It could be seen that, negative family dynamics act as a trigger to the symptoms for an individual who has a predisposition to schizophrenia.

In juxtaposition Bateson’s explanation of family interaction, Frith aims to explain the specific signs and symptoms of schizophrenia in terms of information processing difficulties in a cognitive system. Metarepresentation is a higher cognitive process referring to the ability of reflecting upon thoughts, behaviour and experience. Metarepresentation is the process that allows us to be self-aware of our own intentions and goals; it also allows us to interpret the intentions of others.

Therefore a faulty metarepresentation system may result in: difficulties in self-initiated actions; difficulty in recognising one’s own actions as being carried out by “me”; difficulty in recognising one’s own thoughts as being carried out by “me”. This explanation claims that schizophrenia is caused by faulty cognition and the inability to reflect on ones thoughts or actions.

Shallice distinguished two kinds of action; Self-initiated or self-willed and Stimulus. Patients with negative symptoms have a deficit in the supervisory attention system, which is the cognitive process responsible for generating self-initiated actions. This cognitive deficit will produce different kinds of behaviour depending on what responses are acceptable.

The central-monitoring system is the cognitive process responsible for labelling actions and thoughts as “being done by me” or as “mine”. Frith suggested that a deficit in the central-monitoring system underlies positive symptoms such as hallucinations and delusions. Hallucinations refer to unusual experiences such as hearing voices, Frith proposed that such experiences are caused when inner speech is not recognised as self-generated. Even some pre-lingually deaf patients schizophrenic patients report they “hear” voices. This proves the case that they claim to hear and be talking to is in fact their own inner speech however they themselves do not recognise it as their own.

Further evidence supporting the cognitive model is shown by Bentall et al. He asked participants to generate category items themselves or read out category items. One week later, they were asked to choose from a list of words which ones they had generated themselves, which ones they had read and which ones were new. They found that schizophrenic patients with hallucinations performed worse than schizophrenic patients without hallucinations; with both of these groups performing worse than the control group of non-schizophrenic patients. These results confirm that schizophrenic patient might have a faulty central monitoring system.

Nevertheless the validity of this study can be questioned as some results might indicate that hallucinating patients have a problem with memory. There is evidence for dopamine being responsible for cognitive abilities such as perception and memory, so such research could be seen as supporting the role of dopamine in schizophrenia rather than cognition. This can also raise the debate of whether schizophrenic symptoms can be controlled through CBT, given that they might not be due to free will, but determined by biochemical imbalances.

Chadwick & Lowe found a significant reduction in delusions in 10 out of 12 patients using CBT. This supports the view that schizophrenia is linked to psychological factors however it might be that psychotic episodes are exacerbated by stress, so CBT works because it helps the patients cope with stress rather than dealing with the underlying causes of the illness itself. Therefore, cognitive explanations to schizophrenia can be criticized as they identify the faulty processes linked to the symptoms, but fail to provide an explanation to the actual causes of such faults, that may actually be biological.