Mentalizing in Art Therapy – a Case Study

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Abstract

This article examines the reciprocal relationship between psychodynamic art therapy and the concept of mentalizing against the backdrop of object relations theories. It considers this to be a helpful concept for viewing triangulation processes in art therapy as promoting mentalizing and for classifying them in the existing literature review. The case history examines the development of mentalizing 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

mentalizing, attachment, object relations, triangulation, joint shared attention, symbolization, traumatization, early childhood attachment trauma, depression, eating disorder, suicidality

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 mentalizing and bring about comprehensible processes of change.

This interaction between art therapy and mentalizing 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, mentalizing 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).

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

Peter Fonagy and Mary Hepworth (formerly Target), who developed the concept of mentalizing in the 1990s, focus their observations on the study of attachment and relationship patterns in developmental psychology research on infants. The concept of mentalizing 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 mentalizing, epistemic trust and pre-mentalizing modes
Effective and healthy mentalizing arises from a special quality of experience in relation to self-perception and perception of others. Successful mentalizing is characterized 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 mentalizing, which cannot be described in full here, distinguishes mentalizing as an activation process between different coping or mentalizing poles: automatic implicit mentalizing versus controlled explicit mentalizing, 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 mentalizing 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-mentalizing modes*. The learned assumption that a source of information is unreliable or intentionally harmful influences perception and communication with others. Pre-mentalizing modes are therefore often characterized by concrete thinking and an increased urge to act. Effective mentalizing 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-mentalizing 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 behavior 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 *pretend mode,* mental states and the inner world are disconnected from external reality and appear emotionally disconnected. In the therapeutic relationship, this form of *pseudo-mentalizing* is often characterized by intellectualizing 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 recognized, has not yet been integrated into the pre-mentalizing modes by Fonagy and Bateman. While the concept of *embodied mentalisation* refers to the process of perceiving, understanding and regulating the body's own signals in order to process them psychologically, the *body mode* does not yet involve mentalization, as it is more a matter of pre-mentalizing regulation of affect. (Schultz-Venrath 2025a, p. 165). 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).

Mentalizing-based therapy (MBT) as a specific application model of the mentalizing theory concentrate 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 mentalizing due to *attachment activation.* It is important that the therapist also explicitly makes their mentalizing processes available and perceives, marks and incorporates their own disruptions to mentalizing into the process. (Bateman et al. 2019, p. 73).

Triangulation and object relations

The concept of intersubjectivity links the concept of mentalizing 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 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 (Gergely, 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 symbolization 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, p.121).

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 mentalize and symbolise. Based on Hobson (Hobson 1993) he describes the mentalizing aspect of the art therapy process as follows:

"Looking together at an object therefore entails firstly the understanding that other people have minds separate from one´s own; secondly, that other minds have thoughts of their own which can be directed to other objects and events in the world; and thirdly the capacity to orientate to the other´s point of view." (Isserow 2010, p. 36).

Hermann 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 mentalizing 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 mentalizing, 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 mentalizing

The interaction between art therapy and mentalizing-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 mentalizing be promoted or prevented in art therapy processes? How can successful mentalizing 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 mentalizing 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 mentalizing. 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 inner psychic worlds should not be underestimated" (Franks, Whitacker, 2007, p. 14). The *mentalizing 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 Mentalizing 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 mentalizing as *feeling while thinking about feeling* (Springham 2025).

In 2012, Springham systematically investigated the mentalizing-promoting role of art therapy in an MBT programme for people diagnosed with borderline disorders. Based on the findings of a study conducted by Karterud in 2004, which concluded: "it seems like art group therapy favours development of mentalizing and reflective functioning" (Springham, et al. 2012, p.117) Springham asked which specific components of art therapy promote mentalizing and confirmed 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 mentalizing 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´s finding that starting point, how to share that with anyone …I wouldn´t have had the words to actually start off and say: This is what happened and this is (…) how I feel about it now" (Springham 2012, p. 122).

With regard to shared attention in art therapy, she says: "to hear different people saying different things about one of my pictures was probably the first time that I´d been accepting of someone else´s view. I don´t even remember trusting anyone, trusting anyone´s view" (Springham 2012, p. 123). In the art therapy process: "you produce that bit of art, you let the inner you (…) come out, but as soon as you pick that piece of art up and put it on the floor that is where the change comes (…) It´s no longer yours (…), it´s now shared. So, this transition comes by putting it down and its out of you (…) and then you´re back to the world of words" (Springham 2012, p. 123).

In his manual on mentalizing-based group therapy, Karterud 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 mentalizing process, particularly with regard to patients with avoidant attachment patterns. They also link object relations theory with the concept of mentalizing 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 mentalizing and outlines four phases of effective, mentalizing-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 mentalizing as a key objective of art therapy. He recognises explicit mentalizing 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).

Verfaille 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 mentalizing to be playfully transformed into explicit mental perception (Verfaille 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 mentalize as they would be in a state of psychological numbness or isolation. The dilemma, therefore, is that mentalizing is most difficult when it is most urgently needed (Verfaille 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 (Verfaille 2016, 67f).

In german-speaking countries Montag researches the concept of mentalization in psychosis. She does not refer explicitly to art therapy interventions, but makes it clear that re-establishing representations promotes the mentalization of emotions, thought processes and relationships and can lead to a coherent narrative self-image (Montag 2015, S382). Schultz-Venrath affirms the effectiveness of art therapy and other creative therapies for mentalization-based therapy. It supports the differentiation and identification of embodied emotions and facilitates access to traumatogenic objects (Schultz-Venrath 2025a, p. 418). Petrat provides practical examples of successful mentalizing in art therapy processes using practical examples in psychosomatic treatment (Petrat 2020, p. 51 ff). Kuhn describes the approach of mentalization-promoting interventions in art therapy and their bridging function in acute clinical psychiatric settings (Kuhn 2022, p. 15ff) and in complex traumatisation using various case studies from art therapy work in women's shelters (Kuhn 2023, p. 11 ff).

Case history

Kris´s reason for admission

Kris[1], aged 29, with previous clinical experience, came to the acute psychiatric ward of a clinic for psychiatry, psychotherapy, and psychosomatics in a large German city in the autumn of 2022. The reason for admission was a suicidal crisis in the context of a recurrent severe depressive episode, atypical anorexia nervosa, and a personality accentuation with anxious-avoidant, anankastic, and histrionic traits. In the course of the treatment, the extent of the complex early childhood traumatisation and the resulting trauma sequelae became apparent, which, however, remained unconsidered and undiagnosed during the stay on the ward.

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[1] The name is a pseudonym. Kris identifies as a non-binary person who was assigned male at birth. In accordance with Kris´s wishes, this case history is written without pronouns or using queer-sensitive pronouns.

Kris was tall, had short hair, and an alert and bright face with large dark eyes. The gaze in contact was often avoidant, sometimes searching or drifting into emptiness. Kris wore rather dark and inconspicuous clothing that neither concealed nor emphasised the underweight and was very well-groomed. Kris was intelligent, friendly, and cooperative and appeared very sensible. The speech was engaging and clear, sometimes using psychoanalytic terminology but not in an affected way. Kris had prior experience with therapy and clinics.

Kris was fully oriented and conscious, free of formal thought disorders, impairments in attention, memory, or concentration, and appeared sad with a markedly reduced affective resonance. Kris seemed restless and anxious, with increased psychomotor drive, and was mistrustful. Acute suicidality was ruled out at the time, despite the report of recurrent suicidal thoughts.

Against the background of recurring crises and new conflict situations, I accompanied Kris through participation in ten art therapy group sessions and fifty individual art therapy sessions, which took place in the clinic and subsequently in outpatient practice. These were largely supervised using video-based documentation from the MBT-D-A-CH association.

Biographical background

Kris's childhood was marked by extremely stressful events from an early age. The parents and two siblings lived in their distant hometown. Kris grew up in a middle-class and affluent family, in which both parents held high-ranking state offices. The mother suspended her professional career with the birth of the third child. From the age of four, and presumably even earlier, Kris was at the mercy of the mother's psychological distress. The mother threatened suicide and accused Kris of being responsible for her feeling unwell. Kris often cared for the mother´s mental overload and protected a brother, who was of a similar age, from her aggressive impulsive outbursts. In daily school life, a pronounced cleaning compulsion prevented the children from inviting friends home. Kris developed an unbearable rage against the father, who was experienced as absent. At the age of eleven, a pronounced disgust was added, which led to Kris being unable to eat at the family table, as the father's eating and drinking

noises were massively repulsive. Initially overweight, Kris developed further eating disorders, which in times of crisis led to compulsively counting calories, controlling food intake, and being unable to eat with other people. In addition, there was a fear of soiling trousers. Wearing a nappy also became necessary in young adulthood, as Kris often wet the self when out.

From a psychodynamic perspective, the children's needs in the family remained unmirrored and neglected; Kris, as well as the siblings, experienced their significant caregivers as unreliable and fragile, absent or psychologically 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 remained fragile and ambivalent in other social contexts, always marked by great fears of loss, which always remained unexpressed and were covered by intellectualisation and overcompensation. In situations of crisis or conflict, suicidality often appeared to Kris as the only adequate alternative for affect regulation; other emotional parts remained split off for a long time. The ability to mentalise was unfamiliar to Kris, as Kris hardly perceived personal affects and was not used to sharing needs and feelings. Kris left the family after finishing school and opted for a scholarship-supported course of study abroad in the humanities. The doctoral project, which Kris had to suspend during the stay in the clinic, has since been successfully completed.

Initial session: "I am a monster!"

The first individual art therapy session took place in the clinic. Kris appeared shy and restless and avoided my gaze, but was at the same time approachable and engaging in contact and could report on the clinical picture and symptoms very clearly but at the same time very distantly. Kris chose an A3 format, charcoal, and pastel chalks and began to draw a full-page, full-body portrait with sweeping, high-pressure strokes (Fig. 1).

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

The picture shows a figure with a disproportionately large head and a pronounced, red-highlighted mouth, revealing tightly clenched teeth. The body appears underdeveloped in comparison to the head, with individual bones and ribs visible; the hands are raised. The naked, footless figure appears at once angry, in need of protection, and not very stable.

With the words "I am a monster!", Kris initiated the first joint picture viewing and immediately added, in a relativising manner, that the picture seemed less threatening than had been thought. I perceived the drawing as a 'third face' in our therapeutic relationship constellation, one that could show and entrust itself to me in its great emotional range and neediness better than Kris perhaps could at that moment. Therefore, I asked Kris about the feelings of the depicted figure. Kris recognised the self in the figure and was apparently able to connect to the representation of an old and familiar feeling. Kris felt great anger towards the parents and began to talk about childhood. Kris reacted to my empathetic validation of the feeling of helpless anger in the picture and the related situations from early childhood defensively and with intellectualisation. In the drawn figure, the affects seemed adequately represented. Its anger, fear, and defencelessness were clearly recognisable. In this first session, the expression of inner feelings through the artwork was successful, while the marked mirroring of the feeling by the therapist could not yet be perceived. While Kris

maintained distance through intellectualising defence, the figure showed itself in its suffering and its entire distress.

In supervision, the question of Kris's pre-mentalising mode was discussed. On the one hand, Kris's drawing in the mode of psychic equivalence seemed to indicate that Kris felt 'exactly' like the depicted figure. On the other hand, the intellectualising defence against my validation of the state seemed to suggest that Kris was in a mode of pseudo-mentalizing and was splitting off threatening affects, partly by devaluing the self and describing the self as monstrous. The feeling was well represented in the drawing; thinking and speaking about this feeling seemed impossible at this point.

Clay and mentalizing the body

After the initial session, Kris was successfully persuaded to participate in the art therapy group. Here, Kris often seemed reserved but was quickly valued by the group as an understanding, helpful, and empathetic group member for supportive contributions to others.

Kris began working with clay and formed the torso of a pregnant woman (Fig. 2). The stability and firmness of the figure were particularly important to Kris. When I informed Kris that the figure had to be hollowed out a little from below so that it would not burst in the kiln, I myself became aware of the possible implications of this request. Kris was to hollow out a pregnant body, and in doing so, accept that the stability of the figure would be reduced. Kris hollowed out the clay figure and collected the leftover clay into a pile, which was later fired with it and remained part of the figure.

In the discussion, Kris emphasised a feeling of disgust towards the pile, which looked like faeces and reminded Kris of the disgust for personal bodily excretions. A fellow patient stressed a feeling that the child in the womb could be damaged by the hollowing out, which Kris left uncommented, seemingly emotionally untouched. It seemed to me as if Kris had connected with the mother and the associated theme of inadequate care from her through the pregnant female body. The figure, without a head, arms, and legs, appeared incapable of action, although its maternal role was clearly recognisable.

In the following individual session, Kris worked with white clay, repeatedly picking it apart and pressing individual rolls of clay on top of each other into initially disconnected lumps, which were associated with faeces and excrement. On this day, Kris's anger was palpable. Kris spoke of self-hatred and self-punishment mechanisms through calorie counting and controlling food intake. After a while, Kris placed another figure on a tongue-like shape with a hollow and pressed it firmly onto the one below. Then Kris placed two balls on the respective bodies (Fig. 3).

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

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

The two figures are closely connected, smoothly finished with rounded forms. One figure sits on top of the other, thereby elevated. The two balls looked to me like the heads of the figures.

During the process, Kris's mood improved. Kris enquired about attaching the balls and ensured that the surfaces were smooth and rounded and that the figure remained connected. In the viewing, Kris said that the upper figure protected the lower one because it had an overview; at the same time, it wanted to lean on it, which was unfortunately not possible as the lower figure could not bear it. Simultaneously, the upper figure wanted to detach itself, which was impossible as the lower one would then be left defenceless. It was an ambivalent situation. In further individual sessions, Kris cared for and glazed the figure, in which Kris defined the mother (below) and the self (above). The figure seemed to symbolize numerous characteristics of an insecurely attached relationship with the mother, in which wishes for care appeared to be defended against in the form of reversal, and the desire for separation was not yet manageable. It seemed as if the child was caring for and protecting the mother.

After a three-month stay in a specialist psychosomatic clinic following the acute psychiatric stay, Kris continued art therapy in my outpatient practice at personal request. A significant first moment was when we both saw each other's faces for the first time without a face mask, and we could not initially put the intimacy of this moment into words. I asked first if it felt strange that I could see Kris's whole face, which was met with a nod of agreement, and I indicated that I also felt a little strange. When we later spoke about the difficulty of this significant moment of showing oneself, Kris seemed resigned. Kris noted having "not shown" the self in the clinic in the group setting and reported having slipped into the caring role for others again. Due to the weight gained, Kris also felt unpleasantly "too visible". To my question of how it was for Kris to be visible here without a mask and with a changed weight, Kris replied that it was somehow okay, without being able to look me in the eye. We refrained from making a video recording of the session for supervision purposes that day.

Kris resumed work with clay and experimented with the stability and resistance of the material and its workability. A figure made of white clay emerged, a kind of torso, which Kris hollowed out ever more deeply, gently and curiously (Fig. 4). In the viewing, Kris initially recognised a sex toy in it, which was amusing, or a urinal to be used, and

experienced the self as "one" when hollowing out the figure. Kris made reference to coming out as homosexual a few years prior and named ambivalent sexual desires, which included submission fantasies as well as the wish for intimacy and tenderness. It seemed to be about the aspect of "being used," as when a sex toy or urinal is employed, and thus, in the further conversation, about the question of who used whom in what way in sexual encounters.

In another figure in a subsequent session, it seemed again to be about the durability and stability of the formed body. A figure sits in a kind of cross-legged position, its upper body leans to the left, so that the head almost seemsto rest on the thigh. The right arm is bent in front of the torso, the left one extends over the inclined head (Fig. 5).

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

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

Kris seemed exhausted and tired on this day and, while working on the material, reported another sexual encounter in which ambivalent and constrained feelings were involved. In the joint viewing, Kris stated that this figure was "bending itself". It was not a comfortable posture, yet this time there was no danger that this figure would be "used" and then thrown away. This was reassuring.

Subsequently, Kris worked for several sessions on a clay torso, hollowing it out again and again from different sides (Fig. 6). The torso resembles a female figure without a head, arms, and legs. The two breasts are provided with deep holes instead of breast nipples. In the place of the female genitals, there is only a hole, which, together with a horizontal slit through this opening, is also reminiscent of a mouth. Kris explored the openings of this body with intensity and penetrated further into the interior of the figure. I noticed the dysfunctionality of this female body, whose breasts could not give milk as the breast nipples were designed to be hollow rather than raised. All body openings seemed empty and appeared to need care themselves.

In the viewing, I deliberately maintained a not-knowing and open stance with questions about what could be seen and asked about Kris's feelings towards this figure. Kris said this body had "failed". Tension, anger, and sadness became palpable, and Kris expressed the wish to pierce the figure further or to destroy it. I asked if this impulse could be resisted until the next session in order to contain the affect, which might not yet have been understood. It seemed to me as if Kris was symbolically re-enacting the infant's physical relationship with the mother by fumbling for the breast, seeking skin contact, and checking the functions of a nurturing mother, even if these proved to be dysfunctional in the execution and pointed more to the neediness of the mother herself.

In the following sessions, Kris's wish was apparently less urgent and appeared modified. Kris began to cover the body openings of the figure with individual flattened clay platelets until all holes were completely covered. In the work discussion, Kris titled the clay object "gravestone for motherhood". It was good if the figure appeared less needy by its body openings remaining closed (Fig. 7).

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

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

In the clay figure, the feeling of a "not good enough mother" seemed to be embodied. The mother's own needs for care seemed to be unconsciously symbolized by hollow, absent, or failing breast nipples, while through the covering with clay platelets, Kris's own neediness seemed to be covered or denied, or the caring object was punished as inadequate.

Charcoal and mentalizing the relationship

As the father's milestone birthday approached and the question of whether Kris would travel to the hometown came up in some sessions, there was a change of material. A series of A2 format charcoal drawings on paper followed. Kris was emotionally agitated and used the charcoal with expressive pressure, so that it often broke. The working process gained speed and dynamism compared to working with clay.

The drawing shows a portrait in the centre of which was the face of a young person with a neat hairstyle with a side parting. The mouth is depicted as angular and heavily contoured. The eyes look out of the picture to the left, seemingly addressed, 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). The nose first reminded Kris of long surgical scissors while drawing, and then of a penis that was too thin. In the discussion, Kris said that a naked woman was approaching from behind, whereby the despotic man, whose hairstyle was reminiscent of a fascist ruler, was in despair over the unpredictability of the woman, whose breasts were falling about chaotically. In the further conversation about the feelings regarding the scene in the picture, Kris recalled a personal paralysis in the face of the father's inaction and inability at the table, while the mother first acted with impulsive outbursts and then decompensated. The father would then usually leave the scene without a word, leaving the children at the table with the mother.

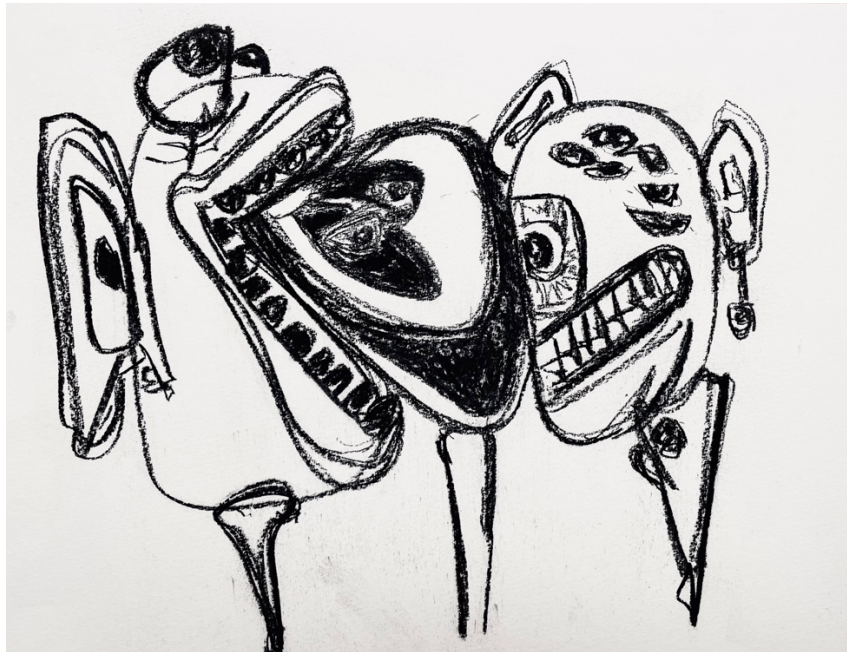Fig. 8, Untitled, charcoal, pencil on drawing paper, 59.4 x 42 cm, 2023.

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

In the following charcoal drawing, too, two depicted figures seem comparatively unrelated, although they touch each other in a physical gesture (Fig. 9). Kris recognised the self on the right of the picture in a scene with the father on the left. In the black area between the two figures, Kris saw an overwhelmingly fleshy tongue with food or vomit, on which two eyes lay. The father "devoured" everything, was greedy and could not get enough, while the self was starving, which the father in the scene did not even notice. I agreed with the impression that I experienced the figure on the right as helpless, at the mercy of others, and angry. Its whole face was exposed to the resistance of the huge, overpowering tongue, against which it seemed to be fighting. Kris replied that the father had not perceived the needs of others. Kris's attachment remained activated while recounting the narrative rigidly and with hard facial features as if it had nothing to do with Kris, who finally noticed this. Kris said: "I talk about my feelings as if in a press conference" and addressed me in an unusually sad way. When I told Kris that I could well understand the feeling of powerlessness, helplessness, and anger in the picture and that it touched me that these terrible events at the table had to be endured time and again, Kris's facial expression changed and became sad. I too felt my sadness and continued that Kris must have felt helpless and abandoned. At this point, Kris could for the first time truly allow sadness and cry. It seemed as if Kris was able to free himself from a state of severe isolation for the first time.

The charcoal drawings thematised the recurring traumatising table situations as having no alternative. The strong contrasting black/white contours in the picture, which represented the "encounters at the table", seemingly allowed for no shades of colour in between. Likewise, the strong contours of the black charcoal underlined the rigidity and hopelessness of the situation. They seemed to contrast the "view of the relationship with the parents as rather persecutory intrusive objects."

In the following period, Kris came regularly to the sessions but reported neglecting other appointments with a psychiatrist and the anorexia self-help group and continued not to "show" the self in analytical group therapy, and was withdrawing socially. It was a step forward that Kris could clearly recognise and name this without pseudo-mentalising. Another portrait was drawn. 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-looking arm emerge from the skullcap. Two fish-shaped eyes are directed at an embryo-like form in a bubble on the forehead. In the dense black mass of hair, two breasts with breast nipples are recognisable, which are also reminiscent of eyes. 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 that revealed teeth. Kris created the drawing with great pressure and abrasion so that charcoal dust settled on the entire sheet, which was blown away angrily (Fig. 10).
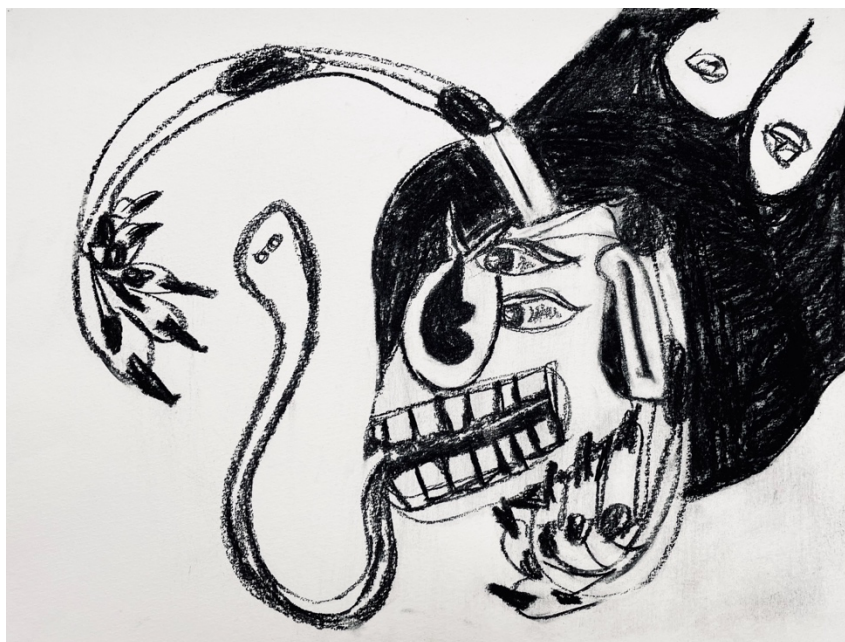

Fig. 10, OT, charcoal, pencil on watercolour paper, 59.4x42cm, 2023.

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

In the viewing, Kris said that the embryo in the head was already dead, there was nothing more to be done, the breasts were no longer needed. The head reminded me of an alien figure, whose head appeared out of a disembodied black nothingness. How the figure presented itself was hard to see, because everything seemed dysfunctional and in the wrong place. Kris emphasised that many of the group members did not dare to ask a question because they were apparently afraid. When I reflected back that the drawing also made me a little afraid, Kris said that I could, however, imagine that this was Kris´s inner world. Kris was surprised at all that was emerging from the head. Shared thoughts about ambivalent feelings, what it meant to have a snake in one's mouth, writhing between the teeth, contributed to the mentalising of the affect at the end of the session.

In the next session, in another drawing, Kris placed a rectangular mouth with square teeth filling the lower half of the sheet and continued with impulsive overpainting until almost only black bars were recognisable (Fig. 11). In view of the oversized mouth, Kris spoke of mutilation fantasies, which had recently been verbalised in an analytical group, whereupon the group therapist, at Kris's request, had allowed an early departure from the group. In supervision, I expressed that I would have considered it sensible to share and validate the loss-laden pain in the group. The supervisor also found it difficult to dismiss a person from the group during the process of attachment

activation, as this isolated both Kris and the group and prevented mentalisation. I realized that the group processes were increasingly mentalized in the art therapy setting. We looked for solutions, Kris laughed and suggested that in the next group session he would lie down in the middle of the group circle as a baby in need of care and cry like a baby. This humorous fantasy contributed to the mentalisation by incorporating the perspective of the astonished group.

Colour and mentalizing the self

In the following sessions, coloured work materials became available, and Kris often worked with watercolour crayons and oil pastels. Kris drew a full-page seated figure in a kind of cross-legged position. The legs are both inclined to the right, both arms extend to the left. The body and head are depicted as ovals tapering to a point. The face gives a glimpse of the eyes, the mouth and nose are not depicted. Instead of joints, the otherwise only contoured arms and legs are provided with oval areas painted in red. The figure is placed in front of an orange stripe (Fig. 12). The pose of the figure reminded me of the bent pose of the clay figure (Fig. 5). I found it strained and overstretched. It seemed as if the figure had to rearrange itself. For the first time, there was a reference point in the picture 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.

In the discussion, Kris appeared exhausted and emotionally subdued. Kris criticised the lack of expressive quality in the work. Kris feared that the drawing, which in Kris's eyes seemed less dramatic, could be a significant feature of an improved psychological state and, as a result, feared a foreseeable end to the art therapy. The figure in the picture seemed less affect-laden, but rather to be dealing with its body. It seemed as if it were sad or even crying.

In supervision, we discussed that the less affect-bound expression of the figure might trigger the fear in Kris that I could assess the psychological state as "therapeutically complete", as the depiction appeared less drawn in the mode of psychic equivalence. It contributed to Kris's relief that we decided together to continue the therapy for now.

Despite an emotionally difficult visit home, the parental relationship was less of a theme in the sessions. Kris increasingly reported on encounters in other social contexts with friends, of moving to a new shared flat, of conflicts in the psychoanalytic group, of political work, and the resumption of the doctorate. In another session, Kris came excitedly to the session and reported on the preparations for a friend's wedding. Kris had written a speech and was involved in the preparations. At the same time, the entire social context and the associated attention were overwhelming. Kris drew oval shapes with oil pastels, transferred to the paper with strong pressure (Fig. 13).

Kris calmed down by colouring in the oval shapes and spoke about how the speech was ultimately about whom one wanted to share one's life with. In the picture discussion, we both puzzled over what was to be seen. Kris found the curved oval shapes to be harmonious and liked the choice of colours. Later, Kris associated two mothers standing opposite each other, holding their children cradled in their arms. It was a harmonious, peaceful moment. Visibly joyfully touched by the picture, Kris suddenly said that actually the wedding couple was to be seen in the picture. The wishes for the befriended couple could be seen in it. For the first time, Kris took a picture home to give as a gift. It seemed as if Kris could adjust to social interactions differently and engage in new object relations without perceiving them as exclusively threatening.

In a further session, Kris came in annoyed about misgendering behaviour and complained about the pressure felt to justify the self for a personal social and identitary gender in the analytical group. When Kris explained this in the group, a feeling of superiority dominated, which was contrary to the wish to be truly seen and cared for in the group. While doing so, Kris drew abstract, connected geometric shapes with red, blue, and pink oil pastels and charcoal, and in the left field of the picture, a single, free-standing eye (Fig. 14). At first, Kris saw a flag attached to a mast at the top right. I associated it more with a crab with unequal claws, protecting an egg beneath it. Kris finally said that a pelican could be seen, defending its nest and being watched while doing so.

Kris perceived the violet colour as a transgender colour. To my question of whether the pelican was coping well in the scene in the picture, Kris replied that the egg was very fragile and had to be protected. The pelican's legs, however, were unsuitable for this. The eye did not seem really threatening, but the pelican was on its guard and it was alone. It seemed to me as if Kris was touching on identity questions that related to current social contexts. It seemed as if the pelican, laboriously guarding its egg, was being watched and harassed.

Subsequently, Kris was diagnosed with Type 1 diabetes. Although Kris spent the night in the emergency room due to severe blood sugar fluctuations, the report was devoid of emotion. The diabetes had to be permanently controlled by a pump from then on. In the session, Kris described pronounced body dysmorphic feelings and recognised

the self in a drawing made with watercolour and oil pastels. A face with a mouth that reminded Kris of a sphincter, three teeth in the upper arch, and a penis with testicles on the left side externalised a figure that appeared disembodied and strained. The placement of the body parts make the body appear dysfunctional, from which the figure also seem to suffer. The eyes are reddened, the body seem to be held together only with effort. The yellow puddles at the bottom edge of the picture remind of urine, which Kris connected with the disgust for the personal body (Fig. 15). In the further conversation, Kris spoke of the ambivalent relationship to dating platforms. Dates through anonymous online platforms were perceived per se as 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 worked in the library until submitting the doctoral thesis. For the work and its defence, Kris received the highest grade and emphasised in therapy that the feeling of having done something really well was foreign. Nevertheless, on that day, we shared the joy over the brilliant result of the work, and I registered a feeling of pride in myself, which did not escape Kris. In the following works, Kris developed a playful and less contouring drawing style. Kris often seemed to draw with circling, searching pencil lines until superimposed spirals and arcs made a form crystallise more clearly.

Kris appeared altogether less tense after the doctorate but often mentioned the fear of disorientation. We spoke about how Kris could now deal with these fears and affects differently than before, when a suicidal crisis would immediately follow, or self-harm and punishment through food refusal. The scope for action seemed to have expanded also through art-therapeutic trial actions on paper. Kris was often preoccupied with questions of personal orientation, separation, and (sexual) identity. This search also seemed to be reflected in the other works from this period.

The pencil drawing shows two insects facing each other, seemingly suspended in mid-air without any background. Kris said they were dragonflies. The large dragonfly is very old, now a little shaky, weak, and wise; it is its last action, it has good antennae and has experienced a lot. The baby dragonfly is seeking its advice and is sad because it knows it would soon have to say goodbye (Fig. 16). The mood of the session was sad. Kris had so far experienced few supportive, advising adults; it seemed as if Kris were connecting to the representation of this feeling of deprivation and loss. The small dragonfly in the picture hung in the air without surroundings. No leaf, twig, or tree was available to it, but its counterpart perceived it and seemed to be turned towards it. The gradient from the adult dragonfly to the small dragonfly was visible. Kris said in the further viewing that it could survive on its own, but it was sad about the farewell. The authentic feeling of sadness and fear in separation processes showed itself in a more mature way, which also seemed to contain 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 were created with different materials on A2 formats. One of the most recent works shows a figure make of colourful felt-tip pen lines. The figure has a body with a stomach, two legs leaning to the left side, and two raised hands with five and six fingers respectively. It has large ears and pronounced eyes, which sat above the head and look on with interest, partly observing. The raised arms are outstretched and take up the entire width of the picture format (Fig.17). Kris liked the figure right away, as it seemed lively and dynamic. With ambivalent feelings, Kris also noted that this figure possessed a body that was completely visible. Kris said that different feelings were mixed together, as the body was not found to be truly beautiful, yet the figure felt curiosity about itself and its counterpart. The depicted body seemed to represent the scene of numerous affects and their regulation. For the first time, it possessed a body volume, which, however, remained transparent due to circling contouring that was not filled in. One could look into the body and sense that the body itself could be the place of mentalizing; for the first time, the depiction of a complete human body was offered for this, whose sensory perceptions and partly also bodily functions were clearly recognisable. Kris said: "This figure wants closeness, but can't yet tolerate it so well." Later, the depiction reminded Kris of the "Angelus Novus" by Paul Klee, who, in Walter Benjamin's interpretation, is irresistibly driven into the storm of the future (Benjamin 1977, p.146).

Discussion: Mentalizing the body, the relationship and the self

In the initial picture, Kris drew a first self-image of a young person in psychological and physical distress. What seemed unspeakable in the group psychotherapy of the acute psychiatric ward at the time of the suicidal crisis was clearly shown in the first picture (Fig. 1). The figure appeared frightened, tormented, exposed, and uncared for. The depiction of the angry figure externalised Kris's feeling. The work process, the 'art-making', of transferring the charcoal onto the paper in an affect-laden way, as well as the expressive quality of the figure, seemed to mirror Kris's psychological 'mode of psychic equivalence'. The figure exhibited an almost concretistic symbolic power by, for example, representing a lack of care through a pronounced, tightly closed mouth showing teeth, perhaps also refusing food.

Although psychodynamic considerations about persecutory, inadequate, and traumatising objects were suggested by Kris's biography, the affect remained uncontained in the first encounter. In the viewing process of 'art-sharing', the encounter in this session remained 'pseudo-mentalising', as Kris's speech about the resulting drawing initially remained defensive on an intellectualising level. A 'feeling while thinking about feeling' (Springham) was not yet possible at this early stage of the therapeutic relationship. The 'presence' of the drawn figure appeared, linking to the representation of a long-known feeling, as an externalised equivalent for Kris's inner psychological experience. In this first session, Kris experienced that the 'joint shared attention' on the work could withstand the encounter with the "monster". The therapist's questions about the figure remained open, appreciative, and in a not-knowing stance, which seemed to facilitate the exploration of its affects.

In the works with clay, Kris engaged with the personal body theme and the relationship with the mother by symbolically experiencing the mother's body and possibly re-enacting early childhood physical touch. When hollowing out the pregnant woman (Fig. 2) without arms, legs, and head and keeping the scooped-out clay mass, Kris seemed curious and less desperate and affect-laden. Subsequently, Kris playfully examined the nature of the relationship, feelings of powerlessness, aversion, and disgust by staging possible object relations in the material (Fig. 3), testing personal stability through the consistency, malleability, and lability of the material (Figs. 4 and 5), and representing persecutory objects in their dysfunctionality.

The giving mother's breast (Figs. 6 and 7) remained hollow, so that Kris, after the possible experience of objectal emptiness, could become active in a caring way and inventively closed the holes. What seemed particularly mentalizing in this context was the playful 'how' of the clay work. The subtractive as well as additive process of working with clay allowed something to be taken away or added again when it seemed necessary, until the created body 'felt right' for Kris. In the self-determined and playful exploration of the clay bodies, Kris seemed to symbolically re-enact personal bodily sensations and the relationship to other bodies. With the help of the clay bodies, new constellations of object relations could be tried out playfully, discarded, and redesigned. The process of mentalizing the body in the artwork possibly helped Kris in processing the personal traumatising and embodied horrors. Thus, a step was made

from the affect-laden hungry 'monster' to a more understanding engagement with the "failing hollow mother's breast."

With the re-establishment of contact with the parental home, Kris again experienced an activation of the known insecure and ambivalent attachment system. The charcoal drawings, which often arose in a state of psychological agitation, seemed to represent the threatening and traumatising family dynamics through rigid, sharp, contouring, and non-alternative, separating lines and forms. The withered, impotent-looking penis as a nose substitute in the stern-looking father portrait (Fig. 8) symbolized the anger and contempt for a father who failed to protect Kris in violent situations at the table and instead provided for himself in excess (Fig. 9) while letting a counterpart starve.

The defence and intellectualisation about the drawings, which were initially prominent in the picture viewings, seemed understandable from a psychodynamic perspective. In the pictures, Kris seemed to represent an aggressive defence against wishes for care and unconsciously symbolized having experienced objects as persecutory and intrusive (Figs. 10, 11). Kris had to protect the self early on from the mother's impulsive outbursts and threats and the father's inaction and helplessness, and to split off wishes for retaliation and revenge in order to survive psychologically. Stable inner introjects and a true self were likely prevented out of fear of discovery and loss. Through the increasing trust in the therapeutic relationship, attentive interest and validation in the viewing rounds, and the provision of my feelings about Kris's depiction of deprived object relations, it seemed possible to tentatively re-experience feelings. In these moments, Kris often said that shame and disgust were diminishing and showed a more authentic and softer self in contact.

In the following sessions, it was possible for Kris to include significant social relationships in the creative process and to experience the self differently both in the picture and in the conversation about it. The bodies depicted in the pictures seemed less insubstantial and transparent than the figures in the charcoal drawings. The thickly applied, rich colours and partly designed backgrounds gave the works a referenced perspective (Fig. 12). The frequently formulated fear of not functioning in social contexts with friends gained a new quality through the depiction of the wedding couple. In the picture itself, the figures appeared mobile, lively, and connected, even though they were depicted as abstract forms (Fig. 13). In the discussion, the

'mentalising picture' acted as an interface to the upcoming situation itself. Kris ventured a prognosis of how a person might feel in the context of the wedding. The previously pronounced affects about not functioning in front of an audience at the wedding were contained by exploring the drawing, and Kris could even look forward to the upcoming event.

Kris also experienced the self as a different, purple-coloured pelican, which, although critically observed by its environment, defied it, did not deny its social identity, and did not give up its position (Fig. 14). In the depiction of the strangely disembodied but sexually functional being, a fragile body image reduced to sexual functions was shown again (Fig. 15). The joint picture viewing resulted in an approach to Kris's feeling of usually feeling tense, anonymous, and split-off, and dissociating in sexual encounters.

The drawing of the dragonfly pair seemed to embody successful mentalizing in the picture itself. The gradient in the line of sight of the dragonflies represented the relationship of the old, wise dragonfly to the small, inexperienced dragonfly. In this relationship, it seemed as if the small dragonfly could receive love and affection - an experience Kris had not often had in real life. The contact between the two insects seemed authentic and related (Fig. 16).

In the last self-image as a full-body portrait, the body again appeared transparent in places, but received a tangible and lively-looking volume through the playfully executed coloured felt-tip pen lines. The ambivalent gesture of the arms, both defensive and at the same time spread for an embrace, possibly symbolised, linking to an old experience, caution in contact with others and at the same time a great trust in showing the body naked with all its unloved characteristics. Kris recognised the graphic execution of the oversized eyes, ears, and hands, but also mouth and nose, as a sign of increasing sensory readiness for a partnership. A personal psychological resilience and the formation of epistemic trust also seemed to be strengthened in a pictorial way. The need for contact and closeness and possibly indeed the stormy confrontation with the future, as well as the beginning joy about it, was mentalized here.

Final remark

The case history reflects Kris's art therapy work process against the backdrop of the concept of mentalizing. The inclusion of visual art as a third medium in an environment of shared attention enables 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 Mentalizing, thoughts and feelings about what is felt in the image and beyond can be explored and symbolized 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 mentalizing 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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