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Mentalisation in Art Therapy – a case study

Anette Kuhn

Abstract

This article examines the reciprocal relationship between psychodynamic art therapy and the concept of mentalisation against the backdrop of object relations theories. It considers this to be a helpful concept for viewing triangulation processes in art therapy as promoting mentalisation and for classifying them in the existing literature review. The case history examines the development of mentalisation-promoting processes in the context of a two-year art therapy intervention with an adult individual in a clinical setting and in outpatient art therapy.

Key words

Mentalisation, attachment, object relations, triangulation, joint shared attention, symbolisation, traumatisation, early childhood attachment trauma, depression, eating disorder, suicidality.

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Introduction

The creation of art seems to have a beneficial effect on the ability to express thoughts, feelings, intentions and desires. In addition, in the art therapy process, both the artistic creation process, and the intersubjective exchange about the work within the framework of shared attention, also promote mentalisation and bring about comprehensible processes of change.

This interaction between art therapy and mentalisation is therefore particularly supported by the process of triangulation. As a third medium, the image or work provides an extension of classic psychodynamic therapeutic conversation dyads.

For this reason, mentalisation-promoting processes in art therapy are considered against the background of the concept of triangulation, which is anchored in modern psychodynamic treatment theories, such as object relations theory.

Psychodynamic art therapy refers to the therapeutic application of visual arts. Painting, drawing and artistic creation with other media promote the psychological development process within the therapeutic relationship. Feelings, thoughts and fantasies that can be experienced sensually help individuals to perceive conscious and unconscious conflicts themselves and to communicate them to others (cf. DFKGT, 2025).

Mentalisation refers to the human ability to imagine psychological reasons for the feelings, thoughts and behaviour of others (cf. MBT-D-A-CH). Mentalisation ability develops as a competence in affectively significant interpersonal and attachment-related relationships (Bateman, Fonagy, Taubner, 2019, p. 2).

Peter Fonagy and Mary Target, who developed the concept of mentalisation in the 1990s, focus their observations on the study of attachment and relationship patterns in developmental psychology research on infants. The concept of mentalisation combines insights from theory of mind (ToM), the concept of alexithymia, affect research, clinical attachment theory, neurobiology and epigenetics against the backdrop of psychoanalysis, object relations theory and evolving psychodynamic psychotherapies. (Schultz-Venrath, 2025a, p. 32 ff.)

Dimensions of mentalisation, epistemic trust and pre-mentalising modes

Effective and healthy mentalisation arises from a special quality of experience in relation to self-perception and perception of others. Successful mentalisation is characterised by an *open* and *curious attitude*, accepting feelings and conflicts as contradictory, changeable and communicable, rather than interpreting and evaluating them prematurely. Ideally, feeling allows for reflection on the feeling itself. Interest, openness and the willingness to take on different perspectives are central prerequisites for a trusting interpersonal exchange of experiences.

The concept of mentalisation, which cannot be described in full here, distinguishes mentalisation as an activation process between different coping or mentalisation poles: automatic implicit mentalisation versus controlled explicit mentalisation, internal versus external focus, self-oriented versus other-oriented pole, and cognitive versus affective pole. Depending on attachment type and affective processing capacity, coping patterns are activated in response to overstimulation and familiar attachment patterns are activated (cf. Bateman et al., 2019, 12f).

Epistemic trust is an important basis for mentalisation and is closely linked to early childhood attachment experiences. Epistemic trust refers to a fundamental trust in an important attachment figure and means a willingness to accept information and signals from others as relevant and trustworthy (Fonagy, 2023, p. 37).

Epistemic mistrust often forms the basis for *pre-mentalising modes*. The learned assumption that a source of information is unreliable or intentionally harmful influences perception and communication with others. Pre-mentalising modes are therefore often characterised by concrete thinking and an increased urge to act.

Effective mentalisation can be interrupted by heightened emotions, challenging interpersonal situations and a relapse into familiar attachment strategies. Exceeding or reaching a threshold value leads to a relapse into pre-mentalising modes (Bateman et al, 2029, p. 16).

In *equivalence mode*, the inner world and outer reality are experienced as identical. One's own experience and the world are equated in the form of a psyche-world isomorphism. Often, there is no doubt about one's own attitude, so that reality is derived from inner experience without alternative (Bateman et al., 2019, p. 53). In this sense, suicidal constriction can often be attributed to equivalence mode, as it is not possible to differentiate between feeling hopeless and being hopeless (Schultz-Venrath, 2025a, p. 172.).

In *the teleological mode*, changes in the physical world are measured. The teleological character appears to be results, purpose, and goal-oriented and follows a logic of verifiability and reasoning. In this sense, self-harming behaviour as a visible sign of

tension and pain results in care and attention. Checking the functioning of the environment serves to regulate one's own inner tension (Schultz-Venrath, 2025a, p. 170.). Measurable actions and the compulsion that something must happen often cause the therapist to feel the urge to also achieve something measurable, such as extending sessions, providing special resources, or making phone calls on behalf of patients (Bateman et al., 2019, p. 55).

In the *as-if mode*, mental states and the inner world are disconnected from external reality and appear emotionally disconnected. In the therapeutic relationship, this form of *pseudo-mentalisation* is often characterised by intellectualising and seemingly endless conversations about the patient's thoughts and feelings, which nevertheless leave a feeling of emptiness (Schultz-Venrath, 2025a, p. 176.).

The body mode was developed retrospectively by Schultz-Venrath and, despite being recognised, has not yet been integrated into the prementalising modes by Fonagy and Batemann. *Body mode* refers, on the one hand, to the body as a place of mentalisation that understands feelings and desires, as well as the possibility of reflecting on physical sensations and experiences and their relationship to oneself and others (Schultz-Venrath 2025, p. 75). The body mode differentiates between non-verbal and primarily unconscious interactions of touch, facial expressions and gaze behaviour as relational and boundary experiences of the self (Schultz-Venrath 2025b, p. 222.).

Mentalisation-based therapy (MBT) as a specific application model of the mentalisation model focuses, in the therapeutic process, more on the *how* of the relationship than on the *what* in terms of content, and places a strong focus on exploring affects and interpersonal fears. Authentic *empathic validation* serves to explore the *affective focus* and to represent and communicate it in the therapeutic relationship, taking into account possible disruptions to mentalisation due to *attachment activation*. It is important that the therapist also explicitly makes their mentalisation processes available and perceives, marks and incorporates their own disruptions to mentalisation into the process. (Bateman et al., 2019, p. 73).

Triangulation and object relations

The concept of intersubjectivity links the concept of mentalisation and modern object relations theory, as both assume that changes and developments in therapeutic processes are relationally based. According to Freud's original psychoanalytic model, unconscious intrapsychic conflicts are the source of neurotic conflicts. The psychological motivation system has little interaction with the outside world, as internal conflicts are negotiated between the instances. Unconscious drives located in the id are prevented from being acted upon by the ego's defence mechanisms, frustrated and negotiated internally. Through the modernisation of psychoanalysis and its intersubjective expansion through object relations theory, the concept of drives has been expanded to include affects. In this way, psychological motivation systems are linked to the real and social environment and its conditions (Abel, 2023, p. 14). Fonagy and Target characterise this further development as follows:

"Object relations theory differs fundamentally from Freudian theory in the greater heterogeneity of the relationship patterns that are considered relevant to the development of psychological structures. Object relations assume that the child's psyche is shaped by all early experiences with the caregiver." (Fonagy and Target, 2015, p. 157).

Winnicott points to the importance of the '*good enough mother*' in the sense of the primary supplier of care in relation to the healthy development of the child (Winnicott, 1971, p.189). The experience of mirroring (Winnicott, 1971), bonding (Bowlby, 1969) and affective attunement processes (Stern, 1985) with the significant other are necessary to establish healthy object relations through internal representations. Facial expressions and body language play an important role as emotional gestures. Studies such as the "still-face experiment" (Tronick, 1975) and the "false-cliff experiment" (Gibson, 1960) have shown that the facial expressions of the caregiver and their emotional gestures serve as a reliable source of trust for the infant and influence their learning, behaviour and emotional regulation. Tronick's studies show that the mere frozen facial expression of the mother (*still face*) when looking at the infant, which ignores its signals seeking contact, triggers psychological and physical crises after a few minutes. Gibson's research shows that by observing the mother's facial expression, the toddler decides whether to climb over the cliff (*false cliff*) or wait cautiously at its edge. Through the coordination processes between the presence of

emotional states and behavioural consequences, secondary representation structures can thus form (Gergerly, et al., 2004, p. 162).

If development remains stuck in object dependency, it leads to fixation and self-denying adaptation in the form of a *false self*. (Winnicott, 1965, p. 189). Winnicott also describes the *ability to be alone* as an important exploratory process for infants, which can only succeed if the infant is aware of the mother's presence in the next room and can therefore relax and turn to play without worrying about her (Winnicott, 1957, p. 345 f). Winnicott describes the space of protected exploration of transition as an *intermediate space*. The concept of *the transitional object*, which can be traced back primarily to Clare Winnicott (Schötz, 2023, p. 183), also expresses the symbolisation of the significant other. The chewed teddy bear represents the certainty of affection from the caregiver in their absence.

Transitional objects and transitional phenomena in an intermediate space make the process of object relations three-dimensional and enable a better examination of object relations. A rehearsal space for sharing feelings and experiences is created, because "rehearsal requires the ability to symbolise, which in turn requires impulse control and affect regulation" (Dembler, 2024, p. 231). Beres already understands symbol formation as a specifically human and conscious ability, regardless of whether it focuses on conscious reference objects or refers to unconscious representations. The symbol "also expresses the uninterrupted relationship to an object in its absence or loss" (Beres, 1970).

The concept of *joint attention* takes on special significance in this context. Looking together at a third party or object within a protected setting creates meaningful moments in which a shared experience can be shared. Kraft calls this a *dyad of three* (Kraft, 1996, p. 9). Isserow in particular summarises the significance of *joint attention* in art therapy processes (Isserow, 2010, p. 34 ff). The separation of the artwork and triangulation in the art therapy relationship enable the capacity to mentalise and symbolise. He describes the mentalising aspect of the art therapy process as follows:

"Firstly, viewing an art object together requires the insight that other people have a different perspective (mind) than oneself; secondly, that other people have their own

thoughts that may be directed at other objects and events in the world; and thirdly, the ability to orient oneself to the other person's point of view" (Isserow, 2010, p. 36).

Herrmann emphasises the emotional and aesthetic character of shared attention, which can already be distinguished in childhood between gestures that satisfy needs and gestures that promote bonding (Herrmann, 2021, p. 26), and also underlines its influence on mentalisation and intersubjectivity (Herrmann, 2025, p. 50).

Dannecker has also conducted intensive research into the aspect of intersubjectivity in art therapy. Drawing on Stern's concept of *the present moment* (Stern, 1985), she refers to decisive moments of encounter as *aesthetic moments* in which changes are reflected in the intersubjective art therapy process, bringing about positive changes and transformation, and concludes: "it requires a special kind of openness from the therapist. She must be prepared to enter unknown territory with the patient in an attitude of *not knowing*" (Dannecker, 2022, p. 92).

The basic principles of promoting mentalisation, namely an attitude of *not knowing* and *curiosity*, therefore also require that works in art therapy are not interpreted and that art therapy processes are designed to be non-directive. Dannecker emphasises this with the following words: "For this reason, strategic planning of specific directive intervention techniques or goal-oriented topics in art therapy will not lead to genuine rapport between patient and therapist. If the rules of the game are set by the therapist, no coordinated interaction can take place." (Dannecker, 2022, p. 92)

Literature review: Art therapy and mentalisation

The interaction between art therapy and mentalisation-based therapy (MBT) is currently still little recognised and systematically researched in Germany, where this case example takes place. Questions such as: What pre-mentalising mode does the created image express? How can this be recognised? How are inner (implicit) feelings expressed (externalised) in the image? How is the relationship between objects depicted in the image? How are the depicted object relationships perceived and validated by a group's members? Through which circumstances, factors and interventions can mentalisation be promoted or prevented in art therapy processes? How can successful mentalisation be recognised in the image? have been

investigated mainly in studies and research from Great Britain since the beginning of the 21st century.

Fonagy and Bateman see an advantage of art therapy in the concept of intersubjectivity as an extension of the dyadic relationship. The patient can experience themselves in relation to others in the artwork without direct personal interaction. This has a stabilising effect (Bateman, Fonagy, 2004, p. 191ff). The image therefore plays a central role in the mentalisation process. It enables the patient to test their own sense of self and allows them to perceive others as thinking and feeling beings (ibid.). Fonagy further emphasises the unique role of art therapy for patients who are difficult to reach. Art therapy reveals an *embodied root* of the human unconscious and conscious. It allows a relationship between the experiencing self and the created self, which is replicated in the image (Fonagy, 2012, p. 90).

Franks and Whitacker were early researchers into the role of art therapy in the treatment of patients with personality disorders. They found that a combination of group art therapy and individual talk therapy offers a unique approach to promoting mentalisation. In their view, the created image itself has a mentalising function: "This role of the mentalising image as an active and visible interface between intrapsychic and innerpsychic worlds should not be underestimated" (Franks, Whitacker, 2007, p. 14). The *mentalising image* in art therapy thus serves as an active, central interface between the expression of preverbal inner psychological experiences and verbalisation in interpsychic processing in group discussions.

Springham understands mentalisation as *a common mechanism of change* that is positively influenced by ostensive communication. This form of marked mirroring not only conveys the information itself, but also makes the communicative intention itself emotionally meaningful. He understands effective mentalisation as feeling while thinking about a feeling: *feeling while thinking about feeling* (Springham 2025).

In 2012, Springham systematically investigated the mentalisation-promoting role of art therapy in an MBT programme for people diagnosed with borderline disorders. He states that "it appears that group art therapy promotes the development of mentalisation and reflective functioning" (Springham, et al., 2012, p.117). Springham asks which specific components of art therapy promote mentalisation and confirms the

following criteria: 1. Art replaces the words that the patient cannot find and thus promotes the externalisation of feelings. 2. Joint attention in art therapy is promoted by a homogeneous group composition. 3. The therapist works in an exploratory and non-knowing manner. 4. The comments of the participants support the ability to accept different perspectives and avoid fixed patterns of interpretation. 5. The constant alternation between *art making* and *art sharing* promotes emotional regulation. This enables understanding and empathy, identification and shared experience. 6. An uninvolved, unempathetic art therapist has an iatrogenic effect. 7. The therapist's attentive but non-observant attitude in the room supports immersion in the art therapy process. 8. Art (therapy) can also be used as self-help at home (Springham, 2012, p.121).

Some interview passages from the case description describe the process of mentalisation within the art therapy process in a particularly impressive way. With regard to art therapy treatment, one study participant who experienced severe trauma in the form of sexualised violence says: "When you are traumatised by something, it is important to find a starting point for sharing it with someone (...) I wouldn't have had the words to start and say: This is what happened and this is how I felt and this is how I feel now (Springham, 2012, p. 122).

With regard to shared attention in art therapy, she says: "Hearing different people say different things about one of my paintings was probably the first time I accepted someone else's opinion. I can't remember ever trusting anyone before." (Springham 2012, p. 123). In the art therapy process, "you produce this piece of art, you let your inner self (...) come out, but as soon as you pick up the artwork and put it on the floor, the change comes. It no longer belongs to you, but (...) is now shared. So this transition comes about by putting it down, and it is out of you (...) and you are back in the world of words." (Springham: 2012, p. 123).

In his manual on mentalisation-based group therapy, Karterud also identifies art therapy as an important complementary expressive group therapy (Karterud, 2015, p. 15). Havsteen-Franklin and Buck were early to identify the special effect of the art therapy process on the formation of epistemic trust. This offers the possibility of creating external objects that promote contingency and resonance and represent the

patient's inner world, and can thus be classified as an alternative form of communication (Havsteen-Franklin et al., 2013, p. 2). Altamirano and Havsteen-Franklin examine the effectiveness of responsive art-making as an interactive mentalisation process, particularly with regard to patients with avoidant attachment patterns. They also link object relations theory with the concept of mentalisation and identify artistic creation as an effective means of representing object relations and thus the quality of the patient's attachment-based affects (Havsteen-Franklin et al., 2015, p. 56). In another essay, Havsteen-Franklin identifies creativity as an intrinsic element of mentalisation and outlines four phases of effective, mentalisation-based art therapy: this is characterised by the joint perception of formal features of the artwork through to the exploration of affect and its art-based narration. He presents the improvised use of art as an implicit form of mentalisation as a key objective of art therapy. He recognises explicit mentalisation as the process of reflection and becoming aware of the artwork (Havsteen-Franklin, 2019, p. 198). He compares the use of *metaphors* in art therapy to a mirror mechanism in which the characteristics of one object are transferred to another (Havsteen-Frankling, 2019, p. 201). Hilbuch, Snir, Regev and Orkibi use a study with art therapists to emphasise the transference process in art therapy and assume that the selection of art materials, their handling and the creative process reflect internalised object relations (Hilbuch, Snir, Regev, Orkibi 2016, p. 22).

Verfaillie does not systematically refer to any of the above studies. However, her position is close to theirs, as she also considers art therapy to be a protected space for experience that invites implicit mentalisation to be playfully transformed into explicit mental perception (Verfaillie 2016, p. 16). She uses the concept of a hot (ironing) iron to create a metaphor for the vulnerability of mentalising processes. If the *iron* is too hot and the patient is highly emotional, angry or agitated, they will be just as unable to mentalise as they would be in a state of psychological numbness or isolation. The dilemma, therefore, is that mentalisation is most difficult when it is most urgently needed (Verfaillie 2016, p. 5). She also critically examines the fact that art therapy interventions can be pre-mentalising in nature, with the therapist running the risk of activating their own attachment patterns. In this context, she recommends *mental parking* for both participants in the therapeutic relationship as a useful intervention for examining the transference process (Verfaillie, 2016, 67f).

Petras provides practical examples of successful mentalisation in art therapy processes using practical examples from psychosomatic treatment (Petras, 2020).

Kuhn describes the approach of mentalisation-promoting interventions in art therapy and their bridging function in acute clinical psychiatric settings (Kuhn, 2022) and in complex trauma using various case studies from art therapy work in women's shelters (Kuhn, 2023).

Case history: Kris

Reason for admission

Kris, aged 29, is admitted to the acute psychiatric ward of a clinic for psychiatry, psychotherapy and psychosomatics in a large German city in autumn 2022 with a previous history of admissions. The reason for admission is Kris' suicidal crisis against the background of a recurrent severe depressive episode, atypical anorexia nervosa and previously identified features of anxious-insecure, anankastic and histrionic personality components. In the course of treatment, the extent of Kris's complex early childhood trauma and trauma-related impacts became apparent, but this is not taken into account during the stay in the ward and is not diagnosed.

Kris is tall, has short hair and an alert and bright face with large dark eyes. His gaze is often evasive, sometimes probing or even distractedly absent. Kris tends to wear dark, inconspicuous clothing that neither conceals nor emphasises his underweight appearance, and he is immaculately presented. Kris is intelligent, friendly and cooperative, and comes across as very sensible. His language is engaging and clear and he sometimes likes to use psychoanalytical terminology, which stems from his genuine interest in this. Kris has experience with therapy and clinical settings. Kris is oriented in all respects and has clear mindset, free of difficulties in thinking, attention, memory or concentration. However, he appears sad, with a significantly reduced affective capacity. Kris is restless and anxious, hyperactive in his body movements, and distrustful. Despite reports of recurrent suicidal thoughts, acute suicidality is ruled out at this time.

Against the backdrop of recurring crises and new conflict situations, I accompany Kris through ten art group sessions and fifty individual art therapy sessions, which take place in the clinic and subsequently in outpatient practice and are largely supervised by video-based documentation from the MBT-D-A-CH association.

Biographical background

Kris's upbringing has been marked by extremely stressful events since early childhood. His parents and two siblings still live in his distant hometown. Kris grew up in a middle-class, affluent family, where both parents held high-ranking government positions. His mother gave up her career after the birth of her third child. From the age of four, and probably even earlier, Kris was at the mercy of his mother's mental overload. She regularly threatened suicide and accused Kris of being responsible for her misery. Kris often took care of his mother's needs and protected his brother, who is almost the same age, from her aggressive outbursts. At school age, her pronounced compulsion to clean prevented the children from inviting friends home. Kris developed unbearable anger towards his father, whom he perceived as absent. At the age of eleven, he developed a pronounced disgust that prevented him from eating at the family table because he was so repulsed by his father's eating and drinking noises. Initially overweight, Kris developed further eating disorders, which in times of crisis led to Kris compulsively counting calories, controlling food intake and being unable to eat with other people. Added to this is the fear of soiling his pants. Wearing a nappy becomes necessary even in young adulthood, as Kris often wets himself when out and about.

From a psychodynamic perspective, the children's needs remained unmet and neglected within the family. Both Kris and his siblings experienced their primary caregivers as unreliable and fragile, absent or mentally unstable. Epistemic trust, in the sense of fundamental trust in the emotional signals and actions of the caregiver, remained undeveloped, as did a representational network and stable object relations. Kris's ability to form relationships remains fragile and ambivalent in other social contexts as well, always characterised by great fears of loss, which remains unexpressed and is covered up by intellectualisation and overcompensation. In crisis or conflict situations, suicidal tendencies often appear to Kris as the only adequate alternative for regulating his emotions, while other feelings remain split off for a long

time. The ability to mentalise is unfamiliar to Kris, as he is hardly aware of his own emotions and is not used to sharing his needs and feelings.

Kris left his family after graduating from secondary school and decides to study humanities abroad on a scholarship. The doctoral project that Kris had to put on hold during his stay in the clinic has now been successfully completed.

Initial session: "I am a monster!"

The first individual art therapy session takes place at the clinic. Kris appears shy and restless and avoids my gaze, but at the same time is approachable and engaging in conversation and can report very clearly but also very distantly on his clinical situation and symptoms. Kris chooses A3 paper, charcoal and pastel crayons and begins to draw a full-body portrait that fills the page with lively, expressive strokes (Fig. 1).



Fig. 1, OT, charcoal, pencil, pastel chalk, oil chalk on drawing paper, 42x29.7cm, 2022.

The picture shows a figure with an above-average sized head and a pronounced, red-highlighted mouth that reveals tightly clenched teeth. The body appears underdeveloped in comparison to the head, individual bones and ribs are visible, and the hands are raised. The naked, footless figure appears angry, vulnerable and unstable at the same time.

With the words "I am a monster!", Kris begins the first joint picture viewing and immediately adds, putting things into perspective, that the picture seems less threatening than expected. I perceive the drawing as a third *face* in our therapeutic relationship constellation, one that can show itself to me and impose itself on me with a greater emotional range and neediness than Kris himself is perhaps capable of at the moment. So, I ask Kris about the feelings of the figure depicted. Kris recognises himself in the figure and is clearly able to connect with the representation of an old and familiar feeling. Kris feels great anger towards his parents and begins to talk about his childhood. Kris responds defensively and with intellectualising to my attempts to sympathetically validate the feeling of powerless anger in the picture and the situations from early childhood described. However, the emotions seem to be adequately represented in the drawn figure. Anger, fear and vulnerability are clearly recognisable. In this first session, the expression of inner feelings happens through the artwork, while the therapist's marked reflection of the emotion cannot yet be perceived. While Kris maintains intellectual distance in his own defensiveness, the figure reveals suffering and distress.

In supervision, the question of Kris's pre-mentalising mode is discussed. On the one hand, Kris's drawing in the psychological mode of equivalence seems to indicate that Kris felt *exactly the same way* as the figure depicted. On the other hand, the intellectualising defence against my validation of his feelings seems to indicate that Kris is in a mode of pseudo-mentalisation and has split off threatening affects, partly by devaluing himself and describing himself as monstrous. The feeling is well represented in the drawing, but thinking and talking about this feeling still seems impossible at this point.

Sound and the mentalisation of the body

After the initial session, Kris is persuaded to participate in group art therapy. Here, Kris often appears reserved, but is quickly appreciated by the group as an understanding, helpful and empathetic member for his supportive contributions to others. Kris begins working with clay and shapes the torso of a pregnant woman (Fig. 2). The stability and sturdiness of the figure is particularly important to Kris. When I tell Kris that the figure needs to be hollowed out a little at the bottom so that it doesn't crack in the kiln, I realise the possible implications of this request. He is to hollow out a pregnant body and, in doing so, accept that this will reduce the stability of the figure. Kris hollows out the clay figure and collects the clay residue in a pile, which will be fired along with the figure and remain part of it. In the discussion, Kris emphasises a feeling of disgust at the pile, which looks like faeces and reminds him of his disgust at his own bodily excretions. A fellow patient emphasises her feeling that the child in the womb could be damaged by the hollowing out, which Kris does not respond to, seemingly unmoved emotionally. It seems to me that Kris has made a connection between the pregnant female body and his mother and the associated issue of her inadequate care. Without a head, arms and legs, the figure appears incapable of action, although her maternal role is clearly recognisable.



Fig. 2, OT, 2 figures, red clay, 5x5x19cm and 4x4x1cm, 2022

In the following individual session, Kris works with white clay, repeatedly tearing it apart and pressing individual lumps of clay on top of each other to form initially unconnected clumps associated with faeces and excrement. Kris's anger is palpable on this day. Kris talks about his self-hatred and self-punishment mechanisms through calorie counting and controlling food intake. After a while, Kris places another figure on a tongue-like form with a hollow and presses it firmly onto the lower one. Kris then places two balls on the respective bodies (Fig. 3).



Fig. 3, OT, figure, white clay, 14x8x10cm, 2022

The two figures are closely connected, smoothly finished with rounded shapes. One figure sits on top of the other, raising it up. The two spheres looked to me like the figures' heads.

During the process, Kris's mood improves. Kris inquires about the attachment of the spheres and ensures that the surfaces are smooth and rounded and that the figure remains connected. In his observation, Kris said that the upper figure protects the lower one because it has the overview, but at the same time it wants to lean on it, which is unfortunately not possible because the lower figure cannot bear it. At the

same time, the upper figure wants to break free, which is impossible because the lower one would then be left unprotected. It is an ambivalent situation. In further individual sessions, Kris cares for and glazes the figure in which he defines his mother (below) and himself (above). The figure seems to symbolise numerous characteristics of an insecure relationship with his mother, in which care needs appear to be rejected in the form of reversal and the desire for separation is not yet manageable. It seems as if the child cares for and protects the mother.

After a three-month stay in a specialised psychosomatic clinic following his acute psychiatric stay, Kris continues his art therapy in outpatient practice at his own request. As the work took place during the Covid 19 pandemic, a significant first moment is when we both see each other's faces without mouth and nose protection for the first time and are initially unable to put the intimacy of this moment into words. I first ask whether it feels strange that I can see Kris's whole face, which is met with a nod of agreement, and I indicate that I also feel a little strange. When we later talk about the difficulty of revealing oneself in this significant moment, Kris seems resigned. Kris notes that he did not reveal himself in the group setting at the clinic and reports that he slipped back into the role of caregiver for others. Due to his weight gain, Kris feels uncomfortably visible, especially in the presence of others. When I ask Kris how it feels to be visibly without a mask and with his changed weight, he replies that it is somehow okay without being able to look me in the eye. On this day, we decided not to make a video recording of the session for supervision purposes.

Kris resumes his work with clay and experiments with the stability and resistance of the material and its workability. He creates a figure out of white clay, a kind of torso, which Kris carefully and curiously hollows out deeper and deeper (Fig. 4). Upon observation, Kris initially recognises it as a sex toy, which amuses him, or a urinal to be used, and experiences himself as *a man* while hollowing out the figure. Kris refers to his coming out as gay a few years ago and describes ambivalent sexual desire, which includes fantasies of submission as well as the desire for intimacy and tenderness. It seems to be about the aspect of use when sex toys or urinals are used, and thus, in further conversation, about the question of who uses whom in what way in sexual encounters.



Fig. 4, Untitled, figure, white clay, 5x5.5x9.5cm, 2022

In another figure from a subsequent session, the focus once again seems to be on the durability and stability of the moulded body. One figure sits in a kind of cross-legged position, her upper body leaning to the left so that her head almost seems to rest on her thigh. Her right arm is bent in front of her upper body, while her left arm is stretched out above her tilted head (Fig. 5).



Fig. 5, OT, figure, white clay, 25x10x12cm, 2022

Kris seems exhausted and tired on this day and, while working on the material, reports on another sexual encounter in which he felt ambivalent and constrained because it involved feelings that were unfamiliar to him. In their joint observation, Kris notes that this figure would *bend*. It is not a comfortable posture, but this time there is no danger that this figure will be *used* and then discarded. This is reassuring.

Kris then works on a clay torso over several sessions, repeatedly hollowing it out from different sides (Fig. 6). The torso is reminiscent of a female figure without a head, arms or legs. The two breasts have deep holes instead of nipples. There is also a hole where the female pubic area would be, which, together with a horizontal slit through this opening, is also reminiscent of a mouth. Kris explores the openings of this body with intensity and penetrates further into the interior of the figure. I noticed the dysfunctionality of this female body, whose breasts cannot milk, as the nipples are hollow instead of raised. All of the body's orifices appear empty and seem to need to be fed themselves. In my observation, I deliberately remain ignorant and open to questions about what might be seen, and I asked Kris about his feelings towards this figure. Kris says that this body has *failed*. Tension, anger and sadness become palpable, and Kris expresses a desire to pierce or destroy the figure further. I asked him if he could resist this impulse until the next session in order to bind the affect, which may not yet have been understood. It seems to me that Kris is symbolically re-enacting the infant's physical relationship with the mother by groping for the breast, seeking skin contact and checking the functions of a nurturing mother, even if these prove to be dysfunctional in the elaboration and rather point to the mother's own neediness.

In subsequent sessions, Kris's desire is apparently less urgent and appears to have changed. Kris begins to cover the figure's body openings with individual flattened clay tiles until all the holes are completely covered. In the discussion, Kris describes the clay object as *a gravestone for motherhood*. It is good, he says, if the figure appears less needy by keeping its body openings closed (Fig. 7).



Fig. 6, OT, figure, red clay, 16x10x11cm, 2023

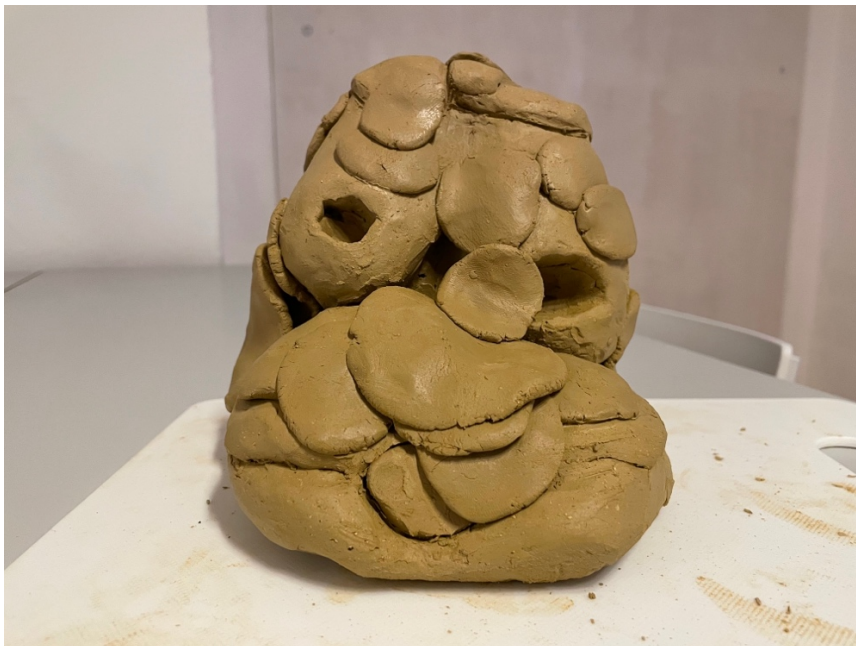


Fig. 7, OT, figure, red clay, 16x10x11cm, 2023

The clay figure seems to embody the feeling of being an *inadequate mother*. The mother's desire to provide for her child seems to be unconsciously symbolised by hollow, absent or failing nipples, while covering the figure with clay flakes seems to conceal or deny Kris's own neediness, or punish the nurturing object as inadequate.

Charcoal and the mentalisation of the relationship

As his father's milestone birthday approaches and the question of whether Kris will travel to his hometown comes up in several sessions, there is a change in materials. This results in A2-sized charcoal drawings on paper. Kris is emotionally stirred and uses the charcoal with expressive pressure, often causing it to break through the paper. Compared to working with clay, the process gains speed and dynamism.

The drawing shows a portrait with the face of a young person in the centre, with an accurate hairstyle with a side parting. The mouth is angular and strongly contoured. The eyes look out of the picture to the left, seemingly addressing the viewer, although the gaze also appears disturbed. To the right and left of the figure's head, a body, or rather two legs with high-heeled shoes and two female breasts, seem to frame the head (Fig. 8). While painting, the nose first reminds Kris of elongated surgical scissors and then of a penis that is too thin. In the discussion, Kris says that a naked woman is approaching from behind, while the despotic man, whose hairstyle reminds him of a fascist ruler, is desperate about the unpredictability of the woman, whose breasts are falling chaotically out of place. In further discussion about his feelings about the scene in the picture, Kris recalls his own rigidity in the face of his inactive father's inability at the table, while his mother initially acted impulsively and then decompensated. His father then usually left the scene without saying a word, leaving the children at the table with their mother.

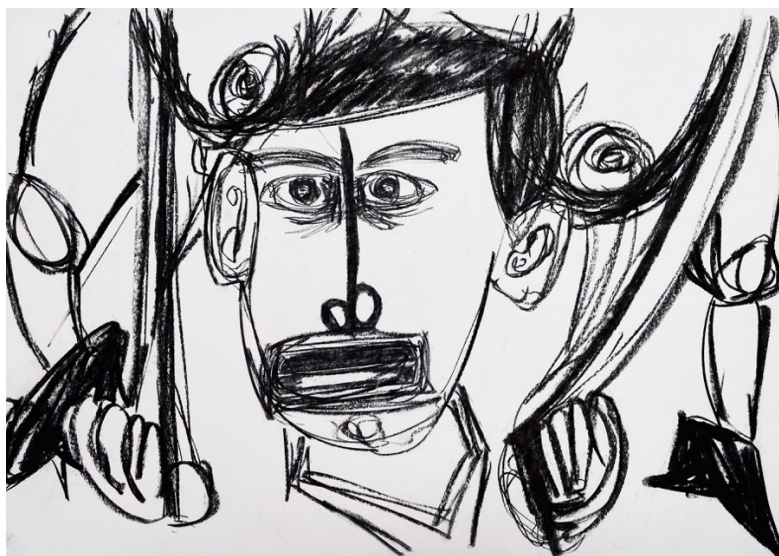


Fig. 8, Untitled, charcoal, pencil on drawing paper, 59.4 x 42 cm, 2023.

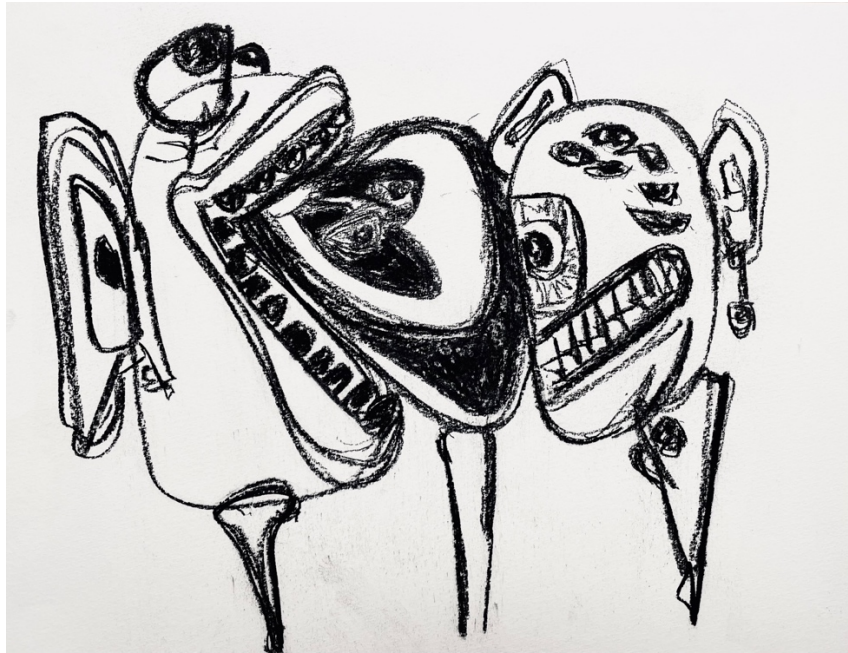


Fig. 9, OT, charcoal, pencil on watercolour paper, 59.4x42cm, 2023.

In the following charcoal drawing, two figures appear comparatively unrelated, even though they touch each other in a physical gesture (Fig. 9). Kris recognises himself on the right of the picture in a scene with his father on the left. In the black area between the two figures, Kris sees an overwhelmingly fleshy tongue with food or vomit on it, on which two eyes lie. The father eats everything, is greedy and cannot get enough, while Kris himself is starving, which the father does not even notice in the scene. I agree with him in my impression that I experienced the figure on the right as helpless, vulnerable and angry. Her entire face is exposed to the resistance of the huge, overpowering tongue, which she seems to be fighting against. Kris replies that the father did not perceive the needs of others. Kris's attachment remains activated as he recounts the story with a stiff, hard expression, as if it had nothing to do with him, and finally notices this himself. Kris says: *I talk about my feelings as if I were at a press conference*, addressing myself with an unfamiliar sadness. When I tell him that I can relate to the feeling of powerlessness, helplessness and anger in the image and that it touches me that he had to endure these terrible events at the table again and again, Kris's expression changes and he becomes sad. I also feel my sadness and continue: Kris must have felt helpless and abandoned. At this point, Kris is able to truly allow himself to feel sadness for the first time and cry. It seems as if Kris has freed himself from his isolation.

The charcoal drawings depict the recurring traumatic situations at the table as inevitable. The strongly contoured black and white contrasts in the picture, which represent the encounters at the table, seem to allow for no colour nuances. Likewise, the strong contours of the black charcoal emphasise the rigidity and hopelessness of the situation. They seem to contrast the view of the relationship with the parents as rather persecuting, intrusive objects.

In the following period, Kris attends the sessions regularly, but reports that he is neglecting other appointments with his psychiatrist and the anorexia support group, continues to be absent from analytical group therapy and is withdrawing socially. It is progress that he can clearly recognise and name this without pseudomentalising. He draws another portrait. The side view of the head shows a pronounced mouth with large teeth. A snake-like tongue writhes out of the mouth, and an articulated arm protrudes from the top of the skull. Two fish-shaped eyes are directed at an embryo-like form in a bubble on the forehead. Two breasts with nipples, which also resemble eyes, can be seen in the thick black mass of hair. Two long arms with eight and ten claw-like fingers on the hands extend from the head. A snake writhes out of the open mouth, revealing teeth. Kris created the drawing with great pressure and abrasion, so that charcoal dust settled on the entire sheet, which he angrily blew away (Fig. 10).

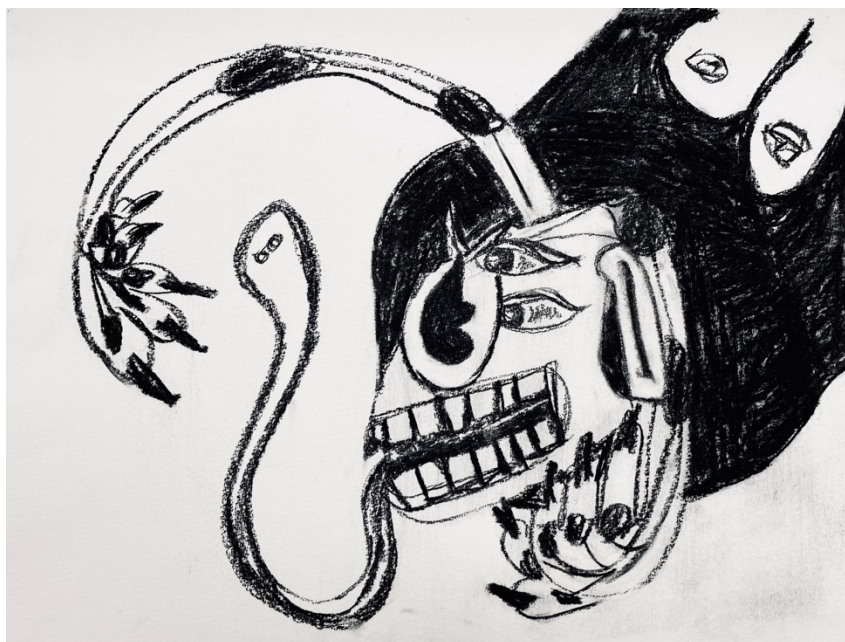


Fig. 10, OT, charcoal, pencil on watercolour paper, 59.4x42cm, 2023.



Fig. 11, Untitled, charcoal, pencil on watercolour paper, 59.4 x 42 cm, 2023.

Upon reflection, Kris says that the embryo in the head is already dead, there is nothing more to be done, the breasts are no longer needed. The head reminds me of an alien figure whose head appears from a disembodied black nothingness. It is difficult to see how the figure is presented, because everything seems dysfunctional and out of place. Kris emphasises that many of the group members did not dare to ask him a question because they seemed to be afraid of him. When I report back that the drawing also frightens me a little, Kris says that I can imagine that this is his inner self. Kris himself is surprised at what is coming out of his head. Shared thoughts on ambivalent feelings, what it means to have a snake in your mouth writhing between your teeth, ultimately contribute to the mentalising of affect at the end of the session.

In the next session, Kris fills the lower half of the page with another drawing of a rectangular mouth with angular teeth and continues with impulsive overpainting until almost only black bars are visible (Fig. 11). In view of the oversized mouth, Kris speaks of mutilation fantasies, which he recently verbalised in his analytical group, whereupon the group therapist allowed him to leave the group early at his request. In supervision, I express that I would have considered it useful to share and validate the loss-related pain in the group. The supervisor also finds it difficult to dismiss a person in the process of attachment activation from the group, as this isolates both Kris and the group and prevents mentalisation. I also find it problematic that the group processes in the art

therapy setting aren't thought about. Kris laughs and suggests that in the next session he will live in the middle of the group circle as a baby to be cared for. This humorous approach in turn contributes to the process of mentalisation.

Colour and the mentalisation of the self

In the following sessions, coloured working materials are available for selection and Kris often works with watercolour and oil pastels. Kris fills the page with a drawing of a seated figure in a kind of cross-legged position. Both legs are tilted to the right, both arms extend to the left. The body and head are depicted as pointed ovals. The face suggests eyes, but the mouth and nose are not depicted. Instead of joints, the arms and legs, which are otherwise only outlined, are filled with red oval areas. The figure is placed in front of an orange stripe (Fig. 12). The figure's pose reminds me of the bent pose of the clay figure (Fig. 5). I find it tense and overstretched. It seems as if the figure needs to reorient itself. For the first time, there is a reference point in the image in the form of an orange stripe in the background.



Fig. 12, Untitled, charcoal, pencil, oil pastel on watercolour paper, 59.4 x 42 cm, 2023.



Fig. 13, Untitled, charcoal, pencil, oil pastel on watercolour paper, 59.4 x 42 cm, 2023.

During the meeting, Kris appears exhausted and emotionally subdued. Kris criticises the lack of expressive expression in the work. Kris fears that the drawing, which he considers less dramatic, could be a significant sign of his improved mental state and fears that this could lead to the foreseeable end of art therapy. The figure in the picture seems less emotionally charged, but rather preoccupied with her body. It seems as if she is sad or even crying. In supervision, we discuss that the more emotionally charged expression of the figure may trigger Kris's fear that I could assess his mental state as "cured", as the representation appears less drawn in the mode of psychological equivalence. It contributes to Kris's relief that we decide together to continue the therapy.

Despite an emotionally difficult visit home, the relationship with his parents is less of a topic of discussion in the sessions. Kris increasingly reports on encounters with friends in other social contexts, moving into a new shared flat, conflicts in the psychoanalytic group, his political work and resuming his doctoral studies. In another session, Kris

arrives excitedly and reports on the preparations for a friend's wedding. Kris has written a speech and is involved in the preparations. At the same time, the entire social context and the attention it requires are overwhelming. Kris draws oval shapes with oil pastels, pressing them firmly onto the paper (Fig. 13). Kris calms down by colouring in the oval shapes and talks about how the speech is ultimately about who you want to share your life with. In the picture discussion, we both puzzled over what we were seeing. Kris finds the curved oval shapes harmonious and likes the choice of colours. Later, Kris associates two mothers standing opposite each other, cradling their children in their arms. This is a harmonious, peaceful moment. Visibly moved by the picture, Kris suddenly says that the wedding couple can actually be seen in the picture. The wishes for the couple, who are friends, can be seen in it. For the first time, Kris takes a picture home to give as a gift. It seems that Kris is able to adjust to social interactions differently and engage in new object relationships without perceiving them as exclusively threatening. In another session, Kris becomes angry about misgendering behaviour and complains about the pressure to justify his social and identity gender in the analytical group. When Kris explains himself in the group, a feeling of superiority dominates, which conflicts with the desire to be truly seen and cared for in the group. Kris drew abstract, interconnected geometric shapes with red, blue and pink oil pastels and charcoal, and a single freestanding eye in the left field of the picture (Fig. 14). At first, Kris sees a flag attached to a mast in the upper right corner. I associate it more with a crab with unequal claws protecting an egg beneath it. Kris finally says that it is a pelican defending its nest while being observed. Kris perceives the purple colour as a transgender colour. When I ask whether the pelican is doing well in the scene in the picture, Kris replies that the egg is very fragile and must be protected. However, the pelican's legs are unsuitable for this. Although the eye does not really appear threatening, the pelican is on guard and alone. It seems to me that Kris is touching on identity issues that relate to current social contexts. It seems as if the pelican, which is laboriously protecting its egg, is being watched and harassed.

Kris is subsequently diagnosed with type I diabetes. Although Kris spends the night in the emergency room due to severe blood sugar fluctuations, the report is emotionally detached. From now on, the diabetes must be permanently controlled by a pump. In the session, Kris describes pronounced body dysmorphic feelings and recognises himself in the drawing with watercolour chalk and oil chalk. A face with a mouth that

reminds Kris of a sphincter muscle, three teeth in the upper arch and a penis with testicles on the left side convey a disembodied and strained figure. The placement of the body parts makes the body appear dysfunctional, which the figure also seems to suffer from. The eyes are reddened, and the body seems to be held together with difficulty. The yellow puddles at the bottom of the picture reminded Kris of urine, which Kris associates with disgust for his own body (Fig. 15). In further conversation, Kris mentions his ambivalent relationship with dating platforms. He feels that dating through anonymous online platforms is in itself a defence against a real and fulfilling relationship.

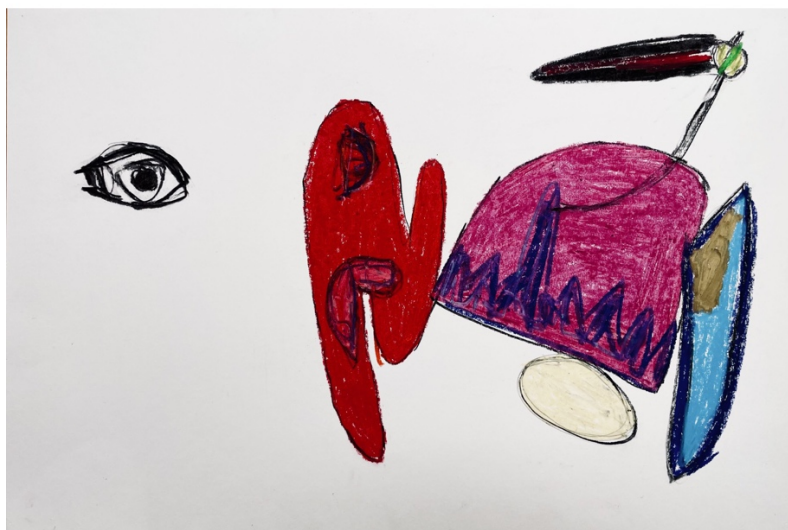


Fig. 14, OT, charcoal, pencil, oil pastel, watercolour pastel on watercolour paper, 59.4 x 42 cm, 2024.



Fig. 15, OT, charcoal, pencil, oil pastel, watercolour pastel on watercolour paper, 59.4 x 42 cm, 2024.

Kris often works in the library until he submits his doctoral thesis. Kris receives top marks for his work and its defence, and emphasises in therapy that the feeling of having done something really well is unfamiliar to him. Nevertheless, on this day we share the joy of the brilliant result of his work, and I notice a feeling of pride in myself that does not escape Kris. In his subsequent work, Kris develops a playful and less contoured drawing style. Kris often seems to draw with circular, searching pencil lines until overlapping spirals and arcs crystallise a clearer form. Kris appears less tense overall after completing his doctorate, but often mentions his fear of disorientation. We talk about how Kris is now able to deal with these fears and emotions differently than before, when he would immediately fall into a suicidal crisis or harm and punish himself by refusing to eat. His scope for action also seems to have expanded through art therapy trials on paper. Kris is often preoccupied with questions of personal orientation, detachment and (sexual) identity. This search also seems to be reflected in his other works from this period.

The pencil drawing shows two insects facing each other, seemingly suspended in mid-air against a blank background. Kris says they are dragonflies. The large dragonfly is very old, now somewhat shaky, weak and wise; this is her last action, she has good antennae and has experienced a lot. The baby dragonfly seeks its advice and is sad because it knows it will soon have to say goodbye (Fig. 17). The mood of the session was sad. Kris had had little experience of supportive, advisory adults up to that point, and it seemed as if he was connecting with this feeling of deprivation and loss. The small dragonfly in the picture hangs in the air without any surroundings. There are no leaves, branches or trees available to it, but its counterpart perceives it and seems to be facing it. The difference between the adult dragonfly and the little dragonfly is visible. Kris goes on to say that she can survive on her own, but she is sad about the farewell. The authentic feeling of grief and fear in separation processes is expressed in a more mature way, which also seems to include acceptance.



Fig. 16, OT, charcoal, pencil, oil pastel, watercolour pastel on watercolour paper, 59.4 x 42 cm, 2024.



Fig. 17, OT, charcoal, pencil, oil pastel, watercolour pastel on watercolour paper, 59.4 x 42 cm, 2024.

Subsequently, many more self-images and self-portraits in colour are created using different materials on DIN A2 formats. One of the most recent works shows a figure made of colourful felt-tip pen lines. The figure has a body with a belly, two legs that lean to the left, and two raised hands with five and six fingers respectively. It has large ears and distinctive eyes that sit above the head and look interested and observant. The raised arms are outstretched and take up the entire width of the picture format. Kris likes the figure right away because it appears lively and dynamic. With ambivalent feelings, Kris also notes that this figure has a body that is completely visible. Kris said that he had mixed feelings, as he did not find the body particularly beautiful, yet the figure seemed curious about itself and its counterpart. The body depicted appears to represent the scene of numerous emotions and their regulation. For the first time, it has a body volume, which, however, remains transparent due to circular contours that are not coloured in. One can look inside the body and sense that the body itself could be the scene of mentalisation. For the first time, the depiction of a complete human body is offered, whose sensory perceptions and, in part, bodily functions are clearly recognisable. Kris says: "This figure wants closeness, but cannot yet tolerate it very well." Later, Kris recalls the depiction of Paul Klee's "Angelus Novus", which, in Walter Benjamin's interpretation, is inexorably driven into the storm of the future. (Benjamin 1977, p. 146)

Discussion: Mentalising the body, relationships and the self

In his initial image, Kris drew a first self-portrait of a young person in mental and physical distress. What seemed unspeakable in the group psychotherapy of the acute psychiatric ward at the time of the suicidal crisis was clearly evident in the first image (Fig. 1). The figure appears frightened, tormented, helpless and neglected. The depiction of the angry figure externalises Kris' feelings. The working process, the *art-making*, the emotionally charged transfer of charcoal onto paper, as well as the expressive expression of the figure, seem to reflect Kris's psychological *mode of equivalence*. The figure has an almost concrete symbolic power, for example by representing a lack of care, represented by a pronounced, tightly closed mouth showing teeth, perhaps also refusing to eat. Although psychodynamic considerations about persecutory, inadequate and traumatising objects are obvious against the background of Kris's biography, the affect remains unbound in the first encounter. In the process of *viewing the art sharing*, the encounter in this session remains *pseudo-*

mentalising, as Kris's talk about the resulting drawing initially remains defensive on an intellectualising level. A *feeling while thinking about feeling* (Springham) is not yet possible at this early stage of the therapeutic relationship. The presence of the drawn figure appears to be linked to the representation of a familiar feeling as an externalised equivalent of Kris's inner psychological experience. In this first session, Kris experiences that the *shared attention* to the work withstands the encounter with the "monster". The therapist's questions about the figure remain open, appreciative and non-judgmental, which seems to facilitate the exploration of affects.

In his work with clay, Kris explores his own body image and his relationship with his mother by symbolically experiencing his mother's body and possibly re-enacting early childhood physical contact. When hollowing out the pregnant woman (Fig. 2) without arms, legs or head and storing the scooped-out clay, Kris appears curious and less desperate and emotionally charged. Kris then playfully explored the nature of the relationship, feelings of powerlessness, aversion and disgust by staging possible object relationships in the material (Fig. 3), testing his own stability based on the consistency, malleability and instability of the material (Figs. 4 and 5) and representing pursuing objects in their dysfunctionality. The nourishing mother's breast (Figs. 6 and 7) remains hollow, so that Kris, after possibly experiencing the emptiness of the object, can become self-sufficient and inventively close the holes. In this context, the playful "*how?*" of clay modelling had a particularly mentalising effect. The subtractive and additive process of working with clay allows something to be taken away or added back when necessary, until the shaped body feels right for Kris. In the self-determined and playful exploration of the clay bodies, Kris seems to symbolically make up for his own bodily sensations and their relationship to other bodies. Using the clay bodies, new constellations of object relationships can be playfully tried out, discarded and redesigned. The process of mentalising the body in the artwork may help Kris to process his own traumatic and embodied horrors. This enables him to take a step away from *the* emotionally charged hungry *monster* towards a more understanding processing of the "failing hollow mother's breast."

By contacting his parents' home, Kris once again experiences an activation of his familiar insecure and ambivalent attachment system. The charcoal drawings

which often arise from psychological agitation, seem to represent the threatening and traumatising family dynamics through rigid, pointed, contouring and alternatively separating lines and shapes. The stunted, impotent-looking penis as a substitute for a nose in the stern-looking portrait of her father (Fig. 8) symbolises the anger and contempt towards a father who is unable to protect Kris in violent situations at the dinner table and instead overindulges himself (Fig. 9) while letting his counterpart starve.

The defence and intellectualisation that are initially apparent in the image interpretations seem understandable from psychodynamic perspectives. In his pictures, Kris appears to represent his aggressive defence against desires for care and unconsciously symbolises that he experienced objects as intrusive and persecutory (Figs. 10, 11). Kris had to protect himself early on from his mother's impulsive outbursts and threats and his father's inaction and helplessness, and to split off desires for retaliation and revenge in order to survive psychologically. Stable internal introjects and a true self are probably prevented by fear of discovery and loss. Through increasing trust in the therapeutic relationship, attentive interest and validation in the observation rounds, and the provision of my feelings to Kris's portrayal of deprived object relationships, it seems possible to tentatively make up for feelings. In these moments, Kris often says that shame and disgust are subsiding and appears more authentic and softer in contact. In the following sessions, Kris is able to incorporate meaningful social relationships into the creative process and to experience himself differently both in the picture and in conversation about it. The bodies depicted in the picture appear less insubstantial and transparent than the figures in the charcoal drawings. The densely applied rich colours and partially designed backgrounds give the works a referenced perspective (Fig. 12). The frequently expressed fear of not functioning well in social contexts with friends takes on a new quality through the depiction of the wedding couple. In the picture itself, the figures appear mobile, lively and connected, even though they are depicted as abstract forms (Fig. 13). In the discussion, the *mentalising image* acts as an interface to the impending situation itself. Kris ventures a prediction of how he might feel at the wedding. The previously pronounced fears of not functioning at the wedding in front of an audience are bound by the exploration of the drawing, and Kris can even look forward to the upcoming event.

Kris also experiences himself as a different kind of purple pelican, who is critically observed by his environment but defiantly stands up to it, does not deny his social identity and does not give up his position (Fig. 14). The depiction of this strangely bodiless but sexually functional creature once again reveals a fragile body image reduced to sexual functions (Fig. 15). Looking at the picture together reveals Kris's tendency to feel tense, anonymous and detached during sexual encounters and to dissociate.

The drawing of the pair of dragonflies seems to embody successful mentalisation in the image itself. The difference in the dragonflies' lines of sight represents the relationship between the old, wise dragonfly and the small, inexperienced dragonfly. In this relationship, it seems as if the small dragonfly is able to receive love and affection – an experience that Kris has not often had in real life. The contact between the two insects appears authentic and connected (Fig. 16).

In the last self-portrait, a full-body portrait, the body appears transparent in places again, but the playful coloured felt-tip pen lines give it a noticeable and lively volume. The ambivalent gesture of the arms, which are both defensive and open for an embrace, may symbolise caution in contact with others, based on an old experience, and at the same time a great confidence in showing the body naked with all its unloved characteristics. Kris recognises the graphic execution of the oversized eyes, ears and hands, but also the mouth and nose, as signs of increasing sensual readiness for a partnership. One's own psychological elasticity and the formation of epistemic trust also seem to be strengthened pictorially. The need for contact and closeness, and possibly even the stormy confrontation with the future and the beginning joy about it, is mentalised here.

Final remark

The case history reflects Kris's art therapy work process against the backdrop of the concept of mentalisation. The inclusion of visual art as a third medium in an environment of shared attention enabled the externalisation of feelings such as anger, fear and disgust, as well as inner experiences. By building on existing representations this enables a work-related redesign and re-examination of existing object

relationships. Through mentalisation, thoughts and feelings about what is felt in the image and beyond can be explored and symbolised together in an intersubjective manner in the art therapy process.

Through the examination of the feelings represented in the work facilitates the fact that the image is not *real*, yet still has a tangible character. Alternative object relationships and feelings can thus be safely explored and damaging, intrusive objects can be processed. In his works, Kris varies different stages of development of a coherent self and its relationship to the social environment. In the case history presented, joint viewing, evaluating feelings and mentalising the works and the therapeutic relationship itself led to the stabilisation of the experience of identity and an improvement in symptoms.

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