

accurately, irrespective of the animal's location. By contrast, place cells might mediate the association of grids to the environment, allowing the selection of grid cells that overlap at a given location to be associated with the specific sensory input available at that location via connections with a specific place cell [8].

The finding of grid cells opens up many avenues of enquiry, for example, how do grid cells and place cells together contribute to phenomena such as remapping (see Box 1), or the encoding of environmental shape [9,10]? What implications do grid cells have for the temporal (e.g. [8]) and non-spatial (e.g. [11]) processing of information in this brain region? Most importantly, the discovery of grid cells serves to deepen further the question of how these brain structures contribute to episodic memory, which remains the most obvious and yet mysterious function of this network in humans.

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#### Letters

## Does the normal brain have a theory of mind?

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Apperly, Samson and Humphreys [1] have elegantly detailed the empirical standards necessary to claim that theory of mind (ToM) is domain-specific. They argue convincingly that current evidence from research with neurological patients under-determines domain-specific claims, but do not describe the alternative to the domain-specific view. We sketch an explicit alternative, describing computational architecture that could support ToM inferences without requiring a specific ToM module. We argue that this view integrates evidence from both autism and neuropsychology more convincingly than the modular view.

ToM abilities depend on the interaction (both developmental and on-line) of domain-general abilities with lower-level cognitive mechanisms for representing social information: face processing, gaze monitoring, tracking of intentions and goals, and joint attention [2–5]. These lower-level mechanisms are *domain-specific* – restricted to social stimuli and dependent on specific neural circuitry [5]. Their normal functioning is an essential precursor to normal ToM performance [2,4,5]. However, they are not sufficient by themselves for sophisticated ToM (belief-

state) inferences. The outputs of these lower-level mechanisms are used for inferences by higher level *domain-general* mechanisms: executive function, metarepresentation and recursion [4–7]. Executive function allows us to keep the elements of a social interaction in mind, and inhibit our own knowledge of the state of reality when asked about someone else's mental state [5]. Metarepresentation operating on information about eye gaze and attention (who saw or was attending to what) allows us to represent others' knowledge states (who knew what) [5]. Recursion operating on metarepresentations of mental states allows us to reason about not just others' thoughts, but others' thoughts about thoughts [7].

On our view, ToM is no more than what happens when these domain-general mechanisms interact with lower-level, domain-specific mechanisms to process social information [4,5]. Deficits on ToM tasks can result from deficits in low-level social input systems (e.g. joint attention) *or* in higher-level domain-general capacities. On this view, it should be impossible to find a pure ToM deficit occurring independently of other deficits.

Indeed, there is currently no evidence for a pure ToM deficit. Children with autism have deficits not only on ToM

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tests, but also in face-processing, gaze monitoring and joint attention [3,8]. Failures in low-level inputs to ToM computations could account for their deficits on these tests. Without co-morbid intellectual disability, individuals with autism seem to have intact capacities for metarepresentation and recursion, as indexed by false-photograph tests and mathematical ability [4,9]. All known cases of patients with ToM deficits arising from brain lesions involve deficits in either low-level social input systems or higher-level domain-general abilities. Orbitofrontal patients with deficits on ToM tasks have lower-level social deficits in face-processing and tracking intentions [5]. As Apperly *et al.* detail, medial frontal and temporoparietal junction (TPJ) patients have either executive function deficits, general metarepresentational deficits, or no ToM deficits [1].

When Baron-Cohen, Leslie and Frith published their original paper 'Does the autistic child have a theory of mind?', they argued that ToM is 'one of the manifestations of a basic metarepresentational capacity' ([10], p. 37; emphasis added). We think it is time to recapture the insights of their original proposal, and abandon the quest for the neural substrate of the fabled ToM module. Apperly *et al.*'s analysis of TPJ patients' performance shows that it might be more promising to focus on the domain-general and uniquely human ability of metarepresentation.

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# Evidence for infants' understanding of false beliefs should not be dismissed

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In their response to Leslie [1], Ruffman and Perner (R&P) reiterate their position that there is no need to explain Onishi and Baillargeon's (O&B) recent findings [2] with 15-month-olds in terms of attributing false beliefs (FB). Here we put forward three reasons why their points do not explain the infants' performance.

(1) We are not surprised that Leslie [3] did not respond to Perner and Ruffman's 'neurological' argument [4], according to which 'cells in the brain code for configurations of persons relating to objects'. To support their argument, they cited: (i) a neural-network model [5], which *hypothesized* rather than demonstrated the forming of associations in the prefrontal cortex between two rather than three stimulus features; and (ii) a neurophysiological study [6] showing that cells in the rat's hippocampal region are activated differently for novel and familiar arrangements of pictures, without demonstrating that those cells coded for *episodes* rather than familiarity of

arrangements *per se*. Although these studies suggest that brains could form such associations, to present them as evidence for 15-month-olds forming the particular episodic three-way associations that Perner and Ruffman's account requires is unconvincing.

(2) Although we certainly agree with R&P that teleological understanding [7] could account for many examples of early competence demonstrated in infants, this is in fact a red herring in this debate. The teleological model can only take into account actual states of reality, and is therefore unable to explain O&B's result. In fact, Gergely and Csibra [7] explicitly stated that as soon as the teleological interpretation is applied to fictional states (as required by this result), it has been upgraded to mentalistic understanding.

(3) R&P ask why infants would not default to answering in terms of reality on O&B's task if, as Leslie suggests, this is what children failing the traditional FB task do. The answer to this question seems straightforward: in the looking version of the FB task [2], infants are not

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