

## INTRODUCTION

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The interest in social neuroscience has increased tremendously in the last few years; specialized journals such as *Social Neuroscience* and *Social Cognitive and Affective Neuroscience* have been launched, and many recent and exhaustive reviews on basic processes of social cognition and related neural correlates have been published (e.g. Frith and Frith 2012, Poletti et al. 2012, Adolphs and Anderson 2013).

The clinical point of view on social neuroscience aims at establishing relationships between specific neuropathological, neurochemical, and neuropsychological alterations related to neuropsychiatric disorders and levels of social cognitive functioning (e.g. Brüne and Brüne-Cohrs 2006, Calabria et al. 2009, Bara et al. 2011, Adenzato et al. 2012, Kennedy and Adolphs 2012). This Special Issue provides a lifespan perspective on the clinical approach to social neuroscience: almost 30 years of empirical research on mentalizing abilities have passed since the first seminal studies on autism (Baron-Cohen, Leslie and Frith 1985). Clinical studies on mentalizing abilities have taken many directions, documenting impairments in several neuropsychiatric conditions of childhood, adulthood, and ageing (e.g. Brüne 2005, Adenzato et al. 2010, Korkmaz 2011, Poletti et al. 2011). This Special Issue represents a further step toward the necessary integration of the clinical perspective on social neuroscience: the collection of papers covers this topic by presenting new data and ideas, as well as reviewing existing literature on neurodevelopmental disorders of childhood and adolescence, psychiatric disorders, and neurological disorders.

The section on neuropsychiatric disorders of childhood and adolescence presents two complementary contributions. Fabbri-Destro, Gizzonio and Avanzini (2013) propose a new, innovative perspective on the role of dysfunctional motor cognition and mirror mechanisms in social cognitive impairments of children with autism spectrum disorder, while Poletti and Adenzato (2013) shed light on a partially neglected issue of social

cognitive neuroscience studies—mentalizing abilities in non-autistic developmental psychiatric disorders—and investigate whether psychiatric manifestations are associated with mentalizing impairment in developing subjects as well as in many adult psychiatric conditions.

The section on psychiatric disorders opens with two complementary contributions regarding rehabilitative interventions on mentalizing: Brüne, Dimaggio and Edel (2013) present a preliminary study on the effects of a mentalization-based therapy on mentalizing abilities of individuals with borderline personality disorder and suggest that this therapy may serve as a meaningful addition to dialectic-behavioural therapy. Cavallo and colleagues (2013) examine the effects of intensive cognitive training on the neuropsychological and mentalizing abilities of patients with schizophrenia. Other contributions in this section pertain to aspects of social cognition in depression and anorexia nervosa: Sambataro and colleagues (2013) review the evidence supporting default mode network alterations in patients with major depressive disorder, and underscore how these alterations may be associated with social and affective cognitive impairments in this disorder. Finally, Ciccerale and colleagues (2013) combine attachment theory (Bowlby 1969) with modern neuroimaging techniques and explore the anatomical and functional correlates of the attachment system in young women with anorexia nervosa, showing that non-secure attachment is a core feature of this disease at both psychopathological and neurobiological levels.

In the last section on neurological disorders, Adenzato and Poletti (2013) present an update of very recent studies on mentalizing impairments associated with neurodegenerative diseases. They strongly recommend that a neuropsychological assessment of patients with these diseases routinely include an accurate investigation of theory of mind abilities.

The main message of this Special Issue is that it is time to attempt an integration of empirical findings on

social cognition derived from very heterogeneous neuropsychiatric conditions: matching behavioural findings with neuropathological changes of each specific neuropsychiatric disorder may enhance our understanding of distinct processes of social cognition and related cognitive, chemical, and neural correlates. Moreover, this integration could permit us to test recent theoretical models of social cognition (e.g. the model of theory of mind proposed by Abu-Akel and Shamay-Tsoory 2011) and their clinical predictions.

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