Some of these studies show that, although there is no doubt that the concepts of desire, belief, and false belief have already been acquired by adults, they can make mistakes or present difficulties in tasks that present situations in which they need to consider the desire and belief of others, articulated with reality data, to evaluate a certain outcome (Apperly, 2012).

Keysar, Lin and Barr (2003) argue that, although ToM skills are acquired in childhood, they are not automatic in social situations. Thus, even if they have the ability to deliberately reflect on the behavior of others, considering their desires and beliefs, when they are placed in situations that encourage the spontaneous and unreflected use of these skills, they may make mistakes, making use of their knowledge or belief to interpret the behavior of others.

Apperly, Back, Samson and France (2007), in a study with university students, evaluated that, when presented with tasks in which they have to evaluate the veracity of some figures considering reality data and a character's beliefs, adults have a higher response cost (response time and error propensity) in the presence of situations in which the character's belief does not match reality, that is, when the character presents a false belief about reality. The authors argue that this type of competition between another's beliefs and reality requires greater activation of executive functions, such as inhibitory control and working memory, which would increase the chance of error.

The importance of executive functions for ToM performance is also discussed by Bull, Phillips and Conway (2008). The authors show a decrease in the performance of adults on instruments for decoding and reasoning about mental states when they are administered together with instruments that require activation of executive functions, suggesting that an overload of these functions could impair social cognition abilities. German and Hehman (2006) also observed an increase in the processing cost of adults in reasoning tasks about mental states that require greater activation of executive functions, suggesting a decrease in performance resulting from the overload of other cognitive domains.

These findings highlight the importance of recruiting other cognitive processes, such as working memory and inhibitory control, for ToM skills, suggesting that the overload of executive functions can interfere with reading the social world.

The use of social cognition skills in complex social contexts, in addition to being linked to the activation of executive functions, also occurs as a function of individual differences linked to mind-reading motivation. Although typical adults can attribute desires and beliefs to others, not all of them use this spontaneously when describing others or interpreting their behaviors. Therefore, there are individual variations in the spontaneous use of ToM skills in social situations (Apperly, 2012; Meins et al., 2014).

Meins et al. (2014) compared the number of mental terms spontaneously used by typical adults when asked to describe different groups of people and objects (children, partners, close friends, famous people, and works of art). The results showed that adults use more mental terms when describing people with whom they have close relationships, attributing a significantly smaller number of mental states to famous people and works of art.

The authors argue that there is a mismatch between the mind-reading ability and performance in social situations, signaling that the recruitment of ToM skills does not happen automatically, and seems to be related, among other factors, to the proximity between subjects (Meins et al., 2014).

Bourke and Grenyer (2017) conducted a study in which a group of psychologists were asked to talk about patients with two different diagnoses: borderline personality disorder and major depression. The objective was to verify patterns in the spontaneous speech of psychologists when they recalled experiences with these people. The results indicated greater use of expressions referring to the other's internal states when therapists talk about patients diagnosed with depression. The authors also found differences in the valences of mental terms used by the group of psychologists, showing greater use of positive expressions when describing patients with depression and greater use of negative terms when talking about patients with borderline personality disorder.

A study with Brazilian medical students examined the abilities to decode mental states and recognize basic emotions in facial expressions, related to the empathy scale score (Ávila, Morais, Bomfim, & Chagas, 2016). The results showed important variation related to gender, identifying a greater number of correct answers in decoding mental states by women. Furthermore, a positive and weak correlation was detected between empathy and the ability to recognize facial expressions of sadness.

These findings show that, in studies with adult populations, questioning the appropriation of the basic concepts of desire, belief, and false belief is insufficient to understand the variations in this age group, since these concepts, acquired in early childhood, go through a process of sophistication in their use, which appears to involve the participation of executive functions and be associated with individual differences in the spontaneous use of these concepts in complex social situations.

The importance of ToM skills for healthcare professionals in CAPS

The ability to attribute mental states to oneself and others seems to be an important skill for health professionals to exercise effective practice in their work context, especially those who require daily contact with patients with a psychiatric diagnosis.

In Brazil, mental health care is organized as a network, with the coordination of different services to care for the population suffering from a psychiatric disorder. This

network of services is made up of different levels of health care (primary, secondary, and tertiary), as well as other resources of the territory, such as culture, leisure, work, and religion (Ministério da Saúde, 2004).

Psychosocial Care Centers (CAPS) are devices that make up the mental health care network. Regulated by Ordinance 336/GM, of February 19, 2002, these are devices that appear as part of the set of services that replace the model of care centered on the psychiatric hospital, and occupy an important position in building connections between the different points of the network (Ministério da Saúde, 2004).

CAPS are aimed at caring for people with serious and persistent mental disorders, who require intensive and personalized care technologies. These devices occupy a strategic place in articulating the health network, acting through the direct provision of assistance, or regulating the service network, enabling access to the spaces most suited to the health needs of each individual (Ministério da Saúde, 2004).

People can enter this service spontaneously or through referrals from other points in the network. When arriving at CAPS, the user is received by a health professional who, in this first contact, aims to understand the situation brought, appropriating that individual's perspective, and starting the construction of a personalized and unique Therapeutic Project (PTS) that meets the demand presented (Ministério da Saúde, 2004).

Reception is seen in the National Humanization Policy (PNH) as an encounter technology that does not just involve reception in a comfortable environment or administrative screening, focused only on referrals to other services. This is a process that must involve availability to receive the user's demands and a participatory stance on both sides, whose objective is to develop more relevant and effective interventions, interventions that make up each subject's PTS, and that can be continually reevaluated (Ministério da Saúde, 2010).

In most cases, the professional who provides the initial reception becomes a reference for the person served, becoming their Reference Therapist (TR). This professional has the role of monitoring, together with the user, the strategies designed for their PTS, evaluating possible modifications, goals set and achieved, and building a project suited to their health needs. For this, the therapeutic alliance formed between therapist and user is essential (Ministério da Saúde, 2004).

Reception is defined as an intervention tool in qualifying listening and, in this way, qualifies practice in health services. It is possible to predict that teams that consider little the relational aspects involved in reception, observing only their technical and administrative attributes, may face difficulties in user adherence, due to the lack of involvement with their own care project; with the provision of services that are incongruent with the demands presented by the population; and, with difficulty in assessing risks, hindering the establishment of priorities. Such difficulties can culminate in the burnout of professionals, who find themselves proposing various activities that are not effective (Ministério da Saúde, 2010).

Recently, several studies have investigated the ability to read the social world in the context of health and, often, linked to the work of health professionals. Studies are generally concerned with addressing questions that refer to how professionals can promote the development of social cognition skills (Bourke & Grenyer, 2017; Cologon, Schweitzer, King, & Nolte, 2017; Owens, Haddock, & Berry, 2013), and how an accurate mind-reading can contribute to decision-making and the construction of an inventive practice (Yerushalmi, 2017).

The presence of certain signs and symptoms in many mental disorders (such as schizophrenia, depression, or borderline personality disorder) appears to have effects on ToM abilities, interfering with the inference and distinction of one's own and others' mental states and may cause harm in social interactions, which explains part of the suffering presented by individuals with these disorders. For this reason, some studies have focused on investigating which aspects linked to the therapeutic process facilitate and stimulate the development of social cognition skills in individuals with a psychiatric diagnosis (Brent, 2015).

Studies suggest that professionals who take their patients' mental states into account during the therapeutic process seem to have a greater capacity to reflect on their desires, intentions, and beliefs, naming and monitoring the internal states of these individuals (Bourke & Grenyer, 2017). Furthermore, they can act by making distinctions between internal states and external reality, mobilizing the adoption of a reflective attitude by the patient, which can contribute to the development of more accurate explanations about themselves and the social world, and reducing the severity of psychiatric symptoms (Owens et al., 2013).

Cologon et al. (2017) conducted a cross-sectional study with 25 therapists and their respective patients, most of whom were diagnosed with depression and anxiety, and reported a decrease in symptoms in patients treated by professionals with greater reflective functioning, or the ability to identify and understand mental states from the other. Furthermore, they identified little improvement in symptoms of those whose therapists did not have good reflective functioning, highlighting the importance of social cognition skills as an instrumental resource for the therapeutic process. The authors further argue that the improvement in symptoms would be related to the adoption of a reflective stance by the patient, facilitated and stimulated by the reflective stance of the therapist.

In an exploratory study with mental health professionals and their patients diagnosed with schizophrenia, schizoaffective disorder, or unspecified psychosis, Owens et al. (2013) found a negative correlation between the therapeutic alliance, defined as the quality of the working relationship between professional and patient, and the difficulty encountered by the patient in the process of regulating emotions. The authors argue that an important aspect of the therapeutic alliance is the therapist's ability to help the patient regulate their emotions. In this way, the professional must develop an attentive and sensitive look at variations in the patient's emotional states, helping them to recognize changes in their internal states, understand their emotions, and be able to provide more efficient responses, reducing symptoms.

When the health professional considers the patient as a 'carrier of their own mental states', directing attention to the way they evaluate social situations, this enables the formation of a collaborative and trusting relationship between the parties, making the patient feel safer to reflect on their thoughts and feelings, and the functioning of the social world (Fonagy & Allison, 2014).

The patient's ability to attribute mental states to oneself and others seems to play a key role in the therapeutic process, considering that studies report improvement in psychiatric symptoms related to the development of social cognition skills. The therapeutic relationship, in this sense, is seen as how this skill can be promoted and developed.

In addition to acting as an instrumental resource that favors the therapeutic process, the adoption of a reflective stance on the patient's desires, intentions, and beliefs can also contribute to the delimitation of care strategies by the health professional. Yerushalmi (2017) points to the importance of taking the professional's perspective on what the patient under

treatment thinks or feels, as this way they can get closer to the way their thoughts influence certain behaviors, adaptive or maladaptive, contributing to the promotion of referrals that are more appropriate to the needs of each individual, and for the development of personalized care strategies.

In this sense, ToM skills are a relevant aspect to be observed in professionals working at CAPS, as they are important skills for the therapeutic process and for defining more assertive network care strategies.

However, some studies have been dedicated to investigating the effects of objective working conditions on mental health professionals. In the analysis of work environments that reproduce aversive conditions, such as competitiveness and productivity, Music (2017) discusses the possible impacts of long-lasting exposure to aversive environments, arguing that it can contribute to reducing both attention to the emotional states of others, as well as prosocial behavior. The author also argues that mental health workers, constantly subjected to aversive working conditions, become more anxious and vigilant to possible threatening situations, physiological responses resulting from the activation of the sympathetic nervous system. Such activation, in the long term, can promote professional burnout and harm the quality of care offered to the patient and the therapeutic process as a whole.

In the context of health work, aversive conditions may be related, among other factors, to the organization of work, which involves, for example, working hours, division of tasks, number of tasks, remuneration, exposure to some risk, or type of employment relationship; relationships in the workplace, with colleagues, bosses, subordinates and with service users themselves; and, the demands of the family environment, which may conflict with the demands of work (Ferreira & Lucca, 2015). In Psychosocial Care Centers, particularly, studies have shown that the work, as it is currently configured, exposes the health professional to aversive circumstances related both to the intense contact with the population served, who experience severe and persistent suffering, and to the conditions of work, which are characterized by task overload, scarcity of human resources, inadequate physical spaces in size, ventilation and lighting, low wages, double shifts and lack of investment in training, a factor that contributes to the increase in insecurity in providing care to service users (Bellenzani, Paro, & Oliveira, 2016; Zanatta, Lucca, Sobral, Stephan, & Bandini, 2019).

The continuous contact of health workers with these aversive conditions can cause emotional exhaustion, reduced job satisfaction, and a loss of contact with service users, which can make professionals insensitive to the demands brought by others and hinder the therapeutic process (Ferreira & Lucca, 2015). Smeets, Dziobek and Wolf (2009) investigated the effects of stress on ToM skills in typical adults and found important variations in reasoning abilities about mental states related to the cortisol level of participants subjected to an acute stress situation, indicating important variations in social cognition skills induced by this type of stress.

These findings are particularly relevant in the context of analyzing the dynamics of professional practice in CAPS, as it is possible to consider that the presence of work-related stressors could have effects on theory of mind skills, since the presence of potentially harmful stimuli to the individual can impact the rapprochement between professional and user, potentially interfering with the sensitivity of the former to the mental states of the latter.

Final considerations

The ToM skill represents an important acquisition for coexistence and social relationships, as it enables the individual to identify and interpret thoughts, feelings, and intentions, considering them both to understand and predict other people's behaviors and to plan their own actions.

Although there is no doubt that typical adults acquired the concepts of desire, belief, and false belief in early childhood, studies show individual differences in adult mind-reading, in addition to possible mismatches between mind-reading ability and effective performance in social situations.

The mind-reading ability seems to vary depending on the different social contexts in which the individual participates. Furthermore, the way this skill is used may be related to the activation of other cognitive domains, such as executive functions, and to the individual mind-reading motivation, related both to elements of the life trajectory and to circumstantial factors, such as the closeness of the relationship established with others and exposure to stressors in the environment where social situations occur. It is fundamental, however, for the practice of health professionals and, in particular, mental health professionals, to be 'good readers' of others in the context of care, since the ability to attribute mental states, when appropriately used by the professional, is considered an important tool in the therapeutic process of psychiatric patients.

Despite this, working in Psychosocial Care Centers, as currently operated, exposes professionals to stressors related both to the intense contact with the population served, and to the working conditions. This exposure appears to be a circumstantial variable that produces effects on the social cognition skills of these professionals, which can harm not only their health but also the exercise of care, and must, therefore, be taken into account in health equipment management.

This text aimed to explore the main themes in the fields of social cognition and theory of mind, mainly those related to the adult population, specifically dealing with professionals who work in CAPS, considering that the use of ToM skills, in this context, proves to be as an important skill for the provision of care to meet users' demands.

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