Psychological Medicine

cambridge.org/psm

Correspondence

Cite this article: Wearne TA, McDonald S (2021). Social cognition *v.* emotional intelligence in first-episode psychosis: are they the same? *Psychological Medicine* **51**, 1229–1230. https://doi.org/10.1017/S0033291720000185

Received: 1 December 2019
Revised: 16 January 2020
Accepted: 17 January 2020
First published online: 10 February 2020

Author for correspondence:
Travis A Wearne,
E-mail: t.wearne@unsw.edu.au

CAMBRIDGE UNIVERSITY PRESS

Social cognition *v.* emotional intelligence in first-episode psychosis: are they the same?

Travis A Wearne and Skye McDonald

School of Psychology, University of New South Wales, NSW, 2052, Australia

Gonzalez-Ortega et al. (2019) examined the longitudinal relationship between social cognition, cognitive reserve and functional outcomes in 192 patients with first episode psychosis. They found that social cognition mediated the relationship between cognitive reserve (assessed using estimates of premorbid IQ, years of education and employment attainment) and functional outcome (using the functional assessment short test) at 2 years follow-up. As social cognition did not mediate the same relationship at baseline, these findings suggest that social cognition is a primary factor specific to the long-term functional outcomes of individuals after experiencing first-episode psychosis. While the relationship between non-social cognitive functioning and functional outcome in first episode psychosis has been known for some time (Fett et al., 2011), this study provided important evidence on the need for social cognition to be included within the rehabilitative framework of recovery following first episode psychosis in order to maximise functional outcome.

Social cognition refers to the mental processes which govern one's ability to perceive, interpret and react to social information within their environment (Green et al., 2008; Penn, Corrigan, Bentall, Racenstein, & Newman, 1997). Through the understanding of thoughts, feelings and intentions of others, it underlies our social behaviour and capacity to form meaningful and reciprocal relationships. A cohesive definition of social cognition within psychotic disorders research came from a consensus meeting by the NIMH for social cognition in schizophrenia (Green et al., 2008). The organisational framework separated social cognition into five distinct areas: (1) *Theory of Mind*, the ability to attribute intentions, mental states and beliefs of others; (2) *Social perception*, the ability to understand social roles, rules and context based on nonverbal, verbal and environmental cues; (3) *Social knowledge*, the ability to adapt and guide one's behaviour to the environment by understanding rules and expectations within the social context; (4) *Attributional bias,* the inferences and errors made when individuals evaluate the cause of internal, external and situational behaviours and events and (5) *Emotional processing,* the capacity to identify, understand, facilitate and regulate emotions. While alternative models exist (Adolphs, 2010; Green, Horan, & Lee, 2019; Lieberman, 2007; Pinkham et al., 2014; Saxe, 2006) and additional factors are typically involved, such as emotional empathy (Lieberman, 2007), these frameworks nevertheless propose that social cognition is a multi-dimensional construct that consists of several related yet dissociated domains.

In the article by Gonzalez-Ortega et al. (2019), the authors used the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT; Mayer & Salovey, 2007) as a proxy of social cognition. They specifically used the 'understanding emotions' and 'managing emotions' subtests together with an overall score for emotional intelligence. However, the use of the MSCEIT does not entirely examine or encapsulate the diversity of processes underlying social cognition. The MSCEIT examines the ability to identify, perceive, understand and manage emotions (Mayer & Salovey, 2007). Consequently, in the absence of additional measures of social cognitive abilities, we propose that the findings of Gonzalez-Ortega et al. (2019) are best interpreted within the context within the *emotional processing* arm of social cognition, rather than social cognition as a general latent structure. As such, this would suggest that emotional processing mediates the relationship between cognitive reserve and functional outcome at 2-years follow-up for those with first episode psychosis. When viewed within this context, it makes sense that emotional processing is a mediator of the longitudinal outcomes. It serves that those better able to identify, manage and regulate their emotions would have greater resources to cope with the negative outcomes that occur *after* a significant life stressor (rather than at baseline). It may be that other factors within the broader umbrella of social cognition may mediate the relationship between cognitive reserve and functional outcomes at baseline, particularly given that those with first-episode psychosis demonstrate difficulties with the other social cognitive abilities of mentalising (Achim, Ouellet, Roy, & Jackson, 2012), and theory of mind and social perception (Healey, Bartholomeusz, & Penn, 2016).

While emotional intelligence (or rather, emotional processing) fits within the broader content of social cognition, these terms are not synonymous and researchers should critically examine the tools employed in their studies to identify what aspects of social cognition are being measured. We propose that researchers need to examine multiple facets of social

cognition in those with first-episode psychosis (Pinkham, Harvey, & Penn, 2018), in conjunction with measures of emotional processing, in order to fully identify the unique contribution of each domain to cognitive and functional outcomes. This will be important for predicting recovery trajectories and to identify which specific social cognitive factors are requisite for appropriate intervention.

References

Achim, A. M., Ouellet, R., Roy, M., & Jackson, P. L. (2012). Mentalizing in first-episode psychosis. *Psychiatric Research*, *196*(2), 207–213. doi:10.1016/j.psychres.2011.10.011.

Adolphs, R. (2010). Conceptual challenges and directions for social neuroscience. *Neuron*, *65*(6), 752–767. doi:10.1016/j.neuron.2010.03.006.

Fett, A. K., Viechtbauer, W., Dominguez, M. D., Penn, D. L., Van Os, J., & Krabbendam, L. (2011). The relationship between neurocognition and social cognition with functional outcomes in schizophrenia: a meta-analysis. *Neurosci Biobehav Rev*, *35*(3), 573–588. doi:10.1016/j.neubiorev.2010.07.001

Gonzalez-Ortega, I., Gonzalez-Pinto, A., Alberich, S., Echeburua, E., Bernardo, M., Cabrera, B., … Selva, G. (2019). Influence of social cognition as a mediator between cognitive reserve and psychosocial functioning in patients with first episode psychosis. *Psychological Medicine*, 1–9. doi:10.1017/s0033291719002794.

Green, M. F., Horan, W. P., & Lee, J. (2019). Nonsocial and social cognition in schizophrenia: Current evidence and future directions. *World Psychiatry: Official Journal of the World Psychiatric Association (WPA)*, *18*(2), 146–161. doi:10.1002/wps.20624.

Green, M. F., Penn, D. L., Bentall, R., Carpenter, W. T., Gaebel, W., Gur, R. C., … Heinssen, R. (2008). Social cognition in schizophrenia: An NIMH workshop on definitions, assessment, and research opportunities. *Schizophrenia bulletin*, *34*(6), 1211–1220. doi:10.1093/schbul/sbm145.

Healey, K. M., Bartholomeusz, C. F., & Penn, D. L. (2016). Deficits in social cognition in first episode psychosis: A review of the literature. *Clinical Psychology Review*, *50*, 108–137. doi:10.1016/j.cpr.2016.10.001.

Lieberman, M. D. (2007). Social cognitive neuroscience: A review of core processes. *Annual Review Psychology*, *58*, 259–289. doi:10.1146/annurev.psych.58.110405.085654.

Mayer, J. D., & Salovey, P. (2007). Mayer-Salovery-Caruso emotional intelligence test: Multi-Health Systems Incorporated Toronto.

Penn, D. L., Corrigan, P. W., Bentall, R. P., Racenstein, J. M., & Newman, L. (1997). Social cognition in schizophrenia. *Psychological Bulletin*, *121*(1), 114–132. doi:10.1037/0033-2909.121.1.114.

Pinkham, A. E., Harvey, P. D., & Penn, D. L. (2018). Social cognition psychometric evaluation: Results of the final validation study. *Schizophrenia Bulletin*, *44*(4), 737–748. doi:10.1093/schbul/sbx117.

Pinkham, A. E., Penn, D. L., Green, M. F., Buck, B., Healey, K., & Harvey, P. D. (2014). The social cognition psychometric evaluation study: Results of the expert survey and RAND panel. *Schizophrenia Bulletin*, *40*(4), 813–823. doi:10.1093/schbul/sbt081.

Saxe, R. (2006). Uniquely human social cognition. *Current Opinion in Neurobiology*, *16*(2), 235–239. doi:10.1016/j.conb.2006.03.001.

https://doi.org/10.1017/S0033291720000185 Published online by Cambridge University Press