

Considering Cognitive Mentalizing Deficits as a Transient and Reversible Impairment in Alcohol Dependence: A Response to Fein's Commentary on Muraige et al.'s Paper

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To the Editor:

IN HIS COMMENTARY (Fein, 2015) on Muraige and colleagues' paper (2015), Prof. Fein discussed the place that theory of mind (ToM) deficits play in our understanding of alcohol dependence's etiology and treatment. Prof. Fein acknowledged the important role played by impaired mentalizing abilities in alcohol dependence, as this deficit could hamper the ability to cope with social pressure (which constitutes an important relapse factor; Zywiak et al., 2003), and could partly explain the anxiety and depression symptoms frequently observed in this population (Schuckit, 2006). The central claim made by Prof. Fein is nevertheless that these mentalizing deficits may actually be the consequence of personality disorders, and particularly of borderline personality among alcohol-dependent individuals, which are considered as a vulnerability factor for the development and maintenance of alcohol-related disorders. Prof. Fein thus suggested that mentalizing deficit in alcohol dependence is a stable dimension that might precede the development of the disorder, that is tightly linked to emotional features, and that is related to rooted personality characteristics.

It should be noted, however, that Prof. Fein refers to a definition of mentalizing that is different from the definition used by Muraige and colleagues (2015), which is strictly cognitive and in which mentalizing is synonymous to ToM. Conversely, Fein's definition of mentalizing is inspired by the psychoanalytic works of Fonagy (2008, p. 4), which refer to "a form of mostly preconscious imaginative mental activity, namely, interpreting human behavior in terms of intentional mental states (i.e., needs, desires, feelings, beliefs, goals, purposes, and reasons)." This psychoanalytic definition is not only close to ToM, but also includes elements related to attachment

theory (Savov and Atanassov, 2013). More precisely, as summarized by Weinberg (2006), the assumptions of the psychoanalytic model of mentalizing is that: "(1) the sense of oneself as an agent is rooted in the experience of the attribution of mental states by a significant other; (2) this capacity emerges through interaction with the caregiver, who is usually but not necessarily the mother, through a process of 'contingent mirroring'; and (3) this capacity can be disrupted by traumatic experience" (pp. 252–253). This specific definition of mentalizing therefore relates to alterations in self-development and emotion regulation that may predict a tendency for alcohol drinking in subjects exposed to stressful situations or depression. Several works indeed support that alcohol drinking is related to self/emotion regulation deficits (Cordovil de Sousa Uva et al., 2010; de Timary et al., 2013; Hull et al., 1986; Luminet et al., 2016).

However, Muraige and colleagues (2015), who used a strictly cognitive task, identified deficits in the tendency to pay attention to others' perspective in situations where emotional dimensions were not involved. Whether ToM deficits precede the development of alcohol dependence is not clear: One study showed deficits in ToM in non-alcohol-dependent subjects with alcohol-dependent parents (Hill et al., 2007), while another did not (Kopera et al., 2014). Muraige and colleagues (2015) suggested that ToM deficits are a consequence of drinking, existing in only a fraction of alcohol-dependent subjects and directly related to addiction severity (i.e., the duration and quantity of drinking and the severity of cognitive deficits). Hence, the central claim of the present letter is that cognitive mentalizing or ToM deficits is a notion that differs from the psychoanalytic definition of mentalizing: As ToM deficits are related to the intensity of the addiction, they can probably be considered to be a reversible and transient consequence of alcohol drinking. Thus, this type of mentalizing deficit is not, in our view, a personality related factor, but rather a cognitive deficit that may diminish with abstinence, or be actively rehabilitated by means of innovative cognitive interventions that have been successfully used in other psychopathologic states (Peyroux and Franck, 2014).

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